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Laura B. Gilot

Italian Association of Transpersonal Psychology

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Integral Approach in Transpersonal Psychotherapy

Laura Boggio Gilot

Italian Association of Transpersonal Psychology

For an integral psychology
a person's deepest drive
is the actualization of the wholeness of body, mind and soul,
so that one becomes, in full realization,
a vehicle of Spirit shining radiantly into the world.
(Wilber, 2000, p. 190)

With these words, Ken Wilber outlines, in his book *Integral Psychology*, the aims of his integral approach, which differs from the general transpersonal movement in its spiritual and universal vision of consciousness and human growth, and in its general synthesis of the knowledge gathered in psychotherapy with the knowledge stemming from the meditative approaches constituting the Perennial Philosophy.

According to Perennial Philosophy, the Self, the totality of the human being, is composed of several levels hierarchically organised: body, mind, soul, and Spirit. At its core, the Self is seen as identical to, and indivisible from, the sacred essence of reality, which the various traditions have called Spirit, Absolute, Utmost Good, or pure Consciousness (nondual tradition).

Whereas Spirit has no form or quality and represents the ultimate and only permanent and indestructible reality, the soul is the inner dimension that goes beyond the limits of the body and the mind and is the dwelling of the higher qualities and potentialities of Truth, Beauty, and Goodness. The temple of the soul is inhabited by the universal archetypes, and its core by the divine image.

Two, it is told, are the wings of the soul: intuitive intellect (*buddhi* in the Vedanta tradition), which has access to the direct comprehension of transcendent reality; and love, which is the very essence of the soul and by its nature is unconditional and eternally radiant. As Plato says, the soul contains an inborn image that he calls *daimon* and is the trustee of the individual destiny, of the meaning and task of one's life. This inner image is that which drives to vocation and the expression of one's talents and aspirations in life.

The aim of individual growth is Self-realisation, that is, the expression in consciousness and identity of all bodily, mental, and spiritual qualities, until attaining the knowledge of the unity of the individual and universal Self, called Enlightenment and Liberation from ignorance or nondual consciousness (Boggio Gilot, 1992).

In the integral approach, the separation of the ego from the Self and the resulting ontologic unawareness brings the split of the individual from universal life and represents the greatest human suffering and the origin of all the evil of life.

The suffering of the ego separated from the Self is symbolised in these words of Raphael (1986, p. 27), the Master of the Perennial Philosophy:

You are a flame of the one fire that all pervades,
you live in solitude and conflict
because you consider yourself a little flame,
separate from the source.

In the integral approach, the scope of psychotherapy includes, along with the clinical problems that are usually dealt with in psychotherapy, also the narcissism of normality, that is, the state of the ego separated from the sou—a suffering that expresses itself in the materialistic identifications, in object-attachments, fear, egoism, and the lack of value and spiritual meaning of life (Boggio Gilot, 1997).

In the integral approach, the goals of therapy include, along with the usual ones related to the achievement of normal psychological functioning, also the development of awareness beyond egocentric boundaries and toward spiritual awakening. In this context, the development of such qualities as intuition, love, and wisdom is favored.

Four levels of experience are recognized in integral

psychotherapeutic work: bodily, emotional, mental, and spiritual. Integral techniques associate psychotherapy to the ethical practices of awareness and transformation derived from the meditative systems.

The awareness that the suffering of the ego is rooted not only in an individual's biographical history, but fundamentally in the separation from the universal unity to which the human being is related, is part of the context and the leading principle of integral psychotherapy (Boggio Gilot, 2001).

The integral perspective moves from the assumption that all those who suffer are imprisoned in a temporal ego separated from the unity of life: this causes a feeling of frailty and fear, naturally pushing to a search for egoistic compensations through objects that are unsatisfactory and void, thereby producing further separation and suffering.

Suffering, of whatever type and degree, is a diminution of the human being, which derives from a rupture of unity, a fragmentation of totality, starting with the initial ontologic split between Self and ego, individuality and the sacred. So long as this primary gap is not filled, no real healing is possible.

So, the suffering of the ego separated from the Self is the background and the soil of the symptomatic forms of mental suffering, and overcoming the latter requires going back to the egocentric condition, and overcoming this, into an inclusive and spiritual consciousness. The spiritual demands of the Self are the drives toward the expression of Truth, Beauty, and Goodness, and the alignment of individual will to universal will.

In the integral approach, this frame of reference, open to the recognition of the spiritual presence in every human being, represents the interpersonal space between the therapist and the patient, and an opening of the heart on the side of the therapist, through which passes the intention to alleviate the suffering, but also to awaken the patient to the spiritual dimension and experience. In other words, the integral psychotherapist is focused on making the ego receptive to the soul and on lining up the individual consciousness to the interconnection with the universal will.

In order to do this, the therapist must practice meditation and consciousness disciplines. The ideal integral psychotherapist is an advanced meditator, who remains centered in the practice during all sessions.

The state of consciousness of the therapist, resulting from a meditative path and as close as possible to

the liberation from ignorance, is a basic condition for the patient to get free from the chains of incompleteness and discover yet unexplored potentialities.

Consistent with the position of Maslow (1962), *one can only give what one is*. The more the psychotherapist can witness, in his or her living in the world, the liberation from ignorance, the more he or she can be a true healer, a vehicle for the liberation of the spiritual powers hidden in the subject's unconscious.

This means that an integral psychotherapist should always be in touch with the voice of the Self, which is what drives towards Truth, Beauty, and Goodness, obeying its influence and witnessing in his presence and actions the path of a transforming spirituality.

On this basis, the scope of the integral approach transcends the interest of the individual and promotes the development of healthy and creative persons, able to help others and contribute to the well-being of society.

As has been noted by Walsh and Vaughan (1993), there is a need for people of wisdom and maturity work not only to release suffering but also to awaken themselves and others. To become a person of wisdom and maturity is the goal of any serious researcher in the field and of all those of us who passionately believe that the meaning of life is to donate oneself to an aim that transcends one's own egocentric needs and reflects a more universal way of living.

Psychopathology as a Developmental Disturbance

The integral model of psychotherapy realizes a synthesis of the psychoanalytic theories (especially those of ego psychology and of object-relations) along with the humanistic-existential approaches and the meditative wisdom (Boggio Gilot, 1993).

The entire spectrum of mental suffering include:

- (a) psychodynamic suffering, that is, the psychoses, borderline disorders, and neuroses, described in psychoanalysis;
- (b) cognitive and existential suffering, described in humanistic psychology, and
- (c) spiritual suffering, referred to the state of the ego separated from the Self, described in the meditative tradition.

Psychodynamic Suffering

Psychodynamic suffering is outlined in psychoanalysis in the neurotic, borderline, and psychotic syndromes, consisting of disturbances of the developmental arc that leads to the development of an ego adapted to society. Psychodynamic suffering is characterised by emotional states of anxiety, fear, anger, and conflicts centered on dependence on authority, and on complexes of abandonment, guilt, and inferiority. These disturbances of affection, instincts, and thinking prevent the adaptation to reality, and thus prevent the personality of the child from growing and becoming integrated with society and its roles.

According to object-relations theory, the most serious suffering (psychosis, borderline) originates in a disturbance of development in the pre-Oedipal stage, during the process of separation and individuation taking place in the first three years of life, before the structuring of the superego. A less serious suffering (neurosis) originates instead in a disturbance in the post-Oedipal stage, when the process of separation and individuation has been completed and the superego, as the source of rules and ethical values, has been structured, so that self-esteem can be regulated.

Neurosis indicates a conflict in the tripartite structure (id, ego, superego), that in a more modern and relational approach can be defined as a conflict between the subpersonality of an inner parent, representing a dysfunctional superego, and the subpersonality of an inner child, representing the sacrificed impulses and affections, with the subpersonality of a mediator who wrongly mediates, through defense mechanisms, the internal conflict and the adaptation to reality.

The superego is a fundamental element in differentiating milder from more serious pathology. A structured superego implies the existence of a regulating moral structure capable of producing the feeling of guilt, and therefore of removing undesired elements into the unconscious. In psychotherapy this allows work on the removed unconscious and the use of destructuring techniques. The lack of a superego, along with the associated primary split and defenses, characterises the most serious pathology and requires work on the construction of more mature structures, and particularly of a superego with realistic features.

Cognitive-Existential Suffering

Disturbances in the development of a mature ego include the array of cognitive-existential suffering outlined in humanistic psychology. This appears as a crisis of identity originated by the lack of development of freedom and creativity, as may happen when one's existence is excessively conditioned by family and social models and is thus poorly related to one's intrinsic nature. This kind of suffering is due to alienation from oneself, when the ego is ready to grow beyond mere adaptation to reality, but gets entangled in the plot of conformism and fails to express its own aspirations and original talents which would be in conflict with family and social models.

In existential suffering, the needs of safety overcome the needs of growth, and life is characterised by boredom and void, with a lack of meaning and value. The erosion of the feeling of freedom expresses itself in a lack of will in bringing forth what one loves. The triumph of the needs of safety over those of growth takes root in the lack of the courage to exist, disconfirming the original aspirations and the authentic expression of one's potentialities. As noted by Maslow (1962), if you do not aspire to make the most of yourself and your life, you will be unlikely to find true happiness. The suffocation of the expression of one's freedom for fear of losing one's safety goes side by side with a lack of responsibility toward one's own life, which flows following the will and the principles of others.

The conditioning that constructs the ego leads to the fear of living and loving. Lacking contact with its profound beliefs and aspirations, the personality fades into the void of an existence deprived of choice; thus arises that fear of death, so much described in existential psychology, that is the emblem of a premature end, when the path of one's existence has not yet been completed.

Spiritual Suffering

Spiritual suffering relates to the state of separation between the ego and the Self.

1. The suffering of the ego separated from the Self originates in a conflict between one's egocentric attachments and the call of one's own destiny, which the ego can oppose through various types of resistance. The suffering of the ego separated from the Self is symbolised by Patanjali (1992) in his

Yoga-sutras. The great Hindu sage states that the nature of suffering is related to the history of the ego, which as such lives in the condition of *avidya*, or ignorance, separated from the real meaning and object of existence. Patanjali says there are five afflictions of the ego separated from the Self:

- a) unawareness of spiritual reality;
 - b) identification with the sense of the ego encapsulated in the body;
 - c) attachment to pleasure;
 - d) repulsion against anything opposing it;
 - e) fear of death.
2. A particular form of suffering of the ego separated from the Self is outlined in the concept of spiritual emergency described by Grof and Grof (1990). These crises refer to the relationship of the ego with the transpersonal energies, that is, with the archetypical forms of the soul, at a time when the ego is immature and still unable to integrate them. Spiritual emergency results from the impact upon the ego of powerful energies that can disarrange the identifications of personality. The archetypical light that thus appears in ordinary consciousness can result in inflations, such as exaggerated euphoria or an illusory feeling of greatness, that are the basis of real states of psychopathology.
3. A more advanced form of spiritual suffering is witnessed in religious traditions. Here, for example, we include such forms of suffering as the *dark night of the soul*, and suffering due to the feeling of real guilt produced by the treason committed by the human being in her or his path toward God.

Integral Approach to Mental Suffering

What has been outlined so far is a hierarchy of psychological suffering, with or without clinical symptoms, arising at various points in the arc of development, from the preegoic to the transegoic stage.

Because, as Wilber (2000) notes, the developmental lines of personality do not proceed in an orderly way and immaturity of one line can be matched by a greater maturity of another line, it may so happen that the different levels of suffering, rather than being one subsequent to the other, actually coexist. For instance, a person can experience a spiritual void, being unable to respond to the call of the Self, while at the same time suffering from an inner conflict of a psychodynamic nature, stemming from a disturbance in the tri-

partite structure, problems with authority that still need to be overcome.

The integral model of psychotherapy teaches us to differentiate the various qualities of suffering, and understand that, in order to heal mental suffering, we need to start from the lower plane of personality structuring, that is, from the tripartite organisation into id, ego and superego.

Healing the tripartite structure is similar to repairing the foundations of a building. Just as in a building no construction is possible if the foundations are not solid, in the construction of personality higher levels of development and health cannot be realised if the lower ones are not well structured.

For example, an existential psychotherapy, such as logotherapy, which focuses on recovering the meaning of life, fails if the person is conditioned by needs of acceptance and dependence and still has disturbances of the tripartite structure. Similarly, a psychoanalytic therapy, centered on problems of the tripartite structure, fails with a patient who has an existential or spiritual form of suffering and has already overcome the psychodynamic conflicts.

For a psychotherapist, to be “integral” means to be able to differentiate among the various forms of mental suffering, and, understanding the personality structure, to start working on the lower planes, without forgetting the higher ones and being ready to address these when the time comes.

The integral approach applies differential methods and techniques as needed for the different forms of suffering, making use also of meditative wisdom and of the ethical practices of awareness and transformation contained in the various doctrines.

Clinical Depression in the Integral View

From Kraepelin to the DSM, the nosography of depression has not yet captured the true nature of this condition. The criteria adopted to classify depressive states have mainly been the following:

1. The criterion that has focused on dichotomies (such as endogenous vs. psychogenous, autonomous vs. reactive, or psychotic vs. neurotic);
2. The criterion that has focused on distinctions (bipolar vs. unipolar, primary vs. secondary);
3. The unitary criterion of the DSM that has focused on depression in the continuum from mild to severe.

As outlined by Pancheri (1982), a foremost Italian researcher on depression, the condition can be seen as a normal reaction and adaptation to stressing situations of loss and bereavement, that takes on psychopathological features under extreme conditions. In this context, depression is a behavioral manifestation of a stress response originated by attachment-loss, in turn characterised by specific psychoneuroendocrine reactions.

The constant presence of some degree of depression in most human situations suggests that, like pain and anxiety, this condition may be part of an important adaptive and defense system meant to increase survival capabilities in the individual.

Under normal conditions, depression frequently follows events or situations characterised by loss, and appears as a message of isolation and withdrawal from social relations, and more generally as a request for help specifically directed to the surrounding social context. According to Pancheri (1982), this modality is useful and adaptive, in that it allows better survival in the face of external threats. The depressive reaction would then represent a stress reaction aimed at its resolution.

In the various schools of psychotherapy the approach to the treatment of depression has followed different perspectives.

1. In the psychoanalytic perspective (e.g., Freud, Abraham, Jacobson, Kohut), depression is a mental state in which the system of the self is damaged as a result of early experiences of frustration with reference persons. The psychodynamic approach focuses on the narcissistic components of depression, such as low self-esteem, resulting from negative object relations and omnipotent defenses countering the feelings of lack and impotence. Consequently, the therapy is aimed at modifying the stress situation through the understanding of the early conflicts and the transformation of internal objects, that is, of the aggressive and loss-related mental images, into realistic and supportive ones. Of fundamental relevance, in this context, is the research of the object relations theorists, particularly Kernberg (1965), which emphasizes the role of mental structuring in the diagnosis and therapy of depression. The analytic introspection is aimed at understanding the defense mechanisms and the state of the superego, so as to find out if depression is a symptom that expresses itself within a pre-Oedipal borderline structure with no superego and with primitive defenses, or rather is a post-Oedipal neu-

rotic structure, with secondary defenses and a superego. In the psychoanalytic context, the solution of depression, in the continuum from mild to serious, requires working on transference: the therapist is here a mirror, which reflects and proposes interpretations.

2. The cognitive approach to depression (e.g., Adler, Beck) stresses the presence of distortions of thinking and of negative mental images as a cause of the depressed mood. The depressed personality has a selective attention to the negative aspects of circumstances and makes irrational and pessimistic deductions concerning their outcome. The cognitive therapy concentrates on the transformation of the negative images of self and the world associated with the distorted thinking. Transforming negative into positive thinking is absolutely fundamental for recovery. Especially relevant is the recognition of self-destructive cognitive aspects, made possible by developing control of thinking schemes. Rather than transference, the background of the work here is a good therapeutic and collaborative relationship.
3. The interpersonal approach (e.g., Sullivan) considers altered interpersonal relations and lacking or unsatisfactory social bonds. The depressive reaction is here seen as rooted in stress in the family and at work as a result of dysfunctional relations. To ease the depression, one needs to reduce the stress in family and working contexts, and to solve the interpersonal problems. Recognizing the dysfunctional aspects, and training the patient to have better communication, is a task of the interpersonal approach, realised through an active role of the therapist, who influences the patient and provides support, proposing alternative solutions. The wider attention paid to subjective needs appears to be fundamental to overcoming depression. In the interpersonal approach, the therapy profits from the relations established with family members, so that they collaborate to modify the patient's negative relations.
4. The transpersonal approach to depression is based on the humanistic conceptions underlying the state of human diminution of the depressed subject, who experiences a void of meaning in life caused by a block in development and freedom, in that safety needs overcome the needs of growth. Aspiration, the expression of talents, and creativity are then inhibited; the meaning of life is seriously damaged;

and life loses quality and purpose.

The humanistic model emphasizes that the root of depression is the inhibition of individual potentialities and that recovery requires the development of autonomy, responsibility toward one's life, and the prevailing of one's growth needs over conformistic conditioning.

The humanistic conception is the platform for the development of the transpersonal approach to depression, which is particularly focused on the fragility and insignificance originated by the separation of the ego from the Self as the inner spiritual center of individuality. To the person who identifies with the biographic ego, life lacks contact with universal values and is therefore imprisoned in unawareness and lack of truth. Depression is then the natural response to the failure of the egocentric project and to the void of an existence that is based on empty and impermanent objects.

A contribution to the conception of depression as arising from the separation of the ego from the Self comes from the wisdom tradition. In the Yoga-Vedanta tradition in particular, Patanjali (1992) recognises that mental suffering (hence depression as well) is rooted in the egoism that develops from the unawareness of spiritual reality and of its connections to the universal background of existence. This unawareness leads us to get lost in ordinary life events and to develop a terror of death.

Egoism stems from the sense of the ego encapsulated in the body and totally separated from its own fragility: it is characterized by a drive to possess, a tendency to defend oneself, and behavior that is centered on attachment to pleasure and avoidance of pain, which makes one vulnerable to the inevitable trials of life. In this context, overcoming depression then requires going beyond the narrow boundaries of egocentric logic, which brings with it attachments, fear, and discouragement; it requires giving up the ego's possessive and defensive modalities, progressively developing an awareness of the Self and a sacred sense of life, as well as an attitude toward values and meanings that makes room for the cultivation of spiritual states and qualities. These include love and wisdom, expressed in social action that is free of personal interest and offered to life.

The integral approach to depression includes the different views and acknowledges the complementarity and interrelatedness of the various perspectives. The integral vision of depression recognises that the differ-

ent approaches are like different refractions of a prism and relate to the difficulties of the existential path in its various phases.

In this context, the various theories and approaches to overcoming depression are all seen to be valid as related to the specific levels of the developmental spectrum: preegoic, egoic, transegoic. Integral psychotherapy requires one to know the clinical and diagnostic approach of object relations psychoanalysis along with humanistic psychology and the wisdom tradition, and involves the use of comparative techniques integrating the introspective elaboration of internal objects, psychocorporeal work for emotional catharsis, and the meditative practice of awareness and transformation.

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Correspondence regarding this article should be directed to the author at
AIPT, Italian Association of Transpersonal Psychology,
Via Corvisieri 46, 1-00162, Rome, Italy.
Email: info@aipt.it