SPIRITUALLY CONSCIOUS PSYCHOLOGY

Rawd Halawani

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Preface

This monograph postulates a holistic understanding of human wellbeing and conceptualizes its manifestation in healthcare settings generally and the psychotherapeutic context particularly. Rooted in post-materialist scientific literature, the potentialities of non-local, transpersonal healing are explored and are grounded in the relational dynamics of the psychotherapeutic encounter.

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My therapist Natasha, for being a consistent source of unconditional acceptance and love. For being with me as I sit with the darkest aspects of myself, and opening my eyes to the loving essence underlying them all.

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Author

Rawd Halawani is a 25-year-old, Palestinian-Jordanian woman who's been called to uncover a path towards psychospiritual integration. She was first introduced to the realm of inner healing as a psychotherapy client in her early 20's, a time that was marked by anxiety, fear and a loss of meaning in her life.

After a few wrong turns, Rawd eventually found her way to a transformative psychotherapeutic relationship that allowed her to decolonize her mind and reclaim her connection to the sacred. This healing relational experience inspired her decision to complete a master's degree in Spiritual Psychology at Teachers College, Columbia University which she graduated from in April, 2021.

As a recent graduate, Rawd is currently working on holistic healing and education projects in her hometown, Amman, Jordan, where she aspires to expand the integrative discourse on psychology and facilitate its individual and collective embodiment.

Table of Content

INTRODUCTION

The deepest existential questions sprung to the fore of human consciousness in the wake of the coronavirus pandemic. As I grappled with the proximity of illness and death that the situation summoned, I was compelled to further explore and put into words the meaning behind the paradoxes of peace and suffering, wellness and illness, life and death. Undertaking this endeavor during such uncertain, delicate times was incredibly challenging yet highly rewarding. That is, it propelled me to delve into my most painful and formative memories, my deepest, most puzzling questions and worries while simultaneously expanding my awareness of the vastness of choice and freedom that reside within the present.

The fruit of this journey is a thesis that contributes to a humanizing discourse on health generally and psychology specifically, that's rooted in spiritual wisdom and backed by post-materialist scientific insights. As such, a sacred psychotherapeutic praxis is birthed, as a path to the synthesis of analytic competence and spiritual depth is carved. I created this work with the intention of helping sufferers and healers to restore their sense of hope and love as they navigate the complexities of their existential experiences.

PART ONE: TOWARDS HUMANIZING HEALTHCARE

I.   Repairing the Biological Machine

"Suffering is experienced by persons"
Cassell (2004, p. 32)

As a young child, I was remarkably attuned to other people's energetic frequencies as I'd sense their thoughts and emotions in my body. At one level, this gift filled my young years with wonder and a sense of interconnectedness. One another level, it caused a sense of confusion and sadness at times when I found myself unwillingly embodying the pain of others. That is, I did not have the means to make sense of such experiences since the language of the unseen was not spoken of in my environment.

Despite my lack of intellectual comprehension, I remained drawn to people's inner experiences and was eager to contribute to them in a loving capacity. I also became increasingly interested in understanding the purpose behind human existence and suffering as well the place for God in them. Unfortunately, my intuition and curiosity weren't nurtured by my socio-cultural environment, in fact, they were either neglected, questioned, rejected, pathologized or punished by adult figures. They were addressed most aggressively in educational settings, as I was consistently reminded by my teachers that discourse on the matters of the spiritual realm had no place on the school premises. Fear was their chief weapon of discipline and so I was kept away from such "sinful" conversations and mere contemplations.

As I actively divorced myself from my non-rational aspects, my psychospiritual fragmentation ensued. With a fragile sense of self, my inner life turned gloomy and I showed up in the outer world in an anxious manner. Tending to these inner wounds proved difficult since the dominant narrative around mental illness in my socio-cultural environment was imbued with shame-inducing messages. For instance, religious interpretations suggesting that psychopathology is a form of divine punishment were a central theme. As those messages found their way through the core of my unconscious, I became increasingly resistant to acknowledging and accepting my struggle with mental health. Aside from religious underpinnings, personal weakness is seen as a determinant of psychological suffering by the social majority who are either unaware or skeptical of the scientific soundness of psychological knowledge. Such sociocultural notions poured down my negative self-concept.

As I continued to run from my mind, my body began to speak on its behalf as it called for help. I started experiencing psychosomatic symptoms such as shortness of breath, chest pain, dizziness and fatigue, which I naively interpreted as isolated and random events. I turned to medical doctors with different specialties in hopes of uncovering the cause and cure of my ill-health. Each doctor would ask about the onset, nature and frequency of my symptoms and would then run a few tests in search for biological markers of physical dysfunction. Failing to arrive at materialistic interpretations, they would close the clinical encounter on a sarcastic note as they'd "assure" me that it's all in my head and that I was in fact healthy.

Thus, with a few medical tests, my experience of suffering was invalidated. Through non-verbal means, those perhaps well-intentioned doctors communicated that I had no reliable source of personal knowledge about what my

body senses or needs. Accordingly, I became increasingly alienated from my own mind and body which intensified my feelings of insecurity and anxiety.

Such failed attempts propelled me towards the field of psychology as I remained hopeful about the possibility of finding answers. Unfortunately, my first psychotherapeutic experience was also marked with a dehumanizing quality. That is, my suffering was quickly reduced to one-to-two worded diagnostic categories (depression, generalized anxiety). Receiving a diagnosis was comforting at some level as it validated my experience of suffering. It also granted me with the linguistic means to interpret the mysterious phenomena of my internal world. However, I wanted more than to simply have my life memories, traumas and present struggles aggregated into an objective category and have my therapist assume how they have shaped my personality. I was longing to be heard and held while I dove into my pain and explored what it could teach me about existential meaning and my unique purpose in life.

My first psychotherapeutic journey started and ended with a diagnosis, as the therapist believed that the key to my healing was found in the books on evidence-based psychology rather than my personal narrative which drove me away from therapy.

Theoretical Grounding

Philosopher Michel Foucault (1963/1994) traced the medical field's shift towards a biomedical, reductionist approach to the 18th-19th century post-Enlightenment period during which the clinic emerged as an institutional structure that reorganized the conditions and parameters of medical discourse as he articulated:
 "The clinic - constantly praised for its empiricism, the modesty of its attention, and the care with which it silently lets things surface to the observing gaze without disturbing them with discourse—owes its real importance to the fact that it is a reorganization in depth, not only of medical discourse, but of the very possibility of a discourse about disease. The restraint of clinical discourse (its rejection of theory, its abandonment of systems, its lack of philosophy; all so proudly proclaimed by doctors) reflects the non-verbal conditions on the basis of which it can speak: the common structure that carves up and articulates what is seen and what is said" (pp. xviii–xix). Thus, the clinic transformed the power dynamics governing the healthcare provider-client relationship as it assigned the healthcare provider authority over the client's body through the presumption of objective knowledge. It carved a medical model which efficiently subtracted "the individual, with his [sic] particular qualities" from the diagnostic and healing processes" (Foucault, 1963/1994, p. 14).

Nevertheless, the benefits of the biomedical model cannot be discounted as its corresponding innovations rendered several physical diseases, which were once equated with death sentences, easily predictable, preventable and treatable today. Beyond the physical, this materialistic approach to tackling disease demystifies culturally stigmatized health conditions, such as psychopathology, infertility and AIDs and may thus promote their social acceptance (Sontag, 2001). Freed from the weight of demeaning connotations, those affected by such illnesses may thus be better encouraged to seek treatment.

A humanizing medical encounter then necessitates the integration of the biological with the psychological, spiritual and sociocultural dimensions. That is, one's subjective experience with suffering and its symptoms is shaped by all those dimensions. In the context of psychotherapy specifically, such an integrative view of human health is essential to the therapist-client engagement in transformative dialogue around ways of being with suffering and transforming it in meaningful ways.

II.   Understanding Health

''I prefer to understand man in the perspective of his health''
Carl Jung (1953, p. 180)

Through attributing states of health and illness to strictly objective factors, modern medicine has deluded humans with the notion that they are capable of controlling their health. The dominant materialistic model adopts a pathogenic approach; operating under the premise that health is "a natural given" (Rijke, 1994, p.19) which can be sustained through the mitigation of environmental and behavioral risk factors. Accordingly, efforts are centered towards uncovering the roots of disease. Such an approach reduces the experience of wellbeing to the absence of disease.

Despite tremendous efforts to quantify and control the human condition, health care workers and their patients are constantly faced with the complexity, uncertainty and unpredictability that pervade healthcare. This calls for a shift towards a salutogenic medical perspective through which the human experience, in both health and illness, and ways of attaining resilience and freedom in both, are explored (Rijke, 1994).

In the salutogenic approach, posited by Antonovsky (1979), health and illness are conceptualized as interrelated aspects of human experience rather than mutually exclusive states of being. In the words of Antonovsky (1979): "All of us, as long as we are alive, are in part healthy and in part sick" (p. 5). Accordingly, Atonovosky postulated a continuum model of health in which it is conceptualized as a relational process with people constantly moving between wellness and sickness (Fries, 2020). Thus, the objective of the salutogenic health care system is to identify and facilitate the "adaptive coping mechanisms underscoring the movement to the healthy end of the 'ease–dis-ease' spectrum" (Open University, n.d., p.1). The human adaptive capacity is shaped by biopsychosocial-spiritual factors that shape an individual's subjective experiences of ease and dis-ease (Fries, 2020).

Anecdotes?

Dr. Rudy Rijke (1958), co-founder of the Institute of Ecological Health Care in the Netherlands, has engaged in salutogenesis research as he examined cancer patients who have battled aggressive forms of cancer (many of which lack effective treatments) and defied expectations in terms of the quantity and quality of the lives they led with partial or complete remission.

One of them was a 63-year-old woman who was diagnosed with advanced metastatic cancer 12 years prior to being interviewed by Dr. Rijke. Her metastasis hadn't shrunk nor grown across the years despite the lack of medical treatment. The interview was conducted in her "immaculately clean" house which she shares with her retired husband in a middle-class neighborhood (Rijke, 1994, p.21). She mentioned that she had rushed to the balcony and shouted her "lungs out for minutes and minutes" in the middle of the night back when she first learnt that she had incurable metastasis (Rijke, 1994, p.21). In an unexpected twist, she woke up the next day with a phenomenal sense of vibrancy and renewal. That's when she decided to dedicate one evening per week to do something that she loves. And so, she joined a choir and has been singing there on a weekly basis ever since.
Reflecting on such encounters, Dr. Rijke (1994) articulated:

"Somehow, that seems crucial in all the stories of these people that I have met: in the experience of being a victim, a deeper self is experienced, a consciousness, and there is an experience of choice." He then adds "this quality of awareness was characterized by a strong sense of autonomy - of being free to enter relationship with all aspects of life - and the ability to come into deeper and more meaningful relationships. These people also seemed to have a vivid experience of their bodies, a clear sense of meaning and purpose in their lives, and a deep-felt choice to live" (pp. 19-20).

In other words, these resilient individuals were able to tap into expansive states of awareness and will that they weren't able to access prior to their illness journeys. Their experiences with cancer rendered them mindful of their bodily sphere and deepened their sense of presence within it. The body became a vehicle for sacred embodiment rather than mere mobility. Further, as they lost their sense of control over their physical health, they paradoxically attained a sense of autonomy through identifying with their inner, transcendental Self; an infinite energy of love, compassion, peace and abundance that is expressed through but is not limited to the body. As such, they were able to non-judgmentally, expansively and resiliently exist with the unbelievably painful and abundantly blissful aspects of their illness.

Role of the Healer

"The duty of the physician is to cure occasionally, relieve often, console always."
Ambroise Paré (cited in Czerniak & Davidson, 2012, p.771)

Such narratives inspire novel understandings of the health care provider's role in the healing process. That is, they emphasize the need for the health care provider to engage with clients on more than just an intellectual level, but on bodily and emotional levels as well. With curiosity and humbleness, rather than a presumptuous attitude, health care providers can initiate meaningful dialogues with their clients and attain understanding of the subjective ways in which each individual relates and is shaped by his/her experience of health or illness. As Dr. Rijke (1994) put it: "Although this state of health might influence their (objective) cancer process and perhaps (objective) immunological parameters, this health itself was a subjective state, a human experience. This subjective state can not be measured or quantified, and hardly can be described, but it is nonetheless a state that can be experienced (subjectively) by anyone coming into relationship with these people" (p.3).

The purpose of the healthcare provider then is to collaboratively identify ways of helping each client to cope with illness in more conscious, expansive and empowered ways with reference to their personal value and meaning-making frameworks in which the empirical medical evidence should be grounded. As Alivia et al. (2011) articulately noted 'the choice of medical intervention needs to take into account the technological advances of biomedicine but tailor them to the physical, psychological and spiritual needs of the patient in the context of their biography' (p. 381).

III.   Mind-Body Medicine: The mental body

"…where there is love of man, there is also love of the art. For some patients, though conscious that their condition is perilous, recover their health simply through their contentment with the goodness of the physician"
Hippocrates (cited in Reiser et al., 1979, p.5)

The Rise of Mind Body Medicine

The roots of mind-body medicine can be traced back to the earliest of human civilizations. While its significance passed the test of time in the East, it lost its place in Western medical discourse and practice upon the emergence of the post-enlightenment biomedical disease model. The profound impact of the mind on the body was evident to Western doctors towards the end of the First World War as thousands of soldiers returned home afflicted with shell shock; a paralyzing form of post-traumatic stress disorder (Dossey, 1999). However, the Cartesian dualism dominating the biomedical model overshadowed the relevance of such mental phenomena to the state of disease in the eyes of Western doctors at the time. Nevertheless, after the Second World War, the dominant medical approach was challenged by emerging psychosomatic research which empirically validated the notion that the mind, which was commonly equated with the brain, influences the physical mechanisms of the body (Dossey, 1999).

Mind-body medicine does not negate or dismiss the developments of biomedicine, rather, it integrates and supplements them. For instance, medical doctors nowadays pair their physical treatment protocol with psychological counseling through a multi-disciplinary collaboration. Also, in both frameworks, the mind/consciousness is considered to be analogous to the brain or a by-product of the brain's chemical and physiological processes (Dossey, 1999).

The Science behind Mind Body-Medicine

Local Connections: The Placebo Effect

Placebo effect can be defined as "any non-pharmacological or mind-based intervention that positively affects one's energetic and informational patterns, resulting in improved embodiment and relationship" (Crane, 2016, p.45).

Such beneficial outcomes are commonly ascribed to the patient's "suggestion, expectation and positive thinking" (Dossey, 2016a, p.2).

Disease Versus Illness

Distinguishing the terms 'disease' and 'illness' is imperative to understanding the nuances of the placebo effect. Disease is interpreted through a pathophysiological lens, as Kleinman (1988) explained:
"Disease is the problem from the practitioner's perspective. In the narrow biological terms of the biomedical model, this means that disease is reconfigured only as an alteration in biological functioning or structure" (p. 5).

Illness on the other hand is understood in phenomenological terms as Kleinman elaborated: "By invoking the term illness, I mean to conjure up the innately human experience of symptoms and suffering. Illness refers to how the sick person and members of the family or wider social network perceive, live with, and respond to symptoms and disability" (p. 3).

A person may develop a disease without experiencing any symptoms or experience an illness that doesn't correspond to a diagnosable disease category. Though distinct, disease and illness are interrelated categories that often coexist. That is, "the pathophysiology of diseases produces characteristic symptoms, often experienced as illness" (Miller et al., 2009, p.523).

● Placebo Effect: Improving Disease

A limited yet growing body of research suggests that placebo interventions can promote disease improvements surpassing symptomatic relief (Miller et al., 2009). For example, Ader and Cohen (1982) found that improvement in objective disease outcomes can be achieved in non-human animals through classical conditioning. They conducted their experiment on mice with lupus-like disease to which they administered a combination of an immunosuppressive drug and a neutral stimulus (a saccharine solution). Immunosuppression was detected when only the neutral stimulus was later administered, indicative of a placebo response (Dossey, 2016b). Additionally, Goebel et al. (2002) were able to show that behavioral conditioning can induce the same immunological effects as an immunosuppressive drug in humans.

● Placebo Effect: Improving Illness

The most extensively examined aspect of placebo research deals with placebo effect on pain and similar manifestations of suffering which correspond to the illness category (Benedetti, 2009). "Although pain is an inherently subjective phenomenon, the pain behavior it elicits can be detected by others", hence, the placebo effect is "not all in the mind" (Miller et al., 2009, p.526).

For instance, Vase et al. (2005) conducted a double-blinded study on irritable bowel syndrome patients and found that the effect of a local anesthetic in the context of a painful rectal examination could be instigated through a placebo. That is, both the local anesthetic and placebo remarkably lowered the participants' pain levels in comparison to a no-treatment control group.

Additionally, Klinger et al. (2017) found that the administration of a placebo tincture promoted as a "highly effective opioid" to patients suffering from chronic back pain is highly effective in reducing pain. The patients recorded a reduction on average from 5.0 to around 2.5 on a quantitative rating scale (0=no pain, 10=worst imaginable pain). Further, Carvalho et al. (2016) were able to replicate such outcomes with an open-label placebo (OLP) treatment in chronic lower back pain patients. They found that the OLP treatment generated greater pain improvement and disability amelioration in comparison to the treatment protocol that patients typically adhered to.

● Placebo Effect as Interpersonal Healing

The placebo effect has been relatively overlooked in biomedicine due to the field's concern with the role of technological innovations (e.g., drugs, medical devices, surgery) in promoting healing and its indifference towards the healing function of the healer-patient relationship. Yet, alleviating suffering is the field's fundamental purpose, which can be realized through the conscious utilization of the placebo effect amongst other means.

Research suggests that the placebo effect is "mediated by the empathy, compassion, likeability, and trustworthiness manifested by" a physician's behaviour, through which a patient attains hope, compassion, security and meaning (Dossey, 2016b, p.230). Accordingly, the placebo effect can be understood as a form of interpersonal healing.

A significant finding in this regard was derived by Kaptchuk and colleagues (2008) in a clinical experiment examining the practitioner's impact on the placebo effect in patients with irritable bowel syndrome. The effect of two placebo acupuncture therapies, which varied in terms of the quantity and quality of dialogical interchange between practitioner and patient, were compared to each other and a no-treatment control group.

Patients in the limited group shared a brief communicative exchange of a mechanistic quality with the practitioner. Whereas patients in the augmented group had a 25-minute conversation regarding their condition with the practitioner which was designed to be caring and encouraging and to stimulate positive expectations about the placebo therapy.

Interestingly, the results showed that both placebo therapies produced symptom relief that exceeded the control group. However, a higher rate of symptom relief was reported by the augmented group in comparison with the limited group (62% versus 44%) and this variation was maintained for the three-week follow up. In other words, when supplemented with empathetic communication, the benefits of the placebo therapy were maintained and even strengthened in patients with chronic pain.

Furthermore, Airosa et al. (2013) examined the therapeutic impact of caring touch in the form of tactile massage or healing touch in patients admitted to a short-term emergency ward for acute conditions. Based on the patients' narratives, it was deduced that exposure to caring touch in a medical setting promotes a sense of "existential togetherness" marked by "nonverbal peacefulness, trust, consolation, safety, and a restoration of what it means to be a human" (Airosa et al., 2013, p.1). However, some patients, specifically males, were ambivalent towards tactile contact. Moreover, in studies conducted on animals such as rabbits, dogs and horses, healthy effects were detected upon their exposure to visual and tactile contact from humans (Dossey, 2016b).

Filling the Mental Gap

The placebo effect therefore emphasizes the mind-body connection, casting the mind as a variable factor in possibly all illnesses (Dossey, 2016a). On that account, placebo research has the capacity to heal the split between "the science and the art of medicine" (Miller et al, 2009, p. 532).

IV. Integrative Medicine: A Post-Materialist View

"What it is that you are is God, or Divine Intelligence, but God takes on individual forms, droplets, reducing its power to small particles of individual consciousness. It is a massive reduction of power, yet the power is as full in that droplet as it is in the whole."
(Zukav, 2007, p. 205)

Since the beginning of time, humanity has sought existential meaning. A pursuit marked by deep wondering and searching for the source and purpose of life, death and life after death. Unfortunately, modernization has led to "the replacement of religious consciousness […] by an empirical, rational and instrumental orientation" which has alienated humans from their spiritual essence, baffled their spiritual exploration and thus created a universal loss of meaning (Bruce, 2002, p.3). Such secularization has pervaded science, politics, institutions and society for far too long.

Yet, this universal void has propelled the current, collective upsurge of spiritual energy that is indicated by a growing global interest in spiritual practices such as yoga and meditation as well as the increasing demand for alternative medicine services. Sadly, corporations are capitalizing on people's thirst for spiritual connection and are promoting materialistic conceptions of spirituality and means of spiritual development which tend to allusively extend the psycho-spiritual gap. Nonetheless, people are becoming increasingly aware of their spiritual needs and are actively seeking their fulfillment which could be constructively fostered through the development of spiritually-conscious scientific, healthcare and educational theories and practices.

Spirituality and Consciousness in Post-Materialist Terms

Spirituality can be understood as "a view of the world that accepts the numinous at the foundation of the cosmic order" (Ponte & Schäfer, 2013, p.2). In relation, consciousness can be understood as the essence of the numinous which precedes and generates the material.

Consciousness is characterized by four different aspects according to Goswami (1995). The first is the field of consciousness; the mind field or awareness. The second includes the objects of consciousness including thoughts and feelings which come and go in the mind field. The third entails the subject or the experiencer of consciousness, commonly referred to as the conscious Self. Consciousness is commonly equated with and mistakenly reduced to the conscious self. Moreover, the conscious Self is defined by the act of choice and the subject's recognition of it, since our "capacity for choice...makes us conscious of the experiences that we choose" (Goswami, 1995, p.113). The fourth aspect is consciousness as the ground of all being which refers to the experience of consciousness. Conscious experience is not limited to waking consciousness as it entails dream, meditation and hypnotic trance states.

Where does the unconscious fit within all this you may wonder? Goswami describes the unconscious as "that for which there is consciousness but no awareness" (Goswami, 1995, p.114). Since consciousness is the ground of all being, it is present in and encompassing of unconscious modes of perception. As Goswami articulated:

"It is our conscious self that is unconscious of some things most of the time and of everything when we are in dreamless sleep. In contrast, the unconscious seems to be conscious of all things all of the time. It never sleeps. That is to say, it is our conscious self that is unconscious of our unconscious, and the unconscious that is conscious—we have the two terms backward...So, when we speak of unconscious perception, we are speaking of events that we perceive but that we are not aware of perceiving" (Goswami,1995, pp.114-115).

Quantum Mysticism

Quantum physics and mysticism converge in their pursuit of truth about ultimate reality. Schäfer & Roy outlined the metaphysical characteristics of quantum theory that align with ancient spiritual wisdom and those include:

"the discovery of a non-empirical part of physical reality in a realm of potentiality;

the emanation of the empirical world out of a realm of non-material forms;

the discovery that the nature of physical reality is that of an indivisible Wholeness – the One

the possibility that the One is aware of its processes like a Cosmic Consciousness" (2008, p.1)

the discovery that "microphysical objects possess properties of consciousness in a rudimentary way" (Schäfer & Roy, 2008, p.1)

Such discoveries allude to the potency of monistic idealism over material realism as a philosophy of science. Material realism presents a deterministic universe that's devoid of meaning; postulating that matter is a concrete reality that's independent of consciousness and that consciousness is a secondary phenomena of matter. On the other hand, from a monistic worldview, consciousness/spirit/mind and matter are seen as one, and an idealist philosophical perspective posits that "everything (including matter) exists in and is manipulated from consciousness" (Goswami,1995, p.17). As such, monistic idealism validates the human quest for wholeness and spiritual meaning. This philosophy has evolved from the wisdom and intuitions of mystics who emphasize "the direct, experiential aspect of the underlying reality" (Goswami,1995, p.61).

Post-Materialist Medicine

The collective spiritual awakening is mirrored in the medical field's gradual yet steady shift towards a post-materialist approach, one in which not only the intrapersonal effects of thoughts, emotions, beliefs and intentions are recognized, but also their interpersonal effects. Dossey terms this model 'non-local medicine' in reference to the transcendent function of the human mind or consciousness that isn't confined to the brain or body (Dossey, 2016b). This understanding of the mind distinguishes non-local medicine from mind-body medicine which conversely embraces a brain-based, body-restricted conception of the mind (Dossey, 2016b).

As articulated by Barušs & Mossbridge (2017):

"We are in the midst of a sea change. Receding from view is materialism, whereby physical phenomena are assumed to be primary and consciousness is regarded as secondary. Approaching our sights is a complete reversal of perspective. According to this alternative view, consciousness is primary and the physical is secondary. In other words, materialism is receding and giving way to ideas about reality in which consciousness plays a key role" (p.3).

This understanding of the transcendental mind is grounded in extensive empirical evidence which continues to mount up as the collective human consciousness expands. A brief literature review of the relevant research is presented in the upcoming section.

Non-local connections: Telecebo Effect

The placebo phenomenon emphasizes the intrinsic role of the mind in all physiological processes. As elaborated in the previous chapter, such interiorization of the mind within the body underpins the framework of mind-body medicine. However, Carl Jung (1973) postulated that the mind/consciousness has a more expansive function. He suggested that "mental–emotional events can become exteriorized—that is, they can escape an individual's body and act outside it, somehow catalyzing distant physical events" (Dossey, 2016a, p.2). This externalization function is the underlying mechanism of the telecebo effect (Dossey, 2016a).

The telecebo effect refers to healing outcomes that manifest in the patient as an exteriorization of a healer's intentions for a patient's well-being. Placebo and telecebo share the same origin; human consciousness expressed through intentions, thoughts, and emotions, but differ in terms of their initiator; placebo outcomes are instigated by the healee, while telecebo responses are instigated by the healer. Evidence shows that a healer's thoughts can directly impact a patient, regardless of the distance between them, producing outcomes that can smoothly integrate with a patient's self-initiated placebo responses that facilitate healing (Dossey, 2016a).

Health care providers might fall into the trap of misinterpreting telecebo effects as placebo phenomena since they are hardly distinguishable in practice. However, the empirical literature renders this task possible, that is, many of the telecebo research was conducted on non-animals such as "cells, tissues, plants, microbes and chemical reactions" that cannot engage in symbolic thinking which is a precondition of the placebo response (Dossey, 2016b, p.230). Also, many of the studies have been conducted remotely (beyond sensory contact) suggesting the activation of non-local healing mechanisms. Thereby, "if animals are not involved as test subjects, and if sensory-mediated contact is by-passed, placebo effects would appear to have been eliminated (Dossey, 2016b, p.231).

Non-Locality: Empirical basis of Telecebo

The underlying premise of telecebo is that consciousness is unitary and is "unconfined to specific points in space, such as brains and bodies, or time, such as the present" (Dossey, 2016b, p.241). The theory of non-locality is firmly established in quantum physics. The Nobel Prize-winning physicist Erwin Schrödinger (1935) coined the term 'Entanglement' in reference to the intimate connections that exist between distant subatomic particles. Physicist Valtko Vedral called attention to the valuable implications of such phenomena for the medical field as he articulated in a groundbreaking article in Scientific American in 2011 (cited in Dossey, 2016a, p.7):

"Entanglement and nonlocality were originally believed to exist only in the subatomic world. Now they have become an issue for biology,medicine and healing....The quintessential quantum effect, entanglement, can occur in large systems...including living organisms....These effects are more pervasive than anyone ever suspected. They may operate in the cells of our body.... The entanglements are primary".

This does not imply that nonlocal connections between subatomic particles account for the nonlocal connections of minds, "but that both particles and people display a kind of connect- edness that defies separation in space and time (Dossey, 2016b, p.240).

The Healing Powers of Intention

Telecebo studies empirically demonstrate that non-local healing intentions can be exteriorized from one individual to another to instigate quantifiable effects on the receiver. They also show that a caring relation between the sender and receiver may be a crucial aspect of the process.

A. Exteriorization in Space: Humans

Researcher Jeanne Achterberg moved to Hawaii to explore healing processes (1994, 2002). Within a span of two years, she developed a trusting relationship with the community of native healers who shared their healing wisdom and techniques with her. She then conducted a study in which 11 healers were chosen to participate. The participants were instructed to pick a person they had practiced distant intentionality with beforehand and with whom they share a benevolent connection.

The participants were deeply invested in their healing rituals which they have been practicing for an average of 23 years. They described their intention-externalizing mechanisms in varied ways: "prayer, sending energy or good intentions, or wishing for the subject the highest good" (Dossey, 2016a, p.3). Each intention receiver was positioned in an fMRI scanner and was secluded from all sensory exposure with the healer. Each healer directed a distant intentionality in a form that corresponded to their personal healing techniques at two-minute random intervals that could not be anticipated by the receiver.

Remarkable variations were detected between the experimental (send) and control (no send) conditions; "there was less than approximately one chance in 10,000 that the results could be explained by chance happenings" (Dossey, 2016a, p.3). The anterior and middle cingulate areas, the precuneus, and frontal areas were stimulated in the receivers during 'send' phases.

Moreover, a variety of similar experiments employing simultaneous electroencephalographic (EEG) or fMRI recordings of emotionally connected yet spatially distant individuals indicate that when one's brain is activated, the distant other's brain simultaneously responds in a similar manner (Achterberg et al., 2005).

Further, Laoire (1997) conducted a double-blind experiment to examine the impact of intercessory prayer on: psychological well-being as measured by tests of self-esteem, trait-anxiety, state-anxiety, depression, and total mood disturbance; self-perceived changes in physical, emotional, intellectual, and spiritual health; as well as relationships and creative expression.

The prayer providers who were recruited in the study were volunteers who weren't identified as healers in any medical, psychological or spiritual sense. Prayer receivers recorded improvements on all 11 categories, while providers exhibited improvements on 10 categories. No correlation was detected between the amount of prayer given and changes in the receivers' scores, however, there was a strong correlation between the amount of prayer given and the providers' scores. Remarkably higher scores in the self-esteem, trait-anxiety, state-anxiety, depression, and mood categories were achieved by those who prayed more. This implies that sending healing intentions can be more psychologically beneficial for those who pray rather than those who are prayed for.

B. Exteriorization in space: Non-humans

Bengston (2000, 2007, 2010, 2012) examined the impact of "healing with intent" on mice injected with cancer cells in 10 controlled studies. Two types of cancerous cells were used, both of which stimulate forms of cancer with a fatality rate of 100 if gone untreated. Faculty and student volunteers, who lack experience or belief in healing with intent, were recruited as healers in the experiments and received intensive training in the selected healing technique.

Thirty to sixty minutes of treatment were provided on a daily to weekly basis, until the mice were either healed or deceased. Full cures were actualized in about 90% of the sample. What's more, the healed mice exhibited an immune response when they were re-injected with cancer cells. The healers' proximity to the mice cages "varied from onsite to approximately 600 miles" indicating that a remote process was at play. This sequence of studies, executed at diverse experimental settings, indicates that "healing through intent can be predictable, reliable, and replicable" (Dossey, 2016b, p.229).

Furthermore, Gronowicz et al. (2008) studied the impact of non-contact "Therapeutic Touch" (TT) which is a more recently developed energy medicine practice, on the proliferation of normal human cells in culture, in contrast with sham and no-treatment controls. This therapy, which prioritizes healing intentions, was provided twice a week for a duration of two weeks. The proliferation of fibroblasts (cells that produce collagen and are essential to wound healing), tenocytes (tendon cells), and osteoblasts (bone cells), was remarkably activated in culture treated with TT in comparison with untreated controls (Dossey, 2016b).

C. Exteriorization in time: outside the present

Research shows that intentions can function non-locally not only from a spatial perspective, but from a time-based perspective as well. Much of this empirical literature reveals a healing pathway that "may act in a backward, time-displaced manner to influence probabilities of initial occurrence of earlier "seed moments" in the development of illness or health" (Braud, 2000, p.1).

For instance, Leibovici (2001) investigated the impact of retroactive intercessory prayer on outcomes in patients with sepsis. The sample was composed of adult patients who were diagnosed with sepsis four to ten years prior to the implementation of the experiment. Using a random number generator, patients were randomised into two groups and a coin was tossed to assign the intervention group. A list of the intervention group's patients' first names was presented to volunteers who sent healing intentions in the form of short prayers for the health and recovery of the

group. No sham treatments were administered. The results show that the intervention group had had shorter hospital stays and durations of fever than the control group (in the past).

Braud (2003) presented a useful interpretation of such phenomenon: "Present mental `efforts' were able to influence past events...the subjects did not change the past (once events had been generated, they remained in that form), but rather, they seemed able to influence the initial generation of one type of random outcome over another" (p.169).

Telecebo in Practice

The conscious implementation of telecebo effects is essential since medical encounters are inherently relational as both subjects involved are soulful beings. Rather than leveraging the active role of the patient's mind in healing (placebo effect) solely, the power of the healer's mind should be acknowledged and constructively utilized as well. That is, telecebo effects shape healing trajectories whether the health care provider is conscious of and is actively harnessing their influence or not. Further, the health care provider's lack of awareness may facilitate negative manifestations of the phenomenon. For instance, a health care provider's lack of faith or hope for the patient's recovery, even if unexpressed, can hinder the patient's healing potential.

PART TWO: SPIRITUALLY-CONSCIOUS PSYCHOLOGY
V.   The Relational Soul

"The soul is. It has no beginning and no end but flows toward wholeness"
Zukav (2007, p.52)

Alluding to the relational nature of human consciousness, Heidegger describes 'being in the world' as 'being alongside' (Heidegger, 1927/2011, p.169). From his perspective, the relationality of being refers to an essential human state rather than the correspondence of concrete entities. In this sense, "there is no formal separation between the being of the self and the being of other phenomena" (Wills, 2012, p.3). This view aligns with the post-materialist understanding of consciousness as fundamental and unitary. The relational nature of human consciousness is thus vital to the truth of being (Wills, 2012). Hay and Nye (2006) suggest that substituting the term spirituality with relational consciousness imbues the concept with a primordial quality, an infinite facet of being human.

As Barušs & Mossbridge (2017, p.173) explained: "consciousness is not "out there" but "in here" in the form of existential qualia, subjective experience, and first-person mental events of various sorts". Thus, experience of the sacred is not constricted by fixed form or a specific position of 'truth', nor is it confined to a certain religious tradition. Rather, it is an innate and universal human experience that is facilitated through one's direct relationship to "self and everything other than self" (Souza, 2009, 181). It can thus be inferred that relational consciousness is a precursor of spiritual experience (Wills, 2012).

Acknowledging relational consciousness as the fabric of being, a spiritually-conscious psychology understands spirituality as "ways of relating to the sacred" (Worthington and Sandage, 2016, p. 161). Sacred includes "concepts of God, the divine and the transcendent and extends to virtually any aspect of life that can become part of the "sacred" via its association with, or representation of divinity" (Mahoney & Krumrei, 2012, pg. 167). Religion here is understood as one of many ways in which one's relationship to the sacred can be organized and thus facilitated.

Nuances of Relational Spirituality

Sacral representations vary across different spiritual traditions. For instance, some traditions advocate ancestor worship or the attribution of sacred status to "animals, plants and the natural world, and various inanimate objects" (Sandage at al., 2020, p.24). Non-theistic spiritual traditions advance relational practices or rituals that facilitate communion with the sacred. For example, Buddhist monk Thich Nhat Hanh (2001) explains intrapsychic relational dynamics through archetypal means as he says "mothers of our anger, and we have to help our baby, our anger" (p. 165). He refers to the living Buddha as the mother: "an internal figure that is a source of mindfulness energy that one needs to recognize and keep alive" (Hanh, 2001, p. 169).
Individuals and groups can connect to the scared in a myriad of ways such as love, curiosity, surrender, anger, avoidance, disinterest, fear amongst other relational stances. Relational characterizations of the sacred can be

"complex, ambiguous, and unstable over time" (Sandage at al., 2020, p.25). Thus, relational spirituality may lead to improvements in well-being and functioning or contribute to psychological impairment depending upon the relational dynamics involved in specific contexts.

Variations of relational spirituality come about as people "relate to the developmental and existential challenges of making meaning in the midst of the ambiguity of life" (Sandage at al., 2020, p.25). Studying relational dynamics in spirituality reveals the paradoxical motivations that people bring into their relationship with the sacred, both constructive and destructive motivations. A comprehensive understanding of one's relational spirituality stance requires consideration of the personal, collective, sociocultural and systemic forces shaping spiritual experience (Taylor, 2002). As Ammerman (2013) articulated:

"Sacred stories also imply audiences—what I call "spiritual tribes"—who listen
and co-create each tale. Each story is situated in a context, with circles of listeners
who play a role, sacred or otherwise. It is important then to pay attention to the
role of religious communities themselves. To what extent do those religious
settings provide relationships, practices, and ways of thinking that show up in
the stories people tell?" (p. 10).

Relational Spirituality within a Psychodynamic Framework

Psychodynamic theory posits an applicable interpretive framework through which the personal factors shaping an individual's relational spirituality dynamics can be unraveled.

● Attachment Theory

As humans navigate their inherently complex and challenging existential experience, they instinctively pursue a relationship with attachment figures who embody strength and competence (Bowlby, 1988b). Attachment styles originate in infancy, a period during which individuals are dependent on their caregivers for affective regulation. Exchanges with primary caregivers are internalized by the infant and sustained through adulthood as a relational imprint (Strand et al., 2015).

In a perfect world, these relationships offer timely support, comfort and protection and nurture development in important domains including "affect regulation, mentalization, collaborative/intersubjective communication, rupture and repair dynamics, and coping strategies" (Sandage at al., 2020, p.114). Imperfect attachment relationships may hamper such developmental trajectories and produce patterns of relating that are marked by anxiety, avoidance, or disorganization (Costello, 2013).

In secure attachment, "attachment figures function as a safe haven—a source of comfort and protection in difficult moments—and as a secure base: a dependable, supportive presence that encourages exploration and engagement of novel experiences" (Sandage at al., 2020, pp.101-111). As a result, securely attached individuals develop healthy relational patterns that are marked by flexibility.

In contrast, insecure attachment styles are marked by rigidity. If the caregiver figure is unattuned to the child's needs and is unresponsive to its distress, the child will either intensify its display of distress to have its needs met, giving rise to a preoccupied/anxious attachment style, or shut down the attachment system, giving rise to a dismissive attachment style (Strand et al., 2015). A caregiver who displays frightening behavior, such as verbal or physical abuse, nurtures an incoherent affect regulation strategy in the child. That is, the child will attempt conflicting strategies of activation and deactivation to have its attachment needs fulfilled, giving rise to a disorganized attachment style (Strand et al., 2015).

● Dwelling, Seeking and Attachment

The dialectical tension between spiritual dwelling and seeking underpins relational spirituality processes (Sandage at al., 2020). Spiritual dwelling refers to the "commitment to, active engagement in, and the experience of one's relationship" to the sacred (Jankowski & Sandage, 2012, p.2). Spiritual seeking describes a process of spiritual questing and exploration. Spiritual relating that's conducive to psychological functioning necessitates a balance between those two modes. Although such balance might take diverse forms across different people and contexts, it is generally held that spirited living necessitates a combination of spiritual dwelling (grounding) and spiritual seeking (continuous exploration and development) (Sandage at al., 2020).

Evidently, the two basic functions of the attachment system: safe haven and secure base, tie into the dialectic of spiritual dwelling and seeking. Dwelling involves drawing a sense of security and solace from one's spiritual

resources which aids in emotional regulation. Consistently, attachment involves the experience of finding refuge "in the presence and attuned responsiveness of one (or more) attachment figures" (Sandage at al., 2020, 117). On the other hand, spiritual seeking entails a more complex, adventurous dimension that's inherent to the experience of stepping outside to the unknown. Similar behaviors pertain to secure base functioning as when infants engage with the outside world in a curious manner, or adults making all sorts of transformative decisions (Sandage at al., 2020).

Safe haven and secure base functions are reciprocally and dialectically associated. An excess of safe haven operating without secure base operating can hinder crucial individuation processes, whereas too much secure base operating without safe haven operating can be alienating.
Individuals who exhibit secure attachment are typically capable of seeking support from others and to navigate unfamiliar circumstances effectively.

Moreover, attachment styles can either facilitate or impede spiritual dwelling and seeking, and vice versa. That is, securely attached individuals have a higher propensity to approach close relationships and novel experiences with openness which lays a stable foundation for balanced and fluid patterns of spiritual dwelling and seeking that promote psycho-spiritual alignment.

Conversely, anxiously attached individuals may seek or experience an "entangled and anxious relationship" with sacred objects or practices, whereas those with an avoidant attachment style may perceive the sacred (e.g., God) as "distant or untrust-worthy" (Sandage at al., 2020, p.118). Insecurely attached individuals may also utilize their spiritual resources to compensate for their poor attachment and severely traumatic experiences. That is, they turn to the sacred in search for connection, strength and comfort which they hadn't attained interpersonally. In this sense, relational spirituality can improve emotional regulation and trauma coping mechanisms. However, this emotional compensatory function may take on a destructive expression, by which individuals utilize spiritual resources to escape their earthly concerns and thus remain insecurely attached in interpersonal contexts.

Relational Spirituality through the Lens Self-Psychology

In Kohut's (1971; 1977) view, a balanced state of narcissism is healthy and essential to ego development. A healthy state of narcissism is marked by the capacity to utilize "positive self-esteem and ambitions in the service of meaningful ideals" (Cataldo, 2007). According to Kohut (1984), a mature and appropriate self-esteem depends on the individual's relationship with ever evolving self-objects. Self-objects are ''images used for creation and sustenance of the self'' (Kohut, 1984, p. 193). Healthy self-object representations are facilitated by the processes of mirroring and idealization with the parents during childhood; the mirroring fulfills the child's self-affirmation needs whereas idealization satisfies the child's need for merging with a stronger, wiser entity (Cataldo, 2007). In an ideal situation, these processes are brought to fruition by the parent's gradual reveal of their imperfect nature. This gentle and slow reality checking process induces the child's creation of "new structures that assume the psychological functions previously performed by the idealized object'' (Siegel, 1996, p. 71).

Further, Kohut believed that a healthy relational spirituality can support a mature mode of narcissism which he termed cosmic narcissism (Gleig, 2010). Cosmic narcissism involves the transformation of the narcissistic components of an individual's personality into a higher spiritual goal, or in the words of Kohut: 'a shift of narcissistic cathexis from the self to a concept of participation in a supra-individual and timeless existence''' (Kohut in Jones, 2002, p. 27). Thus, a healthy relationship with the sacred facilitates an individual's authentic and mature engagement with narcissism (Amarasingam, 2009).

On the other hand, a destructive relational spirituality fosters a regressive state of spiritual narcissism in which individuals attempt to compensate for their unmet mirroring or idealization needs by utilizing self-objects from the spiritual realm (Schipke, 2017). Symptoms of spiritual narcissism include: "a fragile sense of empowerment and self-importance, a preoccupation with one's comparative spiritual status, a strong need for being positively reinforced and praised, a preoccupation with the sense of being special, serious difficulties in working with authority figures, and an exaggerated susceptibility and defensiveness towards criticism" (Schipke, 2017, p.16).

VI.   The Fundamentals of a Spiritually-Conscious Psychology

"We are not just humans learning to become buddhas, but also buddhas waking up in human form, learning to become fully human. And these two tracks of development can mutually enrich each other."
John Welwood (Fossella, 2011, p. 45)

Spiritually-conscious psychology is rooted in a post-materialist scientific approach that sees healthy relational spirituality and psychological wellbeing as mutually enriching and essential to human thriving. Accordingly, it posits a holistic understanding of the human condition through the integration of psychological and spiritual/Western and Eastern perspectives. Therefore, it emphasizes the crucial connections that exist between the mind, body and soul and presents them as interconnected dimensions of a whole being.

The Need for an Integrative Approach

Three fundamental tendencies underpin the experience of human suffering; the propensity to reject what is uncomfortable or hurtful; the propensity to grasp onto human/physical objects for assurance and safety, and the propensity to desensitize ourselves as a means of shielding our being from existential paradoxes such as pleasure and pain, life and death (Welwood, 2002).
The first tendency, to reject what is uncomfortable, is a pitfall common to strictly spiritual approaches to human development. Many spiritual seekers fall into the trap of prematurely transcending their earthly concerns, a tendency commonly referred to as 'spiritual bypassing' (Welwood, 2002). Spiritual bypassing entails a loss of an authentic sense of self and an attachment to an idealized image of a spiritual self, that's rooted in the avoidance of one's basic human needs and feelings. In other words, such individuals utilize spiritual beliefs and practice to mask their psychological deficiencies, which are exasperated in such a process (Welwood, 2002). The manifestations of such phenomena were discussed in the previous chapter as symptoms of spiritual narcissism.

The second tendency- to grasp and fixate- is one of Western psychotherapy's inherent risks which can breed a client's egocentrism. That is, delving into and interpreting an individual's psychological material, which includes thoughts, feelings, relationships, is presented as the ultimate developmental purpose, leaving little room for spiritual understanding and growth.

The final tendency- to desensitize- dominates our society's current way of life. As capitalism and consumerism reign supreme, our basic human needs and natural impulses are manipulated into compulsive behaviors for profit moves. Here, both paths to finding existential meaning are abandoned and are replaced with all sorts of materialist addictions; alcohol, drugs, social media, which numb and exacerbate our psycho-spiritual wounds (Welwood, 2002). These three pitfalls can be offset by adhering to a holistic path of inner development which tackles both our personal psychology and our deeper spiritual nature (Welwood, 2002).

Psychology and Spirituality in Dialogue

"Awakening needs psychology as much as psychology needs awakening"
(Welwood, 2002, p.14)

In Chinese philosophy, the human condition is categorized into three distinct yet interrelated dimensions; heaven, earth and human. Attending to all three dimensions is foundational to healthy psycho-spiritual functioning (Welwood, 2002).

Us humans are born in physical form, in a physical body with feet rooted in the ground and head elevated towards the limitless sky. The earth principle represents the horizontal aspect of our physical presence as signified by the grounding of our feet on earth. Simultaneously, our head is aligned with the aloft, all-encompassing sky; the realm of the sun, moon and the stars, from which our perception expands into the vast context of the space surrounding earth. As our consciousness moves up along this vertical axis, the frame of life stretches out towards infinite space, within which earthly concerns lose prominence and self-interest is transcended. This is the heaven principle.

The human element of the triad resides within the major feeling centers of the body; the belly and heart which are exposed to the outer world. As we stand between heaven and earth with our hearts bare, we touch and are touched by fellow beings. Such a basic feeling is our body's direct and intuitive way of knowing and connecting with the present.

Whereas Eastern spirituality emphasizes the heaven dimension of the human condition- the transpersonal, Western psychology has accentuated the earthly facet - the personal and interpersonal. A spiritually-conscious psychology, which may be described as an "integrative psychology of awakening", bridges the two aspects since both are integral to a healthy experience of human existence (Welwood, 2002, p.20). It aims to facilitate man's journey towards psycho-spiritual alignment, towards wholeness. Such a state of wholeness is beautifully described by Welwood (2002):

"To be full human is to forge bridges between earth and sky, form and emptiness, matter and spirit. And our humanness expresses itself in a depth and tenderness of feeling or heart that arises at the intersection of these poles" (p.28).

● Ego Strength and Egolessness

The conflicting notions of ego strength and egolessness symbolize the fundamental way in which Eastern and Western understandings of the human psyche diverge. The Western school positions ego strength at the heart of psychological well-being, which is marked by "impulse control, self-esteem and competence in worldly functioning" (Welwood, 2002, p.45). On the other hand, Eastern spiritual traditions view the ego as a constricted mode of consciousness which humans choose to operate from for destructive, defensive purposes.

Consistently, Eastern psychology looks towards a mode of being that transcends the narrow perceptual boundaries of the defensive, ego self; the mode of egolessness. Egolessness is misinterpreted by Western Psychology as a state of introverted withdrawal that fertilizes the psychical ground for an array of pathological developments. Due to such misconceptions, ego strength and egolessness, which share common ground, are mistakenly taken as contradictory concepts.

Ego strength fulfills two psychological functions that are precursory to spiritual development; efficient navigation of the outer world and maintaining a consistent sense of self. The first points to the adaptive, survival function of the ego, which allows individuals to attain a sense of security during early developmental stages as they navigate the complexities and threats of the external world. In this sense, the ego is "a way of trying to be" as its adaptive strategies grant us access to "some semblance of real inner resources we are not yet fully in touch with" (Welwood, 2002, pp 46-47). For instance, a person who hasn't directly experienced her inherently worthy nature may try to be loveable by adopting a people-pleasing persona which satisfies the desires of others at the expense of her individual needs.

The second ego function; developing a coherent sense of self, is at the fore of personality formation and is facilitated through relational experiences. Relationships with early care givers are the most formative in this regard as they form the basis of one's self representations.

In this sense, ego is "a form of incomplete knowledge" (Welwood, 2002, p.47). Incomplete because it runs on a superficial level of being and self-produced images rather than the deeper level of pure being that can be directly experienced and known (the dimension of the real Self).

Rebuking the ego is thus comparable to the act of scolding a child for not carrying itself like an adult. Instead, the ego must be approached with understanding, gratitude and compassion for its helpful intentions and its grounding function which is essential to spiritual development. However, it shouldn't be taken for a permanent psychical entity that dictates healthy psychological functioning. Rather, the ego can be conceptualized as "the ongoing activity of holding one separate, making oneself into something solid and definite and identifying with this split-off fragment of the experiential field" of consciousness (Welwood, 2002, p.50). Egolessness on the other hand is an expansive, boundless state of awareness which constitutes the ground of the constricted mode of ego consciousness.

Holding onto the ego's identity project continually cuts humans off from their true, interconnected nature, giving rise to feelings of alienation, anxiety and hopelessness. Thus, healthy psycho-spiritual functioning necessitates an experience of ego death. An ego death or egolessness state is experienced in the spaces between thoughts. "We continually have to let go of what we have already thought, accomplished, known, experienced, become" and so the ego undergoes a cycle of death and rebirth at every moment (Welwood, 2002, p. 53).

A sense of anxiety accompanies this cycle, which individuals tend to cope with through clinging onto a self-concept for a sense of security and consistency. Such existential anxiety stems from the realization of the illusory basis of separateness which is at a consistent risk of fading into its egoless ground of being. As Welwood (2002)

articulated "ego contains at its very core a panic about egolessness, an anxious reaction to the unconditional openness that underlies each moment of consciousness" (p.53).

Pointing to the peaceful cohabitation of ego and egolessness as a feature of psycho-spiritual alignment he adds:

"Understanding egolessness as the open hand out of which the clenched fist of ego forms helps us see that it poses no real threat to our existence or effective functioning in the world. A fist may be useful for some purposes, but in the long run we can do a lot more with an open hand. And in the end, it is only egoless awareness that allows us to face and accept death in all its forms. Recognizing ego death as an integral, recurring aspect of life makes it possible to overcome our fear of letting go. When we are not so driven to prove, justify, defend, or immortalize our bounded self, we can breathe more deeply, appreciate death as a renewing element within the larger circle of life, and embrace reality in all the forms in which it presents itself" (p.54).

● Feelings Versus Emotions

Differentiating the terms 'feeling' and 'emotion' can illuminate the different psychological responses that ego-centric and egoless states of consciousness promote (Fossella, 2011). Feeling describes an intuitive intelligence: "the body's direct, holistic, intuitive way of knowing and responding, which is highly attuned and intelligent" (Fossella, 2011, p.11). Emotionality, on the other hand, refers to a reactivity that usually involves a fixation on a story about the basic feeling. So, for example, instead of focusing on the feeling of anger, a person might get caught up in a story like 'I am a victim'. So, in an ego-centric mode, a person indulges in the story surrounding the feeling, while in a state of egolessness, the person nakedly and fearlessly opens himself/herself to the feeling (Fossella, 2011, p.11).

VII.   Model of the Person

"From a still wider and more comprehensive point of view, universal life itself appears to us as a struggle between multiplicity and unity – a labor and an aspiration towards union"
(Assagioli, 1975, p. 31)

Model of The Person: A Psychosynthesis Perspective

Pioneer of transpersonal psychology and founder of Psychosynthesis, Roberto Assagioli, posited a personality model that's divided into four different levels of unconsciousness; the lower, middle, higher and collective unconscious (Mathers, 1986). Given that the unconscious is conscious of all things at all times, and it is the conscious self that is unconscious of the unconscious as physicist Amit Goswami (1995) pointed out, such personality structure is deemed fit.
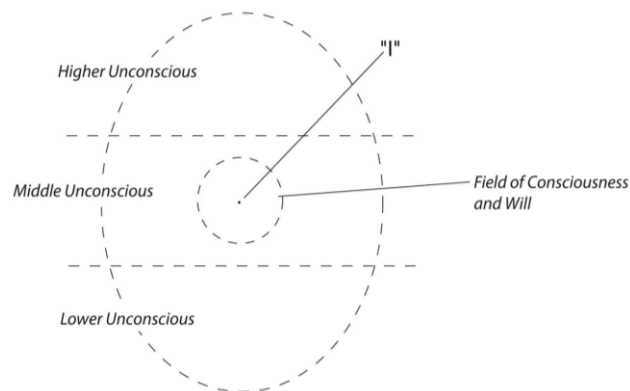

FIGURE 1.1

Firman & Gila (2010, p.13)

Similar to Freud's unconscious, according to Psychosynthesis theory, the lower unconscious is the realm of repressed instinctual drives and past information such as childhood events (Mathers, 1986). The middle unconscious entails psychic material that is just below the immediate level of awareness which can be readily called into consciousness. The field of consciousness and will points to our present moment awareness and our capacity for choice. The contents of consciousness comprise our bodily sensations, emotions and thoughts (Mathers, 1986). Accordingly, the personality functions through three primary dimensions: the physical, emotional and mental. Special importance is given to the body which is co-present and fully engaged at all levels of human experience. Moreover, the 'I' or personal self (small "s") represents the "center of pure awareness and will, independent of any content of consciousness": "it is the 'who' that each person is, beyond the content of an individual life" (Firman, 2007, p.9).

The higher unconscious is the domain of creativity where higher thoughts, feelings and experiences such as beauty, love and imagination reside. The higher unconscious signifies the individual's potentiality and unique purpose. Moreover, the diagram presented above is a modified version of the original, which had the transpersonal Self placed at the vertex of the higher unconscious, at the border between the transpersonal and the universal (Firman & Gila, 2010). In this updated version, the Self (capital "S") is not depicted at all since it is understood to be the very ground of being from which the 'I' emanates (Firman, 2007). Moreover, the outer dotted line represents the collective unconscious which carries the heritage of mankind's evolution which includes ancestral myths and symbols (Mathers, 1986). This suggests that the individual is connected to the larger universe on a transpersonal and a collective, archetypal level as well.

I, Self and the Will

The 'I' or personal self (small "s") is what anchors and guides the individual in the face of inner chaos, trauma and wounding (Firman, 2007). 'I''s primary feature is that it is contentless. As 'I', one has insight into all content, but defines itself otherwise. The key to experiencing the 'I' mode of being is the disidentification process which involves a conscious introspection of one's thoughts, emotions and sensations. Such self-observation generates an effortless and inevitable sense of disidentification from the contents of one's consciousness and crystallizes the permanence, steadiness and autonomy of one's inner observer; one's 'I'. This process can be referred to as the ''I am more' practice which may look something like this: I have this personal history, but I am more than that history, or, I have a tired body, but I am more than that body.

'I' can be described as the center of pure awareness and will (Firman, 2007). Awareness and will share a reciprocal and iterative dynamic, since it is the capacity for choice that "makes us conscious of the experiences that we choose" and an expanded awareness that accentuates our points of choice (Goswami, 1995, p.113).

'I' projects from the grounding of being which is described as the Self. In explaining the relationship between I and Self, Firman and Gila state (2010): "If 'I' is loving, empathic, transcendent-immanent spirit, it would rather seem that the source of 'I' must be a greater or deeper loving, empathic, transcendent immanent Spirit (capital "S"). Thus, we may assume logically that Self is simply a more profound empathic transcendence-immanence than 'I'" (p.26).

As the individual ventures through life in the personal realm of existence, it is guided by the Self, that subtle, steady internal voice that is often experienced as something beyond oneself that has a "strong and compelling pull of inner authority" (Firman, 2007, p.15). The Self can be described as "pure essential beingness", a spring of eternal wisdom, altruistic love, spiritual empathy, that transcends all personas, conditionings and experiences (Whimore , 1986, p.22). Our vitalizing relation with Self is not exclusive to "any particular experience or state of consciousness but holds us in being so that we may engage experiences throughout our entire experiential range" (Firman & Gila, 2010, p.26). In other words, Self holds one unconditionally.

The following metaphor has been utilized to describe the relationship between 'I' and Self:
"I is the conductor of the orchestra, Self the composer of the music, and of course, the musicians are the subpersonalities, playing a powerful and unique piece of music, in harmony, under direction of I, in service of the inspiration of Self. This, of course, is on a good day. The orchestra may sound like a group of contentious, angry, confused adolescents given loud musical instruments, while I naps and Self moans. And so the need for counseling arises" (Firman, 2011, p.6)

In counseling, facilitating the expansion of clients' awareness, which goes hand in hand with willful doing, should be prioritized in service of harmonizing the orchestra of being. As one grows conscious of the dynamics governing his/her inner world; the subpersonalities that possess distinct drives; the feelings that were fertilized during childhood; the urges raised by past conditioning, one remains grounded in 'I' (Firman, 2007). Such

awareness has to translate into willful action that brings one closer to living in alignment with his/her guiding values and purpose. As Firman articulated (2011):

"It is not enough to be aware. It is not enough, even, to know why (historically, causally). It is enough to have choice and to continue to fine tune oneself as a willer until the life lived is one that is resonant with the deepest purpose, meaning and values of the client, in that individual's most centered, internally unified Self" (p.7).

Subpersonalities

Subpersonalities, commonly referred to as ego states, are parts of the self that perform distinct roles, have specific characteristics and distinguishable behaviors that unconsciously guide one's navigation of the outside world (Firman & Russell, 1992). It is the ego, or incomplete knowledge of the self, that provides the ground for the fragmentation of subpersonalities.

Such limited knowledge is derived from early childhood and what has been described as primal wounding in which one's sense of self is violated by misattuned or abusive caretaking. As Firman & Gila, (2010, p.19) explain:

"All such wounding involves a breaking of the empathic relationships by which we know ourselves as human beings; it creates an experience in which we know ourselves not as intrinsically valuable human persons, but instead as non-persons or objects. In these moments we feel ourselves to be "It's rather than "Thou"s, to use Martin Buber's (1958) terms". This drives one to disown the aspects of the self and experience that raised the potential of non-existence. Such repression aims to foster a personality that can survive an unempathetic environment and unconsciously engenders basic human dis-ease (Firman & Gila, 2010). The survival personality is basically one's shattered self-empathy; a diminishment of one's authentic experience of self, the world and the divine. Moreover, subpersonalities can also be shaped by genetic, cultural and social factors that affect one's course of development.

Subpersonalities are usually oppositional in nature, behaving in a contradictory manner with clashing traits. For instance, all the following subpersonalities can exist in one person: the confident businessman, the anxious father and the rebellious teenager. Problems arise when one identifies with only certain aspects of the self, rendering him/her victim to conflicting unconscious forces (Lacey, 2006).

There's a higher quality that underlies the depths of each subpersonality, regardless of the manifested behavior (Lombard, 2017). The Self's higher qualities such as love, compassion and courage are of a transpersonal, universal and perennial essence. However, these qualities are often contorted when activated through a subpersonality. The aim is not to suppress or obliterate any subpersonality behavior but is rather to restore its higher quality and activate it in a constructive and integrative manner. This allows the authentic personality to be expressed.

With less energy expended on managing the conflicting personalities, one is able to effortlessly access creative material and intuitions that can be readily vitalized by his/her autonomous 'I' that is mentored by the Self (Lombard, 2017).

Authentic Unifying Center

The authentic unifying center is an internal or external holding environment that facilitates what Winnicott (1987) termed "continuity of being" or what Rogers (1980) describes as "personhood". External unifying centers can be anyone or anything, such as a friend, stranger, artwork, tree or sport, whose presence provides one with a sense of holding, understanding, compassion and love. This is analogous to Kohut's notion of the mirroring self-object.

The fact that various things can serve as unifying centers pertains to the notion that Self is the ground of being and the ultimate source of altruistic love and spiritual empathy, that is distinct from, yet manifests through, any specific unifying center (Firman, Gila, 2010).

The external object's empathetic presence can become a center that allows one to integrate his/her subpersonalities to a coherent sense of identity and self-expression. This cohesive sense of self or 'I' am-ness allows one to be unconditionally present for all kinds of experiences including the joyful and the painful, the extraordinary and the mundane (Firman, Gila, 2010). External unifying centers nurture internal unifying centers within the empathy receiver that enable him/her to perform the same functions independently (Firman, Gila, 2002).

The unifying centers' interfacing with the Self is comprehensively explained by Firman and Gila (2010):

"The unifying centers are a "true link" with Self that allows a sense of I- amness to blossom. And with the blossoming of "I" the individual can include all the unfolding layers of personality into an authentic expression of "I." It is ultimately Self who is present to the person via all the unifying centers, be they people, places, or things, both inner and outer" (p.38).

Hence, both internal and external authentic unifying centers facilitate self-realization: a dialogue between the will of the 'I' and the will of the Self. Again, the realization of Self is accessible to any person in the now, regardless of their psycho-spiritual developmental stage. The path of self-realization enhances our awareness of the choices and potentials that we can willfully harness to live in alignment with our deeper essence and purpose (Firman, Gila, 2010).

VIII.   Spiritually-Conscious Psychotherapy

"The therapist must lay aside diagnosis, cease making prognosis, give up the temptation to guide, and ultimately put aside self in order to enter the client's world— a dying to self for the other"
Firman and Gila (2010, p.59)

Mission

Spiritually-Conscious psychotherapy aims to facilitate what Assogioli termed psychosynthesis: to synthesize, the various facets of the individual's personality around a personal center and, later, to achieve better synthesis between the personal self or 'I' and the transpersonal Self (Whitmore, 2014). In simpler terms, it aims to nurture the development of a harmonious, integrated personality and the realization of one's divine essence and higher purpose.

Psychosynthesis can take different forms in different people, accordingly, spiritually-conscious psychotherapy is meant to help clients envision and fulfill their personalized versions of psycho-spiritual health (Whitmore, 2014).

Spiritually-Conscious Psychotherapist: Core Qualities and Functions

A.   Bifocal vision

A bifocal vision allows the therapist to attend to an expansive scope of human experience including the complexities of early development and primal wounding; the encounter with existential identity, agency and accountability; the peaks of creative, intuitive and transcendental experiences, and the quest for existential meaning and purpose (Firman and Gila, 2002). None of these substantial facets of experience should be reduced to the other as each has its own place within the whole.

Regardless of the experience that may be encountered, and the developmental stage that may be navigated, the multi-dimensionality and uniqueness of each client is valued by the spiritually-conscious therapist (Firman and Gila, 2002). It follows that pathological manifestations are seen as psychological obstacles that are encountered by the client's Self on its path towards actualizing its higher purpose (Whitmore, 2014). Therefore, the client's presenting problems are trusted to envelop a creative potentiality that can offer opportunities for change and evolution and are not merely perceived as products of childhood conditioning (Whitmore, 2014). Hence, they are not symptoms that the therapist aims to cure, rather, they are awakenings that the therapist strives to work through with the client.

B.   External Unifying Center

The spiritually-conscious therapist aims to function as an external unifying center through providing a holding container that's inclusive of both the dark and light within the client (Whitmore, 2014). The therapist must continue to serve as an external unifying center so that the client is able to cultivate and sustain his/her own internal unifying center. In doing so, the therapist will mirror the 'I'-Self relationship to the client through exhibiting empathetic, unconditional presence and thereby assure the client that he/she is inherently valuable and is more than his/her pathology.

The How of Unconditional Presence

The key to uniting the 'I' with the Self is the experience of unconditional presence that is first facilitated interpersonally and then intrapersonally. In this section, the notion of unconditional presence is deconstructed and restructured into practical guidelines.

A. Embrace the state of not-knowing

Rather than striving to fit a client's experience within a certain frame of knowledge, the therapist should aim to practice unconditional presence and to therefore assist the client in being with all aspects of his/her own experience, even those that don't fit within the therapist's acquired scope of interpretation. At the end of the day, a therapist's knowledge represents a set of boxes constituting ideas or beliefs about reality- not reality itself. However, human experience is limitless and cannot be boxed.

The therapeutic encounter, like any other vulnerable meeting of two human beings, is suffused with "mystery, surprise and unpredictable turns" (Welwood, 2002, p.129). To access his/her intuitive healing wisdom, the therapist must grant himself/herself permission to not know, so that he/she can meet whatever arises "freshly, without holding any fixed idea about what it means or how it should unfold " (Welwood, 2002, p. 128). Such authentic presence invites a deeper mode of attunement and stillness to the practice.

B. Befriend your own flaws

Identifying with only idealized qualities such as purity, goodness and enlightenment inhibits the mode of unconditional presence as it screens out other aspects of the therapist's being. Thus, therapists should not hesitate to reveal their flawed nature, rather, they should befriend their mere humanity. A lack of pretense and an openness to all aspects of one's own being facilitates the therapist's fluid, egoless presence.

You may wonder then, how can a therapist provide unconditional positive regard if they are not to conceal their imperfect feelings of anger, jealousy or disappointment, etc.?

This requires an experiential knowledge of the basic goodness of human nature which can be easily facilitated by the practice of meditation. Buddhist teachings suggest that basic goodness is not analogous to morality, rather, it refers to the primordial essence of humans that is "unconditionally wholesome because it is intrinsically attuned to reality" (Welwood, 2002, p.147). It follows that evilness stems from people's ignorance of the basic wholesomeness of their intrinsic nature. Such basic goodness transcends traditional concepts of good and bad as well as conditioned personality and behavior. Connecting to the clients' basic goodness; that "underlying, often hidden, longing and will to be who they are and meet life fully- not just as an ideal or as positive thinking but as a living reality", allows therapists to make contact with the clients' inherently healthy core (Welwood, 2002, p.149-150).

The provision of unconditional love isn't limited to the expression of sentimentality, rather, as implied by the Buddihst concept of loving kindness, it is a "quality of allowing and welcoming human beings and their experience" (Welwood, 2002, p.148). So, therapists do not need to convince themselves or their clients of their own goodness. Additionally, if therapists experience negative feelings towards aspects of their client's personalities or behaviors, they need not feel guilty nor hypocritical. That is, unconditional love does not necessitate liking the client's personality, rather, it involves providing them with a holding environment in which they can unconditionally be and be with themselves. The less effort invested by therapists into forcing a certain emotion, the more they can be themselves, the more they can be with their clients and let their clients be themselves.

C. Therapists do not create, they facilitate.

Therapists cannot claim client's psycho-spiritual developments as their own. Like a midwife, therapists coach nature, "when the baby is born, there is no question to whom it belongs" (Johanson & Kurtz, 1991, p.57). Through their unconditional presence, therapists facilitate the client's realization and actualization of their own essential, divine Self that holds the ultimate guiding wisdom. Thus, therapists should allow themselves to be guided by their clients just as much as they tend to guide them. As Johanson & Kurtz (1991) beautifully expressed: "The therapist is blessed by being a witness, by carrying the water, by celebrating the new birth" (p.58).

IX.   Closing: It All Comes Down to Love

"We seem to sense that – whether we conceive it as a divine Being or as a cosmic energy – the Spirit working upon and within all creation is shaping it into order, harmony, and beauty, uniting all beings (some willing but the majority as yet blind and rebellious) with each other through links of love"

(Assagioli, 1975, p. 31)

The process of creating this work led me to one simple yet profound conclusion: love is the ultimate cure. Thus, a healthcare system that lacks heart is incapable of facilitating an authentic state of wellbeing.

Welwood (2002) describes the heart as "a direct presence that allows a complete attunement with reality" (p.146). In this context, the heart is analogous to the concepts of non-local mind or consciousness. The heart exhibits a bidirectional movement; inwards through "receptive letting in or letting be and active going out to meet or be with" (Welwood, 2002, p.146). Though we can assert this knowledge intuitively and experientially, we now have the means to validate it empirically through post-materialist scientific research.

For instance, the literature presented on the healing power of intentions demonstrates both the receptive and directive functions of the practitioner's heart who allows himself/herself to tap into their essential state of abundant, loving being and to affect their patients' bodies restoratively on levels that can be empirically measured.

The narratives of the cancer warriors whom Dr. Rijjke interviewed led us to similar conclusions. In the absence of effective medical treatments for their states of disease, they were able to attain a state of wellbeing through choosing to operate from the space of the heart. That is, they receptively welcomed the freedom and autonomy that their expansive states of contentless awareness granted them.

Such insights emphasize the need for a spiritually-conscious psychology that attends to all dimensions of personality and being; physical, emotional and mental; personal, interpersonal and transpersonal. Spiritually-conscious psychotherapy aims to oil the heart's doors so that it can smoothly open in both directions. That is, it enhances the breadth and depth of one's awareness, allowing one to operate from their essential, contentless state of being which emanates from the divine and infinitely loving Self that connects one to all other I's. One is then able to extend unconditional presence and to one's varied states, experiences and fellow beings. Such expansion of consciousness is facilitated by the practitioner's open heart whose spiritual empathy is internalized.

I have been lucky to experience such heart-opening with my current therapist who I have been seeing for the past three years. I saw myself, her and our sacred relationship in the words that I read and wrote as I worked on this thesis. I hope to one day extend the same unconditional compassion, acceptance and presence to my future psychotherapy clients.

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