The Therapeutic Alliance, Kundalini, and Spiritual/Religious Issues in Counseling: The Case of Julia

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with commentaries from Boorstein, Jue, Lannert, Saltzman, and Scotton

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Abstract

A woman seeks the help of a ministerial counselor to help her understand an extraordinary and frightening experience that occurred as a result of her meditation practice, which some have called "kundalini." The woman's therapeutic interaction with her counselor is described session by session as she explored her family background and religious beliefs, her history of abuse, and the disturbing experience that brought forth a variety of hallucinations, visions, and dreams. A brief case analysis is presented by Mark Waldman, the attending counselor. Five clinicians then analyze this case history from a variety of multi-disciplinary approaches and perspectives, describing how they might have worked with such a client: Lannert examines the issues of religion and spirituality that are often avoided or left unaddressed in therapy, and discusses the client's eventual return to a charismatic church; Boorstein examines the case from a psychoanalytic self psychology perspective and its application to transpersonal psychotherapy; Scotton approaches the case from a supervisory point of view, addressing the transference and counter-transference issues from a Jungian/transpersonal perspective. Saltzman describes how she would work with Julia by integrating gestalt therapy with object relations theory and neo-Reichian techniques, paying particular attention to the specific issues concerning kundalini processes; Jue, in a concluding summary, addresses the importance of developing a transpersonal *context* within the therapist's perspective and how it may then be applied to the therapeutic alliance.

Reflections on "The Case of Julia"

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Commentaries and Discussion

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The Case of Julia
Mark Waldman

Many years ago, I received a telephone call from a woman I shall call Julia. She had been referred to me by the Spiritual Emergence Network, a psycho-spiritual helpline in Northern California. She told me that she had been meditating when she suddenly began to hallucinate. Terrified, she voluntarily hospitalized herself for several days. After she was released, she continued to have disturbing dreams and visions, and could not return to work.

"A friend of mine said that I may have had a kundalini experience, and that I should talk to someone about it. I realize, too, that I need to resolve a number of things that happened to me when I was a child." She asked me if I could help.

I explained to her that I was a ministerial counselor, with an analytic orientation, and although I had worked with a variety of spiritually related issues, my knowledge of kundalini was limited. I offered her the names of several transpersonally-oriented therapists who might be more familiar with such experiences, but she wanted to meet with me first, and so we arranged for an initial interview. I was somewhat skeptical about the phenomenon of kundalini, but I looked forward to meeting Julia and discussing her experience in more detail. The following sessions were constructed from notes I made during and after each session.

Session #1

I was met by an attractive woman, conservatively dressed. She smiled and introduced herself, speaking quietly. I showed her into my office and she sat down on the couch in silence, looking at her hands. She seemed shy and perhaps a little frightened, and I noticed that I felt somewhat anxious and sad. I opened the session by inquiring informally about her background and history.

Osnovni podatki in opažanja o klientu

Julia was a 32-year-old unmarried woman. Born in Arizona, of Hispanic and American Indian descent, she moved to California with her family when she was 5, married when she was 21, and divorced at 29. She had a sister, Lisa, who was one year older, and married. She had been employed as a medical practitioner up until the time of her "breakdown," which was the term she used to describe her hallucinatory experience. She reported that when she was 9, her mother also had a breakdown. After her release from the hospital, she moved back in with her parents. She said that she would like to move into an apartment, but she was still too frightened to do so. She said that she had never experimented with drugs except marijuana, which she tried once or twice. She attended several Catholic parochial schools until she was 17, when she left for college. Two weeks ago, she enrolled in art school, intending not to return to her medical profession.

When I asked her about her religious background, she replied that for years, she had been an atheist. "Then I decided to try meditation. I have a cousin who meditates -- she's an artist -- and I really respect her, so I joined a group about a year ago." At this point, her voice faltered and she began to cry. "My guru -- I can't remember his name! Talking about it -- it's so hard for me to

speak!"

Julia told me that this was the first time she had talked about her experience to anyone other than her sister. "I was meditating in the group, when all of a sudden this huge burst of energy shot through me. It was like electricity! And then there were all these voices exploding in my head. I stood up and took off all my clothes and ran outside. I think I even urinated. Nobody knew what was happening. There was so much energy, I thought I was dying. I went to a hospital, where they gave me medication and kept me for 3 days of observation. For weeks I had nightmares and visions and hallucinations."

For the next few minutes, she remained silent, although she continued to cry and shake. I noticed that she seemed hesitant to talk, and in response, I hesitated to question her. Eventually, our conversation turned to a brief discussion about various spiritual perspectives and disciplines. She expressed an interest in reading about the subject, and I discussed with her some of the available literature. I offered her a copy of Assagioli's (1986) article, "Self-Realization and Psychological Disturbances," which I had found to be helpful to others who had encountered difficulties in their psycho-spiritual development.

At the end of the hour, we discussed counseling fees and session times. Because she was in financial difficulty, we agreed to meet once a week at a reduced fee. I suggested that later, perhaps, she might be able to come more often. I asked her to keep a diary, which she agreed to do, and to spend 20 or 30 minutes each day writing about her feelings, thoughts, and impressions. I told her that she could call me anytime, day or night, if anything disturbing occurred. Clasping my hand, she thanked me for the assurance and left.

Session #2

Julia arrived very early and waited outside the office. When she entered the session room, she told me how helpful Assagioli's article was, and we discussed some of the questions it raised for her.

She began to tell me about her ex-husband, whom she found sexually unsatisfying. "I haven't had any sex in years, and I've never masturbated, but I have these sexual dreams and I wake up feeling really satisfied. But I long to have a good sexual relationship. I want to have a *real* relationship."

She paused. "I don't know why this came to my mind, but I remember walking into the bathroom when I was little. My mother was pouring cold water over my sister, Lisa. I just shut off my mind. I don't remember what she was doing to her." She was trembling as she spoke. "I felt so frightened and lonely and isolated as a child. They ridiculed me for having imaginary friends. I just want to be held and be warm."

She burst into tears, and my impulse to reach out and touch her hand was strong. It was clear that she did not want to talk about this event, and I decide to wait before questioning further. Normally, I would ask a client to lie down on the couch, but here I felt that such a suggestion would be overwhelming, particularly if there was a history of sexual abuse.

Julia sat quietly for several minutes before speaking. "I've been using the diary between sessions, and crying a lot." She read me several passages describing her emotional turmoil. I told her that I thought she was an eloquent writer, and she looked at me with uncertainty. We talked about using the diary as a way to bridge the time between our weekly sessions.

Session #3

Julia seemed much stronger this day, without the sullen timidity of the past few weeks in session. She talked openly, and memories and associations came to her mind without effort. She appeared more grounded, and she seemed to be able to access unconscious material more easily, but she told me it disturbed her. She said that it was only through her drawings and paintings that she felt the confidence to express her deeper self. "Last week, for example, I made this large painting using the word SORROW, but it bothered my classmates a lot."

She suddenly changed to the subject of her meditation experience. "During my crisis, when I was having visions, I saw my mother become a serpent. She was reading from the Bible, yelling into my father's ear. From time to time in my meditation group, the guru made certain sounds. I would hear good sounds in my right ear and bad sounds in my left ear."

Another long silence began. Inwardly, I thought about her vision as a metaphor, and the story of Adam and Eve came to mind. If her mother was the serpent, I mused, was she Eve and her father Adam? Issues of sexuality came to mind, and I was reminded of the incident with her sister in the bathtub.

"How do you feel towards your parents?" I asked.

"When I was growing up, I used to feel that mom was an evil person. My father never communicated to me. Maybe my experience was somehow about that. I can't have people over to my parents' house. I feel ashamed." She began to cry. "I'm afraid that people will see me as boring -- ahhh, I feel like there's a hand around me right now!"

"You must have felt terrible," I said.

She agreed, and I noticed that she had relaxed a little more. "Lisa, my sister, was so lively. But my mother always hit her. My father was much more affectionate to her than to me, but I don't think he ever hit me."

"Was it terrifying to see her being hit?"

"Oh, God, yes!" She cried very hard.

I thought about how overwhelming it could be to watch another sibling being struck. Such children may become quite passive and pleasing, or retreat into fantasy. Others may completely withdraw from the inner world of feeling. Julia seemed to fit this pattern.

After a few minutes, Julia's crying subsided. "Dad used to say that mom favored me when we were little. I remember a birthday party I had when I was 5. Lisa was full of hate or jealousy. Why? Why was she so angry at me? What had I done? She'd had her party. A friend gave me a silver dollar, and she had to have one, too. I never asked for anything; I was so withdrawn and in a fog. Sometimes I wonder why I wasn't autistic, and yet I often think it was Lisa's love that saved

me. I was always a very good girl, in order to avoid the beatings, and I slept a lot. Then I could be the heroine in my dreams. I often fantasized that I would be kidnapped by Sinbad and we would sail away together. I was a queen. Oh, I had such a boring childhood."

I thought about the pun within the myth: Sinbad, sin and bad.

Throughout this dialogue, Julia had been staring at her hands. Then she looked at me and said, "I'm afraid of this session, and I don't know if I should be telling you these things or not. I'm very worried." She told me that her bouts of depression had increased.

I assured her that it was very important to talk about these things in session, and that she would eventually find it beneficial. But I, too, felt confused and somewhat lost, and I suspected she sensed this too. We discussed her feelings of depression, and then concluded the session.

Session #4

We spent most of this session talking about her ambivalence towards art school. "I think the other students are disturbed by me," she said. "They intimidate me. But art is the first thing that I knew I wanted to do, and I've never done what I wanted. You know the story, 'Father Knows Best.'"

She began to shiver and cry, and she told me how much better she feels when she cries in session. We talked about her difficulties with teachers, and of her interest in Navajo art, yet I did not get a sense of any connection to her Indian heritage. I shared with her my own past involvement with tribal and primitive art, and showed her an old portfolio of work.

She told me that doing art is a spiritual experience, and I responded saying that I would love to see some of her work. She seemed happy but somewhat hesitant at my suggestion. I noticed that she was very comfortable when talking about Native American spirituality, but the subject of Christianity and Eastern religion made her nervous and apprehensive.

Session #5

She brought in several pieces of art she had recently done. One of them was a large ink drawing of a woman, but the face had been cut out and replaced by another drawing, much finer and more detailed. The cut out drawing was not her own. There are two people here, I thought to myself, and one of them is hidden.

She told me how much she hated her looks. "I don't really think I'm attractive. All my life I've felt unloved. The woman's face, here, is who I want to be. This is the me I want to become."

I told her how much I liked the piece, but she seemed surprised and looked at me closely. She told me that strong feelings of depression and sorrow had been overwhelming her. "I feel so restricted at school, like I can't draw what I feel like drawing, that I'll be intimidated by the other students. I don't feel I can share these things with them."

"Do you have any friends?"

"No. But I would like to. I've never had any friends."

Session #6

Julia began to talk about her meditation practice and experience. "Before I met the Guru I had this dream. I saw a green eye. There wasn't a pupil, no sclera -- just the white part. There was no depth. When I woke up I still could see it. And once, in high school, when I was sleeping in bed next to the window, I felt a presence and I screamed. My sister saw the same thing that I saw, a man-figure by the window."

I asked her if she knew anyone with green eyes.

"The only person I can think of was a friend who lived down the street -- oh, and a cousin, too. Ah! Now I remember one of the visions I had during the crisis. I was in hell, but I had to save some people, and I had to have sex with my father. I didn't know if this was wanting to be away from mom or what."

"Do you think that your father ever touched you?" She said she wasn't sure and so I said to her, "Ask your body."

She closed her eyes and waited. "My body immediately said yes. My mother told me that she's sexually frustrated, and that they rarely had sex. My father would go out drinking on the weekends, and would come home real late. I suspect that he had an affair."

She told me about an affair she once had with a man, an alcoholic, whom she really didn't care for. She was separated at the time, but not divorced. "I wasn't outgoing; I was withdrawn and sex was beginning to disgust me." She admitted to feeling guilty about having sex before the divorce was final, but when I pointed out the similarities between herself and her mother, she became quite anxious.

After Julia left, I sat back to make some notes. I felt there was a strong sense of eroticism concerning her father, and I found that it made me feel uncomfortable. I noticed, too, that segments of the session were becoming difficult for me to recall. Rather than examine this issue, I put my notes away and left the office.

Session #7

Julia started crying the moment she sat down on the couch. "I realized this week that all my visions are metaphors. When I was young, I used to read my father's Greek mythology books, and I remember the stories of going into hell." Together, we explored some these stories, including the ones she remembered from church, and compared them to her recent dreams and visions.

"It seems you loved your father very much, but he frightened you," I interjected.

"Once, during one of my meditations, I saw a beast with huge red eyes. I realized just the other day that it was my father, with eyes so red from drinking. And my husband, he too was an alcoholic. It's so important to tell people you love them. No one ever told me if they liked anything...." She stopped abruptly. "It must be time to go. I heard someone at the door."

"No, we've got plenty of time."

"I'm a little uncomfortable. You're a difficult person, and you ask uncomfortable questions." As we talked about our interactions, I sensed that we were both beginning to speak

more openly with each other. I felt quite warm towards her, though still a little anxious.

She left, and I did not take the time I usually do to record my notes and impressions. Furthermore, I was continuing to forget certain interactions, particularly my own responses and comments.

Session #8

My first impression of Julia was that she seemed happy.

"It felt good that I could tell you how I felt about you. I never could tell anyone before what I didn't like about them. When my father drank, he would be, ah -- lecherous pops to mind -- with me. He would grope me. But when he was sober he blew up."

Suddenly I realized what I was frightened of. Julia aroused me, and it made me feel uncomfortable.

Julia continued with her flow of thoughts and impressions. "You know, when I was 8 years old my mother had a breakdown. She had to have some sort of hormonal treatment. It was at that time my sister told me that my father wasn't supposed to sleep with me -- I mean, sleep with *her*."

I decided not to call attention to this important slip, for I needed more time to sort through my own reactions and feelings.

"My mother said that she could count the number of times they had sex. She told me that she was a virgin until 26, and proud of it. I'm sure my father had a mistress. During my visions, in one of the hells I was in, I was afraid that I'd have to fuck my father."

She made this statement without any affect, and I became concerned that too much material may be coming up too fast.

"I just found out this week that my blood type is different from mom and dad. I wondered if mom had an affair, or if there could have been a mix-up with another baby, perhaps my cousin's child. I asked her and she said that she hadn't. Besides, she said the cousin's baby was a boy."

Session #9

"I've been up and down all week, and I felt real depressed before I came to session." That was the first thing Julia said, and I wondered if there was a connection to how open she felt during the previous week.

"Why do artists have to be so egotistical? I'm not sure if I'm going to continue to go to art school or drop out. For me, art is something personal that is part of my spiritual growth and healing."

She rushed through her thoughts, then suddenly changed the subject. "I've been wondering if I was actually sexually molested. My sister doesn't think so, but I do have an uncle with green eyes who might have. He tried to molest one of his daughters. I had this dream that I was lying in bed dreaming that I was in the same bed masturbating myself. I woke up from the first level, into the next, and into my waking state. I knew I had had a sexual release."

For the first time, she leaned back against the couch, relaxed. "I used to feel very close to

God, but I once committed a mortal sin by not going to Mass, and I didn't go to confession about it. Going to confession made me feel so terrible. As a child, I didn't know what sins I'd committed so I made things up. I felt so bad."

I thought about how withdrawn she must have felt, and how lonely and isolated and hungry for love she must been. When I shared these thoughts with her, she cried. I suggested to her a number a simple things to do, ways of treating herself with a little kindness: a quiet walk, a long hot bath, etc. She smiled and looked down at the floor. She seemed so young and shy. I, too, felt more relaxed as I began to understand and appreciate the complexities of this woman's life.

Session #10

"At art school today a woman was talking about the Druids and how their gods and heroes were engaged in battles. I found myself feeling anxious and upset, and I have no idea why."

"What are your associations to battles?" I asked. She told me that during her crisis all kinds of battles took place in her imagination, but when I commented on the connection between this and the Druid story, of how many battles she had felt inside, she was overcome with anxiety. She stared at me with terror, shaking uncontrollably. I knew I had triggered something important, and I asked her to take a series of long deep breaths and to lie back against the couch. She followed this suggestion with little apprehension.

"This is what I felt during the crisis!" She told me that she was suddenly afraid of being on the couch, so I asked her to stand up and walk around the room, to take a drink of water, and to talk about something mundane, such as what she ate for breakfast that day. Doing these things calmed her down.

"You know, I went to go see a therapist right after this had happened, but she wouldn't allow me to walk around. I feel so much better, now, thank you! I've been thinking of trying meditation again."

I encouraged this, thinking that it could be helpful. I felt that she was beginning to have the strength to allow more memories of her experience to surface, and I believed that her meditation would provoke them.

Session #11

"Can you still help me?" Julia began with tone of doubt in her voice. Although I told her yes, I again felt apprehensive.

"I had this dream last week," she started, but then she interrupted herself. "I feel like I'm about to have a heart attack -- right now! This dream -- I'm sitting with other students, and there's a multicolored being in the room. I said, 'You look just like the devil!' I looked at it again and it was a normal human being. I felt a great fear from looking at him. Something worried me about it, and I tried to focus on the Third Eye. I felt that I was going to die if I didn't snap out of it. I then focused on Jesus and I woke up." She paused and took a deep breath. "Whew! I'm freezing cold

and my heart's just pounding! I stopped meditating after I had that dream, and I carry this rosary that my sister gave me. I'm really afraid to meditate."

I suggested that she try to find her own pace in meditating, a few minutes, if that was all that felt comfortable. I also encouraged her to record her feelings in her diary.

"Now I remember! About a year ago, during a meditation, I saw a beast surrounded by white light. The beast was in the shape of a large shadow that sat beside the guru. It was dark and light, huge! And it was the shape of a man. It frightened me. The guru helped to calm me by his talking. I know that, in my spiritual development, I will have to meet this beast. It's from another realm, from Hell. I'm beginning to reevaluate my Catholic beliefs. I gave them up long ago, but now I'm thinking that I might get more involved, but I'm not sure which direction -- the spiritual or the practical, the nunnery or Mother Theresa. Christ, for me, is the process of death and rebirth."

Inwardly I was ambivalent, even somewhat negative, about her considerations towards the church. I knew that I, myself, had negative feelings about the church, and I assumed that she could unconsciously sense this. I wanted to offer advice, but everything I thought of sounded critical, so I remained silent and listened.

Session #12

She entered the session room calmly. I noticed that she continued to vacillate each week between anxiety and composure.

"I've decided to quit art school. I realize that my ego keeps getting in the way of what I really want to do. I'm not interested in doing work that's for sale, but only for myself or for my friends. Christ said, 'pluck out your right eye if it offends thee.' During my crisis, the devil gave me a choice: I could go blind and save the world, or keep my sight and save myself. In the vision, three gurus and I were capturing evil spirits, and we were going to seal them off, but I couldn't seal it off properly. But the baby next to me could. The baby was rapidly growing larger."

Her voice was strong and powerful, but my impression was that she wanted to close the lid on Pandora's box, to distance herself from the disturbing unconscious elements within her.

"I decided to make a sandpainting with these themes and images in it. It had four sides and a door to the east, and evil could not come through. Doing the painting, I learned humility, and I realized that true art is an instrument to a greater consciousness, which can come through me, my ego. I became the source."

Her comments confirmed my impression, and I suspected that she was rapidly building an intellectual defense through the use of religious and spiritual terminology. And yet it was also clear how much her art was helping her to work through certain aspects of her trauma.

"I have to do what Christ said, to pluck out the eyes."

I felt that she was returning to the language and framework of her religious past to cover up her deeper feelings, and I thought about my own associations to her imagery of the eyes: of her father's bloodshot eyes, the green eyes of the uncle who may have molested her, and of the Third Eye and her connection to her guru. I began to explore with Julia her own associations to the

powerful and violent image of plucking out the eyes, hoping to take her more deeply into the material that had begun to surface.

"I have a sense that my path is leaning towards the direction of Mother Theresa's. When I was in the hospital, my sister brought me this rosary from my family. It's what grounded me and began the process of getting well again. From my experience at the hospital, I realized that others are also trapped in their own private worlds. You know, you can tell the difference between those who are struggling with spirituality and those who are just crazy. But I don't think the doctors know. Some of us on the ward could tell who was who, and I would like to help those people. When I was in the hospital, the staff metamorphasized into creatures. The normal people were changing, but the insane ones didn't. Why? People who are normal aren't aware that there are different realms of spirituality. In catechism, as a child, I was questioned about the difference between the soul and the spirit. I remember that I was told that creatures from outer space would be devils. I guess that I thought that the staff were devils, and it was they who did not have spirituality. During my crisis, I had a series of visions where I met the devil three times. The first was when I was born, with a deviated septum. The second was when I wanted to shoot myself with my husband's gun because I was so depressed. Love stopped me from doing it. The third time was during the crisis itself. I asked the devil to come back to God. You know, when I was separated from my husband, I once fell asleep and felt my spirit leaving my body. I knew that this blackness would surround me, and if I did not awake, I would die."

It was twenty minutes before the end of the hour, and Julia wanted to leave early. I consented -- an unusual choice for me -- and made a note of the issues I wanted to bring up later.

Session #13

Julia arrived on time, but looked rather agitated. "The rosaries saved me when I came out of the hospital. I went to see a Jesuit priest, and for a moment he transformed into someone fully dressed in white. Men have to let the female part of them come out more, and women have to let the male side out."

Julia started to tremble and shake, and I asked her to lie down on the couch and go with it. After approximately 10 minutes the shaking subsided. She began to see that she could allow herself to go through the feeling experiences without being overwhelmed. "But when you fight these feelings," I said, "it can make them seem much stronger."

She changed the subject to school. "I took my sandpainting to class and everyone felt the healing coming from it. Then I saw everyone surrounded by white light. The teacher had an angelic voice, but he said that the painting had a lot of bad karma. He said that he was also on some kind of spiritual path. The Catholic church says one shouldn't be superstitious, but I think I always confused superstition with mythology and metaphor."

The teacher's comment angered me, and I told her so. I felt protective towards her, particularly around her art, since it was where she felt the greatest safety in expressing herself.

"Something just came to me and I have to say this. I don't know what it means: 'The

Father's will shall be done.' It's okay, whatever the Father wills, it will be done. I need help, Mark. I feel like half of me is Christ, and half isn't. It's a battle with the devil." Julia suddenly felt overwhelmed and sat back up on the couch. "There's a battle going on inside me where Christ and the Devil are battling. I want to say that Satan is in each of us -- Oh! I've just remembered my guru's name! I haven't been able to remember him since the crisis, I've been so frightened of it. I feel so much better now!"

I asked Julia if she would be willing to come twice a week instead of once, and she agreed to come in three days later. She had been feeling more and more anxious between sessions and I wanted to increase the contact between us. I felt, too, that it was time to delve more deeply into these metaphors and symbols.

Session #14

"I woke up this morning at 4 AM in turmoil. I don't want to talk about the dream that I had, but I guess I should. I was at my cousin's house, in some room. I knew I was dreaming. I woke up in the dream and opened my eyes, and a saw a beast sitting on top of me. It looked like a monster. I said, 'Hello,' and chanted a mantra using the word 'Jesus.' This thing smiled and said, 'It's me, your Guru!' Way down below I said 'Jeeeesusssss!' It poofed and I woke up. I've been feeling like there is some kind of presence that's both positive and negative.

"These are my associations to the dream: The monster in the dream is like something on some music tapes I had bought. My sister told her kids that Satan was using this music to mislead them. Satan was cast out by St. Michael, and I knew a Michael when I was a little boy, ah, girl!"

"Did you wish you were a little boy instead of a girl?"

"Why, yes, I think so. I remember thinking that if I was a boy then maybe I wouldn't feel so frightened. I was afraid of being a girl. I feel as though I was created for a special mission. Christ is showing me his childhood, through my sandpainting. During my crisis I believed that I was clothed in the sun -- from the story of the Apocalypse. I was the Virgin Mary, but there was a difference."

She paused for a moment, then continued: "It's very difficult to talk to you about this. I feel guilty but I'm not sure why. When I was in crisis I felt like calling out to my guru, but I kept hearing my sister call out 'Jesus.' My guru is trying to stop me from saying something."

"Go ahead and blurt," I said.

"HE'S THE ANTI-CHRIST! Oh, my! I've been praying to Jesus to protect myself. I've been having weird sensations this week, like something was biting my ankle, and I've had intense headaches and feelings in my body. I wanted to talk to you today about my childhood, the positive stuff. I believed God was in everybody and was good to everybody, and that's what I saw. I was kind of autistic, I slept a lot and withdrew into my dreams and fantasies. I was cold, but people came to me and loved me. I was in my own little world to protect myself from negativity, so I hung on to this belief that all people are good to protect myself from them. It saved me from a lot of things, from being beaten by my mother, from my father, from my husband and boyfriend. But

now I have a new direction in life. I'm not sure what it is but I've got to follow it."

I told her I would support her in her exploration.

Session #15

It was two days before Christmas. "I just came in to tell you that I'm going to stop coming to session. I realized that I must fully put my faith and trust into Jesus to heal me, and that coming to sessions means that I don't fully trust in Jesus. My sister's a member of a charismatic (Pentecostal) church and I've been attending their classes and sermons for the past few weeks. You mentioned to me once that you thought my story could be of value to others, and I feel very good about that, so if you want to share it with others I would be pleased."

She walked to the door, then turned to hold my hand. "May I come back to see you if I need?"

"Of course," I said.

I returned to my chair, surprised and somewhat shaken. I had not expected such an abrupt ending to our work, and I wondered what I might have overlooked. Perhaps she had gotten what she wanted or needed, but I did not know for sure. I felt saddened, and knew that I would miss her deeply.

6 Months Later

I found myself wondering about Julia and how she was faring, and I decided to give her a call. I left a message on her answering machine and she called me back a few days later. She told me that she was doing quite well, although she was still uncertain about what her crisis meant. Still, she found her involvement with the church quite calming and peaceful. "In fact," she announced, "I'm considering becoming a nun." I asked her if there was anything she would like to have included in the case presentation I was preparing, and she sent me the following letter:

Dear Mark: I enjoyed our conversation over the phone and have since thought more about what I would like you to include in your article. I have an increasing sense that to write about my experience would be wrong if Jesus' healing hand is not also included. I feel that to exclude that which has mostly occurred subsequent to our sessions would be inaccurate and may mislead people. I also want to stress that I don't wish to diminish the counselor's role who has been an instrument of Whom all glory is due. I pray for God's blessing on your work and thank you for your interactions with me. Thanks for agreeing to include Jesus' role. May Jesus bless this endeavor. Sincerely, Julia.

Reflections on "The Case of Julia"

Mark Waldman

Many years have passed since I first met Julia, and although I could, in some respects,

consider this a failed case, nevertheless, it was a pivotal experience for me personally and professionally. I was very attracted to the spiritual/mystical potential that I presumed existed in Julia's "kundalini" experience, which later prompted me to examine more fully the spiritual, religious, and transpersonal psychologies. This, in turn, led me to a deeper appreciation of unconscious processes as they have been explored within the various analytic psychologies.

My experience with Julia demonstrated something that contemporary research confirms: how a client's religiosity will be viewed is largely dependent upon the therapist's own religious background, training, and personal experiences (Allman, 1991; Lannert, 1991). On the other hand, those who seek a spiritually-oriented psychotherapy will bring with them the underlying religious dynamics of their past which may be in conflict with the therapeutic goal, and which may go unrecognized by the therapist (Lovinger, 1984).

Julia exemplified this in her choice to become involved with a charismatic church. Had I been familiar with the doctrines of Pentecostal theology, I would have better understood her conflicts concerning therapy. When Julia stated, in session #11, that she was beginning to reevaluate her Catholic beliefs, her communication began to shift to religious imagery. References to Christ, Satan, spirits, and apocalyptic metaphors increased until, in the second-to-last session, it culminated in her outburst that her guru was the anti-Christ. She told me then that she had to follow a "new direction" in her life, even though she did not know what that direction was. I had presumed that what was emerging was related to historical and unconscious material, relating primarily to Catholicism. I realized later that it had much more to do with the influence of the Pentecostal church that she had just joined. One such source (in Williamson, 1992), for example, states: "We believe, teach, and firmly maintain the scriptural doctrine of justification by faith alone.... When we believe on him as our Savior, our sins are pardoned, we are justified, and we enter a state of righteousness not our own but his, both imputed and imparted." In other words, one must give one's self over solely to Jesus for healing, or bear the consequences of a religious belief that affirms the existence of angels, demons, the devil, the apocalypse, and the final judgement. These themes, by themselves, were probably not strong enough to influence Julia's decision to terminate therapy, but if you add to this her close connection to her sister, who introduced her to the Pentecostal church, and the church's promise of salvation, she would have had little choice other than to brand her guru the anti-Christ and quit therapy. Even the letter she sent to me reflects more of the church's evangelical style than it does her own personal thinking and beliefs.

In working with spiritual and religious issues in counseling, it is important to keep in mind that some Christian sects and individuals still consider psychology a threat to religious belief. Certain Christian values such as obedience, self-sacrifice, and the value of suffering can be seen by some as contradictory to the psychological principles of autonomy, free will, and self-direction (Lovinger, 1984). In some denominations, psychotherapy involvement is openly discouraged by family and congregational members, since outside help can be perceived as a threat to the religious and familial authority. The act of counseling itself can be an issue of religious conflict, for to talk openly about one's feelings and fantasies can provoke, for some clients, deep anxieties and fears,

particularly in relation to sexual and aggressive impulses.

I earlier made reference to a suggestion that Julia's experience might be better understood in terms of the spiritual process known as kundalini. As reports of kundalini phenomena continue to rise (Lukoff, 1988), more and more professionals and spiritual practitioners have taken an interest in its study. A review of the current literature, however, has not convinced me that Julia had a kundalini experience, for it reflected little of the transcendent or spiritual dimensions that are part of the kundalini process. Take, for example Gopi Krishna's (1970) popular account of his initial kundalini "awakening":

> "I was no longer myself, or to be more accurate, no longer as I knew myself to be, a small point of awareness confined in a body, but instead was a vast circle of consciousness in which the body was but a point, bathed in light and in a state of exaltation and happiness impossible to describe."

In Julia's case, these positive dimensions were entirely missing. Although some of Julia's experiences parallel certain aspects of the kundalini process -- the sudden rush of energy through her body, the onset of visions and hallucinations, and rapid mood swings -- she did not experience many of the characteristics reported by Greenwell (1990a, 1990b) and Sannella (1987): intense body movements; increased psychic sensitivity and parapsychological manifestations, powerful and continuing flows of rushing energy or sensations such as heat, prickliness, or pain; or the experiencing of mystical or ecstatic states of bliss.

For me, it makes more sense to view Julia's experience as a somatized reaction to the sudden emergence of unconscious material triggered by her intensive meditation practice. The altered state of consciousness (ASC) produced by Julia's meditation can, according to Tart (1971, p. 119), provoke "an extremely unpleasant, emotional reaction...with possible long-term adverse consequences on a person's personal adjustment." Rather than being a sign of spiritual awakening, Julia's reaction can be seen more simply as a response to her experiencing radical alterations in consciousness. American society, writes Tart, "considers ASCs as signs of craziness, and so usually induces great fear in people when they begin to experience them." Tart adds that "defenses against unacceptable personal impulses are altered, and become partially or wholly ineffective, so the person is flooded with traumatic material that he cannot handle."

Unfortunately, Julia was never warned that such experiences might occur as a result of meditation practice. Even more experienced practitioners have been deeply shaken by similar experiences, but it seems to me that those who had previously worked through personal psychodynamic issues -- family histories, childhood traumas and emotional issues, unconscious processes, etc. -- fared much better than those who had not (Walsh, 1977; Sannella, 1987). In the kundalini cases examined by Greenwell (1990a), she found that the more unusual or bizarre the experience, the more there seemed to be underlying psychological problems. She suggests that individuals need intensive psychological grounding to effectively integrate a process that is

designed to dissolve basic personality structures during the emergence of a spiritual consciousness. This is consistent with Wilber's (1984) developmental spectrum of consciousness and psychopathology. Still, the question remains as to whether we should consider such experiences as Julia's a spiritual awakening, or view them primarily as metaphor for the emergence of unconscious psychological material.

Julia consciously sought out therapy in order to explore her childhood experiences and her past, and there was little indication on her part to continue her spiritual quest. But her willingness to talk about the traumatic events in her life weakened as we approached the issues of religion and sexuality. The church offered her sanctuary from these feelings and she could thus retreat from the darker and more disturbing aspects of her life. But I would hesitate to call this resistance or denial, for Julia needed time to rebuild her inner balance. By reinstating her defensive structure, she could maintain her sense of health and continue to function in society.

What would I do differently, if I had the chance? Although I do not think that it usually matters which sex the counselor is (unless it is an issue for the client), I believe that a woman counselor may have been more appropriate for Julia. In terms of family history, she was closest to her sister and her cousin. With the information she eventually provided concerning her father, her ex-husband, subsequent male relationships, and her guru, she had had little opportunity to form a trusting relationship with a man. However, I think there is strong evidence to suggest that her mother was equally terrifying. The few comments she made about her mother were brief, passive, and emotionless, which are often signs of repressed, traumatic material. How frightened she must have been watching her sister being immersed in an ice-cold bath, a not uncommon practice for curbing childhood masturbation, particularly considering her ethnic and religious background. Such experiences can leave lasting imprints on that person (Miller, 1990, 1984a, 1984b).

It was difficult for Julia to confide in me, and I think that her statements of appreciation were a form of placation, similar to what she used to do with her parents: if she was nice to me, maybe I'd leave her alone. I think that it was overwhelming when I asked her to come in for an additional session each week. Increased numbers of sessions, like increased meditation practice, only helps to break down habitual resistances to unconscious processes, something Julia did not yet have the strength to do. In that sense, counseling itself recreated the traumatic dynamics of her past: the imposing parent, the omnipotent guru, the hospital doctor, and the counselor are one and the same, as her dreams and imagery suggest. Intensive counseling can be perceived by some as an invasion and attack upon one's psyche. For a client to expose these underlying vulnerabilities takes great courage and strength. Julia, I think, had *almost* enough.

The fact that I was a minister and not a psychologist may have been beneficial in two respects: first, because she seemed particularly suspicious of the medical model of psychotherapy, and secondly, because the connotation of "minister" may have helped to her to talk more openly about her feelings towards religion, which vacillated between atheism and complete devotion. However, my lack of understanding of her changing religious identification hindered my ability to empathize with her.

I later found out that her guru -- who used mantras, light, and sound -- claimed in his writings to be a direct descendent of Jesus. He was also highly opposed to psychotherapy. Now we can see why Julia would be so attracted to this particular guru, where she could unconsciously remain true to the doctrines of her religious upbringing while rejecting the authority of the organized church. In this paradoxical context, though, it is not surprising that she would eventually reach an emotional impasse. The guru became, for her, the anti-Christ, and I, the counselor, would fare no better, as she herself once stated: "Coming to sessions means that I don't fully trust in Jesus."

The guru's book also shed some light on Julia's many references to battles and devils, for his writings were filled with these terms. He wrote about how there was always a struggle going on between God and one's own devils, and that in order to remain strong, the student must sty close to the guru's light. What might easily be seen as a warm and benevolent teaching caused great turmoil for Julia, particularly when she was considering leaving the group, shortly before her crisis ensued. Now I understood why my statement about the many battles she had waged inside was so disturbing to Julia, for I was reiterating a metaphor her guru had used.

During the time I was working with Julia, I was going through a difficult transition in work and life. Many personal issues concerning religion and atheism were confronting me, issues which would be easily stimulated by a client such as Julia. Although I was participating in a supervisory study group directed by a senior psychoanalyst, my interest was turning towards transpersonal psychology. I was traveling into unknown territory, away from a traditional analytic orientation towards the more controversial views and practices of the spiritually-oriented psychologies. I found myself confronted by a situation that fell outside of my personal and professional experience, and so I took refuge in the advice of my teachers: to be as open as possible to the internal struggles in both myself and my client; to listen without pretense; and, to remember the advice that Freud once gave to Jung (Bettelheim, 1982), that "analysis is in essence a cure through love."

Commentaries and Discussion on "The Case of Julia"

Seymour Boorstein, Ronald Wong Jue, Jonna Lannert, Lynne Saltzman, Bruce Scotton

This case history was given to five therapists distinguished for their contributions and work within the field of transpersonal psychology. They were asked to comment on the case from the perspective of their own backgrounds and training, to provide commentary on the interaction between client and counselor, and to describe how they might themselves might have worked with Julia. Their commentaries reflect a number of issues central to the therapeutic alliance, including spiritual and religious issues in counseling and psychotherapy, diagnosis, transference and counter-transference, supervision, and the development of a transpersonal perspective within the therapeutic process. -- M.W.[i]

Jonna Lannert:

As I read this case, many questions came to mind which I would want to explore more deeply. For example, what did it mean to Julia to be an atheist? What understanding of meditation did she have, and what did she hope to gain from it? I wondered what contributed to Julia's rejection of Catholicism, for in the Hispanic culture, Catholicism can be deeply ingrained, and such a radical abandonment must be significant.

Perhaps these questions were not addressed because the client and counselor shared a mutual avoidance of these religious issues. Because psychotherapists have a history of avoiding such issues in their practice, it is important to consider their resistance and countertransference reactions to them, for significant contributions can be made by helping clients to explore their own personal religious feelings, meanings, and value conflicts that so often arise in counseling. It is for this reason that therapists need to closely examine their own biases, prejudices, and conflicts regarding religious issues.

Another area that is often neglected by therapists is an exploration of the client's cultural background and experiences. For example, it might have been helpful to Julia if she were to examine the differences between her parents' Indian and Hispanic traditions, and to see how this may have affected her interactions with her friends and teachers who might have come from very different cultural backgrounds. Perhaps it would explain some of her communication and social problems in the home, at school, and in the counseling dyad as well.

It appears that Julia had little opportunity in her nuclear family to bond with either her mother or her father. Her statement that she had no friends was particularly poignant to me, for here was a woman who had never really connected with others. This, in part, could account for the counselor's difficulty in building a genuine therapeutic connection with her, for her relationships seemed imited and her sense of self elusive. But she also seemed unable to connect with God, and her understanding of Catholicism placed her in a double bind: since she didn't follow the rules, she couldn't have her religion. Perhaps this is why she first became an atheist, and then later turned to meditation as a way of reconnecting herself to religion. But it also seemed to contribute to the collapse of her defensive structure, which had heretofore served her well in the world. Her self core, in Kohut's terms (1977), was very fragile, and I would not have encouraged her to resume meditating until she could reestablish her defenses. Some people simply do not have a strong enough grounding to enter those spiritual practices which specifically aim at dissolving various personality structures. Julia appeared to have a strong enough defensive structure to function well in the world, but not a strong enough self core to handle the personality breakdown which came about as a result of her meditation.

I saw her return to Christianity as a way for her to begin to reconstruct her past more effectively. It may have been a way of starting over, the "baby growing rapidly", in Julia's metaphorical terms. The fact that she chose a charismatic church also points to a healthier desire to be in a religious environment that is more loving and supportive than her experience with Catholicism. Such an environment might give Julia the emotional nurturing she needs and assist in reconstructing a positive identity by finding the loving "family" that was her birthright. But there is

also the possibility that she will use the situation to protect herself by whitewashing the circumstances of her past experiences.

Julia seemed to suffer most from her inability to process and integrate a myriad of conflicts which centered around the issues of good and evil, sexuality, and religion. Often she waffled between totally embracing and totally rejecting religious ideologies. She could neither separate nor integrate these conflicting parts of her life, which was reflected in her struggle to define herself: "I need help. I feel like half of me is Christ, and half isn't. It's a battle with the devil". It is for these reasons that I began to form a tentative DSM III-R diagnosis, suspecting schizoid traits, if not "schizoid personality disorder". But there remained for me too many unanswered questions to make a firm determination.

kar je privedlo do duhovne krize Preobrazbe skozi center...

Seymour Boorstein:

I really admire the trend in psychotherapy, spear-headed by the humanistic psychology movement, which encourages us to see patients in larger terms than simple diagnostic labels. However, I do feel it is important -- if we are to function successfully as therapists -- to recognize that diagnostic labels are a shortcut way of understanding the specific level of psychosexual development from which a person's current difficulties stem.

This, I feel, holds particular significance for transpersonal therapists. For example, some patients seek counseling because they have been frightened or overwhelmed by extraordinary experiences they have encountered in their spiritual practice, as was the case with Julia. These experiences might include feelings of being dissociated from their body, alterations of visual or auditory perceptions, a sense of dissolution of ego boundaries, and so on. Since all of these phenomena may occur in meditation, we may mistakenly assume that they are part of a spiritual process and that the person experiencing these phenomena is basically psychologically intact.

Julia did not have a *classic* kundalini experience, although her intense energy rush, visions, mood swings, and emotional upheavals are not uncommon sequelae of intense meditation practice. It seems that these experiences arise most often from intense concentration practice rather than from mindfulness or insight meditation, which tends to maintain a more balanced composure in the mind. It is not unusual for people practicing intently to be suddenly flooded with previously repressed psychological material. In this regard it is similar to the floods of physical energy that characterize kundalini experience.

podroben intervju s potencialnim klientom

These experiences can also reflect primitive levels of psychological organization, and so it is very important for transpersonal therapists to take a careful psychodynamic history in order to make sure that they are looking at the most complete picture of the patient's functioning. Even the transpersonal psychology schools tend to ignore or underemphasize the psychological dimensions in their work; they aren't well grounded in the psychodynamics of why people don't tick right. And people who come from spiritual communities often want to "transpersonalize" their problems, refusing to see them as psychological. Ken Wilber (1980), in his paper "The Pre-Trans Fallacy," cautions therapists about the need to discriminate between transpersonal phenomena that reflect an

grandioznost, ki paradira kot duhovnost

immature level of ego organization and these same phenomena which reflect a manifestation of mature psychospiritual development. It is particularly easy to make this mistake with someone like Julia, who seems to function fairly well.

neprimerni za holotropno delo

Now, I do not see Julia as borderline or near psychotic, for I have known many well balanced people who have experienced similar reactions and difficulties. One of the hallmarks of the borderline condition is the inability to appropriately process aggressive impulses. Borderlines often have difficulty in handling their rage, and I do not see any signs of this with Julia. Borderlines also tend to see people as "all good" or "all bad" and often have obsessive or rigid belief systems which do not allow them to easily entertain other perspectives of reality.[ii] Julia, however, is capable of making such changes throughout her life: from Catholicism, to atheism, to Eastern meditation, and she later reevaluates her Catholic beliefs and turns to a more liberal Christian environment. Finally, borderlines are often quite difficult to love or like, which does not seem to be an issue in this case.

terapevtov naklon

In my own approach to transpersonal psychotherapy, I have found Kohut's school of Self Psychology particularly useful, and I feel that many of the healing or therapeutic aspects of a spiritual or transpersonal approach can be best understood by looking at human development through this perspective. Self Psychologists postulate, with much supporting theoretical and clinical evidence, that in order for a person to become happy and psychologically healthy, he or she must have, starting very early in life, appropriately empathic, loving nurturers -- usually the parents -- with two principal functions. The first is that of looking at and mirroring back to the baby its sense of pride and expansiveness, which will later lead to a healthy sense of ambitiousness and assertiveness. The second function is to be available as an idealized figure who gives the child a sense of connection with greatness, strength and calm. Now the Self Psychologists feel that we continue to need these kinds of empathic resonances throughout life in order to maintain psychological health. This includes the availability of peer group empathy and identification. This "twinship" or "alter ego" relationship, as the Self Psychologists call it, gives the person a sense of connectedness with a kindred soul, which is where skills, talents and competency are developed.

Applying this to Julia, I would say that she came into counseling with a poor developmental sense of self, the result of a failure of empathy from her mother. This shows itself in terms of her poor self-esteem. The fact that she received some empathy from her sister may be what saved her from a more severe psychological collapse, and would explain why she was so important and influential.

naslavljanje seksualnih vzgibov pri terapevtu

What comes across within the therapeutic interaction is how much the counselor really likes her. Mark even admits to being aroused by her, and I think this is daring and courageous for him to say. Therapists don't admit these things, even though it's true. It happens all the time. Even in the analytic literature, no one ever says "I like the patient." I think this case is important because it so clearly shows Mark's liking, perhaps even to the point of being turned on to her. Intense caring, intense loving, even with an erotic tinge, is essential for treatment, and most therapists do not know that it is okay to feel these things.[iii]

In this case, Mark's caring really helped Julia to feel better about herself, even though it ultimately may have been too threatening for her. He told her that she could call him anytime, he validated her diary and her art. He was really interested in her, and this comes across in nonverbal ways as well, for example, in his desire to reach out and touch her. These subtle nonverbal gestures -- the body posture, the emotional tone, etc. -- are quite important for they are all saying to the patient, "He likes me."

empatija in validacija klientovega sveta, virov...

In the Kohutian model, the mother mirrors to the child how wonderful and terrific he or she is, and the child feels inside, "I am wonderful; I want to be like you." When that goes well, when the right empathic atmosphere is fostered, the child grows up with confidence and strong self-esteem. But in Julia's case the mother is frightening, and I suspect depressed. The child hears this as "I'm making you unhappy; I'm no good," and the child develops a sense of badness, which is damaging to her self-esteem. This is compounded by the seductiveness of Julia's father, which puts her in a double-bind. Although she feels good about being loved, it is a betrayal of mother. I have often seen incest cases where the little girl's problem was that her mother wouldn't love her.

In therapy, it is the interaction between the two individuals that fosters the healing. But Julia seemed somewhat apprehensive about the counselor's caring. Perhaps it simulated the erotic aspects of her family, or perhaps she picked up on his erotic feelings. Strong elements of sexuality were emerging in her dreams about the guru and her father, and perhaps the therapist, too. These feelings may have felt too overwhelming to her. When I know that a patient may have an erotic transference, I would say something to the patient to prepare him or her. For example, I might say: "During our work together, you may have certain reactions to me like you once had, say, towards your father, which may make you feel like backing away. You might have some worries or concerns if you feel me liking you, but between the two of us, we'll work these things out." Julia may have left counseling because this wasn't addressed. Instead she turns to the Church and considers being a nun, where she can once more address her need for nurturing: "The Church/mother will like me; I will be loved; and I can give up sex, which gave me so much trouble from father."

naslavljanje erotičnih občutij, njihova normalizacija in hkrati jasno izražene meje

I think that it is important that we recognize that many aspects of the great spiritual traditions have the same psychological elements available that the Self Psychologists say are necessary for mental health to be present, and I suspect that Julia may have gotten some of this from the Church and her guru. For example, both Christianity and Buddhism will mirror to the individual a sense of love, empathy, acceptance, the person's "wonderfulness," etc. In addition, the guru, priest, rabbi, or other spiritual leader will likewise frequently mirror the same thing. The idealizing relationship would often occur with the actual originator of the tradition -- Jesus, Buddha, etc. -- and with the current representative of the tradition: the guru or priest or nun. Thus, someone like Julia could gain psychological strength by identifying with the presumed strengths, virtues, and wisdoms of the original and current representatives of these spiritual and religious traditions. And by joining the church where her sister is active, Julia may be able to continue to receive the empathy and nurturing she needs to develop a stronger sense of self.

Bruce Scotton:

I would like to give some attention to the issues of transference and countertransference -- an area that has received little attention in the transpersonal literature -- by addressing this case history from a Jungian transpersonal perspective. In the case of Julia, I think that from the beginning she transferred onto her counselor, Mark, her feelings about her father, for whom she feels great ambivalence. She expresses this in many ways: through her comments about her guru, her art teacher, in her dreams and visions, and in her reactions to Mark. But I think that he gets captured by her transference. For example, when she brings to session the picture with someone else's drawing replacing her face, it may well be an expression of her father's control over her; "father knows best (I'm worthless)," as she stated. She makes pleasing art of her attempt to replace her essence with someone else's drawing, and then she gets Mark to like it, which further supports her devaluation of herself. I would rather say something like "I get it that you're dissatisfied and trying to improve yourself by looking elsewhere for inspiration. You've made good art out of all that effort."

Particularly because Julia is caught in such a painful period, and has been so badly hurt by her father, it's important to balance the reductive analytic work with warm and caring support. For instance, I would reframe her word "breakdown," pointing out that it is often necessary to break down old structures to allow new growth. Additionally, I would tell her that I did not think she had schizophrenia.

There is another form of intervention that communicates support and caring in two different ways. By carefully following the material presented and asking for details until the material is clarified, the therapist shows that he values the content that the client presents, and also shows that he trusts her to be strong enough to confront that content. For example, in the first session, it would seem important to ask about the content of her voices, nightmares, visions, and hallucinations; and in session #3, to ask which ear the mother addressed in the dream, and how Julia fell out of her father's favor.

I want to add that I like how Mark balanced the reductive and prospective parts of the therapeutic work in sessions 3 and 4. But in session 6, we begin to see evidence of the deepening transference and its effect upon him: as Julia's guilt and anxiety surrounding issues of sexuality emerge, Mark's memory becomes cloudy as he attempts to avoid the powerful field of the father transference. And although he is commendably honest with himself about his own countertransference, he is still too uncomfortable to confront her about her Freudian slip when she says "my father wasn't supposed to sleep with me," rather than with her sister [session 8]. Given that Mark is being pulled to recreate the lecherous father, I think it important that he not participate in any coverup. For example, by allowing her to leave session 12 early, Mark supports her fleeing in a major way by acting out with her the idea that the material is too much to handle. Blindness wins again, even though she had told him that blindness -- the "blackness" of sleep -- means death for her. However, a statement like "if we continue to work now we can begin to dissipate this

blackness" would support her survival. Thus, when Julia decides to quit school and later to end therapy, she may, in fact, be fleeing the unaddressed transference issues of seduction and violence. In so doing, she saves the counselor but not herself. She is willing to surrender her own self awareness to help others. When a counselor is able to address these issues openly with the client, it helps to defuse the crazy-making potential of the conflict.

In my supervision with transpersonally-oriented therapists, I often suggest that they listen with an ear to the transference. For example, Julia's story about her teacher's lack of acceptance of her sandpainting -- in essence a rejection of her Indian heritage and spirituality -- may be a comment about Mark's lack of acceptance of her Christianity. And her comment about Satan being in each of us may also apply to his seeming lack of willingness to deal with the father transference and his own seductive and violent sides. For example, in session 10, Julia succumbs to her need to please the counselor/father when she prematurely returns to meditation, thus turning away from the Christianity which Mark has trouble accepting. Meditation will likely both increase the flow of the kundalini and allow more unconscious contents to arise to consciousness. She's not ready for either at this point. Although this stance may seem in contrast to what I said earlier about coverups, it really isn't. The key here is trusting the unconscious to bring up material at the appropriate time and neither pushing it to move faster nor slowing it down. Right now she is barely containing her spontaneous unconscious productions. At a later, more stable time, she could tolerate the "pushing" provided by meditation. In contrast, Mark handles Julia's painful experience very well in session 13. He has her lie on the couch, which can be seen an intervention favoring descent into the maelstrom of experience like meditation. He is present with her, and available to help her moderate the experience. He also supports her own spiritual path in his encouragement of her sandpainting and art.

Throughout these sessions one can see the battle between the good and the bad, and Julia eventually decides to flee the therapy for the good of the church. Even at this juncture, pointing out the transference implications of her flight and admitting to the lack of success in treatment so far -- "good" verses "bad" therapy -- when coupled with the importance of persevering through difficulty, can sometimes save the therapy. It is always worth a try.

Julia reports six months later that she is doing well, but I see her as remaining caught in a split between good and bad: identifying with the good, repressing the bad, and failing to attain the wholeness she hinted at before. It seems like she has stifled the continuation of any kundalini experience, and thus her experience is not a true spiritual development which incorporates the experience through understanding and integration.

It is hard to say what would have happened had she seen a female therapist, for a whole new set of painful transferences, hinted at in the bath episode in Session #2, might have arisen. Her guru's writing about the war between God and the devils brings us back to the major issue that arose for Julia with men, and for therapy to be successful with a man it would have had to deal with the reconciliation of good and bad in both Julia and the therapist.

I agree with Mark's comment that a better outcome is predicted for people who have

previously done psychodynamic work, but I would go even farther and say that what is most important in cases like this is that the client work to incorporate the profoundly unusual experience into his or her therapy. Such experiences affect the whole person and are viewed through the lens of that person's history, and in my opinion, psychodynamic work remains the way to understand and optimally use that lens. But failure to understand and integrate the experience can result in the blockage of further spiritual work, as seems to be the case with Julia.

In conclusion, I would say that treating such a person in crisis is very difficult. It is possible that Julia was just not able to work through this material under the best of conditions. We as therapists and counselors can only do the best we can do, learn from our experiences, and continue with our work. I appreciate Mark Waldman's courage and honesty in sharing this case publicly.

Lynne Saltzman:

This is an important case for it exemplifies some of the specific clinical difficulties that emerge when a therapist is presented with a report of kundalini. First, there is the dilemma of the therapist, for if one has not personally experienced similar spiritual openings and manifestations, the therapist may have difficulty in being appropriately supportive, empathic, and non-judgmental, and thus might tend to interpret the experience only in terms of the client's personal unconscious material. In such cases as Julia's, it is easy to be skeptical, for these experiences often have a "twilight zone," almost psychotic, flavor. In Julia's case, although Mark maintained his skepticism, he was still able to establish an adequate empathic bond; however, his discomfort may have held him back from a deeper exploration of her experience.

Many therapists do not realize that kundalini has a life of its own, that once kundalini begins in someone's life, it goes on forever. There may be times when it may be quiet or dormant, but it will eventually re-emerge. The expression "kundalini experience" is itself misleading. It is perhaps better to view it as part of a broader, and often, more subtle process; indeed, with some individuals it occurs as a gradual spiritual emergence rather than a spiritual emergency. Often these experiences are brought to the attention of the therapist only when they become dramatic and traumatic, as in the case of Julia.

There are people who are not aware that what they are experiencing is part of a symptom-complex, a clinical entity that is becoming more prevalent. Unfortunately, most physicians and psychotherapists are also unfamiliar with this process and may confuse it with psychotic and pre-personal states, anxiety, menopause, or even neurological disease.

On the other hand, there are those individuals who see kundalini openings in everything, and a more thorough exploration will often point to more traditional psychological issues or changes. I have had clients who knew too much about kundalini, and, not surprisingly, developed the very signs and symptoms that they had anticipated. I therefore do not lay out too much for clients who are beginning to open in these ways. If they become worried about their symptoms, however, and need a framework within which to understand what is happening to them, I explain the kundalini process more fully and recommend books such as Sannella's (1987) *The Kundalini*

Experience, which is a valuable resource for both clients and therapists. It describes the signs and symptoms of the kundalini process, and includes criteria for distinguishing between psychosis and spiritual emergence.

The manifestations of kundalini are sometimes confusing, frightening, and physically painful, and can lead to extreme crisis if informed, supportive guidance is not available. The client needs help in dealing with the physiological, psychological, and transpersonal experiences and shifts as well as the changes that occur in assumptive systems. Some of the symptoms that clients have described to me include frequent headaches and grogginess, night sweats, tinglings and vibrations, and other bodily aches, pains, and spasms. Also reported are visions, internal lights and buzzings, and the unfolding of psychic, healing, and channeling abilities. There may be changes in menstrual cycles, blood sugar levels, eating and sleeping patterns, and sexual potency, all of which can be frightening if one does not have an overview. At various stages of the kundalini process, the client may develop anxiety, feelings of isolation, depression, fear of loss of control, even paranoia.

možni dodatni simptomi kundalini...

In my work as a therapist, I integrate gestalt therapy with perspectives drawn from object-relations theory and self psychology, from transpersonal psychology, and from neo-Reichian approaches to therapy. Although Fritz Perls drew from various spiritual and Buddhist sources when he founded gestalt therapy (Smith, 1976), he did not specifically address issues concerning spirituality.

There are many Eastern techniques for moving energy that can help alleviate the physical problems associated with kundalini; others were originated more recently by Western health practitioners and body workers of various disciplines. Clients can be taught some of the simpler approaches and can be referred to acupuncturists, chiropractors, deep tissue workers, massage technicians, yoga teachers, or holistic physicians when appropriate. But I would be very careful about introducing body-work therapy with someone like Julia who is struggling with self boundary issues and issues of invasion, and who may possibly have been molested. One must approach her with gentleness and support, as when, in session #13, the counselor encouraged Julia's trembling and shaking to continue as it naturally emerged.

Instead of interpreting, gestalt therapists use a phenomenological approach, which allows the experience to emerge and speak for itself. Let's take, as an example, session #3, in which the counselor ponders and interprets Julia's vision. A gestalt therapist would take a different approach and might have Julia role play and identify with the different elements of her vision. By doing so, she might better accept those disowned, projected aspects of herself. I might say to her, "Be the serpent" -- which, by the way, is the symbol of kundalini -- and have her describe herself as the serpent, and perhaps enact the dream fragment. I'd see what happens. I might then ask, "What are you saying in your father's ear?" During this kind of creative dialogue Julia might have an "aha" experience, arriving at her own understanding of the meaning of her dream. It also helps the client to develop awareness and greater autonomy.

Let me give another example of how I would work with her imagery in session #3. When she suddenly feels as if a hand is around her neck, I would ask her to become the hand, and

exaggerate the movement. I would suggest a dialogue between the hand and Julia, using her metaphor to deepen her understanding, rather than trying to push her past her resistance as the therapist did by not staying with the feelings and imagery that she brought up.

I suspect that as a child, Julia used to "split off" all the time. What I mean by this is that she seems to have a split focus -- she's both present and not present -- and can easily go off into her head. This tendency can develop in young children whose parents are quite invasive. Somehow, the child must withdraw. It is a way of being there and not being there, going to a seemingly more comfortable place. In Julia's case, I would help her to become aware of when and how she keeps her feelings down and how she prevents herself from being fully present. As she becomes aware of her process, change becomes possible.

What makes the kundalini experience so much more disturbing for Julia is that she has only a Catholic/Christian metaphor to compare it to. In session #11, for example, she superimposes her Christian framework onto the guru, and then turns the guru into the devil. More reinforcement of a different, non-evil model could have helped her to become aware of the similarities in all religious and spiritual paths and to see that she is not crazy or evil for straying from the church. I would have found ways for her to identify with her dream image -- the multicolored being -- whom she first sees as the devil and then as a normal human being. If she could identify with this glorious person, she might own her own glorious and human aspects.

Julia believes that her experience was evil. She does not know what it was or how to deal with the sensations and physical symptoms that arise, and so she returns to the church. It may be only be a temporary respite, however, for my sense of kundalini is that it doesn't go away, that it is a continuing process. Stifling or fighting it will probably create more physical problems. In addition, if other experiences occur -- such as out-of-body or psychic experiences -- Julia will likely become quite frightened, for she has not yet developed the awareness and self-support to cope with this powerful and disorienting process.

Ronald Wong Jue:

razvijanje radovednosti

To truly understand another human being, and to see the many layers that make up the fabric of one's personality, we must draw from a number of different models and phenomenologies. This is the challenge that faces the transpersonal psychologist. In these commentaries we have seen how five different therapists have integrated a variety of traditional and non-traditional approaches, ranging from ministerial counseling, to object relations and self psychology, and to Jungian and gestalt psychology. But transpersonal therapy cannot be adequately defined in terms of technique, but rather in terms of the *context* in which the therapist works with the client. In this sense, it is the therapist's or counselor's responsibility to develop an appropriate framework which will help the client discover that there is meaning in every portion of his or her life, and to realize that there is more to one's self than meets the eye. On this we can begin to build a transpersonal perspective and methodology.

In many ways the gestalt approach described by Saltzman reflects this transpersonal

dimension of integration which leads the client to wholeness and a new self sense. Every aspect of the client's life -- her dreams, her visions, her disowned feelings and fears -- is seen, in part, as a projection of the self or pathology. Through identification and understanding a new self definition emerges, and one begins to see that life itself provides the answer. This is why Scotton's emphasis upon the transference and countertransference issues is so important, for it helps us understand how clients project their pathology or neurosis onto the therapist, distancing themselves from what they are feeling inside.

Within a transpersonal perspective, though, one can reach a point of surrender in which a deeper sense of self emerges, one that goes beyond the boundaries of ego and does not rest upon one's self-identity or personality. At this point, one begins to realize that all of life is a spiritual process, a journey in which one's whole life is seen in terms of a unitive experience. It is this unitive experience that brings transcendence. If we can direct the therapeutic interaction towards such a path, if we can include this in our definition of health, then it falls within the realm of transpersonal psychology.

But such was not the case with Julia, for she did not see these experiences in the context of a developmental or spiritual path. Instead, they remained foreign to her, outside of her sense of identity or self. Had she seen these events as an opportunity to reflect upon herself, had she reached a point where she could transcend her social and parental conditioning, then we would be addressing this case from a transpersonal perspective. But for Julia, no sense of resolution was reached. This is why I disagree with Lannert's and Boorstein's optimism concerning her return to a charismatic church, for I did not see that it would help her to resolve her difficulties with the past. Although Boorstein felt that she was capable of changing her perspectives of reality -- citing as evidence her movement from Catholicism to atheism to Eastern meditation -- in my view, she remained a Catholic. Her choices never allowed her to address her internal emotional conflicts, and she thus remained unable to differentiate between herself and her projected disturbances. She could not even afford to get close to her therapist, retreating instead to the safety of the church. This is what I would call the use of religion in the service of pathology, and not a genuine step towards spiritual maturity. And it is why I consider Julia's encounter a pseudo-kundalini experience, or what Wilber (1980) describes as "the pre-personal" dimension of consciousness.

But it is the subject of kundalini itself that makes this case particularly relevant, for it illustrates the need to differentiate between transpersonal content and transpersonal context. People tend to equate extraordinary experiences with spiritual development, which is often not the case. Simply because a case may involve religious and mythic imagery, or have references to spiritual issues, does not imply that these are transpersonal issues. Julia's drama exemplifies how we cannot just use the trappings of transpersonal phenomenology as a way of designating a case as being transpersonal.

How do we begin to help a person like Julia, to help her build a foundation on which to stand? Perhaps the most important element that these five therapists have addressed is the need to probe deeply, with compassion and sensitivity, into the past and our experiences, trusting, as

Scotton and Saltzman have emphasized, that the unconscious processes will unfold at the appropriate time. I really do believe that there is a wisdom to the unconscious, that one does not have to push the river. Julia was afraid of her unconscious, afraid of surrendering herself to her feelings, thoughts and visions. She did not grasp the paradoxical meaning that the journey into the underworld is the hero's journey, a journey into the past, where we meet and slay our dragons, and return to life transformed.

There's an old Zen saying that goes: "Before enlightenment, mountains were just mountains, but after enlightenment, mountains were once again mountains." What then is enlightenment but a recontextualization of our consciousness and an awakening that lets us see ourselves as we actually are, and to see life as it actually is. It is in this way that we can begin to see the emergence of a transpersonal perspective in therapy.

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Notes:

i. I wish to thank Raymond Bakaitis, Ph.D., Nanette de Fuentes, Ph.D., and Miles Vich for their critical reviews and help, and Janet Orloff for her contributions and insights of this paper. - M.W.

ii. Jue, however, disagreed with Boorstein: "The points that Boorstein specifically mentioned concerning the borderline personality -- the inability to process aggressive impulses appropriately, seeing people as all good or all bad, having obsessive belief systems -- I found in Julia. Perhaps I would feel different if I saw her in person, and this is something we must keep in mind when we study case histories second hand, be it through a written presentation or within the supervisory context." Bakaitis (see note #1) agreed with Jue: "I know others rejected this diagnosis, with good reason, but I too would have raised the possibility of a borderline diagnosis." I, however, saw Julia's symptoms as indicative of existential, neurotic (in terms of Hamilton's [1988] object relations perspective), and spiritually-related disturbances (Lukoff, Turner, & Lu [1992]). - M.W.

iii. De Fuentes (see note #1), who is a clinical psychologist and an expert on incest survivors, felt strongly that Julia had been sexually molested. She comments that such a client will often provoke erotic feelings and thoughts in the therapist, particularly when there is a strong urge for the client to suppress those feelings and memories. - M.W.

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