

Introduction

Long-time practitioners of transpersonal psychology have a strong body of theoretical material about their discipline at their disposition, and an emerging volume of published research studies as well. Many of these publications contain case studies, but few are moment-by-moment clinical dialogues.

Recorded clinical dialogues offer us another kind of canvas on which to paint speculations about what is authentically therapeutic or not in an encounter between client and psychotherapist. By studying the actual phenomena in these dialogues we can demonstrate immediate client reactions to therapeutic efforts.

A most remarkable session of transpersonal psychotherapy on the record like this occurred in a cavernous convention center in downtown Phoenix Arizona on December 13, 1985. Several thousand of us at a conference watched a live video feed as R. D. Laing, MD interviewed "Christy", diagnosed paranoid schizophrenic, homeless, and off her medication. The two were sheltered off-stage in a small curtained 'room' made for the occasion, no doubt, to diminish the impact of thousands of observers on the two participants.

At the close of the interview, many of the professionals in the audience were angry and baffled, and many were enraptured and grateful. Several members then arose to excoriate that session that Laing held with Christy. Said a later author (Amantea, 1989) describing the clash: "It is a conflict as old, really, as the one that finally split Freud and Jung. It is the one that rages between those who choose to see psychotherapy as a rational science, with scientific parameters, and teachable techniques; and – on the other hand – those who see it as a process which is either instinctual, or, even more bizarre, a mystical transference of thoughts and feelings between client and therapist."

One challenger's voice echoed in that large hall and has echoed in my mind over the many years since: "I was wondering what you thought really went on therapeutically in that interview?" she asked. "What do YOU think went on therapeutically?" Dr. Laing shot back. Clearly he was not foolish enough, as I am here, to speculate in detail what was curative about that very public performance of a transpersonal psychotherapy session.

Then there came another, even more hostile confrontation with Dr. Laing about the session. Laing's and others' verbal responses to those challenges, cited further below, are illuminating. His written commentary (Laing, 1989a) about the session's techniques, published four years later, is also worth noting:

The main point is in the rhythm, the tempo – the timbre and pitch of the words that are in the paralinguistics. This is between Christy and me, a music of words... [and] kinesics – concerted movements involving arm, hand, finger, leg, the positions of our bodies in the chairs, set at 90 degrees to each other... You are publishing the libretto (the verbal content) without the music (the pitch, timbre, rhythm, tempo, the paralinguistics) and without the choreography (two symmetrical chairs placed precisely as intended), and the ballet (kinesics)... The point is that the rapport, which seemed to many so "mysterious," "mystifying," or "mystical" (the "love" to which Salvador Minuchin referred in his

remarks) is there on video for all to see and to analyze in detail. There is a lot of technique there.

Laing does emphasize the synchronized non-verbal movements of their bodies, which is an ancient technique in the healing arts: note a story by Rumi (Shafii, 1989) written about 700 years ago that described a Sufi 'doctor' following the pulse of a woman who had fallen ill, and then diagnosing her illness – a loss of a beloved, actually -- from observing how her pulse changed in response to his questioning.) And he talks of their 'being in concert' as well.

When I review the videotape (Laing, 1989b) myself, I observe a little of that physical body synchronization. There is a 'pacing' in Laing's responses that is noteworthy, meaning more silence than one might expect. Yet I do see another type of very strong harmonizing that can be described.

This is observed by the practice of identifying with the client, as does a skillful clinical supervisor (Lang, 1979), and noting how both parties adapt to one another verbally and emotionally. I'm using Ronald Laing's technique of reflecting critically about the social phenomenology of the meeting, and Robert Lang's technique of assessing derivatives and adaptations through clinical supervision.

Dr. Laing offered a bit of commentary (Levion, 1987) two years later that I think is relevant as well :

EastWest Journal: Implicit in this discussion must be some model of psychological balance and integration, or what others would call sanity. As a psychiatrist, what state of mind are you trying to steer your clients towards?

R.D. Laing: That is the last chapter I haven't written yet! I've thought about this for many years and I still haven't come up with a satisfactory answer. Maybe it's because it's difficult to put into words or maybe because I haven't got it clear myself. Let's say someone ought to have autonomy, not a schizoid autonomy, but rather a balance within themselves, a center. Then we must divide the realms that exist between people into intrapersonal, interpersonal, and transpersonal – which is difficult to lay out systematically because there is no coherent psychological theory that brings the transpersonal, or rare experience, into coherent psychological play. Psychological health must be wholeness, with the complete, untrammled functioning of all aspects of the mind. Despite the credibility given in some circles to transpersonal reality, it is, to a considerable extent, not part of our culture. It's a subculture that some people believe in but very few people actually experience. It's something unusual – although practically everybody has some story about coincidences or synchronicities – but it's on the side, not like a constant backdrop to everything all the time in the West. If you accept once and for all transpersonal reality, then you can't just put it into an appendix or footnote. It has to be built into the whole psychological system. Mental health has to have something to do with all functions operating coherently and harmoniously...

The Setting

I'm attending The Evolution of Psychotherapy Conference, a five-day event where Minuchin, Polster, Haley, Satir, Masterson, Bettelheim, Szasz, Rogers, and R. D Laing. et. al. are speaking. I've been a psychotherapist for ten years already and am astonished at this opportunity to hear from such legendary professionals.

A psychiatrist colleague and I sit together for the first presentation Dr. Laing makes, entitled "Theoretical and Practical Aspects of Psychotherapy". (Knots is the only piece of his published material that I've ever read.) After listening for a time I turn to my colleague with astonished tears in my eyes and say, "This guy knows how I do psychotherapy!!!"

"I can't understand a thing he's saying," mutters the psychiatrist, who departs the lecture immediately. I decide to attend every presentation Dr. Laing does for that week. In this first speech, he describes some of his methods and their origins. Here are some paraphrased segments from my notes:

Psychotherapy involves many words, meanings, definitions... The etiology of therapy derives from a Judeo-Christian sect, the "therapeutii". The word means 'attendants' and refers also to attention and meditation. This was a sect who didn't go monastic or into the desert but formed communities to practice the holy life. They practiced "attentiveness toward each other," therefore the cultivation of attentiveness toward each other is the type of psychotherapy that I practice.

Social phenomenology is what is going on between us... Phenomenology is a descriptive discipline... We describe the phenomena of what is going on and we reflect critically on that.

People come to see us and are usually suffering about the past... It is the past, but this is present in the present... Is it what happened an hour ago? Yesterday? Childhood? Birth? Past lifetimes? Phenomenology here has a useful nuance: 'suspended belief or disbelief' can be useful. I can describe how people feel stuck in some incarnation, some intrauterine state, with an equal suspension of belief/disbelief... One can allow the client to feel free to be anywhere in the wheel of recursive birth and death...

A good deal of my therapy is "interpersonal meditation", meditating together, meditative conversation, a shared experience of NOT going into separate worlds but a coming together in a reflective meditative mood... Out of this comes much intuition, and value... The incubatorium was a snake pit under the temple at Delphi: the person sat on a pedestal for 72 hours seeking inspiration...

Showing people what they are 'caught in' can work: this could be "dehypnotizing" rather than hypnotizing... you find very little written about dehypnotization which should also be brought into the fore.

Dr. Laing apparently hadn't read Dr. Deikman yet, but the latter author described (Deikman, 1982) specifically the phenomena of dehypnotizing clients. Deikman was referring to the conditioned (hypnotic) automated human ways of seeing and thinking and feeling and behaving in the world, especially when one

is grappling with the world. He contrasted those ways of being with those that are less grasping towards life, more likely to perceive 'what is', more mindful, aware. And he discussed how the Sufi tradition (among many others) has developed techniques and stories and practices to accomplish that task of deautomatization. Laing, Deikman, the Sufis, the therapeutii: all working to disrupt mechanized human activity, often using 'applied intrapersonal or interpersonal mindfulness' as one of the primary tools.

The Interview

The published transcript (Laing, 1989c) of their interview begins amidst a joke that they are having with one another, and even the qualities of that joking have particular, telling, ingredients. The joke is one that Christy is telling about a friend of hers 'who is being tortured,' and Dr. Laing is responding precisely within that joke, but using different terms, about 'the nether or upper regions.' He is laughing with her about some extra-ordinary place that they can't quite get to together. I've added emotional tones I heard on the tape in brackets, and my commentary on their exchanges in italics.

CHRISTY: ...he says when you try to torture him and he's gonna get... uh... a parachute and bail out!

DR. LAING: Uh-huh... to the nether regions. [laughing].

CHRISTY: Huh?

DR. LAING: To the upper regions.

CHRISTY: To the what?

DR. LAING: To the nether or upper regions. Anyway, you aren't... I don't know anything about you at all. And I don't know what to ask you about yourself, you know. [Christy laughs uncomfortably] What would you feel is appropriate to say under the circumstances?

Christy is talking about a friend who is being tortured, and wants to bail out. The topic and her tone of voice suggest that she is expressing anxiety about the interview. Dr. Laing follows along with the joke, mirrors her humor, and probably makes it even more absurd than her original. She doesn't get his imagery however. Then he becomes self-disclosing, admitting he doesn't know what to ask. He offers her the opportunity to determine what is appropriate to disclose.

CHRISTY: I don't know. [uncomfortable laughter, then silence, both moving feet nervously]

DR. LAING: Is there anything that, uh... do you feel that your situation is okay for you just now, or ---you say, you tell me coming over here you are taking some nox vomica to calm your system.

He now offers her a bit of a directive, and alludes to what might interest him and her both.

CHRISTY: And to sharpen my stupid wits!

DR. LAING: What is it that is creating the static in your system... the disturbance in your system? [NOTE: I heard, 'the disturbance in your system' rather than the transcript's 'the stopping in your system'.]

CHRISTY: Oh, well, I think that my brain don't work right.

DR. LAING: In what way?

He is using common slang phrases, attempting to contact her using words that would be more like her own, 'speaking to the student in the language they understand,' the Sufis said centuries ago. Several hundred years later, psychotherapists "discovered" that clients use particular metaphors, and that if the therapist uses similar ones, the client will experience contact, a sense of mirroring, empathy, of being understood. She responds by disclosing information, indicating that this first 'intervention' is effective:

CHRISTY: Let me see, well, I guess the nox vomica doesn't treat this per se - I'm getting another remedy for that problem. I get things turned around. I get opposites confused. I get, when I write, I get my letters confused. I get words confused. The end. And... either I tend to be paranoid or they really are after me --- I don't know which.

DR. LAING: So you are not sure whether you are confused about that or not?

Here he is trying to assess the strength of her paranoid framework: paranoid ideation? ideas of reference? If she is confused about 'whether they are after her,' then the idea is less fixed, thus less delusional.

Transpersonal psychotherapy includes diagnosis and assessment of conventional symptoms of emotional disorders. It's not uncommon to encounter clients, especially in "spiritual emergencies," who have psychotic processes in evidence. But back to Laing's question, 'are you confused about that paranoia or not?'

CHRISTY: About what?

DR. LAING: About whether they really are after you or not.

CHRISTY: Well he sounds like it! [pointing at the camera man]

DR. LAING: What, him?

CHRISTY: Oh, ya. [laugh together]

DR. LAING: He might be after me for all I know! [NOTE: I heard on the tape 'he might be after me,' while the transcript notes 'you' might be after me.]

They are mutually joking about paranoia, about who is after whom, in this anxiety-provoking situation. Christy reacts with some irritation to this but then she discloses some new material that recontextualizes the conversation entirely. Such a response demonstrates that the intervention (joking) was effective. She takes it to a new level, explicitly transpersonal:

CHRISTY: Well I am just trying to help you guys get some sense into your brains, I don't know if it is worth it though, you know? I had a guru for a long time who said, there isn't any sense in it. What you gotta do to, to be able to perceive reality is attain a level of consciousness which he offered, which I never attained, which is -- he said -- beyond the mind. It's completely above the mind.

DR. LAING: What sort of guru is this character?

This is an entirely new topic, the perception of reality by attaining higher states of consciousness. Rather than ignoring this or interpreting it as resistance or as delusional, Laing follows her emerging agenda. What is

therapeutic about having a therapist that mirrors, validates your spiritual concerns, even though they might be unconventional? The value is tremendous. It is emotionally corrective. It promotes a therapeutic alliance, or better yet, a therapeutic dialogue where the therapist shares his tentative understandings and encourages the client to correct or challenge him. She responds to his curiosity:

CHRISTY: This is, this is Guru Maharaji.

DR. LAING: Ah, well, what do you take him to mean by that? Beyond the mind... uh, above the mind?

He is now is actively engaging in a dialogue about transpersonal experience, the realm of reality that is 'beyond the mind.' This comment not only validates that there can be such a discussion, it encourages Christy to access her own understanding about what that state might be.

CHRISTY: Well, whatever it is, I couldn't imagine with my mind because it's beyond the mind. I suppose that it is some sort of... I suppose it involves a universal, being conscious of the Universal Consciousness. You know, everybody is subconsciously aware of everybody else's mind. Well, you know that, I've seen that, I've seen you read my mind.

DR. LAING: I don't see how you can be conscious of the Universal Mind, the Universal Mind is conscious of you, but you are not conscious of it.

Here Christy cites several things: she's studied esoteric systems; she's aware that a human can't imagine the nature of the Universal Consciousness; she knows that higher states of perception occur, and can produce the impression of minds being read. Or is this a paranoid delusion, where she believes that others are reading her mind? We don't know yet.

Laing responds to Christy with his own cosmology, using the term Universal Mind. He's telling her that it's futile to try to be conscious of God, to try to reach the Universal Mind. He has not shunned her theme or redirected her, nor debated her 'mind reading' observation. She responds to this in the classic way a client does when an intervention has been successful. She discloses more of her emotional life in the present in a way that puts the discussion in a new context:

CHRISTY: I... uh... Well.

DR. LAING: Y'know.

CHRISTY: Maybe so, maybe out of my bitterness I just say "Well, the Universal Mind doesn't know anything." [Laughing] Maybe I say that because I look around and I don't see any superior intelligence taking care of anything. [Pause]

In admitting her own projections of bitterness out onto the Universal Mind, she verges on an understanding that she is contaminating her relationship with Universal Mind. Laing responds both to her transpersonal topic and to her suffering about that topic:

DR. LAING: How would you expect to see a... [note his apparent shift here from confronting her into empathizing with her] you mean that all the pain,

suffering, stupidity and confusion in the world, how can there be a Universal Mind if our Universal Mind allows all that sort of stuff to go on?

Laing is not going to engage her about her dualistic understanding of God, where the Universal Mind must be the source of only the Good, never the Bad. Nor will he pursue her insistence that the Universal Mind is perceivable in some fashion. He is though clearly empathizing with her pain and suffering and despair about the nature of existence.

CHRISTY: Especially stupidity.

DR. LAING: Ah... maybe the, either the, either the Universal Mind is stupid itself or it's mad itself, or it doesn't exist.

He is continuing her metaphor, as she might think it, drawing it out to it's logical conclusion, perhaps to assess the depth of her separation from her own sense of the Universal Mind, from God. It is this sense of separation, in the Sufi tradition, which is the basis for most human suffering. 'So perhaps this Mind doesn't exist?' It's an assessment statement, and her response yields an impression of her sense of alienation from the Transcendent, which is not so extreme after all.

CHRISTY: Oh, it exists, it might be the sum total of the human minds, but it exists.

DR. LAING: Well, are you trying to... well, I mean I've spent a lot of time trying to work out how that can be the case, if it is the case. But I haven't found any answer to that, myself. I still put a coat and tie on under the circumstances. Why not?

Self-disclosure begins what is therapeutic here: his spiritual search, his paucity of answers, his resolution to cooperate with the material world in any case. ("Trust in God," say the Sufis, "and tie your camel to a post." "Put on a business suit when you go to the bank", Don Juan used to tell Carlos Castaneda.) He's giving her a suggestion about what to do in the face of this profound human dilemma: "if God exists, how can He let all this suffering happen??!!". But her answer indicates that his suggestion has suddenly disrupted their alliance:

CHRISTY: Yeah, I asked him why he didn't kill himself, and he said that he is not ready yet. [silence, pause] I guess if you are dead, then you blow any chance of doing anything good, huh?

DR. LAING: This time 'round, anyway. (a period of about fifteen seconds of silence)

He offers no confrontation about her non-sequateur, the associations that don't fit in this conversation. In fact, Dr. Laing takes the new topic up with her, alluding to reincarnation. But the conversation has gotten derailed. He's admitted he's not found clarity about the Universal Mind, and urged her to just work with the world anyway. She has responded with a story about someone not quite ready to die yet, not ready to give up the effort to contact the Universal Mind while living. She alluding to her despair about her own spiritual search, and to her fear that this longing-for-God part of her would die if she rejoined the world in a more ordinary way. She's also

rejecting his suggestion, in an oblique fashion. They sit quietly for about twenty seconds, and finally he speaks.

DR. LAING: If we were just sitting here without these cameras on and these microphones I wouldn't say anything just now, but I feel impelled to make an effort to keep talking for the sake of the people that are listening to it. Maybe I shouldn't bother.

CHRISTY: Are people listening to this?

DR. LAING: Yes, a whole lot of people are listening. That's why the...

On the tape I heard him say 'that's why the ca...', but the transcript in Amantea's book reports Laing saying 'that's part of the...'. I'd bet that he referred to the cameras: they are present, right here in the room 'with us'. He's bringing them both back into the present physical moment, out of the silence that has been happening. He's referred to his own experience in the present, and suddenly she's realized that the present includes an audience as well.

CHRISTY: Nobody told me that the camera was on.

DR. LAING: The camera, that guy has got the camera on just now. And there are a whole lot of people listening to it.

CHRISTY: Geez, I wouldn't of talked about that stuff if I'd of known it was on.

The great majority of clients are uncomfortable talking about their transpersonal experiences or despairs or longings. They don't come with that agenda in mind, and certainly don't feel comfortable broadcasting that part of their lives to the general public. But Laing goes on to console her about it, letting her know that her comments are completely germane to their interview. She stopped talking about the Universal Mind when he suggested she 'put on a coat and tie anyway'. On that topic, he derailed her with his own discomfort and a confrontation, and now they return at his invitation to more earthly material. He directs her to some more common, mundane ideas, decreasing her (and his) anxiety about 'talking about that stuff' in front of a large audience. In response to this, she discloses some paranoid thinking:

DR. LAING: It doesn't matter. [Laughs] How long have you been in Phoenix then?

CHRISTY: A year and a half.

DR. LAING: And what brought you to Phoenix?

CHRISTY: I was trying to escape the conspiracy, and it didn't work.

DR. LAING: What conspiracy?

CHRISTY: Well, if there is one, I suppose that you are a conspirator, so you know already. If there isn't, I guess I just imagined it.

DR. LAING: Well, ah, whether or not I am a conspirator, and whether or not you are imagining it, are you prepared to give me your account of what that conspiracy is?

He doesn't take up the topic of her 'imagining this,' nor of his being part of it. He simply requests she describe her experience of it. He's asking her for the phenomena she observes.

CHRISTY: As much as I can figure out, yeah.

DR. LAING: Well go ahead.

CHRISTY: Well, I think the conspiracy doesn't exist, so I just don't think about it. If I don't think about it, its not there too much. But then, people like Peter, people like Dr. Stumph, they tend to make me believe in it again. So I try to avoid those people. I am not going to talk to you any more. [*a comment to the doctor, off stage*] No, he's all right when he's talking about the job.

I gather that she is naming treatment professionals that she has encountered in her Phoenix clinic, and reporting that after talking to them she has an increase in paranoid thinking. Thus she avoids them. Laing responds to this by returning her to her experience of the conspiracy. Interestingly, she's talking about what triggers her paranoid thinking, and he's directing her toward what her thinking is like, its nature.

DR. LAING: Is it a benign conspiracy or a malign conspiracy? Is it a conspiracy for good or for evil?

CHRISTY: Well... oh heck if I know. But if anybody messes with me like that [meaning, like the doctor does], I don't care. You know what I figure is, the mind creates a whole lot of things, I see mind as really powerful. People subconsciously... their minds always interact, they do, I've seen that. And people see what they expect to see, so it stands to reason, if I believe in a conspiracy, then people are going to act like conspirators.

DR. LAING: Ya... so far, okay.

He is supporting her assertions that 'peoples' minds interact,' also that 'what one believes, one sees'. Both these concepts are explored in detail in transpersonal literature.

The first idea that minds interact is displayed in writings about synchronicity, about extra-sensory perception, about guru-disciple transmission of knowledge, about therapist-client relationships, in which there appears to be demonstrated some form of information transmission between minds that cannot be conventionally explained. I myself have often had such experiences, observing my own non-sensical imagery that arises in my mind as I sit with my client. Frequently I mention the imagery to them and they react to it in a positive way that recontextualizes what we were talking about. I attribute this phenomena to my actively doing mindfulness practices while we are in our discussions.

The second comment, that one believes what one sees, is both ancient teaching and contemporary research on human perception. It acknowledges the dramatic way that one's own values, beliefs, culture, experience, and attitudes distort what one comprehends, 'sees,' about a single event. One can learn to observe how one's own version of reality is radically distorted by various conscious and unconscious factors in one's own system. This is part of the technical experience of 'having eyes that don't see' or 'being asleep' (Tart, 1996). Laing is encouraging her to notice that she has, sometimes, eyes that don't see.

One could say that Christy's two comments represent what appear to be two separate camps in the field of psychology. Laing is supporting both camps, as am I.

CHRISTY: Ya, but I told Dr. Stumph... he walked into the room, just as I was saying something negative about doctors but he denied that he heard it.

DR. LAING: Who walked in the room, Peter?

CHRISTY: Huh?

DR. LAING: Who walked in the room just as you were saying something negative?

CHRISTY: Dr. Stumph, but I don't know maybe I expected him to walk in when I was saying something negative about doctors. I mean, they try! (laughing)

Christy is trying to figure it out: was it just a coincidence or was it evidence of the conspiracy? Laing suggests to her it was just coincidence:

DR. LAING: Well, that sort of thing is happening all of the time, I don't see why you are making a special point of that.

CHRISTY: What do you mean?

DR. LAING: I don't see why you are making a special point of telling me that just now, since that sort of thing, as you know I know, and I know you know, happens all of the time anyway.

He is helping her differentiate coincidence from conspiracy. This confrontation implies 'you are confusing what you imagine is happening with what is actually happening: it's magical thinking, not conspiracy evidence'.

A solid transpersonal psychotherapy dialogue dismantles false impressions and pseudo-spiritual understandings and maladaptive cognitive-emotional habits. It teaches the client to disrupt habits that keep them veiled from a more precise experience of both ego strength and ego transcendence.

CHRISTY: Ya, well - 'cause they are watching us [pointing to the cameras]!

DR. LAING: Well, ya, alright... we better stop that [laughs]. Well, I mean, this whole set up is an enormous conspiracy, you are right in the heart of the conspiracy, just now.

CHRISTY: Oh.

DR. LAING: So you haven't... If you came to Phoenix to get away from the conspiracy, you haven't done very well [laughter]!!

CHRISTY: What do you mean?

DR. LAING: Well, you are in this situation.

CHRISTY: You mean that the conference is a conspiracy?

DR. LAING: Ya...of course!!!

CHRISTY: What kind of conspiracy?

DR. LAING: Well I have got a plane booked to get to Boston Sunday, so I am not going see what sort of conspiracy it is, because I want to go on that plane, you know, in good order, as far as I'm concerned. No, I think that it is quite a benign conspiracy. It is certainly a very concerted deep plan. And it involves... it's much wider than the number of people who are actually here; seven thousand people have flown in. That's sort of a minor conspiracy in terms of the galaxy, but it is quite a big conspiracy.

While this appears to be a deft paradoxical intervention, where the therapist now appears crazier than the client, I see it as more than that. I believe that Dr. Laing is expressing his own genuine understanding of some of the meta-dynamics that surround the long-term work of humans to develop themselves, and labeling that effort a benign conspiracy. He is alluding to a

genuine 'conspiring' by the large group of people present to promote conscious human development towards the good and the true. He's not just 'reading from the paradoxical intervention playbook'. This is evident from his next responses:

CHRISTY: What do you know about it?

DR. LAING: Well I guess... I think that the Universal Mind has been asleep a bit as far as this planet goes. I mean in this galaxy, and this planet. It's uh... it is itching a bit. And it's sort of waking up a bit to do something about it.

Here Dr. Laing is using the terms "asleep" and "awake." Although he attributes them to the Universal Mind, they are transpersonal concepts (Tart, 1987) associated with human behavior and cognition as being mechanical, habitual, unaware ("asleep"), versus coming to, coming up out of that ("waking up") so as to be better able to comprehend the nature of existence. These terms are most fundamental to transpersonal philosophies, and frame the understanding that most of what human beings regard as conscious action and behavior is in fact conditioned, unfree, rote response and reaction. With this language various states of 'higher consciousness' or 'wakefulness' can be described, and different technical forms of conduct can be prescribed to cultivate that awareness. In asserting that the Universal Mind has been lagging, sleeping, however, he engenders more of her bitterness in her response:

CHRISTY: It is capable of doing anything? [not convinced]

DR. LAING: Well, Jesus Christ 'has got no other hands but ours.'

CHRISTY: Oh.

DR. LAING: It's certainly capable of doing what we do. I mean as far as we are concerned.

He refers to the psychomystical observation that the earthly is a manifestation of the Divine, that the work of contacting the Transcendent is work done right here on earth. He is trying to engender hope and is alluding to Christ's comment that 'the Kingdom of God is within'. Her response:

CHRISTY: Are you a Christian?

DR. LAING: Well that depends who I am talking to.

Again, speak to the student in the language they can understand.

CHRISTY: Just tell me.

DR. LAING: If I am talking to you? Well I am not sure what I should say about that. I am a Christian in the sense that Jesus Christ wasn't crucified between two candlesticks in a cathedral; he was crucified in a town garbage heap, between two thieves. In that sense, I am a Christian.

This is a phenomenological comment, alluding to the actual crucifixion circumstances of Christ that anyone present could witness. He's contrasting the activity of 'being present, witnessing objectively' and 'having eyes that see' with institutionalized rituals that commemorate the one who taught that. This is a reference to the gnostic teachings of Christ rather than the later

religion about Christ, teachings that move one from being dead to being alive, from being conditioned to unconditioned, etc. This discloses his own sense that Christ is real for him in this personal, specific way. But it confuses his client:

CHRISTY: You're a what?

DR. LAING: What?

CHRISTY: I didn't hear your last words.

DR. LAING: In that sense, I am a Christian. But in another sense, in another sense I mean I wouldn't admit to being a Christian in most Christian company. Why? Are you a Christian?

CHRISTY: Hell no.

DR. LAING: Huh?

CHRISTY: I don't think so. I think God doesn't know what he is doing. So, who knows, maybe Jesus had a mental problem you know?

DR. LAING: Maybe he didn't have time to mature, they got him too young.

Here he is staying with her metaphor, and suggesting that we all need time to mature, to grow, to develop. He does. She does. Christ did.

CHRISTY: Ya, or maybe... I was talking to my friend about this the other day. I told him that I don't believe in God and he said he believed in many Gods, and they eat their disciples after they die.

DR. LAING: Oh?

CHRISTY: So maybe that is what Jesus does.

DR. LAING: Well, worse things could happen than if when I die, I was eaten up by Jesus, sounds quite gross for him! (NOTE: published transcript reads 'sounds quite a bit Gospel, doesn't it?')

CHRISTY: You think that it would be okay? Well, I thought that it might be better than getting eaten by the devil.

DR. LAING: It might be indeed.

CHRISTY: But then, it might be better not to be eaten at all.

DR. LAING: Well, I don't think that you can help it. I mean -- we're either in the bowels of hell, or in the bowels of heaven, or both, at one time.

He is not rejecting the ideas she proposes, he is instead alluding to the nature of our existence, and our experience in that existing. If one is mindful of one's own experience, one observes that we are in hell (tormented), then in heaven (blissful), cyclically, and sometimes simultaneously. She's referring to 'the end state' of one's life, dying and getting eaten by the devil. He's referring to the current state of one's life: 'it's all going on right here, right now, it's this present existence that matters'. His comments are reminiscent of a well-known Sufi female mystic, Rabiya, who said something like 'if I worship heaven, deny me heaven; and if I fear hell, sentence me to hell'. 'We can't help it' he's saying to Christy, 'we have to address whatever bowels we find ourselves in right here!' But she can't go there with him:

CHRISTY: The what?

DR. LAING: The bowels.

CHRISTY: Oh. Yeah. I think that is awfully mean, but then, that is just what my friend said, it doesn't mean that it is true.

DR. LAING: Did you think that it is fair? You say that is awfully mean.

Again he is exploring for her suffering and for her experience of her own worldview.

CHRISTY: I think that it is awfully mean, that humans...are at the consciousness that we are at. We are just halfway, someplace. We are intelligent, but we are not intelligent enough. At least I haven't figured anything out. Have you? You are older.

Her ideas about humans being 'halfway someplace' are repeated by many authors in the tradition of the perennial philosophy (Huxley, 1944). Just being here in adult form is not quite enough. We've got work to do in our project of conscious evolution. We have to be engaged in deliberately developing ourselves. Dr. Laing points out that mere chronological aging doesn't help:

DR. LAING: What difference does that make?

CHRISTY: You have had more time. Have you figured anything out?

DR. LAING: You don't get any wiser when you get older. [audience laughs]

This self-disclosure admits his limited knowledge of the metaphysical concepts they are discussing. It has the impact of demythologizing him as a psychiatrist, and as an 'older person,' and puts him squarely on the earth with her as a fellow human. It's a good joke too.

CHRISTY: See! [hearing audience reaction]

DR. LAING: Well, that got a laugh! [both laugh, then silence]

DR. LAING: What about your mom and dad, and that sort of thing. What sort of... are they alive?

He now re-directs her into her family of origin, exploring for some psychodynamic material that may be relevant. This is part of the transpersonal spectrum, too, the understanding that the 'Freudian layer' is a genuine arena of data and conditioning, and can be seen as a source of a great many of the client's current problems. 'Are your parents alive?' he has asked, a question about the present times.

CHRISTY: Who, my parents?

DR. LAING: Yeah.

CHRISTY: Ya.

DR. LAING: What sort of chap is your father?

CHRISTY: Oh well -- he is a Christian preacher.

DR. LAING: Oh, I didn't know. [sounding surprised]

CHRISTY: Yeah, my parents are very religious. At least they say that they are.

DR. LAING: Well... you are very religious.

He is giving her an opportunity to identify as a valid religious person. She does not go that direction, however, preferring to continue on the topic of her parents and who they are, away from the comment about religion.

CHRISTY: Yeah, I guess I am [sounds like she is grimacing]...
DR. LAING: Oh, it's not meant as an insult!
CHRISTY: And my parents are currently running a shelter up in [Midwestern state]
DR. LAING: What? [astonishment]
CHRISTY: They are running a shelter.
DR. LAING: Oh, yeah.
CHRISTY: Yes.
DR. LAING: Where was that?
CHRISTY: [names the city]
DR. LAING: How do they feel about you? [said with ironic, gentle laughter]
CHRISTY: [laughing too] I don't know! I wrote them a letter, and asked them and... I haven't picked it up in the mail yet. I asked them if it was okay to send a Christmas present. That's... I don't know.
DR. LAING: No reply?
CHRISTY: I haven't been to the post office yet to pick it up. If they did reply... they probably did.
DR. LAING: Do you expect them to send you a Christmas present?
CHRISTY: I don't know. Let's see I was... I had some Christmas gifts, so I thought I'd send them some, 'cause I was making crafts for Christmas.
DR. LAING: Because you were making...?
CHRISTY: Crafts.
DR. LAING: I would have never thought of writing my parents and asking them if it was okay for me to send them a present for Christmas. I mean, why wouldn't it be okay?

This gentle confrontation attempts to assess how estranged she is from her parents.

CHRISTY: Maybe they hate me after all I... after being an unfaithful daughter.
DR. LAING: Unfaithful to whom? Them?

He goes on to explore for the nature and the causes of her negative self-image. Note the sequence of her self-descriptions in the interview: first, unfaithful to the Universal Mind, then to unfaithful to doctors, and now unfaithful to her parents.

CHRISTY: Yes, I haven't visited in years.
DR. LAING: Uh-huh.
CHRISTY: And in fact I don't communicate well with them either. But you see -- I have my own life to live. You know, I hope that they understand that, but maybe they don't.
DR. LAING: Well, if you are faithful to the Lord Jesus Christ, how can you be unfaithful to your Father? Well, I mean, He said, that didn't He, that 'unless you hate your father and mother and follow me, you cannot be my disciple'.
CHRISTY: Ya.
DR. LAING: What does your father make of that?

He is using a psychological interpretation of Biblical verse to support her right to differentiate from her parents, as well as to allude to the

tremendous conditioning that a person receives in the family setting, and to the way out of that bind. Transpersonal theory proposes that conscious human development does indeed demand that one identify and disrupt maladaptive familial conditioning.

CHRISTY: Well, probably that us... well this current Christian emphasis on family is ... is against the teachings of Jesus. You know, the modern Christian emphasis on families.

DR. LAING: Yeah, I guess. I mean I don't'... do you know that passage where Jesus... I always said I thought that there was something wrong with that translation. It said, 'unless you hate your father and mother, brothers and sisters, you cannot be my disciple.' In the English version. I think it means unless you "prefer" me to you father and mother.

CHRISTY: I don't recall that it said, "hate". Something like "deny."

DR. LAING: Yeah -- I asked a guy, an Aramaic scholar, but he said he thought that it meant, "unless you are happily indifferent to them."

CHRISTY: That makes a lot of sense [laughs]!

DR. LAING: Ya, call his bluff!!

Again, he is encouraging her to differentiate, to follow the teachings of Christ as embodied in the more direct commentaries that were offered to the disciples rather than in the parables offered to the masses. These kinds of commentaries are noticeably outlined in esoteric Christian literature (Pagels, 1979) (Nicoll, 1950) (Koester & Lambdin, 1981). He is not talking about "honor thy father and thy mother," as is exoteric Christian doctrine.

CHRISTY: 'Cause if you are not happily indifferent to your parents, they would be on your case all of your life!

She takes in his idea about differentiation from the parents. It is therapeutic to have personal and spiritual support for doing something that one has believed was "unfaithful" behavior. It relieves one bruise of the negative self-image, reframes it for her, legitimizes a part of her that troubles her.

DR. LAING: That is right! I have to go back, now. I am going to go up on stage and talk.

CHRISTY: Okay.

DR. LAING: All right, I will see you later.

CHRISTY: Okay.... Hey can I come out?

DR. LAING: You want to come out?

CHRISTY: To see what you say, yeah. [audience applause; Christy and Dr. Laing leave the room and come to the stage]

Christy's request here represents an astonishing bond with Dr. Laing. Suddenly, here and now, she is faithful to the significant other!! Can it thus be assessed that their bond has strengthened her ego-state, or that Laing is functioning as an auxiliary ego for her here? Or that she felt radically understood, seen?

In any case, the impact of her sudden unanticipated gesture was dramatic for many of us in the audience, who were by this time literally weeping with a

sense of inclusion, of encouragement, of pleasure at what we were seeing and hearing. It was, simply put, astonishing.

BILL MCCLOUD: Perhaps I could ask if any of the panel would like to make a comment before we go for questions and answers, and comments from the audience? How is that for you (Christy) now that you see there is a large group of people here? Thank you for your graciousness for being here by the way. (applause)

CHRISTY: (to the audience) You are very nice to clap.

MODERATOR: An acknowledgement of your courage. So we will take questions from the audience, if anybody would like to come up and address a question to a member of the panel.

FIRST AUDIENCE MEMBER: I am only getting up because no one else did. And I wanted to tell you that my impression was that our young lady is extremely bright and I would like you to know from my point of view that one of the reasons I am at this conference is to answers some of questions about life that you are looking at through your eyes. I appreciate you being up there.

SECOND AUDIENCE MEMBER: (to Dr. Laing) Yes, I was wondering what you thought really went on therapeutically in that interview? (sounding skeptical, critical, frustrated)

DR. LAING: What do you think went on therapeutically?

SECOND AUDIENCE MEMBER: I am mystified to tell you the truth. Maybe you could explain it to me.

DR. LAING: If you are mystified, I can't explain it to you.

This comment can be made about any process of learning how to learn (Shah, 1978), actually: at some stages the student can't take in what is taught, is too filled up (with, in this case, her sense of mystery).

SECOND AUDIENCE MEMBER: Did anything go on?

BILL MCCLOUD [MODERATOR]: There is an observation, perhaps, you could make as to who is up on the platform, which might partly answer your question.

By emphasizing the phenomenology of the event, the actual unanticipated fact of sometimes-paranoid Christy choosing to place herself in front of a large audience, the moderator suggests that this is confirming that 'something actually went on' in the interview. Phenomenological, present, obvious, experienced, ordinary reality is commonly referred to in transpersonal literature as being the arena in which events will be verified or refuted.

THIRD AUDIENCE MEMBER: A couple of days ago, Dr. Laing, you spoke about creating a kind of transpersonal reality. Not creating, but stepping into something that is a shared reality between you and the person you are working with. That spoke to me, very deeply. I was really interested in hearing from the young woman, that you have been interviewing with, and also from you, about the experience of moving into that place. You, the young woman, mentioned some feeling of Dr. Laing having read your mind earlier, and I would like to hear anything you have say about that experience. Either as his stepping into your head, or the two of you being in some kind of shared reality.

[an exchange of whispers between Dr. Laing and Christy)]

DR. LAING: Neither of us knows how to answer that question. (audience laughter) But, I'll start putting a few words to this and (to Christy) tell me if I strike a wrong note.

It is with the greatest reservations that one can talk about transpersonal reality. It is certainly non-verbal and it is fundamentally, essentially, impossible to express in the content of words. It is possible to convey it, however, more, through words, in the music of words, in the manner of words. And then there are other ways which I was trying to explain, two days ago, we communicate with each other interpersonally.

If that realization is present, of the transpersonal field, then nothing needs to be said between those people who are aware of that transpersonal field. When one tries to explain one's awareness of that transpersonal field to people who are not aware of it.... and I know that in this company there are a lot of you who are aware of it and many of you who are not aware of it.

To those of you who are aware of it, you know how difficult it is to talk about. And to those of you are not aware of it, I would say this. Don't... be too impatient. Don't, because you don't understand it, because you are mystified, don't get angry. Something IS happening... something is happening... something is happening between us in this hall, at this very moment. You can't express it in words.

There is a conspiracy. There is a divine conspiracy, which has brought us together. There is a divine conspiracy as well as conspiracy of the devil. I am not going to go on, and say any more about that just now. But as I tried to say before: It makes all of the difference if there is a sense of communion which is unspoken. It doesn't have to be said. It shouldn't actually be spoken about anymore than it sometimes needs to be. Out of which interpersonal communication occurs and which links up with the intrapersonal.

If that is there it makes all of the difference. If that is absent, sort of going at it like this: making interpretations, trying to understand, trying to do psychotherapy, whether it is behavioral therapy, psychotherapy, psychoanalytic therapy or what not, it will come to nothing.

It doesn't get anywhere with those people who find it very difficult to live in the world of the interpersonal and the intrapersonal and see how stupid it all is, how ugly it all is, how it expressively confused all this... and yet, are disregarded as crazy and mad, for realizing that... and are either locked up or run away. [audience applause]

FOURTH AUDIENCE MEMBER: Speaking about conspiracy, I would like to ask the members of the panel, how this young woman came to be interviewed in front of hundreds, or thousand of us today, without knowing that this was the case?

CHRISTY: I knew it was the case.

DR. LAING: She knew it was the case. She didn't know that the camera had started running. She knew. Absolutely.

CHRISTY: Yeah, I knew that you guys were watching me. I didn't know when they started the camera.

FOURTH AUDIENCE MEMBER: I got it. Thank you.

FIFTH AUDIENCE MEMBER: It seems to me, that what seems to be happening is that a vacuum has been created. It reminds me of a professor friend of mine that said: "I feel, I feel, I don't know what I feel, but oh, how I feel."

What I am wondering is: that vacuum allows people in the medical professions to bring zombies to us and we have to work with them and the vacuum doesn't really give to me, at least, a feeling of understanding. And

when you refuse to understand, it sounds sort of "nirvana-ish." Although I am not against that, I think that some kind of clearer explanation, clearer understanding should be given so we know what we are doing. When you avoid those things, you are breaking down the whole therapeutic process, it would seem to me. Enlightenment does not come just by remaining silent although that is a nice feeling.

DR. LAING: [rising voice, approaching an impatient angry tone] This young lady sitting beside me is supposed to be an absolute paranoid schizophrenic, on medication. She is sitting here just now, perfectly compes mentus, perfectly clear, facing this most intimidating situation from the stage, not exhibiting any symptoms of schizophrenic disorder.

If you knew of any medication that could do that in twenty minutes, from there to here, would you say you wouldn't give that to a patient? You would have to spend the rest of your life being a biochemist to understand what the chemical effects of that sort of thing is suppose to be in the central nervous system.

[Intensely] So you don't know anything about this sort of process! Have the humility to admit that and keep your place, instead of the arrogance that you seem to have, to think that because that you don't know something that there is something the matter with those people that do! [loud audience applause]

FIFTH AUDIENCE MEMBER: I didn't say that I don't, I have a mind that could understand, I am sure that you do. I don't think that we should call each other names and say "arrogance". I think that there is more arrogance in silence sometimes than there is expressing wisdom, if somebody has it. If there is wisdom, give it to us, but don't let us feel as though there is some kind of mystical communion going on when there isn't.

This audience member is demonstrating the basic impediment of many aspiring "students" of any tradition or discipline: the absence of beginner's mind, a non-critical openness to what-is. Instead the member is impatient and angry, labeling patients as "zombies," projecting his own arrogance onto the silence of the instructor, and rejecting the very teaching that is being present(ed). He is assuming that wisdom is a kind of commodity that can be 'given' to him rather than arriving from his effort and direct experience. Transpersonal literature and the apprentice model of psychotherapy training acknowledge the necessity of learning by direct experience. Dr. Laing is enraged at the comments that are discrediting him and the transpersonal realities in this encounter, at the statement that 'there isn't a mystical communion going on'.

DR. LAING: There is!! There is!! That is the point!! There certainly is, but... see you say, "when there is some sort of mystical communion going on when there isn't".

FIFTH AUDIENCE MEMBER: Well again its, [mocking Dr. Laing] "I feel, I feel, I feel, I feel, I don't know what I feel, I feel."

DR. LAING: [mocking him back] "I feel, I feel, I feel!" -- who's talking about I feel?

FIFTH AUDIENCE MEMBER: "I don't know what I feel, but, oh, how I feel it!"

DR. LAING: Well -- I do know! And you don't know! And I'm saying that it is not verbal, and it can't be put into words. Because you can't understand it,

obviously, you say... [mocking again] "Ha, ha, ha, some sort of mystical communion going on."

FIFTH AUDIENCE MEMBER: But there are people that have claimed to have seen the devil, there are people who have claimed all kinds of things.

DR. LAING: Give someone else a chance at the microphone!

FIFTH AUDIENCE MEMBER: If it bothers you than I can quit.

DR. LAING: [loudly] It bothers me!! [audience applause]

[Another audience member deflects focus to the on-stage panel in a discussion about using medication with seriously mentally ill clients. The psychiatrist who has seen Christy a few months before reports that she exhibited "loose associations, prominent delusions, was visibly hallucinating, and was disoriented." He attributes her current stability to having a stable place to live now. Christy disagrees and motions she wants to talk]

CHRISTY: The reason I'm doing better is that I quit putting mental energy into the conspiracy, and creating it to a certain point. But this guy [Dr. Laing] says that there is one! [audience laughter]

I think that is because... [aside to Dr. Laing]: You know how to share minds?

DR. LAING: [nods affirmatively]

CHRISTY: He knows how to tap into other people's minds, on a subtle level, not by just asking questions. 'Cause everybody reads minds, you guys read minds, I tell you everybody does. If you observe and look around, you notice it... And, one more thing... I don't go around like a paranoid schizophrenic all the time, I know how to keep my cool!! And I think this guy would be a great psychotherapist because he does that, he knows how to tap into where other people's minds are at...

She is alluding to the deep connection she felt with Dr. Laing, the authenticity and accuracy of the contact they had, the sense of his being fully with her, being able to 'tap into' her mind, go past the ordinary normal boundaries. 'Transpersonal' means, simplistically, beyond the person. We have all had clients, especially those with loose boundaries, who can 'pick up on' where we are at that day. And it is not an uncommon experience, in a transpersonal moment, to note that a therapist's intrapsychic experience includes intuitions or precognitions about a client's commentary. If one is indeed 'interpersonally meditating', one is practicing mindfulness when in a therapeutic interview. Such a practice loosens some of the hold that the therapist's ego has on his or her own perceptive capacities. This isn't mystical or magical: it's part of the impact of mindfulness, that's all.

[After the exchange, another audience member talks to Christy:]

SIXTH AUDIENCE MEMBER: [identified later as Dr. Salvatore Minuchin] I loved it. I thought that it was wonderful, and I think that you should learn something from Ronald because I don't think that you did. You see, what we have experienced here is a communion of love.

What I was observing... I fell in love with this young person. She was able to release it from Ronald and so did he from her, that kind of experience. It was experienced at the level not of the words, but there was

an element of joining that was expressed in their hands, in their legs. They were moving exactly in the same place and I loved it.

I think that it is important that you should know that. I am talking to the physician that talks about drugs because the drug that existed there is very, very powerful. [loud applause]

In my first professional psychotherapeutic job in 1975, I was a counselor in a residential treatment program for clients with character disorders, mood disorders, and chemical dependency problems. A visiting Hindu guru urged me to "love your clients" as a treatment method. It seemed kindly advice but it dodged what I consider to be more to the point: there are specific methods of activity and inactivity that can and do reach clients with increasing degrees of effectiveness. These methods are a function of the client and the therapist and the theories and the place and the times. Clients respond in definitive observable ways when those methods are successful.

I do think that Joseph Needleman has it right (Needleman, 1996):

The possible love relationship between human beings must now include, and even be principally constituted by, the help that one human being can give another toward the aim of inner self-development. To love one's neighbor is to regard him/her as a being containing the spark of divinity... who is, at the same time, in need of help in order to actualize his/her possibility.

SUMMARY

Thus we have on record a conversation between R. D. Laing and Christy at their first meeting. I contend that it offers a direct picture of a number of transpersonal psychotherapy concepts and interventions, including answers to the vexing question, 'what was therapeutic about it?'

It begins with a psychotherapist who has been practicing lots of meditation and studying the esoteric elements in Christianity. These efforts build capacity in the practitioner who constitutes now a Real Companion for a client's psycho-spiritual struggle. With this company one has a time of repair for the usual experience of 'I'm all alone out here, railing at God'. It is a genuine kind of alliance that is the subject of Christian parables and Sufi teaching stories and psychotherapy interviews. This diminishes the experience of separateness from the Transcendent and from significant others who are struggling towards It as well.

The two companions here embark on a discussion weaving back and forth between standard, psychodynamic topics and esoteric, transpersonal commentary. In the beginning, the therapist adopts the client's organizing metaphors which are spontaneously of an esoteric, spiritual nature. He makes some attempts to help her reformulate her relationship with her spiritual life, one which is characterized by some confusion, and a bitter disappointment that God is not accomplishing more good in the world.

He encourages her to press on, to 'still put on a coat and tie under the circumstances,' rather than to give in to her despair, which she shares by alluding to 'others' who may try to commit suicide. At this point she realizes that "other people are listening to this" in real time, and brings up her fears of "a conspiracy." He helps her clarify her confusion about this and

supports her contentions that psychomystical events ('minds interact') do occur, rather than discrediting this idea as paranoid.

It is interesting to note that as long as Dr. Laing is engaging and mirroring her, and they elaborate on the transpersonal world, that 'all goes well'. As soon as he confronts her about her failing to 'put on a coat and tie', she alludes to suicidal despair and a conspiracy. I've done it myself and it isn't therapeutic: the ill-timed confrontation that is more than a fragile client can tolerate. A clinical supervisor might speculate that she splits off from her resentment about the confrontation and unconsciously projects that resentment out onto the world, alluding to it as 'out to get her'.

They then go back into a discussion of transpersonal ideas and agree on the notion that people do distort what they see in the world. (Note how that can be seen as a meta-comment on what she has just done here in their meeting.) Dr. Laing then paradoxically out-does the client by being a little crazier than she. He says it's a conspiracy by the Universal Mind to do good. She says that Mind 'isn't capable of doing anything!'

This leads to the topic of a fundamental element of transpersonal technique, differentiating between 'wakefulness' and 'sleep.' But Laing is talking not about humans, rather, the Universal Mind, and the client cannot take this in. Thus Laing shifts into esoteric Christian metaphors, supporting both her spiritual search and her psychodynamic needs to be autonomous from her (probably constrictive) parents. She then ends the session in a remarkable show of ego strength (and "faithfulness") by going on-stage with Dr. Laing to answer to a huge and somewhat hostile professional crowd. It thus appears that the encounter has been therapeutic for the client.

While neither this recorded session nor this review will settle the long-standing debate between those valuing rational science and those valuing mysticism in the conduct of psychotherapy, it is hoped that the two camps can move a bit closer together in this consideration of technique (that can be taught and tested) and of meditation (that increases intuition and perception). One might even imagine that the 'two camps', just like in a Sufi teaching story, represents two parts of the psychotherapist's own self. And after all: the part of us that 'parachutes into the nether regions' with our clients -- needs the part of us that wonders 'what was therapeutic about that?'

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REFERENCE LIST

Amantea, Carlos. (1989) The Lourdes of Arizona (p. 56). San Diego, CA: Mho & Mho Works.

Deikman, A. (1982). The observing self: mysticism and psychotherapy. Beacon Press: Boston.

Huxley, A. (1944). Introduction, pp. 5-19. In Prabhavananda, S. Bhagavad gita. Hollywood, CA: Vedanta Press.

- Koester, H. and Lambdin, T. O. (1981). The gospel of Thomas (II, 2) In Robinson, J. M. (Ed.), The Nag Hammadi Library (p. 121). San Francisco: Harper & Row.
- Laing, R. (1989a). Comments on the interview with Christy. In Amantea, C., The Lourdes of Arizona (pp. 141-142). San Diego, CA: Mho & Mho Works.
- Laing, R. (1989b). Existential Psychotherapy. [Videotape]. (Available from Milton H. Erickson Foundation, 3606 N 24th St., Phoenix, AZ 85016)
- Laing, R. (1989c). Presentation of R. D. Laing at the Evolution of Psychotherapy Conference December 13, 1985. In Amantea, C., The Lourdes of Arizona (pp. 143-164). San Diego, CA: Mho & Mho Works.
- Lang, R. (1979). The supervisory experience. New York: Jason Aaronson, Inc.
- Levion, R. (1987, September) The lies of love and other mad wisdom from radical shrink R.D. Laing. EastWest 17(9),40.
- Needleman, J. (1996). Gurdjieff, or the metaphysics of energy. In J. Needleman. & G. Baker (Eds.) Gurdjieff, pp. 70-86 New York: Continuum.
- Nicoll, M. (1999; 1950). The new man. Utrecht – The Netherlands: Eureka Editions.
- Pagels, E. (1979). The gnostic gospels. New York: Random House.
- Shafii, M. (1985). Freedom from the self. (pp. 46-47). New York: Human Sciences Press.
- Shah, I. (1978). Learning how to learn. Octagon Press: London.
- Tart, C. (1996). The dynamics of waking sleep. In J. Needleman. & G. Baker (Eds.) Gurdjieff, pp. 116-126. New York: Continuum.
- Tart, C. (1987). Waking up. Boston: Shambala.