

Paper for UKCP Annual Research Conference – 25/6/11**The Therapeutic Effect of Alignment: A Transpersonal View**

Abstract

Given the contemporary emphasis on cognitive, behavioural and person-centred therapies, the idea of the “working alliance” in therapy has come increasingly to denote the connection between the conscious persons of the therapist and the patient. However, in ancient therapeutic practice the well-being of the patient, the practitioner, and the community within which they lived, was based on their alignment to, or alliance with, external forces.

Modern physical science recognizes an order in an unfolding-enfolding universe and, although it has yet to arrive at a satisfactory concept of a unified field, an holistic perspective is seen as central to understanding reality. The human sciences are similarly wise to take an holistic perspective in reflecting on the role of the external forces on development of psyche. Very little theoretical development has occurred in this direction since Jung introduced his concept of *collective unconscious*.

This paper explores the nature of *alignment* both within and outwith the practitioner and the patient, and its bearing on the modern concept of the *therapeutic alliance*. Combining heuristic inquiry with contemplation of a full contemporary practice, this paper explores; the experience and nature of forces working *beyond* and *through* the (inter)personal alliance, the relationship between alignment with external forces and the healing tradition, and the limitations and difficulties arising when this alignment is lost. The paper considers some ramifications of these findings for the research and practice of contemporary psychotherapy.

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The Therapeutic Effect of Alignment: A Transpersonal View

Introduction and Context

Current Research into Therapeutic Alliance

This paper came about in response to a limitation in the contemporary expression of *therapeutic alliance*. This phrase has become the *mots du jour* in “evidence-based” research seeking to quantify and measure the healing dynamics in the therapeutic setting and, among them, the amorphous quality of relationship or *alliance*. This recent research into the therapeutic relationship seems to have arisen as a response to a previous trend towards evidence-based, clinical-style researches into the effectiveness of various treatment methods or modalities. This last trend has seen rising support, particularly within state healthcare, for the cognitive and behavioural approaches to the healing of the psyche. A recent synthesis of research into the “relation between alliance and the outcomes of individual psychotherapy” (Horvath, Fluckiger, Del Re, & Symonds, 2011) counted over 7000 items arising from a key word search of *alliance* (and related terms) in electronic databases. In a land where things need to be measured, that which is measurable is king.

In reporting the findings of the 2009 APA task force appointed “to update the research base and clinical practices on the psychotherapist-patient relationship” (p.4), Norcross and Lambert (2011) identify the bifurcation of researches into the “RCT (randomized controlled/clinical trial), and the scientific-medical model” and the “process outcomes and relational-contextual model” as an impediment to therapists working together and a hindrance to “our attempts to provide the most *efficacious* [my italics] psychological services to our patients.” (p.4). This heuristic inquiry finds that impediment and hindrance extend even further than that into the way psychological research (driven by APA influence) frames the research inquiry and even the practice of therapy itself. For example, the very idea that we should know what is “efficacious” for our patients can be a hindrance to the unfolding of their psyche.

Norcross & Lambert (2011) point out that “decades of psychotherapy research consistently attest that the patient, the therapist, their relationship, the treatment method, and the context all contribute to treatment success and failure. We should be looking at all of these determinants and their optimal combinations.” (p. 4) In a summarizing a review of “more than a dozen meta-analyses,” Norcross and Wampold say their conclusions “do not by themselves constitute a set of practice standards but represent current scientific knowledge...” (2011, p. 98). Given these forces to isolate, measure and quantify “determinants” of the therapeutic encounter, presumably often with a notion that they can then be reproduced at will or controlled in some way, this paper offers a perspective on therapeutic phenomena that reframes that current delimitation.

This inquiry concurs that all these “determinants” are actually *aspects* of the therapeutic alliance and that an attempt to isolate them as individual factors results in an unbalancing of the forces involved—hence the bifurcation and splitting that is researched and reported. Norcross and Lambert’s final determinant, “the context” could be said to be the term that unifies or contains the earlier items on their list. It could also refer to a still broader set of forces that exist beyond the immediate

observable determinants of the therapeutic setting. Other fields of science recognize that (often invisible) universal forces or laws are very influential on the processes of life. Those same forces affect the experience and process of a person's life, including those of the therapist or patient, and are more powerful than any "determinants" that the practitioner consider (s)he directs. Connection to these broader universal forces informed the healing and relational aspects of the ancient civilizations from which we have descended, and still informs the perspective of indigenous ways of life and healing. Anthropological studies, for example, have deepened understanding of the totemic idea (Durkheim, 2001; Eliade, 1987; Elkin, 1969; Kolig, 1988) and have begun to restore our awareness of the powerful, and sometimes surprising, healing practices of shaman and medicine men and women (Kalweit, 1992).

In the West, the study of these external forces or "energetic principles" (Lawlor, 1977) has remained, in more recent centuries, the focus of occult scientists (i.e., those who investigate the hidden); alchemists, some Egyptologists, theosophists, anthroposophists and followers of what have been called the Mystery traditions (Hall, 2003). Occult science addresses "what Goethe had in mind when he spoke of the "manifest secrets" in the phenomena of Nature. . . It preserves the essential bearing which the soul maintains in scientific procedure." (Steiner, 2005, pp. 26-27). In other words, this type of investigation, as distinct from the parsing scientific approach in the positivist approach, ensures that which is investigated remains in connection to the being recording the investigation. The 16th century segmentation of the occult and natural from the observable and evidence-based scientist remains as fundamental a split as it ever was. Using the incubation, immersion and observational tools which are common to the heuristic inquiry tradition of contemporary qualitative research *and* the operations of the occult tradition, this inquiry presents an understanding of the nature of *alignment* in the therapeutic context.

Roots of Psychotherapy

The dissection and measurement of psychological phenomena sometimes occurs with a view to wanting to understand them, but often comes with an agenda to change them. In this case the recent fascination with researches into the therapeutic alliance has come partly as a back-lash to previous emphasis on *outcomes* of treatment methods and modalities, and partly with a view to replicating or otherwise stimulating the occurrence and effect of therapeutic relationship thus rendering psychotherapy more "effective." This framing reduces the practice of psychotherapy to something scientific, modern and methodical. This is as limited an understanding of the healing phenomenon as to say that the applying of a plaster to a wound is the cause of its repair and, if only more plasters could be applied and applied properly... Well, the world would know no wounds.

This limited perspective on the therapeutic alliance, when it situates itself historically, sometimes cites its origin as the psychoanalytic theory of Freud and his articulation of dynamics such as transference and projection among others. Carl Rogers' person-Centred movement is also seen as central to identifying the core conditions that facilitate therapy (Rogers, 2002). This is followed by the "eclectic pragmatism" of the integrative movement in the 1980's (Horvath et al., 2011). However, the healing phenomenon is clearly much older than the last century and this limited historical perspective ignores the roots of psychotherapy in ancient traditions and any learning that might arise from there.

Carl Jung spent his life exploring the mysteries and traditions of ancient and esoteric traditions using what he found to inform his own theories on the psychotherapeutic phenomenon. “The help which alchemy affords us in understanding the symbols of the individuation process is, in my opinion, of the utmost importance.” (1966a, p. 102) He also pioneered the significance of the acausal through his theory of synchronicity. He readily admitted that “the discoveries of modern physics” have “brought about a significant change in our scientific picture of the world in that they have shattered the absolute validity of natural law and made it relative. Natural laws are statistical truths, which means they are completely valid only when dealing with macrophysical quantities. In the realm of very small quantities prediction becomes uncertain, if not impossible. Because very small quantities no longer behave in accordance with the known natural laws.” (1969, p. 421) Very small quantities are most apt in the research of psychotherapy where encounters are specific and unique and therefore in no way generalizable in the empirical sense. Despite his investigation of these traditions, possibly concerned with acceptance of his theories into the medical establishment and general usage, Jung stopped short of rigorously applying all he learned regarding the role and influence of the external forces to the therapeutic field. He recognized these forces and tried to delimit them in his idea of the collective unconscious which he in turn, could connect to the idea of self, “an image born of nature’s own workings, a natural symbol far removed from all conscious intention.” (Jung, 1966b, p. 265). This framing has allowed a limited representation and exploration of the role of the external forces but such studies could be taken much further.

R.D. Laing’s unique contribution to the study of psyche reminds us in straightforward terms of how far we have come from the rich experience of these forces in our own childhoods and how shriveled our understanding of the world is as a result:

“As adults we have forgotten most of our childhood... as men of the world, we hardly know the existence of the inner world: we barely remember our dreams... as for our bodies, we retain just sufficient proprioceptive sensations to co-ordinate our movements and to ensure the minimal requirements for psychosocial survival... And immediate experience of, in contrast to belief or faith in, a spiritual realm of demons, spirits, Powers, Dominions, Principalities, Seraphim and Cherubim, the Light, is even more remote... This state of affairs represents an almost unbelievable devastation of our experience. Then there is empty chatter about maturity, love, joy, peace. (Laing, 1967a, pp. 22-23).

He identifies that “psychotherapy must remain an obstinate attempt of two people to recover the wholeness of being human through the relationship between them.” In the 1960’s he recognised that psychotherapy theory, in becoming focused on behaviour and outcomes, was bringing about the very depersonalization it purported to address. This situation persists today. In reconnecting to the ancient understanding of our healing traditions, and to our own childhood realities, we can begin to reconnect to our inner worlds or, at the very least, begin to become aware of the extent of our own debasement and alienation.

Ellenberger’s comprehensive review of the “ancestry of dynamic psychotherapy” (1970, p. 3) traces the roots of the practice back in time referring to five disease theories that Forest Clements (1932) established as common to

humankind's experience of disease across various ancient or "primitive" peoples; disease-object intrusion, loss of the soul, spirit intrusion, breach of taboo and sorcery. All of these human predicaments reflect the dynamics and involvement of forces beyond the conscious, cognitive ego, or even repressed aspects of self-consciousness which tend to inform the contemporary understanding of self and of the therapeutic alliance.

The relationship between the healer and the patient in Ellenberger's account is quite different to the client-centred, consumerist nature of today's practices. It could be said that in these accounts the practitioners' focus is on understanding the dynamics of the forces at work. The way they interact is more of a focus than the individual person of the patient.

Ellenberger also documents some of the traditions of temple healing and philosophical psychotherapy; "Most famous among them is Yoga, an extraordinarily elaborated "mystical technique" that is common to most of the religious and philosophical schools in India. Other physiological and psychotherapeutic techniques have come forth from Buddhism, such as those of the Zen sect." (Ellenberger, 1970, p. 41). In the Western world he traces the practices of the ancient Greeks and the Romans and the Catholic and orthodox churches until the end of the 16th century when modern science was born and could not accept "the validity of extrascientific healing" (p.47). Yet Ellenberger's history still speaks little of the occult philosophy and science which oriented itself to the "quintessence. . . for there is nothing found in the whole world, that hath not a spark of the virtue thereof. . . By this Spirit therefore every occult property is conveyed into herbs, stones, metals, and animals, through the Sun, Moon, planets and through stars higher than the planets." (Agrippa, 1525/1993, p. 44).

Many indigenous peoples still practice healing arts more closely related to the ancient practice of psychotherapy than those of the clinical Western world today (Kalweit, 1992; Kolig, 1988). The modern practice, disconnected from its roots may have enabled intellectual understanding and propagation of the field through mass education, but it has done little to further our understanding the art. On the contrary, while the practice of psychotherapy gains more mind-share in the community, Western societies do not appear to be becoming psychologically healthier nor wiser.

This paper offers a contemplation of phenomena and dynamics beyond the transactional, cognitive, and (inter)personal realms of the (post)modern world to touch upon a reality that is more wide-reaching and timeless. My endeavour was to inquire into the experience and meaning of therapeutic alignment in practicing psychotherapy. This paper serves not only to represent the idea of alignment as understood through this contemplation, but also to demonstrate that heuristic inquiry penetrates meaning and truth in ways that the modern scientific-medical paradigm cannot reflect.

Philosophy and Method

Participation and Heuristics

The approach taken in this research follows what the postmodernist would call a "paradigm" (Kuhn, 1996) of *participation*. The definition used here is not however, that represented by qualitative researchers (Denzin & Lincoln, 2005; Guba & Lincoln, 2005) who take their definition of *participation* mainly from participatory action research (Reason & Bradbury, 2001) and participatory inquiry (Heron & Reason,

1997). This use of participation follows an older definition of *participation* (Lewis, 2011) more in line with the *participation mystique* that Lévy-Bruhl (1925) defined in observing the way of life of “primitive” peoples. *Participation* as our ancestors and the indigenous tribes, and certain philosophers know it, concerns humankind’s response to and co-operation with Life, with Spirit, with Levinas’ *there is* (Lawton, 1976). It involves wonder, awareness, detailed observation, contemplation, creativity, concentration, reasoning and ritual. It is both contemplative and active and brings to bear all of the faculties and being of the researcher. It addresses what is unfolding within the awareness and environment of the researcher. Participation in qualitative research is the account of living fully.

The answers to all inquiries are reflected within the life and understanding of the inquirer – whether he or she acknowledges it or not. Researchers into the nature and experience of consciousness (Musès, 1972) and those investigating the physical sciences (Bohm, 2007b) have gone some way to explaining these dynamics of reality. “It would be as futile to expect that science could tell us the significance of the world—the point of it, its “so what?”—as to expect that cinema projectionist or television engineer could tell us about the meaning of a scene projected on the screen simply by virtue of being a projectionist or engineer. . . . Indeed the entire science of the projection is irrelevant to the scene’s reality” (Musès, 1972, p.103). Any phenomena under study do not limit themselves to a lab, a questionnaire, a petri dish or a set of interviews. While these containers are helpful in containing a piece of life to allow its examination, the phenomenon under study, can be understood through the researcher’s experience of life and being. I have more fully explicated this use of *participation* in the context of its extant uses elsewhere (Lewis, 2011).

In *participation*, the method is the container for examination. It is the “equipment for projection” we use to observe the aspect of reality that the inquiry invokes. It is the vehicle that allows for the overwhelming data of life to be parsed, labeled, considered, and perhaps to become insight. It should not produce data or construct them – it should *reveal* them. If method is too prescriptive in its manipulation and treatment of data, it is likely to be insensitive to what it is finding—making all pegs round or square depending on the methodological hole. The connection to the *there is* (Lawton, 1976) of the phenomena will be lost. The art of strong qualitative research is in a combination of rigor in observation, sensitivity of perception and intuition, openness to new data and a capacity to understand one’s attachments and aversions.

This inquiry followed a heuristic method that broadly reflected the stages of insight development and creative synthesis set out by Moustakas (1990). The *initial engagement* had arisen as part of my own process and the stages of *immersion*, *incubation*, *illumination* and *explication* unfolded as I formalized my approach to the research inquiry. My process of heuristic inquiry relies on the Dream (Lunt, 2010) and related intuitions which provide data as well as insight into the inquiry at hand and its process. There is a related process I use, that involves mutual reference between research inquiry and daily waking life, which I have elsewhere called *holographic observation* (Lewis, 2011). This way of understanding reality is closely related to that of the Dream but applies to experiences in the material world. Observations and experiences arising from the Dream *and* the material world have layers of meaning that reverberate through aspects and experiences of life; past, present and future. The operations on my heuristic observations and experiences were similar to those described by Moustakas (self-dialogue, tacit knowing, intuition, in-

dwelling and focusing) to which I would add reasoning and analysis as essential to good understanding.

Understanding Therapeutic Alignment

In setting out the terms for this inquiry, I clarified my perspective on *well-being* which informs my use of the term *therapeutic*. *Well-being* is when an organism functions according to its natural dynamics, towards and away from its equilibrium in appropriate response to its inner and outer conditions. Through this natural response an organism follows its natural function and its place in the order of things. Given the sympathetic, synchronous nature of Life (Strogatz, 2004), the well-being of organisms within the same universe are inter-related—disturbances or well-being in one impacts others. Therapy is needed to address disturbances to *self-regulation* that have been so severe as to permanently derail a human being's natural ability to unfold and enfold according to his or her nature. These disturbances often occur in early life as a result of the violence to being that is frequently dealt to children in the name of love (e.g. Gerhardt, 2004; Laing, 1967a). Early-established patterns then persist as the emerging adult develops with only a dim awareness of a fuller being that is rarely experienced in the world. The individual's understanding of him- or herself is by now defined by familial and educational scripts. This tension can bring an individual into therapy.

Therapeutic alignment then, in this understanding of psychotherapy, is the (re)alignment of the individual with the natural unfolding and enfolding patterns of their being beyond the patterns set down by violent interference in the past and present. I say "beyond" since these patterns are not necessarily removed but become contextualized and might less determine the person's experience. Since Life is also a constant expression of this unfolding and enfolding pattern, it expresses itself in rhythms and patterns also. In *well-being*, the individual comes to regulate his or herself according to the rhythms of Life rather than the dictates of preexisting-but-no-longer-present violent conditions.

It is worth emphasizing that natural alignment takes its own time and form of expression. It is not a manipulation in the orthopedic sense. Alignment is a coming-into-order, a response to inner and outer conditions. It is possible for a practitioner to facilitate the unfolding or restoring of another's natural state through being aware of his or her own and the patient's—through resonance or presence. Beyond his own core conditions for effective psychotherapy, in an interview Carl Rogers pointed out: "perhaps it is something around the edges of those conditions that is really the most important element of therapy—when myself is very clearly, obviously present." (Baldwin, 1987) Any attempt to impose a specific position or ideal onto the Other re-enacts the original violence. While short-term instruction is often necessary to prevent harm to the patient, eventually all introjected positions will need to be examined.

Data Collection

My understanding of therapeutic alignment has deepened through the process of inquiry. This research process, as always, has enabled me to capture and reflect on my experiences and understanding of the phenomenon. I know that the more deeply I apply myself to understanding therapeutic alignment the more I understand my own life, my practice and my patients' experience of therapy. While reflecting on how to

define and gather data for this contemplation, I was taken by two reference points. The first was a small story given as a footnote in Carl Jung's discussion of the process of individuation in *Mysterium Coniunctionis* (Jung, 1963/1989). It is a retelling of a story told to him by his friend Richard Wilhelm, the translator of the Bollingen edition of the I-Ching (Wilhelm, 1977). I first came across the story early in my professional psychotherapy training and I have long known that it contains something I need to understand in my practice as a psychotherapist. It comes back to me often.

Jung's context for this story is an exploration of the ubiquity of opposing forces in life. "For just as there is no energy without the tension of opposites, so there can be no consciousness without the perception of differences." (Jung, 1963/1989, p. 418). Jung describes the movement and counter-movement of conflict and reconciliation that are the tension of opposites at work in the psyche. "As this process has repeated itself countless times in the course of the many thousand years of conscious development, corresponding customs and rites have grown up for the purpose of bringing the opposites together. These reconciling procedures are rites performed by man, but their context is an act of help or reconciliation emanating from the divine sphere." (p. 419):

"As an example of "being in the Tao" and its synchronistic accompaniments I will cite the story, told me by the late Richard Wilhelm, of the rain-maker of Kiao-chau. "There was a great drought where Wilhelm lived ; for months there had not been a drop of rain and the situation became catastrophic. The Catholics made processions, the Protestants made prayers, and the Chinese burned joss-sticks and shot off guns to frighten away the demons of the drought, but with no result. Finally the Chinese said, "We will fetch the rainmaker." And from another province a dried up old man appeared. The only thing he asked for was a quiet little house somewhere, and there he locked himself in for three days. On the fourth day the clouds gathered and there was a great snow storm at the time of year when no snow was expected, an unusual amount, and the town was so full of rumours about the wonderful rain-maker that Wilhelm went to ask the man how he did it. In true European fashion, he said: "They call you the rainmaker but will you tell us how you made the snow." And the little Chinese said: "I did not make the snow, I am not responsible." "But what have you done these three days?" "Oh, I can explain that. I come from another country where things are in order. Here they are out of order, they are not as they should be by the ordinance of heaven. Therefore the whole country is not in Tao, and I am also not in the natural order of things because I am in a disordered country. So I had to wait three days until I was back in Tao and then naturally the rain came." (Jung, 1963/1989, p. 420)

The second input into this inquiry was an experience that occurred the day after I decided to submit a paper for this conference. For some weeks prior to this occurrence I had been contemplating this question of alignment and non-alignment in the therapeutic setting, but no insight or reasoning that I had come close to the information provided through this one event. While this experience occurred in the material world, it had many of the features of a dream event and conveyed a

meaningfulness found in the most poignant of dreams. This account is largely taken from my journal entry of the day in question although I have made some alterations for the reader's clarification:

“While on my walk back from my weekly banking, I heard a loud thud followed by a long second's pause – like time holding its breath – before the rush of the street noise pushed back into awareness. I stopped still and looked in the direction of the thud. A couple of hundred yards away diagonally from where I was standing, a figure lay in the road. Vehicles were stopped at unusual angles around which the immediate passers-by were beginning to accumulate. For some who kept passing by I guessed a road traffic accident is apparently an all-too-familiar scene. I stood, waiting.

I was watching the scene unfold, and the tableau take shape, and weighing up inside what my place was in this turn of events. Perhaps all that was required was my presence? I waited. I had slowed to a familiar shuffling pace, employed when unsure of my next move, or contemplating what is necessary. Perhaps due to my recent contemplation or a rigorous walk, there was no anxious hesitancy as to the outcome or need to insert myself into the scheme of events happening around me. There was no avoidant, look-the-other-way impulse that my “flight” mechanism would ensure. On the contrary I seemed to absorb the details. There was a quiet reflection on what was happening around me—sensing the dynamics and sensations as if feeling my way through a dimly-lit room.

I observed that the assembled group of about 10 people had busied themselves with organizing activities and discussion about who saw what and the order of events. The vehicle drivers were beginning to emerge from their crafts hesitantly, reluctant to join the ranks of the pedestrian. The taxi driver who had hit the female cyclist most noticeably took his time. Oh? Did I not mention she was a cyclist? Nor a girl? *Quod erat demonstrandum*. This gap stood out to me—the lack of human connection in the scene, the lack of concern for the experience of the injured creature. The most pressing impact from the unfolding scene was the isolation and fear of the person lying on the ground. While an initial, ubiquitous coat had been thrown over her body in the seconds following the event, no-one had gone near her body—a body still alive and hyper-alert; wide-eyed, shivering and contorted. At no point had anyone approached her person, got down on the ground, felt her skin, stroked her hair, looked into her eyes.

The passers-by called ambulances, shouted down that she would be ok, to stay still, to stay awake—and other barked instructions. They established no actual connection, no relation to the creature whose body lay cold and hurt on unforgiving tarmac, whose pulse raced, whose attention seemed foggy, who was most sheerly afraid. This simple unmet need emerged clear as crystal.

I walked over to the scene through the witnesses and took my place on the tarmac by her side. I took her hand with one of

mine and placed the other on her head at her hairline. Her head was only feet from the rush of on-coming traffic continuing to use the lane alongside us to accelerate their way past this inconvenient pool of human difficulty. I spoke to her only once or twice. Noise was not going to connect. I told her we were waiting for the ambulance and asked her to stay awake with me. I spoke once firmly to a woman who was praying loudly in Arabic and barking instructions from above with sufficient force that the girl flinched. The woman receded. After this space was established we waited together—breathing, wincing (she at the pain, me at the traffic), looking at each other increasingly steadily. Slowly a calm developed. I could feel both our nervous systems begin to align—the fight-or-flight waves began to subside. Clearly, being the one in less difficulty, and since I had more practice, I was able to regulate my nervous system and hers harmonized, adjusting for the pain and fear she was experiencing. The rhythm of my breath, the quiet of my mind (the traffic receding in my awareness), and the firmness of my touch and gaze conveyed a reassurance that relieved her and she remained present in the difficulty.

After some ten or fifteen minutes an ambulance sired its way to the top of the cyclist's head – literally. The ambulance woman, a model of brusque efficiency, came to the girl's side and began her own round of barking questions. The next piece of life had begun. I squeezed the girl's hand, wished her well, stood up, and left. The circle of bystanders closed behind me.”

Findings

Reflection on the details and meanings of these two events—one a story, the other an experience, has given rise to several themes. I offer a summary here of the main insights that arose and invite the reader to his or her own contemplation

The Body

My understanding of what was occurring in this event was arriving mostly through my body and particularly through the rhythms and current of my nervous system rather than through the frontal cortex or cognitive part of my brain. My sense of (non)alignment was arising substantially through viscerally feeling the dynamics of the situation and being aware of balancing them—not in order to change them but being present with them. Through awareness, that is observing and sensing what is happening, one can relate directly to what is happening and is more likely to respond appropriately. Beginning with the thud that entered my awareness at start of the experience, this whole experience was very visceral. There was very little analysis or decision-making except in responding to the feeling of what was needed in the moment. My decision to intervene with the woman who was bombarding the cyclist with prayers and instructions, for example, resulted from witnessing the distress that these were causing the girl on the ground. An decision-oriented analysis of that situation would not have produced the same sense of the right thing to do in the appropriate timeframe.

I wondered afterwards why the answer to my inquiry occurred as an event in the world as opposed to through a dream (where I receive so much information). I have realized since that the material experience was part of the answer to my question about the nature of alignment. In other words, awareness of one's own physicality and that of the patient plays a principal role in aligning therapeutically. The visceral, direct nature of the experience was the best training possible.

The nervous system is the aspect of our physicality that connects us to the world around us all the time. Material, subtle and ethereal aspects of the system connect the personal, interpersonal and cosmological aspects of being. This is one aspect of being that the ancients and the indigenous peoples knew well and reflected in their therapeutic practices. In writing about the Aborigines' understanding of reality the anthropologist Eric Kolig wrote; "The whole fabric of human interaction, once structured in accordance with the cosmic order, resonates with the whole order. And as one level of the system is capable of influencing other levels by sympathetic connection, human interaction constantly releases power in order to maintain the cosmic Dreamtime masterplan in actual life." (1988, p. 225).

It makes sense that awareness of this essential connection has been lost given humankind's over-reliance on cognitive and scientific structures in recent centuries. Over time we have been removed from our fuller awareness—not only as healers but also as human beings. R.D. Laing (1967b) observes:

"Psychotherapists are specialists, in human relations. But the Dreadful has already happened. It has happened to us all. The therapists, too, are in a world in which the inner is split from the outer. The inner does not become outer, and the outer becomes inner, just by the re-discovery of the inner world...When our personal worlds are rediscovered and allowed to reconstitute themselves, we first find a shambles. Bodies half-dead; genitals dissociated from heart; heart severed from head; head dissociated from genitals. Without inner unity, with just enough sense of continuity to clutch at identity—the current idolatry." (p. 46)

So the very subtle signals of the nervous system and the emotions they relate may not always get through to us even though "...the most abstract thought has emotional-vegetative and sensory-motor components...The whole nervous system, therefore participates in every act; whether it is easily observable or not is only a matter of knowing what and how to observe." (Feldenkrais, 2005, p. 36). If we want to align to the being and unfolding of a person then it follows that we need to pay attention to the source of this connection—awareness of our body's responses. This system is the basis on which we can hope to approach healing holistically rather than fiddling with a particular part of the being (like cognition) and likely referring tension for another part to pick up. "...The whole [nervous] system is self-balancing, recovering after each disturbance to a new configuration of balance, and becomes fit again for further reaction...It is quite obvious that *it is more important to inquire into the process of adjustment in general than into any particular set of adjustments* (my italics)...An adjustment is a successful act of learning; it is the achievement of a proper response." (pp. 46-47).

As therapists what we detect through our nervous systems can provide very fundamental human information as to the unfolding of events and our appropriate

response. These data of course are translated into thoughts, emotions, sensations and intuitions but these are all secondary phenomena in the sense that they are subordinate. If one focuses principally on the realm of one function or another we are likely to be missing what is going on in the Other at worst, deprioritising it at best.

Identity

The location of this experience outside of the therapy room loosened any preconceptions I might have had about my identity or role as a therapist. In the wide open street I was a passer-by who stopped. This incident unfolding as it did, enabled a freshness of perspective on the situation. My response was free to be determined by what was arising in the situation since I did not have any particular role, outcome or result in mind. As I watched the incident unfold my role became clear to me. I was to be present with the girl and her experience, to provide a connection that was steady and constant during moments where she was being overwhelmed by her experiences. This steadiness enabled her to stay present to an overwhelming experience and not to lose consciousness.

Life unfolds for patients in much the same way as it was unfolding for this cyclist. The only real choices they have is how they respond to their situation; how fully they experience it, what meaning they make of it, how they participate in their lives, how they use their consciousness. Response to a patient's needs therefore involves openness to, and thus awareness of what is arising. Both of these elements are interrupted by ideas of identity; our agendas for ourselves, and by extension, our patients.

The ideas we have about our own identity inform the therapeutic alliance all the time. They colour and inform what is unfolding. As Abraham Maslow is often popularly quoted; "He that is good with a hammer tends to think everything is a nail." Identity is often driven by what has happened to us in the past or what one hopes for as one's future. It has little to do with what is arising in the present moment. Identity therefore pulls us out of order within ourselves, in relation to a patient or other aspects of life. If our identity is important to us then we place our ideas about ourselves at the centre of our lives possibly to give some sense of surety or foundation that we lack as a result of physical and ethereal disconnection to Life. We solicit status or meaning where we feel little. Attachment to identity involves a particular conception of how things *should* be that invariably prevents us from seeing how they are. Even in this emergency setting, my mind might have habitually gone off into pathways of the "shoulds" of a road traffic accident. I might have been concerned with the impressions of the other people. I might have been concerned with opportunities for acknowledgement or aggrandizement or fears of condemnation. Not on this day however. My mind remained open and relaxed which seemed to have a bearing on the way that time passed.

Time and Space

I felt an unusual sense of time and space during this experience—as if I was being moved through it and able to observe it simultaneously. I knew afterwards that this event was Life's answer to my inquiry into therapeutic alignment. I knew in the same way that we realize something in a dream to be true—an internal sense of an experience with a profound sense of meaning and value.

As discussed above, it was interesting that this insight occurred outside of my practice room. It required me to be surprised by the situation with a fresh and relaxed mind – the sort that a good walk will yield. It required exactly the right distance between me and the incident—too near and I would have been overwhelmed by the events and the circulating emotion. Any further and I would not have been able to observe. There was literally more breathing room than the image of such a disaster might convey.

The elastic and yet precise ways in which time and space were appearing during this experience left me in no doubt as to an order of things towards which they point. Time is one of the least understood phenomena in the modern world. The contemporary view of a segmented, linear, single-life-to-live existence can make it challenging to understand or express one's context in a universe where, it seems increasingly likely, time behaves non-linearly and iteratively. As Charles Musès succinctly illustrated; “Desires all have a history (a past), constitute a current demand (present), and project a dénouement (future), all three factors being inextricably intertwined and mutually interactive, i.e. thoroughly non-linear mathematically-speaking.” (1985, p. 69).

On the one hand, such concerns are beyond our ken, as the rain-maker points out. It took 3 days for the rain to come because that is how long it took for his natural order to be restored. There is no indication to us that he could foresee how long that would take—only what he had to do to align himself. In the experience on the road the timings were so precise. Had the accident been minutes earlier I would not have been on that spot. Had it been later I would have been deterred by the requirements of my next appointment. Once involved in the event time seemed infinitely elastic. The minutes I spent in connection to this girl seemed to have a depth that transcended that particular moment. The girl's nervous system was responding to previously-experienced trauma, upset and anticipated violence on top of this already brutal present moment. This layering of experience, beyond time, seemed entirely consistent with the experiences the therapist witnesses in sessions.

Time and space are the most definitive and basic conditions of the therapeutic alliance, and yet we have a very precarious understanding of their workings. The significance and symbolism of these conditions can inform the therapist's perspective on the healing required; for example, the flow of a session, the patient's use of and response to time, the timing, and meaning given to extra-session experiences, the dramatic revelation that a patient provides in the last minute of a session, responses to the physical setting, how at liberty or enclosed they feel and so it goes on. Reflections and discussion on these sorts of phenomena just begin to reveal the depth and breadth of insight and material arising from conditions. Therapeutically, to work with what is arising takes all one's focus—there is no time or space for one's “own” agenda or ideas. Sometimes patients' have their own agenda, their own pre-prepared “script” for that hour's discussion. I have observed how quickly these are over-run by the dynamics arising in the session, when paying attention to the conditions, to the point where the patient is quickly brought back to him- or herself and the real difficulty needing to be seen. The villagers' desire for rain did not make it appear, the girl's intended journey did not unfold as she envisaged. At bottom, all we have is what is arising.

Knowing

The unexpectedness of the experience pointed out much about the issue of how often one enters the therapeutic encounter with a sense of knowing; what one will expect to find in oneself, an anticipation of what one will find in the other, how one will respond to them, what dynamics will unfold in the room in that hour. Such surety is a danger to alignment. One's ability to align to the order of things means responding to events as they arise in the therapy session. One's awareness is of course informed by all one's previous experience, and one's understanding of process and of life, but the encounter cannot be determined by such experience. In instances where one is "doing therapy" to someone to gratify some sense of skill, identity or self-worth then one is not open to what is unfolding – one is determining it through one's attachment or aversion. The rain-maker does not "make" the rain – he brings himself into order. What is that order? What is it that one relies upon if not one's identity as a therapist? One can rely on the deeper structures of psyche that are revealed when attachment to identity is loosened; awareness of one's own experiences of life, recognition from the loss and restoration of one's own sense of equilibrium. One relies on the information one perceives in that moment from one's own system and order of being. There is nothing else that one can rely upon. From one's own seat, it is possible to participate fully in the experiences being invoked in the therapy room without being identified with or by them. This alignment brings one into line with what is required for order to be restored and healing to occur.

Psychodynamic labels such as *projective identification*, *transference* and *counter-transference* have been used by theorists to describe discrete dynamics that take place within the therapeutic meeting. As Winnicott points out in his essay on *counter-transference*, these sorts of terms can serve to make everyday experience seem alien. Winnicott points out the uselessness of Michael Fordham's use of Jungian "jargon" in communicating with him, and invites critique of his own pointing out that "words that are used in different ways by various groups of workers; ego, unconscious, illusory, syntonic (react syntonically), analysis etc." (Winnicott, 1960, p. 159). Terminology does mystify life. These terms given to psychotherapists in their training can serve to objectify natural, intuitive awareness, or mask a lack of intuitive connection at work in the encounter with the patient; physically, emotionally or mentally. Terms or jargon can be used to convey a sense of knowing cognitively where none exists experientially.

Being with the girl lying on the road, I had a visceral experience of her difficulty. It was not my *imagining* of what it must be like to lie in the road after a car has hit you—it was an actual visceral understanding between our bodies. Had I sought to explain that physiological or subtle connection, the language would have severed it. The girl would have need to move into her own cognitive "zone" to interpret what I was explaining. I realized that this is one of the most foundational principles of awareness in the therapy room. The visceral perception of another's being is much more reliable and informative than any degree of mental interpretation, discussion or insight. So, in psychotherapy, the body is not a "modality" as often presented (Warnecke, 2010), it is the basis of alignment. If we are not aware of its information we are really lost in a sea of projections and mental constructs which may be diverting and not therapeutic.

Acceptance

During the incident it never occurred to me that these events should not be happening. Much as we find in dreams where, no matter how difficult the experience,

one never feels that the dream should not be happening. In the dream all experience is relevant—necessary and informative even. In psychotherapy we know the importance of experience and meaning too and yet ideas of what “should” or “shouldn’t” be happening can pervade one’s consciousness. When meaning ceases to be revealed and begins to be mandated then life itself loses meaning resulting in malaises of alienation and isolation.

So in the therapy room too, all moments have meaning—both that which occurs within it and that which is brought to it. The incident in the road reinforced that meaning arises when I can allow its significance to emerge rather than interpret it or push past it to the next event. Quantum science is revealing that we both observe and participate in a given phenomena. If I had stood and observed the cyclist’s incident from a distance I could not have gained the learning from the situation that direct experience delivered. Similarly if I had rushed in to help I would have missed the opportunity to further understand my function and meet her need that was calling for that function. When we manage to not fixedly determine what is happening about us, we allow meaning to unfold. This is not at all easy to do given the chatter of our identity, its self-importance and the fear of the unknown—in the therapist, let alone in the patient. In the deeper structures of experience though, natural life must surely be the same wherever you slice it. A psychotherapist is not serving if he or she is constructing experiences for him/herself or for the patient.

Waiting

Life, including of course the therapeutic context, is constantly dynamic. We are constantly experiencing and meeting unexpected, even painful events. According to the understanding of quantum physics, our reality is a reflection of the unfolding-enfolding nature of the universe; “. . . in the implicate order the totality of existence is enfolded within each region of space and time. So, whatever part, element, or aspect we may abstract in thought, this still enfolds the whole and is therefore intrinsically related to the totality from which it has been abstracted.” (Bohm, 2007a, p. 218). If we accept Bohm’s view of the “implicate order”, we have little choice about what unfolds but some choice as to how we respond to, or enfold, it.

The cyclist I met probably had no conscious idea of her impending collision with that taxi earlier on Friday afternoon. So when I enter the fray of such an experience what, as a therapist, am I doing? Waiting. Instinctively the first thing I explain to the girl is that we are waiting for the ambulance. The rainmaker explained that he “waited” for the rain. The villagers had to wait for the rainmaker. The wonderful thing about waiting is that it allows the mind to be still *and* feel involved. It is not doing nothing – it is waiting. An understanding of waiting is very relevant to the therapist’s attendance to another’s process. Its subtlety is explained elegantly by ancient Chinese wisdom (Wilhelm, 1977).

“Waiting” or “Nourishment” is hexagram 5 in the I-ching or Book of Changes (Wilhelm, 1977, p. 24). This number has occurred frequently in my dreams relating to my function as a psychotherapist over recent years. In the translation and interpretation of this hexagram made by Richard Wilhelm, he makes reference to “rain will come in its own time” (Wilhelm, 1977, p. 24) Wilhelm explains thus; “Waiting is not mere empty hoping. It has the inner certainty of reaching the goal. Such certainty alone gives that light that leads to success.” (pp. 24-25) Equally the Commentaries on the Hexagram make it clear that “Nourishment depends on heaven and the rain. It does not lie within the power of man.” (p. 411). My researches tell me

this is a significant part of the attitude required for therapeutic alignment. This trigram reflects “how to accept and adapt to the situation.” The commentary goes onto explain that the rain is always on its way; “Even as it rises to the heavens, it is preparing to fall—whereby all life is nourished and refreshed.” My visceral experience of waiting with the cyclist brought these words to life. As I was accepting the situation I was able to wait with her undisturbed by the surrounding fracas. Her system, biological and psychological could detect this certainty and aligned with it, calming her and, despite the difficult circumstances, nourishing her.

We begin to see here the relationship of alignment in the therapist to the patient’s alignment. The Shuo Kua or Discussion of the Trigrams containing “material of great antiquity” (Wilhelm, 1977, p. 260) explained that the holy sages of antiquity used the Book of Changes and its trigrams to “put themselves in accord with tao and its power, and in conformity with this, laid down the order of what is right. By thinking through the order of the outer world to the end, and by exploring the law of their nature to the core, they arrived at an understanding of fate.” (p. 262). Indeed the sages “determined the tao of man and called it love and rectitude.” Here we see the ancient roots of the connection between alignment, knowing one’s place and the healthy, natural expression of life. Jung wrote in his Introduction to Wilhelm’s edition; “. . .the changing opinions of men scarcely impress me any more; the thoughts of the old masters are of greater value to me than the philosophical prejudices of the Western mind.” (p. xxxv)

In the therapy conditions then, “waiting” is most helpful to the patient in the navigation of their life. The therapist can find that persevering in accepting their own experience of life and their responses to it will bring about conditions that enable a healing experience for the patient. While the patient may be being tossed about by tumultuous events and experience and the memories to which they connect, the therapist’s practice and experience of remaining in his or her awareness lends illumination, strength, and perseverance to the patient as much as he or she requires or can accept it. Over time, their experiences in life can become more bearable, even spacious, vital or hopeful, until perhaps they too can wait.

Some Implications and Conclusion

My contemplation gives me to understand that the *alliance* and *alignment* that is at the heart of the therapeutic encounter is between the therapist’s and patient’s beings and Life’s forces. It is this foundation that defines the conditions for any subsequent experience between the therapist and patient or patient and his or her self. This understanding makes “relationship” futile to measure, plot or replicate since the unfolding-enfolding force that is Life is continuously varying and cannot be perceived in its entirety. If you had described the road incident to me beforehand I could not have told you what I should do. I cannot tell what I should do next time. Equally, I am certain if you had asked the cyclist what she needed she would not have mentioned the stabilizing of her nervous system—being overwhelmed she was not in a position to know what she needed. The actual steps taken by the rain-maker in his hut will have been specific to the conditions he found in and around himself. He could not set them out as a recipe for making rain since they addressed those specific set of circumstances.

The ramification of these findings penetrates all aspects of my therapeutic function. It was very clear to me that the incident in the road was an important part of

my training. It could not have struck me in the same way without a spaciousness in my mind at that moment that was enabled by many years of my own therapy and supervision including some recent and related conversations with wise practitioners. It also reflects a seriousness of purpose I feel about my life.

“Client-centred” relationship and research

There are many trends in the current psychotherapy arena that run contrary to this understanding. “Client-centred therapy” is often seen as putting the “client” at the centre of the encounter in much the way that a customer is king. Such a position should leave a patient disheartened for if (s)he knew his or her own way out of Plato’s cave (Plato, n.d./1993) then what would be the need for therapy at all? If there was no intervention required in the patient’s perception of Life then from what is (s)he seeking relief? A therapist who follows the client in the sense of allowing the persona of the patient to dictate the conditions and unfolding of the therapy offers the patient no hope at all. The therapist merely ensures repeated encounters with the patient’s obstacles to his or her being. One recognizes alignment through becoming aware of the ebb and flow in one’s own life and through being aware of the tension and perseverance to which it gives rise.

It makes little sense then to keep asking patients to evaluate the relationship with the therapist (or other aspects of the therapy) as if the patient is aware of the difficulty he or she faces and the best way to address it. The patient cannot have much awareness, until or unless experiences of alignment are possible, of the landscape they are asked to review. It might be considered analogous to asking a patient to evaluate the effectiveness of acupuncture on the flow of chi in the body. This would only be measurable to the extent that they are able to be sensitive to the flow of chi. Variability in patients’ awareness of their energy will have a greater influence on the results of such research than the actual flow of chi.

Training

It might be argued that the effectiveness of psychotherapy begins with the development of practitioners. Broadly speaking, trainings at the moment are a long way from the initiations of the ancient traditions. Initiations in the tradition existed centuries ago to address the qualities of character and way of life of initiates as much as their skill at the art. These days the moral calibre, authenticity and innate predisposition of a therapist do not seem to be valued even close to the extent of “skills” and techniques. As examples; one’s ability to “listen” is often assessed as a unilateral act rather than a bilateral experience; empathy is often understood as the ability to follow the patient’s idea of their world rather than see into the deeper structures of meaning that the idea reveals. There are no points where the initiates’ understanding of life, its nature or meaning and their ability to investigate or navigate it, is tested rigorously. Moral development as a whole is no longer a question our education system answers.

As a result many trainings, in various modalities, can teach practitioners to interfere with patient experience in one way or another; *creative visualizations* that insert images and experiences into the patient’s psyche, *dreamwork* that “works” by interpreting and manipulating the subtle, precise and clear messages given by the dream so that their meaning becomes obscure to the dreamer and a direct relationship to the Dream untenable. The body is seen as a sometime reference point or a “way of

working” with a patient rather than the *only* constant vehicle a patient or therapist has through which to understand his or her world, and therefore, as ubiquitous to every experience.

In short, modern Western psychotherapy has come a long way from its roots in the wisdom traditions where alignment was better understood. When we look at contemporary society, there is little evidence, despite the volumes of research into the therapeutic alliance or the effectiveness of therapy more broadly, that psychotherapists apply it better now than did our forerunners. Many therapists suffer from the same disconnected malaise as their patients and are therefore less effective than the ancient healers who were more aligned with the cosmic forces. “In fact Jung had nothing but pity for the spiritual impoverished European who went, as it were, to beg for spirit in the East. He would say in their regard that one did not do one’s best by beggars when giving them all they ask for as alms. One helps most by freeing them for the re-learning of the value of work. . . In this way we could live out the meaning together in the same devout measure of integrity and honesty as those others who had lived their lives in their own context and at their own peril in order that they could acquire so great a wealth of wisdom.” (Van der Post, 1976, p. 204)

The West certainly seems willing to invest measuring “determinants” like relationship but has lost sight of the *meaningfulness* of that which it measures. The measurement of the relationship as a determinant to effective therapy is not really the right question to ask. We should be asking how, as beings and therapists, we restore our natural responsibility to Life’s unfolding. The important aspects of the cyclist’s incident was not the accident that befell her and how it occurred—but how it affected her, how she was able to respond to it, and the meaning it has for her.

The depth of that incident, that touched me as deeply as her, is only really revealed, or measurable, through the heuristic lens. It is only revealed when one looks past the causal relationships. As Jung notes; “It is a curious fact that such a gifted and intelligent people as the Chinese has never developed what we call science. Our science, however, is based on the principle of causality, and causality is considered to be an axiomatic truth.” He pointed out, even then, that we were poised for a great shift in understanding led by the cutting edge of science itself. He does not go far enough with his statement “The axioms of causality are being shaken to their foundations: we know now that what we term natural laws are merely statistical truths and thus must allow for exceptions.” (Jung, 1949, p. xxiv)

As a profession, we have lost sight of some of the aspects of the ancient practice; the ubiquity of the intuitive capacity, the moral development of, and authenticity in practitioners, natural standards for living and practicing, and the important role that initiations and ritual play in the psychological development of initiates. Life itself offers all the initiation practitioners need but only when it is viewed in those terms—the road incident being a good case in point.

The seriousness of purpose and practice that I hope I have invoked in these pages can of course be found in practitioners in the contemporary era but they are not so many as to define the standard for effectiveness in psychotherapy. Instead the profession increasingly aligns itself to the vagaries, neuroses and short-term gratifications of contemporary culture – the very same culture that it seeks to heal.

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