

# Approaches to the Self The "Who Am I?" Techniques In Psychotherapy

## Verbal & Visual

### I—THE VERBAL "WHO AM I?" TECHNIQUE IN PSYCHOTHERAPY

by GRAHAM C. TAYLOR, M.D.  
Assistant Professor of Psychiatry  
McGill University, Montreal, Canada

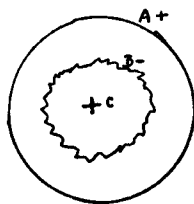
#### History of the Method and Description of its Variants

One of the first references in the literature to the "Who Am I?" technique is to be found in the article by Bugental and Zelen (1950). The authors were concerned with the application of the self-concept theory of personality organization and felt that the "Who Am I?" technique would rapidly elicit important material. The subject is given a plain piece of paper and is told: "I am going to ask you a question and I want you to write three answers to the question on this paper. Your answer may be anything you wish: words, phrases, sentences, or anything at all, so long as you feel satisfied that you have answered the question. Remember you are to give three separate answers. After each answer the instructions will be repeated." This was all done in front of the interviewer.

In a subsequent article by Bugental and Gunning (1955), there is a detailed chart of the response categories such as name, family, occupation, age, sex, group membership; and positive, negative, and ambivalent affective responses. This article is primarily concerned with matters such as reliability, category adequacy, and sociological dimensions. In a later paper, Bugental (1964), amplified instructions for conducting the inquiry. After the three answers have been written, the subject is requested to specify which answer he would most readily and least readily permit to be changed, which one is most and which least evident to other people, which one he likes most and which least, and which ones others would like most and least. At the time of writing that article, Bugental had found no references in the literature to the use of the method in psychotherapy, but he mentioned that he had used it himself with encouraging preliminary results both in and outside of the therapeutic hour.

The late Dr. Fabian Rouke worked with this method extensively. He used this method in connection with his own conception of the self which he presented to earlier meetings of this group:

"I have a diagrammatic way of presenting my ideas on the self, developed many years ago in teaching the development of personality and self. It works so well that I also use it very often in therapy.



- +A. Positive but False Self
- B. Negative but Inaccurate Self
- +C. Source of Dignity & Humility

"With new patients, there is often an initial period of enthusiasm. Then we meet resistance and discouragement, and therapy starts to slump. When that happens, I revert to the role of teacher for a while. Although I know they are not going to grasp it completely at this stage of therapy, I

spend most of an hour discussing the self, knowing that later on they will grasp it more fully. I talk about their feelings of inadequacy and the things that they are feeling very uncomfortable about, and illustrate to them that their concept of themselves is a totally negative one because of criticism in childhood, because of parents that they could not please, because of any of a number of reasons. And to defend against this negative self-concept—which they cannot live with—they throw up the defense wall (A on the diagram). And this, of course, appears to be positive; deceiving themselves and deceiving others.

"When I let them know that this defense (A) is superficially positive, but it is *phony*: while the hidden self-concept (B on the diagram) is negative but is inaccurate. I say, When we started to break down the defenses, you were faced with this negative concept (B); and nobody can live with this; it's too uncomfortable. But we are not going to stop here; we are going to break this down and get through to the core itself (C on the diagram); to something that you haven't recognized for a long time. And this is the essential worth of you, because you are a human being, because you are a human person, the finest thing in creation!"

"Then I talk about what it means to be a human person; that it is the pinnacle of creation; and reaching this central core is going to give the patient a very solid sense of dignity, one that will not be mere conceit because there are millions of others that have exactly the same thing, in the eyes of Cod. The sense of this basic equality of man and the sense of a dependence on the Infinite gives both dignity and humility, and with these twin cornerstones we can build anything. The sense of dignity is based on the fact that man is made in the image and likeness of Cod. The feeling of humility grows from the recognition that all men are equal in the eyes of God.

"So that, briefly, is the program I usually attempt to use: I point out to patients the fact that they have had a negative concept of themselves, that they have covered it with defenses, but that ultimately in order to return to what we might call a free condition, they have to break down the defenses, go through the negative concept of self, and find the core of value which each human being has."

Dr. Rouke often had his patients write out their reply to the "Who Am I?" and mail it to him on a regular basis, perhaps twice a week, or even daily. The reason for the mailing procedure was to help the patients feel that they were starting afresh each time. Only one answer was given to the question each time by his patient.

Reference is made to this technique by Dr. Roberto Assagioli (1965) as relevant to his methods for self-identification and dis-identification. The theory is that "we are dominated by everything with which our self is identified. We can dominate and control everything from which we dis-identify ourselves." (p. III) The aim is to arrive at an awareness of the self as a centre of pure consciousness and as a centre of will and of power.

At the present, this promising and interesting method is being used by a number of therapists in several different ways. The patient may be asked to write his answer and mail it to the therapist or he may bring it in to the interview session. The test may be done at varying intervals, usually once or twice a week. It may be used by the therapist periodically or its contents may be scanned and utilized as a point of departure during the therapeutic hour. The material may be dealt with in discussion with the patient, it may be used to lead into free associations, it may form the basis for symbolic visualizations, or it may be related to the patient's dreams and fantasy material. As will be seen in the cases to be presented, there can be significant interaction between these various processes with resultant acceleration of therapy. The use of this technique may give the patient a sense of making an active contribution to his therapy and thereby enhance his sense of self-esteem.

The entire matter of written communications by patients and their implications has been taken up by L. Pearson (1965), editor of *The Use of Written Communications in Psychotherapy*. This deals with various uses of written communications and considers that they can be a very useful adjunct to psychotherapy. Several advantages pointed out are: that writing is related to the creative process; that writing makes good use of the intervals between the therapy sessions; and that notebooks or diaries can serve as an aid to the patient's memory and permit more pointed sessions with faster results. The increased vulnerability of the patient by virtue of his having committed himself in writing places an added responsibility upon the therapist.

### **Clinical Material Illustrating the Relations of the Technique to Symbolic Visualization, Dreams, Psychodynamics, and the Patient's Life**

I will concentrate on four patients, two of whom will be described in some detail.

1. C. S. is a single 24-year-old English-Canadian girl who works as a comptometer clerk. She is engaged to a French-Canadian. During therapy she has become aware of many problems in their relationship. She had had rheumatic fever in her youth. She was referred by a cardiologist about a year ago because of episodes of memory losses and feelings of unreality which occurred with distressing frequency during her work.

In one of her earlier responses to the "Who Am I?", she wrote:

"I am energy without a use. I feel, see and do, but, all without a purpose; I am still looking for myself. I feel that I have much within me that is still undiscovered."

A few days later she wrote:

"I am looking for the part of myself that will join me with the rest of the world. This part will help me to find a deeper communication with those I love. The part I am looking for is trust in myself. A trust in my own ability to love."

Shortly after writing this, she had the following spontaneous, symbolic visualization:

"It is misty, I see mountains in the distance and a light grey shadow—I am a transparent grey shadow—I don't know which way I am facing—the jagged mountains with the sun shining on them are in the distance. My shadow is alone. It is a false part of me—I see a village with people in the shadow—this means the false part of other people. The lighted mountains are the genuine part of myself. I must go through the false part of myself to get through to my genuine self. The shadow is thin—it is a false fear and the light is the genuine me. The shadow is fear and it is false, so there is no need to fear."

Shortly afterwards the patient brought into therapy a nightmare in which she experienced herself as a deformed baby without arms or legs. Then she saw the arms and legs as appearing, but they were not her own. In working through this material over several sessions, she connected the false arms and legs with the false shadows. She then saw the shadow as the core of her fear with little legs around it representing smaller fears related to the central fear. The shadow was interposed between herself and her true feelings and so she was divided up. She then related the shadow—the core of her fear—to a fear of rejection by her father. She stated that her father dominated her and that she allowed herself to be dominated to gain his love. In visualization she was able to see herself running into the shadow and so dissolving it. About a month afterwards she brought in this response to the "Who Am I?":

"I am feeling that perhaps the loose ends I have been disturbed about are finally beginning to come to their ends. I feel as though I am finally getting very close to the shadow that has disturbed me so much. Last night's visualization [occurring in group psychotherapy, and

concerning herself and her father] seems to be a part of today. I feel that whatever is symbolized by this visualization is very much a part of the present and the past."

So there is an interplay between the therapeutic hour, the "Who Am I?", and symbolic visualization. This patient took to the method with enthusiasm; to her it was initially an assignment set by the therapist because of her wish to please. She brought in her responses eagerly and with a feeling of achievement.

2. K. P. is single, English-Canadian, age 43, senior secretary to a group of metallurgists. She has been in therapy since 1963. She had been referred by an internist because of incapacitating headaches, insomnia, and screaming episodes during the night.

Last month she came into her individual sessions with a feeling of achievement after having produced three WAI (i.e., "Who Am I?") statements enthusiastically labelled Opus I, II, III. A selection from Opus II reads as follows:

"I am a lone....a lone what? Butterfly in a cocoon. Alone because the cocoon precludes the possibility of others contacting me, except through the cracks, and that is a difficult contact for them and me. What purpose do I serve in the cocoon? None, except to gather strength, nerve and wisdom to emerge. Maybe alone, but a wish and a potential to be gregarious, fun-loving and useful. Retarded? Yes, either that or a slow learner. I must be to have taken so long in therapy to get this far, but the person who can learn something eventually, even if years later, is not an idiot, whatever others may think. The light has penetrated the cracks in the cocoon, providing health, enlightenment and some scope to the butterfly. So—I am on my way out—into the world."

In Opus III she writes:

"Adequately endowed with brains and judgment, thanks to my father's side, but I am trying to see the whole and I visualize (It will be noted that in one of her WAI responses she also made reference to "a vital part cleanly amputated." She had a visualization, which occurred in the group and again in individual sessions, in which she saw herself having an egg-shaped body with no arms, and with legs either unattached or attached by scotch tape. In this case it was probable that the WAI took up, clarified and refined the symbolic visualizations. It should be mentioned that this content, when it appeared in the WAI, was profoundly disturbing.) the body standing up with part of it just not there, a vital part cleanly amputated. I can function without that part but I miss it. Was this missing part eroded or was it cut off? My mother cut it off and has left a partial me. And most of the partial me has bruises which are slow to clear. I have tried to cover the rest of me with callouses so nobody will bruise me further. The callouses get me in trouble because I appear calloused or I miss out because worthwhile things cannot penetrate the callouses. Evolution from butterfly to baby, growth (?) to part of an adult. What tack do I take now in 'Who Am I?' Right now I feel I have gone as far as I can go in Who Am I? The fact of creation is easier for me to accept than evolution, so how do I create the rest of me?"

In these excerpts, she has been able to state in condensed and symbolic forms many aspects of herself far better than she had done in many sessions of individual psychotherapy. It is probable that the patient's work on the WAI had prepared her for insight into the dread of her mother and how this crippled her in her dealings with other people and robbed her of the capacity for creative living. Actually, she identified with what she assumed was her mother's negative evaluation of her, and she populated her universe with malignant, rejecting human beings.

At the present time the patient has developed a more positive attitude toward her work and her female colleagues at work. For some time she has had no severe headaches and no nightmarish screaming episodes. She sees herself as progressing but with still some distance to go. She brings in the WAI reports with a feeling of achievement and she considers them as significant and as important as her dreams.

This brings out an important point concerning the use of the WAI technique: it may give the patient a sense of making an active contribution to his progress in therapy, and thereby may enhance his self-esteem.

In the next case we can see how in a relatively short time the WAI responses undergo change, presumably as a result of the intervention of the therapist.

3. H. C.—an engineer in his early thirties, illustrates the disturbing initial impact that this technique can have. The patient had not come into therapy for his own sake but gradually became involved through joint sessions with his wife. He has no clinical symptoms but a rather rigid personality. He is very effective in dealing with inanimate objects as an engineer, but he tends to treat people as though they were mechanical problems. When first asked to do the "Who Am I?", he became acutely depressed for the whole week until the next appointment. The depression seemed to be related to the fact that he realized, in trying to do the exercise, that he really didn't know who he was. This, in his words, was "a shattering thought". We discussed in the following sessions the fact that "tolerance of ambiguity" was a characteristic of maturity and that uncertainty was not a sign of weakness as he had believed, but a necessary prerequisite in his case to seeking and finding the truth. This relieved the depressive feelings and started a process of gradual humanization.

There has been a great development since his first answer to the "Who Am I?" question six weeks ago:

"I am a man with a great deal of mechanical aptitude. I am an engineer who has worked through the design ranks to the position of engineering manager. The most satisfying elements of my work involve influencing the design of equipment. People have a tendency to become tools or a means to accomplish the task assigned..."

Here is his most recent answer for comparison:

"I seem to feel the emotions and feelings of others I am with and can be affected by them. Basically I like people and am liked by them but can be shy or hesitant in moving into a situation where the human element is unknown. Possibly there are elements of insecurity in my makeup. I enjoy doing things for people just to do it."

One can see development from a facade of efficiency and self-assurance to a more sensitive person who can live with a degree of uncertainty.

4. This is a case of a woman in her early 30's, referred for panic states—phobic reactions, etc.—which prevented her from going out of the house alone. It illustrates how progress in the "Who Am I?" exercise can influence progress in the use of other therapeutic methods. The patient had been asked in an earlier session to visualize the meaning of the trance-like states she feared, but she had not been able to see anything in the visualization. When she was able to admit to herself in the "Who Am I?" that she had "a very lazy, sloppy streak in my personality," she was able, shortly after, to have a much more fruitful visualization on the same question. She saw a very messy, unkempt, spineless woman walking along. She was then able, in active imagination, to see herself taking this slattern home with her and helping her to rehabilitate herself.

To sum up, the "Who Am I?" method is a rich and valuable one in working towards self-realization. It has both diagnostic and prognostic value, but its great contribution is that it acts as a powerful catalyst to, and accelerator of psychotherapy. Patients initially require some measure of training or guidance to conscientiously and regularly follow the required technique of filling out the form and bringing it in. At first they are usually sheepish and apologetic, and they almost invariably make the wry suggestion that there is no point in doing it more than once since succeeding ones will be merely repetitious. But they soon learn that here as elsewhere, growth and change is possible, and they gradually perceive that the material brought forward is helping them come to a deeper and richer understanding of their inner self. The process might be compared to the peeling away of the skins of an onion.

My main point is that the "Who Am I?" method can be related to other processes such as symbolic visualization and interpretive psychotherapy as well as to overall patterns and events in the patient's life. The method can be fruitfully interwoven with the therapeutic process as a whole in a mutually enriching way.

Because the method is often powerful, it is potentially disturbing. It should therefore only be used in a therapeutic context, or by a person who is prepared to handle disturbing material with professional skill.

### **The Nature of the Self**

The concept of a self that is a stable, central core of the individual personality is a basic tenet of psychosynthesis. This core of self is seen as a source of both strength and sensitivity, or to use Rouke's terms, of both dignity and humility. In psychosynthesis, it is the therapist's aim to lead the patient to an awareness of this core of self. In that sense, psychosynthesis is different from those approaches that employ the "Who Am I?" method in the more usual ways.

I have already presented Rouke's brief definition of the self and its outer layers. In the remainder of this paper, I will discuss the nature and theory of the self as it has been presented in Assagioli's writings, and compare his views with those of Jung, Sullivan, Bugental, and Radhakrishnan.

Assagioli (1965) distinguishes between the conscious self or "I" and the higher self or Self. The self is the centre of our consciousness. It is the "point of pure self-awareness." Beyond this centre or core, Assagioli postulates a permanent higher self or true Self.

"This Self is above, and unaffected by, the flow of the mind-stream or by bodily conditions; and the personal conscious self should be considered merely as its reflection, its 'projection' in the field of the personality. At the present stage of psychological investigation little is definitely known concerning the Self, but the importance of this synthesizing centre well warrants further research." (p. 19)

"The real distinguishing factor between the little self and the higher Self is that the little self is acutely aware of itself as a distinct separate individual, and a sense of solitude or of separation sometimes comes in the existential experience. In contrast, the experience of the spiritual Self is a sense of freedom, of expansion, of communication with other Selves and with reality, and there is the sense of Universality. It feels itself at the same time individual and universal." (p. 87)

During the summer of 1966, I discussed these matters with Dr. Assagioli. Concerning the self and the higher Self, he stated that:

"There is a great difference. The personal self or I is 'self-centered'; it is the awareness of oneself without any expansion of consciousness, without the joy, the love, and all the other qualities of the spiritual Self."

Regarding the "superconscious", the "self", and the "Self", he said:

"There is an important point that needs clarification because there is great confusion among psychologists about it. A basic difference exists between superconscious activities and functions, even of the highest order, and the Self. In the superconscious, intense activities are going on; it is creative. The Self instead is a pure centre of spiritual awareness, not active in *itself*; it *projects* dynamic influences but remains motionless, as we might say. (Aristotle called God the "Unmoved Mover".) Another image is the sun, which projects rays and streams of energies without descending from its position, without coming nearer the earth. Many have had high spiritual experiences, either by raising the centre of consciousness, the ego up to superconscious levels, or by opening the field of personal consciousness to the inflow of superconscious contents (inspiration). But that is not the realization of the Spiritual Self. The former is typical of poets, writers and artists. Some of these have given expression to high contents of the superconscious, but with no Self awareness; they are like channels, almost like mediums in some cases. This explains the baffling psychology of the artist; how an artist can express at different times the highest and the lowest."

There is a great deal of loose thinking to the effect that there must be a death of the ego in order for the person to be completely developed. On this point Assagioli quoted the following mantram:

"More radiant than the sun, purer than the snow, subtler than the ether, is the Self, the Spirit within me. I am that Self, that Self am I."

He stated that:

"This poetic imagery clearly expresses the relationship between the individual and the universal; the Self is the universal, but I am aware that I am that Self and that the Self is the essence of myself. It is well to emphasize this point, because there are many who assert that the undoing, the destruction, the elimination of the ego is necessary in order to have spiritual realization. Others state instead that it can be a gradual inner conquest, reaching ever higher and wider expansions of awareness. One might say that both processes occur, but that the term 'destruction' is misleading, because what is destroyed are the limitations and involvements of the ego, not its central core, which is a reflection of the Spiritual Self."

The psychosynthetic formulations of the Self are more closely related to the Jungian viewpoint than to any other school. Accordingly, we will first outline briefly the Jungian position and then add Assagioli's Comments.

In Jung's words

"The self is not only the centre but also the circumference that encloses consciousness and the unconscious; it is the centre of this totality as the ego is the centre of consciousness." (1940, p. 96)

One writer, in explaining this, said that Jung conceives of the self as including the totality of man, good and bad, male and female, the four functions of thinking, feeling, sensation and intuition, and also, man's

relationships with all of life and with the inanimate universe, as well. The self provides, on the one hand, an awareness of one's unique nature, and on the other hand, a feeling of oneness with the cosmos. It will be noted that this interpretation of Jung's view of the self is parallel with that of Assagioli; namely, it includes both an individual and a transpersonal or universal element.

For Jung, the experience of the self is archetypal and may be portrayed in dreams and visions. It would seem to be essentially psychological in nature. To quote again from Jung:

"The self could be characterized as a kind of compensation for the conflict between inside and outside. This formulation would not be unfitting, since the self has somewhat the character of a result, of a goal attained, something that has come to pass very gradually and is experienced with much travail. So too the self is our life's goal, for it is the completest expression of that fateful combination we call individuality, the full flowering not only of the single individual, but of the group, in which each adds his portion to the whole. Sensing the self as something irrational, as an indefinable existent, to which the ego is neither opposed nor subjected but merely attached, and about which it revolves very much as the earth revolves around the sun—thus we come to the goal of individuation. I use the word 'sensing' in order to indicate the apperceptive character of the relation between ego and self. In this relation nothing is knowable, because we can say nothing about the contents of the self. The ego is the only content of the self that we do know. The individuated ego senses itself as the object of an unknown and superordinate subject." (Wyss 1966, p. 338)

It will be seen, therefore, that there are both similarities and differences between the views of Jung and Assagioli on the self. Concerning the difference, Assagioli has this to say:

"For Jung, the self is a 'psychological function', a 'point between the conscious and the unconscious', and he doesn't attribute to it any transcendent reality. He sticks to the empirical standpoint—the agnostic standpoint—and this shows that he has not had the genuine spiritual experience of the Self. If he had had, he'd speak in a different way. He considers the Self to be the result of a psychological process, of 'individuation'. It is not for him a living Reality which is latent but of which we can become directly, experientially aware. Thus there is a great difference between the two definitions. According to one, the Self is a psychological concept; according to the other it is a living reality—even more, a living Entity. The Self is the Subject par excellence. Jung's Self is merely 'psychological'; the spiritual Self is a transcendent, glorious reality, and one can have direct, immediate proof of it; that is, one can experience it."

The views as outlined above are by no means representative of the views currently held concerning the nature of the self. Most theorists would assign a major role in the development of the self to environment and experience. For example, Sullivan (1955, p. 10) stated that:

"The self may be said to be made up of reflected appraisals."

And Bugental (1965, p. 201), whose work on the "Who Am I?" technique we have discussed, states that the "common element abstracted out of many and diverse perceptions of one's 'Me' may be named the Self."

The points of view of Jung and Assagioli are less like the environmentalist positions of so many other Western writers and more closely akin to the thinking of the East. To close, I will quote from Radhakrishnan (Moustakas, 1956, p. 115) a statement that is consistent with the psychosynthetic view of the Self:



"The true subject or the self is not an object which we can find in knowledge for it is the very condition of knowledge. It is different from all objects, the body, the sense, the empirical self itself. We cannot make the subject the property of any substance or the effect of any cause, for it is the basis of all such relations. It is not the empirical self but the reality without which there could be no such thing as an empirical self."

Finally, there is the possibility of using the "Who Am I?" technique for research into the nature of the self. Its use may lead to more evolved concepts of the self and to greater understanding of its development. In your practice, the patient may be giving you data in the "Who Am I?" technique that may be related to the lower self or, later on, to the higher self; and often there is a baffling mixture of the two. We therapists do not know much about these distinctions, so we should be open to the possibilities. In any event, we should always ask ourselves at what stage in the understanding of the self is the patient, how does the "Who Am I?" reflect his increasing growth and awareness of his self; and which "self" is the person currently aware of, the small self or the higher self?

\* \* \* \*

### **Discussion**

F.H.H. As a commentary on the "Who Am I?" technique, I would like to read a couple of paragraphs from an article by Dr. Edward M. Scott (1966) of the Oregon Alcoholism Treatment Clinic, Portland, on group therapy for schizophrenic alcoholics. In his report he says:

"We have selected from psychosynthesis...two principal elements. First, that the self is an inner citadel, the source of growth and strength. Second, a person is not entirely what he does, or how he behaves, even if his behavior is marked with consistent mistakes and defeats. He is a person facing some defeats, and some mistakes; he is not defeat itself and that only. He can learn to dis-identify himself from his mistakes and defeats. This orientation is most important for the present patient population. They are notorious for identifying themselves with their defeats, foolishness, drunkenness, etc. One patient definitely marked his beginning of recovery to this concept.

"One possible explanation for the effectiveness of this therapeutic modality is that although the schizophrenic (as the term implies) begins his psychosis with a 'split-mind' eventually the patient becomes 'all bad!' By 'reintroducing' through the process of dis-identification the good self, the patient can once again observe and experience himself, all of himself, or at least more than formerly.

"Recall that in the previously quoted group dialogue Jim said, the good part of yourself' should be sought as a source of strength. This theme of identification with the good self is reiterated constantly in the group and patients are quick to spot one of the members who starts out in a negative manner."

J.F.: How do you differentiate, in a patient's response to the "Who Am I?", between a response that could be a genuine reflection of his state of being or a response that has more to do with what he thought the therapist wanted?

Taylor: I am aware that the patient may be anticipating the point of view of the therapist and may wish to please or displease him, and that it may be one of the factors determining the actual response. I have never propounded any precise theory of the self to my patients, and I do not think that the patients get many cues in therapy from the therapist as to any expectations on his part.

J.F.: Do you interpret the responses back to the patient?

Taylor: I do not interpret a response so much as just read it back, and then use that as a jumping off point for further work on their part.

M.C.: This technique can be used in various ways. Sometimes you can use it simply to get an understanding of the psychodynamic material on the personality level; again you can use it with the onion skin model to get at the central core of the self.

J.C.: The important thing in dealing with patients is for the therapist to be aware that there is another dimension. Otherwise in dealing with your patients you may sometimes miss entirely the fact that they have had "a transcendental experience" of the Self, and you may be trying to use standard or orthodox techniques on them and finding that nothing is happening; you may miss a golden opportunity to synthesize that experience into their lives or to build something around the ego-self that would be of value to them.

H.S.: How do you go about integrating or synthesizing this transcendental experience?

M.C.: One possible way is Desoille's technique of the guided daydream, in which he takes the patient up into imaginary space and the patient has the experience of contacting "light". He then has him visualize bringing the light down to earth, and imagining how he can radiate this light in his daily activities.

V.M.: I could certainly see a transcendental experience happening in connection with drugs that influence the intellect or with symbolic visualization; but it seems to be against the whole concept of transcendentalism to expect it to be elicited by this "Who Am I?" technique. This method seems to be too intellectual.

J.C.: But it happens nevertheless! This will complicate therapy because it introduces another level of consciousness.

B.A.: You can take the koan analogy, which is also a verbal technique. A koan is not chosen at random; it is chosen with a consideration of where the postulant is. And the pupil's responses are continually rejected. You arrive at the correct answer by rejecting all the answers that are psychologically untrue. (W.S.: One of the famous koans is "What were you doing before you were born?") And there is another, "Who are You?"

F.H.H.: In a case which Dr. Rouke once presented in a seminar, it was clear from the patient's answers that she was moving farther and farther inwards to what Assagioli calls the "central core of selfhood." As in that case, patients often start by identifying with their immediate roles and circumstances, and then move deeper, using images projected onto them by other people. Then going beyond that, they begin to realize that they are not these things but are at the center of them. They end up by saying, in effect, "I am an individual in my own right." If that sense of individual selfhood is a projected fragment or reflection of the higher Self—assuming the Assagioli hypothesis is correct—then that central core of "I-consciousness" has the possibility of connection with this transcendental or higher Self.

F.H.: There appears to be a relationship between this technique and Herman Kaiser's proposition of a basic neurosis—the need for fusion coupled with the inability to be a separate person. The neurotic needs to be a part of or to coalesce with another person or other people; he cannot and does not want to be a separate individual. The "Who Am I?" technique almost seems to be designed to deliberately force awareness of this need for fusion and to encourage separation of the self—so that the person comes to the end point at which he can say, "I am an

individual in my own right." He says, by implication, "I no longer need to coalesce with, to lean on, to be a part of, to get vicarious satisfaction through, or to over-identify with other people."

H.S.: If I remember my Gestalt therapy, Fritz Perls would say that one should be able to go back and forth between this individual state of separation and fusion—to do it intentionally. Health is the freedom to do so.

F.H.: When a person reaches that stage at which he is an individual in his own right, he is then free to fuse *if he so desires*; he is free to give up his ego *if he wants to*, but he doesn't get lost in the fusion or 'stuck in it'; nor does he have to be autonomously himself all the time.

F.H.H.: Yes; once you are in touch with your own "core" you are in touch with the core of other men, so that you are both yourself and at one with others, as well.

G.C.: There might be some difficulty in the initial valuations of the "Who Am I?" responses made under differing circumstances. For instance, a person wakes up in the morning and writes out his responses to the question, and maybe he is not feeling so well, half asleep or something; and he submits that to you. Then maybe three or four hours later he has gone into various activities and met with a fair degree of success and 'all of a sudden his self-image has changed. So when he asks himself a second time, "Who Am I?" he thinks "I am not so bad after all!" So he submits these more favorable answers to you. That is why I am thinking that the value of these responses in the early stages will be somewhat questionable.

J.C.: No; this is important, because in doing this, he learns that he can be all of these different people and still retain his individuality. This is one of the things that this technique helps people to recognize. They begin to see that "I am this type of person" and then under a different set of circumstances "I am somebody else, and yet I am really not any of them!" The person then sees that these are all merely roles which he plays in life. For example, you can ask yourself at the end of the day: "How was I as a husband today?" or "How did I behave as a psychiatrist?" So you can then observe yourself continually in different roles and yet you do not have to identify completely with any of those roles because these roles are not "you." Or take the example of a woman who bears children and is completely self-identified as "the mother". When she comes to the stage of having no more children, she has difficulty in shifting to another role—say, learning how to become a club-woman. This WAI technique helps her to dis-identify from the role of the mother and to begin to see herself in a larger sphere.

F.H.: As you describe this technique, I get the impression that there is a possible advantage in bombarding a patient with this question as often as possible, simply because the more often the patient answers it, the sooner there is going to be a kind of figure-ground reversal between his numerous and changing answers to the question and his stable inner picture of his "I", his self.

B.A.: I have used a variation of this in therapy. In the middle of anything a patient may be doing, and without warning, I will say, "Stop Who are you?" The results are very interesting. I have had people burst into tears; and they come to a great deal of understanding very quickly.

F.H.: In regard to the question of the self, if there are two selves, a "capital S" Self and a "small s" self, for this difference to make any difference, pragmatically speaking, one of these has to be something other than the Sullivanian type of self. I would suppose this to be the "capital S" Self. If so, what is the capital S Self? Where does it come from? It must come from some source other than experience; perhaps heredity.

J.F.: I think Assagioli would say that both the self and the Self have nothing to do with reflected traits.

F.H.: What then is the repository of the experiences, the responses, the appraisals, and the memories in Assagioli's system? There must be a place for them.

F.H.H.: Is it not covered by the fact that this central core, the small self, can become identified with the "appraisal" self, the responses, etc.?

Taylor: I should say that if Assagioli were answering that—and I may be wrong—he would conceptualize the Sullivanian component of the self as being a self-identification but not the self, not the center of the self.

J.F.: You could see it another way: the Western notion of the psychiatric self, that of Sullivan, does not speak of the core in the way that Assagioli does, nor in the way that Jung speaks of it. So that is a matter of usage of words. The concepts of the self that Assagioli and Jung are dealing with have nothing to do with what Sullivan says.

J.C.: When we put the exercise in the book, *Psychosynthesis*, we did not know whether to call it "Self-identification" or "Dis-identification"; so we left both in and you can take your choice. Both are valid; dis-identification leads to self-identification. Dis-identification from the outer layers of self leads to and facilitates identification with the central core of self.

H.S.: Let me ask, if you get into this process of dis-identification will you not almost exclusively deal with the negative self?

Taylor: Emphatically no.

F.H.: In the dis-identification exercise you dis-identify from your feelings, your thoughts, your body; but these are not negative things. What you are trying to do is to achieve the same thing that hopefully might result from constantly asking the question "Who Am I?" One suddenly becomes aware of that "I". What is that "I"? It is a center of awareness and a center of will; a readiness to absorb experience and a willingness to act—but it is non-judgmental. And you cannot speak of it in terms of positive and negative. But if I understand the experience, it is, in another sense, positive because it provides a sense of liberation from the feeling of pressure, of being pushed around, of being a molecule in Brownian movement. So, in *that* sense, it is secondarily positive.

(J.C.: Is this "transcendental"?) Well, it might be a "micro-peak experience." (Taylor: A "micro-peak experience"; that is a very good phrase.) A micro-peak experience might come at any time—a twist of the mind, a twist in the way you look at things, and you may be able to bring it on intentionally.

J.C.: Say, in looking at a flower.

W.S. Regarding the question of dis-identification from the positive; the classic example would be somebody who stumbles on his higher Self and gets fascinated by it and eventually identifies with it and thinks he is Jesus Christ or someone like that. He must then dis-identify from this positive figure into which he is projecting himself. (Otherwise, he'll be deluding himself by trying to deny the negative side of himself. Ed.)

Taylor: On this point about identifications, what is being asserted is that the person is not the simple sum of the roles he plays—e.g. "I am a mathematician", and "I am a tennis player" and "I am this", and "I am that". The process of dis-identification enables the self to emerge; and the self is something separate, over and beyond these role identities.

\* \* \* \* \*

## PART I, BIBLIOGRAPHY

- ASSAGIOLI, ROBERTO *Psychosynthesis: A Manual of Principles and Techniques*. New York: Hobbs, Dorman, 1965.
- BUGENTAL, JAMES F. T. "Investigations into the 'Self-Concept' I. The W-A-Y and Technique." *Journal of Personality*, 1950.
- ZELLEN, SEYMOUR L., BUGENTAL, JAMES F. T. & GUNNING, EVELYN C.. "Investigations into the Self-Concept II, Stability and of Reported Self Identifications," *Journal of Clinical Psychology*, Vol. XI, No. 1, 1955
- BUGENTAL, JAMES F. T. "Investigations into the Self-Concept III. Instructions for the W-A-Y Method." *Psychological Reports*, 1964, 15, 643-650.
- BUGENTAL, JAMES F. T. *The Search for Authenticity*. New York: Holt, Rinehart & Winston, 1965.
- JUNG, C. C. *The Integration of the Personality*. London: Routledge and Kegan Paul, 1940.
- MOUSTAKAS, C. (Ed.) *The Self-Explorations in Personal Growth*. New York: Harper & Bros., 1956.
- PEARSON, L. (Ed.) *The Use of Written Communications in Psychotherapy*. Springfield, Ill.: C. C. Thomas, 1965.
- SCOTT, EDWARD M. "Group Therapy for Schizophrenic Alcoholics in a State-operated Outpatient Clinic: With Hypnosis as an Integrated Adjunct." *The International Journal of Clinical and Experimental Hypnosis*, 1966, Vol. XIV, No. 3, 232-242.
- SULLIVAN, HARRY S. *Conceptions of Modern Psychiatry*. London: Tavistock Pubns., 1955.
- WYSS, DIETER *Depth Psychology: A Critical History*. New York: W. W. Norton, 1966.

## **II. THE VISUAL "WHO AM I?" METHOD: AN APPROACH TO EXPERIENCE OF THE SELF**

by MARTHA CRAMPTON, M.A.

Assistant Professor of Education Sir George William University, Montreal, Canada

My presentation tonight will be in three parts: first the theory and a general description of the method; next, a demonstration with a volunteer from the group; and thirdly some examples of the use of this method in my own practice.

It was partly the discussion on the paper by Dr. Graham Taylor on the verbal "Who Am I?" technique (see Part One of this booklet) that 'stimulated me to develop a variation of the WAI method employing symbolic visualization.

The theory underlying this method is based partly on the late Dr. Fabian Rouke's concept of the personality as being structured in concentric circles—the onion—skin model—with a central positive core which can be reached after peeling off the outer layers. The theoretical basis of the method to be presented tonight is discussed in a previous paper which I presented to our Psychosynthesis seminar in December 1955 on the subject of "Answers from the Unconscious."

The use of this method presupposes training of the subject in symbolic visualization and in obtaining answers from the unconscious. The subject is told that the personality may be conceptualized as a series of concentric circles and that by making a journey inward in imagination through the various layers, he can contact the inner self or synthesizing center which is so important in psychosynthesis. He is invited to commence this process, starting with the outermost layer of his personality and continuing toward the center in a step-by-step process until he feels he has reached the end of the path and can go no farther.

A subject frequently feels prematurely that he has reached the end of the path. In this case the therapist must help him continue on. The subject is told that the number of steps in this journey differs from one individual to the next. He is assured that the journey is not endless, that it has a definite goal, and that it will be completed in a limited number of steps.

The subject is instructed to start by looking for a visual representation of the outermost layer of his personality, putting aside his rational faculties for the time being and allowing the answer to emerge spontaneously in the form of an image (Imagery, Dr. Assagioli says, is the natural language of the unconscious). He is told to report any image he sees, whether or not it seems relevant or seems to have anything to do with the way he consciously perceives himself.

As the subject reports an image, the therapist writes down what he has said and pursues the inquiry in order to determine how the subject feels about the visualization (if this is not mentioned spontaneously) and how the subject would interpret the visualization, if he is able to do so. The time spent on the inquiry phase will vary with the immediate goals of the therapist—i.e. whether it is deemed best to proceed directly to the inner core with a minimum of delay or whether it is desired to concentrate on the conflicts and defenses on the personality level during the session in question.

When the subject has reported an image and the inquiry has been completed, the therapist may praise him for his successful completion of a given step and invite him to take the next step on his journey inward. This encouragement is important as many subjects are unable to detect any progress inward and may question whether they are going in the right direction or whether there is an end to this process of peeling off layers. This is especially true of the outer layers where the subject may encounter deeply disturbing aspects of his

personality; on the final lap of the trip, when the images of the supraconscious begin to emerge, the subject is generally impelled forward, as though by the attraction of the goal—the experience of the Self. The progress frequently appears to go in a zig-zag form as one goes through the various layers of conflict with the corresponding defenses, but in reality the path continues inward.

In some cases—particularly with subjects who are not of the visual type—the answer does not always come in the form of an image. A subject may instead see or hear a particular word or phrase or report a thought or feeling. This can probably be considered the equivalent of a visual image for practical purposes, and one may proceed with the next step inward.

One sometimes encounters blockage and resistance in the use of this method, as with any method. Various devices have been found helpful in overcoming this. Often if the subject is unable to get an answer at a given level, it is useful to have him free-associate. This usually reveals the repressed material responsible for the blockage. Another possibility is to ask the subject to visualize on the question "What is blocking you?" and help him overcome the blockage in a process of symbolic working-through. One may also suggest to the subject that he visualize a door and imagine himself walking through the door, reporting what he sees on the other side, as in the technique described by Robert Gerard (1964). Other methods of value in overcoming resistance are: spontaneous drawing or other free expression such as body movement; the "here-and-now" body awareness type of work which is done in Gestalt therapy, or simply asking the subject what is the least likely thing that he might see, may produce results. So, with a little patience and ingenuity, it is possible to overcome resistance and guide the subject safely over the ups and downs in this exploration of inner space.

However, if a subject is unduly disturbed by the material produced in a given session, it may be necessary to devote some time to working through the problems in this area before continuing inward. This method generally activates repressed and painful material very rapidly. So one must be careful, particularly with severely disturbed patients, not to go so fast that they are left with more than they can handle between sessions.

A question which one might well ask is whether a subject can or should undertake such an experience alone, i.e., when not in the presence of the therapist. With the verbal version of the "Who Am I?" it is common practice to ask the subject to write his answers alone at home. Greater caution, however, should be observed in the use of a method involving visualization, as the realizations tend to be more profound and disturbing. This is because they issue from the unconscious primarily, as opposed to the more conscious and rationally-determined answers elicited by the standard method, and because the experience of visualization may often be very intense and almost more real than life, as in a dream. I once heard Dr. Deiter Bauman, Jung's grandson, a prominent Jungian analyst in his own right, say that anyone who experiments with active imagination alone does so at his own risk. I would concur with his judgment and feel that unless a person is very well acquainted with his own unconscious, it would be unwise to use this method without guidance. It must be remembered that the potential dangers stem not only from the repressed material of the lower unconscious, but from the high-powered energies of the supraconscious which, if not rightly understood and assimilated, can lead to inflation, loss of identity, and other forms of disequilibrium.

The self is really the keystone on which the psychosynthetic approach is built, although most of us who are working with the concept of the self in therapy have had repeatedly the experience of a patient who piously cannot grasp the idea—who looks upon it as a logical construct or an abstraction, something unrelated to experience or reality. Although the awareness of the self seems so self-evident to one who has analyzed his consciousness or had a spontaneous experience of this kind, most persons, as Assagioli says—including highly intelligent and sophisticated people—have no spontaneous awareness of the self. Therefore, any method which can bring about even a glimpse of this inner self as a living reality rather than a vague abstraction would seem to be of paramount value in psychosynthesis. The verbal version of the "Who Am I?" method can sometimes

lead to such a realization, but a verbal method would not seem to be the most powerful means for eliciting an intense experience of self.

Once a subject is able to grasp this central concept and attain awareness of the self, it becomes so much easier to work with the other methods of psychosynthesis: the exercise in dis-identification; the methods for developing the will; and the various other active techniques. If there is anything that can be said to differentiate psychosynthesis from other similar approaches, it is probably the central role of this inner self as a living reality to be experienced directly and worked with actively. Gestalt Therapy utilizes the concept of various layers of the personality, but the concept of the self is not worked with directly and in fact is considered detrimental to therapy. The Jungians speak of the self, but tend to regard it as a psychological process and not as a reality or entity in itself. So it is important that we seek to develop in psychosynthesis what Assagioli (1965) speaks of as a "science of the Self, of its energies and manifestations, of how these energies can be released, how they can be contacted, how they can be utilized for constructive and therapeutic work." (p. 194)

The nomenclature of the self—as presently used in psychosynthesis—tends to be somewhat confusing. Assagioli has proposed the terms "Higher Self", or Self with a capital S, or spiritual Self, for the real ground of our being and has used terms such as self with a small s, little self, conscious self, the "I", the point of pure self-awareness, for that which is the projection of the Higher Self in the field of the personality. These terms tend to be misleading as the use of the term "Higher Self" suggests that the "little self" is lower and hence something bad. In reality, however, the "little self" or point of pure self-awareness is also a unifying center—at least on the personal level.

It is usually necessary to achieve at least a fair degree of integration on this level before one can proceed with a spiritual psychosynthesis. There is also some difficulty in using words such as "spiritual" or words starting with capital letters as many people today find such usage distasteful and indicative of a "cultish" approach. It is therefore proposed to use the term "personal self" for what Assagioli refers to as the self with a small s and the term "transpersonal self" for what he designates as the "Higher Self" or Self with a capital S.

To return to our method, it may be of use not only therapeutically but theoretically in the development of our understanding of human nature. It can help us to test various models of the personality, such as Dr. Rouke's "onion-skin" model comprising a false positive outer layer, a false negative layer inside this, and a true positive inner core. Incidentally, this model seems over-simplified and erroneous in many cases studied by the Visual "Who Am I?".

Although the experience of the self gained through this method usually remains indirect to the extent that it is mediated by symbols, it may lead into a more direct experience which can no longer be expressed in words and images. In any case, the symbols of the self can definitely have a transforming and integrating value, as was noted by Jung, who I went so far as to state in *Contributions to Analytical Psychology* that "the psychological machinery which transmutes energy is the symbol." Assagioli (1965, p. 178) speaks of symbols as "accumulators, transformers, and conductors of psychological energies," and the value of symbols in therapy and self-realization can be greatly enhanced and amplified by the active methods of psychosynthesis. The symbols of the self can have an "opening-up" effect and, as Assagioli points out, may serve as bridges between the personal and the spiritual psychosynthesis.

I do not as yet have sufficient experience with this method to judge whether all subjects can obtain through its practice a glimpse of the transpersonal self. However, many subjects do seem to get a beginning spiritual awareness which can accelerate the psychosynthesis and be most helpful in the resolution of conflicts on the personality level. The Biblical story of the devils which were exorcised only to be replaced by other devils as soon as there was an empty space is a useful parable for psychotherapists to keep in mind. If we take away



something from a patient, weakening his defenses, without giving him something to replace them, we may be making room for another devil to enter. But a glimpse of the inner self can often give a patient the courage and strength to face his fears and conflicts. And, just as a small seed can grow and split a mighty rock, so can the spirit of life within, when awakened, succeed in piercing what Reich has called the armour plating, the character defenses of the personality.

One advantage of a method such as this—based on movement inward, as opposed to a method such as Desoille's guided waking dream which employs movement upward or downward in imaginary space—is that it seems to make it easier for the subject to experience the inner light as something within himself rather than something up in the sky which is difficult to translate into daily life. The task of "stepping-down" or transforming these higher energies into a form in which they can be utilized and integrated in one's life is a key problem in psychosynthesis.

Interest in this method is not limited to those therapists practicing within the theoretical framework of psychosynthesis. It is a valuable tool for the study of the personality conflicts and defenses with which any therapist is concerned. It can be a useful means for therapist and patient to outline in advance the general ground to be covered in the course of therapy, i.e., it serves a diagnostic as well as therapeutic purpose. It can often help the patient to see in a remarkably vivid manner his various self-images and the complex nature of his own defense structure. It also serves a useful role in producing a catharsis of guilt and repressed material in the early stages of therapy. Thus, even if a therapist were not interested in the theory of the self, he might find much of value in this method.

\* \* \* \* \*

### **Demonstration**

(The volunteer, given the pseudonym "Betty", had joined the seminar just as Miss Crampton completed her presentation and so had no knowledge of the method or the underlying theory. The whole demonstration took 30 minutes, for often there were long silences before Betty responded to Miss Crampton's questions or promptings. Questions or suggestions, etc. put by Miss Crampton are in parentheses in the following transcript. Ed.)

Crampton: We are going to take a journey inward in imagination, the goal of which is to contact the inner self; and what I am going to ask you to do is to visualize the various layers of your personality, starting with the outermost layer and then go inward, just one step at a time. So will you close your eyes and get comfortable.

Now, Betty, visualize the outermost layer of your personality. Don't reason about this but just look for a picture, and report to me whatever comes to your mind.

Betty: First I see the grin. (C: What kind of a grin is this?) It's got teeth in it—the association, of course, is with the Cheshire Cat. (C: How do you feel about this grin?) It has two faces: it can be a very nice warm thing or it can be kind of hostile and smug.

Crampton: At this point I would just like to mention to the group that sometimes when this method is done in a group the other members find it helpful to try to visualize along with the subject. You are free to do this or not, but it may help you to enter into Betty's experience more deeply if you try to visualize along with her.

All right, very good Betty; now take the next step inward.

Betty: Now I am on the inside of my mouth—I see we are going to take the oral pathway! I can't help wisecracking. (C: What do you feel on the inside of your mouth?) My tongue is very busy. (C: What is it doing?) It is feeling along the surfaces of my teeth. (C: And how do you feel about this layer of yourself?)

Betty: Now I think of a snake poking its head around. It is as if my whole tongue was a snake—and it has a forked tongue of its own. (C: Okay, very good; now take the next step inward.)

Betty: I am in my nose now; that surprised me, I didn't think that we were going there next! (C: What is in there?) (A sigh followed by a chuckle. Ed) I am afraid that the only thing I can say is "snot"—very snotty in there. (C: How do you feel about this layer?) Oddly enough, I am strangely pleased; I enjoy the idea of being snotty, and I feel a kind of malicious grin that goes with snottiness. (C: Let's take the next step inward, the next layer.)

Betty: By the way, all this is a complete surprise to me; I never thought of myself as being all these nasty things before. I always thought I was such a nice lady! (Said laughingly. Ed.) (C: You are doing very well because you are not supposed to reason about this.) Okay, the next step in from the nose (After a silence. Ed.) I am in the eye sockets, and this is different, this isn't grinning or snotty—it is full of tears. (C: What do you feel on this layer?)

Betty: I feel that I could very easily cry right now. (C: Do you want to?) There doesn't seem to be sufficient to set it off. (C: What would you cry about?) (Long silence. Ed.) About something very lovely, warm and beautiful that happened today. (C: Can you tell us about this?) I am sorry, it is not the kind of thing I can share. (C: Then take the next step inward, Betty.)

Betty: I am in the middle of my head. (C: And what is there?) Oh dear! I am so full of these corny, literary allusions. My first association was Descartes' "little man" on top of the pineal gland. (C: Do you see him?) Yes, I kind of see him. (C: What does he look like—a leprechaun—it's St. Patrick's Day?) Yes, something like that; he's got a pointed head and for some reason he is in black—it is not that he is wearing black and white, he is drawn in black and white; he is not in color. He is like a cartoon. I don't take him very seriously. (C: What is he doing there?) He just seems to be running around. (C: All right, take another step inward.)

Betty: This little man gets in the way; I think that is his function—keeping me from getting further in but I think I can dodge him. There is a place more toward the top of the head, just above the little man, which is closer but at the same time I feel it at the pit of my stomach also—these two places are linked. (C: How are they linked?) (Long silence and a sigh, Ed.) When I really get into my brain, dodging the little man, it's sort of, I guess it's the solar plexus or something that it ties up to. (C: What do you see or feel?) At first I had a feeling of dark and warm, full, like a summer night up in the top of my brain, end in the stomach—or whatever it is in there—a sort of pressure, a heaviness; and now it is becoming more a feeling of excitement and anticipation; as if something is going to happen. (C: Hmm, Hmm; take the next step then.)

Betty: Now we are up in the area around the heart; there is some pressure there; as if the heart is pressing out on the front of the chest rather than the other way around—like as if the heart is bigger than it was. (C: What does this mean to you?) My heart is very full. (Silence. Ed.) (C: Let us take the next step inward now.)

Betty: The next step I think might be the center because it does not seem to have any divisions or any location; and it is very quiet, and it is rich; it has a quality but this seems to be where I come to rest. (C: Do you experience this visually in any way?) Visually it is dark and amorphous but associated with this is the scent of flowers which just opened on my gardenia. I have been much involved with this gardenia plant; I have been joking about it being my baby and fussing about it like s if it was a new puppy. And the flowers—have you ever

seen a gardenia opening on the branch? The petals are all intertwined on each other and then they open out like a rose but they make a kind of spiral pinwheel as they gradually open up. And the scent and the whiteness and the unfolding—it is as if you have something to do with this inside. (C: Let us just try another step now. We may feel we are at the end but it may be possible to go another step further.)

Betty: I can get in further and further; it becomes much more amorphous; not conceptual at all; it is not even located in my body. I see a cavern, but the top if it is carved like a medieval drawing, ceiling; and there is some light at the top of it. It is really a cavern in actual rock; some association with the inside of the mountain from the Hobbit cycle but it is not the Hobbits' cavern. (C: Hmm, Hmm; take the next step inward now.)

Betty: It is pure black; I am going further into the cavern—I am annoyed at these damned associations. It is like they spoil the purity of the experience, but maybe it is easier to communicate through them. It is as if I was going into the dark cave where Golom was hiding, into Golom's cave. (C: How do you feel in there?) The ring is there. Of course! That is what I went in there for! (C: Let us take the next step inward now.)

Betty: I am in the ring. (C: What can you tell us about this?) I am just sitting there, with the ring all around me. (C: How do you feel?) I don't know; I think it is a wedding ring. Yes. Sitting in this wedding ring I feel very, "distracted" I guess is the word. (C: Why?) I don't know why. I keep turning from side to side, looking. (C: What are you looking for?) I don't know. I don't know whether I am looking for something or looking away. It is more like as if there is something in front of me that I am looking away from. (C: Hmm, Hmm.) A very bright light—very bright, very bright. It is in front of me. It is very big, like the sun—although it is not really as big as the sun. (C: Now, let us take the next step inwards.) (Long silence. Ed.)

Betty: I have to go into the sun. And when I do I become the sun. I am, light! (After a long silence. Ed.) I am sitting in this kind of Buddha type of position. (C: Can you tell us anything else about this present experience?) I feel very tall, I think that this is really—oh no, I was going to say that this is the end but it really isn't. (C: 'What is next?') I mean this is the end of going inside, but then I have to go out again. I cannot stay here. (C: Now let us take this light, Betty, and let it guide you, let it radiate in your own life.)

Betty: in my own life? (C: Hmm, Hmm.) I thought first of going somewhere into the past but of course it has to take me into the future. (Long silence. Ed.) (C: Where did you see the light taking you into the past?) Nowhere really—just some very confused images of my past and I know that isn't it at all; it has got to be in the future. (Very long silence, and then a chuckle. Ed.) This typifies very well the whole sequence, kind of summarizes; I feel something like a radiant Bodhisattva sending out beams of light to humanity—while my nose is running! (C: Any other image?) A very strong sensation through here (The heart. Ed.) I can actually feel light streaming out. (C: What happened to your nose?) I wish I had a tissue—my nose is running. I guess if I ever become a Bodhisattva it would be a snotty one! (Said with a chuckle. Ed.) I have trouble maintaining the image. (C: Now about the light, 'how can it get rid of this snottiness?') It says not to get rid of it. (C: What else does it say?) (Long silence and then a chuckle. Ed.) That was really a very funny thing. There is more of this impishness; comparing the tip of my nose to Rudolph the Red Nosed Reindeer, guiding the team through the dark. (C: Try to imagine this light guiding you somewhere, to an experience to get rid of this snottiness.)

Betty: I can see it taking me through snow—a snowy night, a street in Williamsburg in Brooklyn. I used to walk at night; there was a church there that was very lovely. I remember walking there on a snowy night and the lights from the street lamps, the snow; it was very beautiful. And there used to be a fountain there; it is a very lovely spot—I think there is a housing project there now. (C: Do you see yourself there now?) I am 14 years old and the year I believe was 1932 or 3; I don't have a coat and I am walking in the snow in an imitation leather jacket. (C: What is happening?) There is a feeling of great anticipation; something wonderful, something very beautiful is going to happen. (C: Let the light continue leading you in this experience.) It takes me back to what

happened today, and it made me want to cry. But this isn't the end either because something further will come of that (Long silence. Ed.) (C: We had better stop here. Thank you very much, Betty.)

\* \* \* \* \*

## **Discussion**

Crampton: Betty, do you want to say anything about this experience?

Betty: It is kind of hard to come down to earth, I am only partly here; this room is much less real to me than the light and all the other things I experienced.

Crampton: This is one of the problems of this method—this re-entry question.

Betty: The thing is that this reality is so much less than the other reality. My first thought was that it must be like this to be schizophrenic; but I don't think so, this is what it is like to be sane—it is as though I have been schizophrenic all my life.

Crampton: Have you had similar experiences before?

Betty: Not quite like this. I have done some visualization, "Guided Daydreams", etc. but nothing quite like this! (Crampton: Have you had the experience before of the inner light, in the guided daydreams?) No. That in the light was really something brand new. It was strange.

Crampton: This is a typical image on which subjects seem to finish. Sometimes they go beyond the light—almost beyond the image, a kind of pearly light beyond the sun image. You seemed to want to spontaneously come out of it. Often I stop with the sun, although the inner image is not identical with each person.

Betty: The feeling was that it was not my job to go further and become a pearly cloud; it was my job to stay in touch with people and I spoke about the feeling—I felt it particularly in the breasts—as if it had come out through the nipples; that was at the time when I was spreading light all around. And then of course it came out. The last thing was the leprechaun—to keep the experience from becoming utterly grandiose; you see that is the reason that I cannot get rid of this snotty nose because otherwise it would be utterly—you see, I must keep that humor to some extent as a check, I hope!

Crampton: What is the feeling—if you don't keep it in check? What would happen?

Betty: For one thing I could become quite paranoiac, which would not be so nice. I could become a maniac, which isn't nice either, although it's fun when you are getting there; but really it isn't fun. The feeling that "that way lies madness." (F.H.: And the leprechaun is there to stop it?) Yes; the leprechaun and the snotty nose are all part of keeping me from getting too far into the grandiose image.

Crampton: Yes, when you were surrounded by the ring and didn't want to look at the light, some fear was reflected.

F.H.: Then you are saying, Betty, that there has to be a saving flaw that keeps you from going off into madness or grandiosity.

Betty: Or a sense of humor, a sense of one's own ridiculousness, of one's own absurdities—like with the image where I became something like Rudolph the Red-nosed Reindeer with the light coming out of the nose!

J.C.: Martha, is this method of entry rather typical-through the mouth, etc?

Crampton: No, it is atypical as far as my experience shows to date. Most subjects have images which have nothing to do with the body.

R.B. I followed this on my own and my experience was very definite; and I was staying with Betty too, going back and forth, and I wondered "What Am I?". I liked the experiment very much. (J.C.: Did you find that inner light?) Mine was different; mine was not a light; I experienced almost a oneness. It was a very wonderful feeling—seeing and perceiving in a very new way. (J.C.: What about emotional feelings; what did you have?) No feelings; I stopped myself and came back. (J.C.: Was it ecstasy, or tears?) No; I was very much here on earth but the earth looked quite different. I and the environment were merging. I sensed a fulfillment, I think; not joy or happiness, nothing manic but a sense of "*being*," of "*here I am*." (F.H.: Does the word rapture fit?) No. (F.H.H.: It is a sense of being in the world, a greater sense of livingness.) Yes.

J.C.: Betty, why did you check your tears?

Betty: I think I didn't want to get emotional about a hang-up that happened earlier today. I could have got into that and missed everything else.

Crampton: I think maybe you feared that the tears belonged to the central part of yourself, whereas the tears are one of the outermost layers. That came at layer No. 4. There were twelve layers, so the tears are really very much on the outside. This is one of the advantages of this method, I think. It can illustrate that the frightening aspects of our self are really very superficial. Depth analysis does not usually go deep enough to go through this layer to contact the inner center, which is always positive and radiant.

J.C.: Betty, have you had any training in meditation or in any type of inward searching such as this in your lifetime? You spoke of Buddha, and you got into a very erect position with your hands palms upward.

Betty: I have had only a little training in meditation or Zen, but I am very much aware that there is a connection.

F.H.H.: Martha, what was your reaction to Betty's sense of danger in the grandiose.

Crampton: This is very, very frequent...(Betty: I have been accused of being grandiose many, many times, so I am well aware of this as a possibility.) One patient experienced this as being on the edge of a vortex or whirlpool in a tiny boat and he was terrified of being sucked in. I think it is partly the fear of loss of identity in this mystical type of experience of merging.

Betty: I went through that in the sun, I became identified with the sun, but then I felt I had to separate myself because that was my role, because that was what I had to do and that was what I was there for.

R.B.: But suppose you hadn't separated yourself from the sun, and had stayed with it even further? I think of it as if rationality had stepped in and spoiled something.

Betty: No, I don't think that; it wasn't rationality exactly, it is really something about myself that somebody told me recently—that I was bodhisattva-like because I was able to "turn on" a lot of other people—with this

particular individual to the point where he felt it was nirvana—without being able to get there myself. Maybe I am not supposed to be there, but to help other people get there.

R.B.: That is what I mean, that you restrict yourself that way.

J.C.: It is nice to know that we can control it. (R.B.: And stop?) Yes. It isn't just theory that you can burn yourself up in this.

Betty: No, I really had the feeling that it isn't just being rational.

R.B.: No, I didn't mean rational in the sense of you saying "no", but something within yourself that says: "Ah, ah! Don't go in there!"

Betty: It was not a sense of danger; it was almost a sense of destiny, like "This is where I have to go, this is what I have to do." Just as when I got into the cave I had to find the ring. By the way, the symbolism came from various literary allusions. Tolkien (The author of the Ring books. Ed.) disclaims any symbolism at all in his books, it is surprising how well the images fitted in the Tolkien stories—the Golom, the cave, the ring; and then having to go into the fire which is where the Golom had to go. In the book it was Golom who was annihilated in the fire; so maybe you are right there.

J.C.: One further point: it is important that the therapist have some personal experience of the inner self in order to be able to guide the patient to this experience.

Crampton: Yes, the therapist should know the path himself in order to lead another. Also, it seems to me that the patient could absorb something indirectly—as though by osmosis—from the therapist who has had the experience.

F.H.: Well, Jack, you talk of using the Visual "Who Am I?" with people with intense problems. Would you use it from the beginning of treatment? Or is it something that you bring in later, after exploring the problems in a more conventional fashion?

Crampton: Often with deeply disturbed subjects you get hung up on the outer layers and you have to work through that first. But I find it helpful to continue as soon as possible.

J.C.: At one stage you (Betty) sat up very straight and this was not Betty. All of a sudden your hands were palms upward and if we could have measured your spine at that time it would have been as straight up and down as it possibly could be. (R.B.: But that is also Betty!) You were radiant, transfigured.

Betty: I don't know what you people were seeing but I was quite confident that I was beautiful at that point; I know! Not conventionally pretty, maybe, but whatever it was I was beautiful.

Crampton: It might be helpful to meditate on this image of yourself as the sun when you are at home, to experience this as your true self, and I think you'll find you don't really need the runny nose.

J.C.: This is like some of the exercises we did with Assagioli. We would take the sun and then imagine walking right into it. It is interesting that it came out of you, Betty, spontaneously.

Crampton: Completely naive subjects who have never heard a word about symbolism or philosophy often come up with all these classical symbols. It is like a textbook. This is the collective unconscious.

Crampton: Now, I'd like to give you a few typical cases from my own practice. Later, we can discuss certain practical issues in the use of this method.

I will start with a man, aged 38, an engineer, in conjoint therapy with his wife. Originally his wife came in to therapy because of anxiety symptoms. Because there were some marital difficulties, he came into therapy, too, and soon discovered that he had problems himself. The visualization took place in a private session of 40 minutes.

*1st layer:* At first he could not get a picture at all; he found it quite difficult to visualize. He got a feeling and said, "There is a picture behind there somewhere." He got an impression that there were very powerful blocks in the way. But finally, this developed into the image of a whole floor of machinery. This is very common as an outer layer.

*2nd layer:* Underneath the floor of machinery, my patient saw a hazy picture of a man. He was naked, and jailed by the layer of machinery. Then he came to a block for quite a while and opened his eyes. After he opened his eyes, he got the feeling that there was a door there that he could not open. So I asked him to close his eyes again and to open the door.

*3rd layer:* He did this and came across a room with books and with a feeling of quietness and warmth about it.

*4th layer:* "There are hills and mountains in the distance, a clear sky. Cows are grazing in the fields. It is the outdoors."

*5th layer:* "A summer cottage by the ocean, when I was a boy. I can remember some of the happiest times of my life there. It was a place where we felt very free—a place where you could express yourself."

*6th layer:* "Myself as a young fellow with a paper route. This gave me status—a feeling of independence and accomplishment."

*7th layer:* "I see the other kids, bobsledding down a long hill. I was never allowed to do this, though all my friends did, because my parents thought it was too dangerous." (Long silence)

*8th layer:* "I've reached a layer of pain and frustration. There are any number of things here I wanted to do and experience that I didn't and couldn't. This layer just looks like a big, black pool—I knew what it was as soon as I saw it." [Incidentally, some subjects are able to interpret spontaneously the meaning of their images. M.C.] "As soon as I touched on this thing, I retreated as though it were a red-hot iron. I feel that I might go around it but could never go through it. It was like a black cloud or a storm. It represents sadness and disappointment. Every time I feel myself getting near this, I feel sad and draw away."

*9th layer:* "I had a feeling of almost being in an elevator going down past this layer of frustration through a series of subterranean caverns until I reached the bottom and stopped. Ahead of me was a picture of shining bright light—radiating. I almost didn't trust this picture because I have known for a long time that this light was there somewhere within me and it was like recognizing something I already knew, and yet seeing it for the first time."

*10 layer:* (Long pause) "I can't understand it. There was a picture almost of a spirit without form. Then there was a pool of water and when the spirit came near it rippled the water like a stone does with the circles going out from a central point."

*11th layer:* (long pause, whistle of surprise, shudder) " I started to see sunshine—the sun—then I got a feeling of rays of light coming from beyond my field of vision above. Everything started to go dizzy on me—like a TV screen when the image is blurred and I cut it off and opened my eyes. I was afraid I'd go away somewhere and never come back."

*12th layer:* The subject was encouraged to try to go back to the visualization and to allow himself to experience what was happening to him without being afraid. He saw the rays of light coming from above again, interplaying with the image of the spirit he had seen before. The rays of light seemed to be more solid and the spirit more formless and moving in and out around them. He described it as like the play of sunshine on water. However, he was not able to overcome his feeling of fear and pulled back from the experience whenever his feeling of tension built up too much. It seemed likely that he was on the verge of a deeper type of mystical experience beyond the mediation of symbols, but it was clear that he was not fully ready for it yet. The subject was told to meditate on the various positive images of the self which he had experienced, and when he learns to relax the various outer defenses of his personality—especially the outermost layer of rigidity represented by the floor of machinery—he will be ready to let himself move on to a deeper experience of merging with the universal self.

The subject's reactions to this experience were interesting. His immediate reaction was one of great happiness in the knowledge that there is something deeper within himself than the black layer of frustration. The black layer seemed less threatening and he no longer felt it was something he had to run away from, having derived strength and inner security from a contact with the positive core of his being. In the next session he reported that he found himself much more quiet, less boisterous since the session, with less need to impress people. He felt more relaxed and less prone to develop resentments and feelings of inferiority. He reported an awakening to a new feeling of freedom, though it is as yet weak and easily lost, but he knows it is there and that it will continue to grow. Being a typical engineer with a hard-headed empirical approach, he found it hard to believe that things could happen so fast and that an experience taking place in the "imagination" could have such a profound effect on his life. He feels it will take him some time to really make sense of it all. This attitude is reminiscent of R.M. Bucke's finding that persons who had undergone spontaneous experiences of what he termed "cosmic consciousness" generally took many years before they were able to fully integrate the experience in their lives.

F.H.: One of the points that Leuner makes about his method is that it can be largely non-interpretative. When the patient is involved in his imagery, the imagery takes on an autonomous direction of its own, and feelings are aroused spontaneously in response to the imagery. The therapist does not have to interpret or ask the patient "Why do you say this or see that?" To ask him to interpret is to ask him to think.

Crampton: I use interpretation in my therapy, but not always. Sometimes I find it useful.

R.B. Yes, and I will use it when time is short; but if I have the time, I keep out all interpretation and find I am much better off. When it is discovery on the person's part, therapy is much more meaningful.

J.C.: I dropped interpretation so long ago in the past, that I don't even have to concern myself with it. When someone starts talking about "What is the interpretation of this?" I have to go back 15 or 20 years in my thinking to early psychodynamics. These images grow, and they have a life of their own; and you are sitting there observing them rather than trying to direct; they have their own life and they move.

P.S.K.: But how would you describe the dynamics that occurs in this process?

R.B.: Stay with the feedback technique and you won't have any difficulty in keeping away from interpretation; just sort of feed back what a person is giving you.



P.S.K.: So you reinforce the image. (R.B.: Yes, bringing out more feeling.) And he will understand and go on? (R.B.: Very much; you just let him unfold.)

J.C.: The patients will become irritated if you start and try to take over the direction in any way; they will become upset and want to push you away. Many times as soon as you start entering into it they will block. Sometimes I will ask them: "Where am I?" (in their imagery) and they will answer "Oh, you are sitting over there under a tree" or "You are around somewhere". So you have to stay there—wherever they have put you in their imagery. So the less you do, other than just provide a setting, the better it goes.

Crampton: I am afraid I pushed Betty too much tonight because I was quite conscious of the time factor, which is always a detriment.

F.H. Yes, I had the feeling that you were asking more; and she spontaneously interpreted a lot.

Crampton: I find it is helpful to ask the patients what their feelings are; and the interpretation comes through, their feelings.

F.H.: It seems to me that this technique would be especially good with hospitalized psychotics.

J.C.: In a hospital the patients have already run away somewhere and our problem is to pull them back into something that could be called reality. And what I try to do is to take such simple things as having them look at a postcard and to tell me what is on it, or have them listen to music and pick out one instrument in an orchestra and try to follow that instrument; or have them go down the street and look in the store windows and note what is in them. The aim is to try to establish some kind of communication. After this is done and they are cooperating and I have some point of contact, then I can start using the WAI method. But if they just sit there staring out into space, then all I can say is "more thiorazine." Or I'll put them on three grams of niacin plus and tell them to come back and see me in three weeks' time, and then we can start from there.

Crampton: Often the problem with psychotics is that they have had an experience of the transpersonal self but they have misinterpreted it. And they may start thinking "I am God" or something of that nature, so they do need help in interpreting their experience.

J.C.: Yes, but it is difficult to come back to the "runny nose" of everyday routine, and to what their job really is. You see the same thing with the LSD or the marijuana users; in some way they have hit, shall we say, this transpersonal self and they want to stay there; they don't want to leave it.

Crampton: But the place people seem to want to stay in seems to be an intermediate level before you get to the true self. In Betty's case, the dark place she got to was described as "very rich, very quiet, dark and where I come to rest."...I think this is the level where people get hung up.

R.B.: Have you had anyone go through the light?

Crampton: Yes; I have one patient here who in the deeper layers goes beyond the sun. Let me read you his record:

*Layer 1:* A circular path leading to the center—a spiral form. At first I saw a set of concentric brass rings. Now I see myself walking on a path through the woods. The sunlight is streaming through the trees. It seems to be an exploratory path—not too well-marked, but I seem to feel I'm on the right track.

*Layer 2:* I'm in the garden of Eze—seated there with a large drafting board. I seem to be working on an architect's general plan of the universe—trying to demonstrate the place of man in the total scheme of things.

*Layer 3:* A cloud, grayish-blue. Now it becomes a pearly or silvery color. All of this seems to have emerged from a volcano which appeared for just a moment. The cloud is all there is; it is not a discrete object. The feeling is one of wonderment. The cloud seems to be flashing or flickering, as though there are dots of light in the center of it. It may represent the whole universe either prior to creation or at the first stage of creation; or then again, it seems to be a sort of warning or indication of something to happen—a kind of riddle.

*Layer 4:* An eagle with wings outstretched as though ready to take off in flight.

*Layer 5:* The same bird in flight—climbing as though into the sun. The bird is black with the golden light of the sun reflected on its wings. The sun is a deep gold or orange-red color.

*Layer 6:* This one is hard to understand. It's as though I'm looking down from a mountain on a vast expanse of sunny plain. On the plain is an array of geometric figures which seem to be made out of silvery metal. There is a triangle, a double helix—as though the two helices were intertwined like two snakes standing upright—and a sphere. They are grouped in a triad at the bottom left corner. In the top right corner is a purplish background with a white swan or egret—some bird with long legs which is standing up. The bird represents peace or serenity. The triangle seems to represent truth—it rings true when struck. The sphere represents beauty to me and the serpents or spirals might represent love or goodness—I should say wisdom, which would combine both of these. The helices seem to preside over the other geometric symbols. It is the dominant theme. If these three symbols remain there, the bird of harmony or serenity will remain ever-present against this regal background.

*Layer 7:* A colleague and I and R. A. are meeting for the last time on the shores of a sea. Above us is a huge V sign spreading out like two arms of a rainbow. It seems to suggest that R. A. is transmitting a final message to us. The two arms of the rainbow indicate that our work is to radiate upwards and outwards.

*Layer 8:* A golden plain or surface. This time there is only the helix or dual serpent of shining silver. At the end of the plain there is a sun—more golden now—casting its light upon the helix which in turn is casting a shadow. The scene is motionless and has an eternal aspect.

*Layer 9:* A boundless ocean—the sun sparkling on the waves. The sun with different helices like silver coils coming out of it as a corona. Just then the silver cloud came back and the glitter of the ocean left. The cloud and sun seem to have merged. The cloud is brighter than it was—like a throbbing mass of light with pinpoints of additional light. It is somewhere between gold and silver—with the warmth of gold and the light of silver—a pearly gold. This pearly cloud is all there is—a warmer feeling now—a feeling of joy.

*Layer 10:* I just see the same process of synthesis occurring in the last step happening all over again.

S.W.: What happens if you have a patient go through this experience more than once?

Crampton: I am glad that you asked the question. This case that I just gave you was a repetition. What seems to happen is that the person contacts the inner layers much more rapidly on the second time around. There seems to occur a progression in the direction of greater development of the symbolism of the self. It may be that the original experience has facilitated this development.

F.H.H.: Martha, did you find that these people are in closer touch with reality after such an experience?

Crampton: Definitely. (F.H.H.: There is no danger of losing yourself in the light then?)

J.C.: When this question is spoken of to psychiatrists, they frequently talk of the danger of precipitating a psychosis.

Every session or seminar that I am in people question this. They do this with real concern and say "You are going to make them psychotic!" and yet we have presented psychotic people and shown how they were made sane!

F.H.: Are there any types of patients with whom you would strictly avoid using this method?

Crampton: I don't know enough about the method to give you a very good answer. I have never tried it with a psychotic patient, so I just don't know. (F.H.: How about depressives?) It is excellent for depressives.

H.H.: This ties in with what I wanted to ask. Dr. Assagioli in his book in describing his techniques always gives a warning or contraindications as well as directives. At what stage of this technique have you found it necessary to sound a word of caution?

Crampton: Well, as I mentioned, often in the outer layers you will come very rapidly to very disturbing repressed material. One subject came in touch with his homosexual problems which he was completely unaware of, his latent homosexuality, and was terribly disturbed by this. So we just had to stop and work that through before we could go on. When a subject is too disturbed, you don't end a session leaving him in that state.

These cases I have given are a few typical examples of subjects who have completed the exercise in one sitting (i.e. in a time-period which might range roughly from 30 minutes to an hour). The number of steps involved in the cases cited varies from 10 to 27. It is the exception rather than the rule, however, to find cases in a *clinical* practice who can complete the experience in one sitting of this length. Probably more "normal" subjects could do so—at least judging from my experience with the Y.M.C.A. self-realization group—though there are not as yet sufficient data on various populations to be able to make an accurate statement about this. Most patients in psychotherapy, with a moderate to high degree of psychopathology, will probably require several sessions with this method before they are able to reach the inner self. I have some patients who have gone through as many as 40 and 50 "layers" without contacting any supraconscious contents or having any experience of the self. It is an open question whether such patients would be able to do so if we continued long enough. I suspect that they probably could, though for practical reasons it seems preferable in such cases to take time out to work through some of the fears and conflicts encountered along the way before continuing the voyage inward. This helps to maintain the patient's morale and in the long run probably speeds up the work with the visual "Who Am I?"

It is important to give such patients a good deal of encouragement as they frequently feel that there is "nothing good" in them and their difficulty in contacting positive images may tend to confirm them in this belief. They must be reassured that if one digs long enough, there is always water beneath the mud; that all subjects in working with this method must traverse a negative region before they can contact the true and positive self and that to experience one's deep fears and conflicts is a sign of progress. One can speak of what Jung called the "shadow"—those unaccepted parts of our personality which we must learn to face and integrate to achieve wholeness; and one can speak of what Perls calls the "death layer" which must be traversed in order to reach the inner core of life and spontaneity. For those poetically inclined, one can speak of the path leading through the valley of the shadow of death before we are led upward toward the mountain peaks or of Dante's visit to Hell and Purgatory before he was able to reach Paradise.

We will need to acquire much more experience with this method to be able to say very much about its indications and contra-indications, the types of people with whom it is successful and the types with whom it would be inappropriate. Preliminary observations suggest that it is most suitable for use with subjects who have sufficient intellectual and cultural background to understand its principles, with subjects of some intuitive ability and who are not overly threatened by revelation of depth material. Certain more literal-minded types will protest against the whole principle of visualization, maintaining that it is "just imagination" and refusing to admit any possible validity to it. Such types must be treated with other methods until their intuitive faculties are better developed. The efficacy of the method is limited to some degree by the subject's ability to experience feeling about the images; if there is little emotion involved, the experience would seem to have less impact, though it can still be of use to illustrate the existence of a positive inner self and to outline the various problem areas.

The method does not seem to be particularly suitable for group work, except perhaps as a demonstration. It generally takes too long to sustain the interest of the other group members, if it were to be done with each member in turn. But it can be very helpful to go through the method with a "good" subject so that the other group members can glimpse—at least vicariously—the reality of the inner self.

One practical point of importance is that the practitioner of this method should be an experienced therapist and should also have a good background of knowledge of the symbolism of the supracconscious and the self, in order to guide a subject safely through to the goal. Frequently the subject will feel he has reached the end before he has in fact done so, and it is necessary that both therapist and subject have a sense of closure before stopping. It is good practice to go one step further than either believe necessary, just to check, as our "science of the self" is still very young and we have no very definite rules to follow in this area as yet.

One point we should consider is the relationship between the visual "Who Am I?" and the verbal "Who Am I?". Preliminary explorations suggest that the visual form is both more powerful and more risky than the verbal form. As when using a highly potent drug, one must be aware of potentially dangerous side-effects. Unlike the verbal form, the visual one is not a method to be used by a disturbed person alone; it cannot therefore be assigned to work on between sessions like the former. In the presence of a skilled therapist, however, it can probably bring deeper and more vivid realizations than the verbal method. And this depth is not only in terms of material from the lower unconscious, but it would seem to go much farther in the exploration of the supracconscious as well-or into the area of what has been called "height" as opposed to "depth" psychology. The verbal form seems more likely to bring awareness of the personal self—of oneself as a separate individual—while the visual method would appear to be more geared to bring awareness of the transpersonal self and the supracconscious. It is, however, possible to use the visual form indirectly to foster awareness of the personal self, as when a subject encounters an obstacle (a closed curtain or something of that nature) and realizes that he is the one who is keeping it closed. However, I have not as yet encountered, in my experience with this method, a direct image of the personal self as such. This perhaps adds weight to Assagioli's contention that the personal self has no intrinsic reality of its own, but is simply a projected fragment on the personality level of the permanent center which is the transpersonal self. But again we must conclude by saying that all of this requires much further study.

I would like to underline a final point, and this is the question of the transformation or stepping-down of these higher energies of the transpersonal self into a form in which they can be integrated in daily life. Psychodynamics has studied the laws which govern the sublimation of the sexual and aggressive drives into higher forms of expression such as artistic and scientific achievement and altruistic love. What is now needed is a formulation of the basic laws which govern the transformation of the higher spiritual energies into forms which can be utilized on the personality level. Not only must we learn to remove the 10,000 veils of Maya—as they say in the East—to perceive the reality of the self, but we must learn how to release this inner light so that

it can shine forth into the world. I have employed various means in my own practice—meditation, visualization, body movement, and encouragement of creative social and artistic expression—and would welcome any suggestions along these or other lines.

\* \* \* \* \*

## PART II, REFERENCES

- ASSAGIOLI, ROBERTO *Psychosynthesis: A Manual of Principles and Techniques*. New York: Hobbs Dorman, 1965.
- CRAMPTON, MARTHA "Answers From the Unconscious: A Method of Symbolic Visualization." New York: Psychosynthesis Research Foundation, 1965 (mimeographed).
- DESOILLE, R. *Le Réve Eveillé en Psychotherapie*. Paris: P.U.F., 1945. *The Directed Daydream*. New York: Psychosynthesis Research Fda., 1966.
- ELIADE, MIRCEA *Images and Symbols*. New York: Sheed and Ward, 1961.
- GERARD, ROBERT *Psychosynthesis: A Psychotherapy for the Whole Man*. P.R.F. Issue No. 14. New York: Psychosynthesis Research Foundation, 1964.
- GODEL, ROGER *Essais Stir l'Expérience Libératrice*. Paris: Gallimard, 1952.
- HUMPHREYS, CHRISTMAS *Concentration and Meditation*. London: Watkins, 1959, pp. 125-130.
- MASLOW, A. H. *Religions, Values, and Peak-Experiences*. Columbus, Ohio: Ohio State University Press, 1964.
- SHAPIRO, STEWART B. "Explorations in Positive Experience: an Existential Approach to Psychotherapy." *Explorations*, number 8, July 1966, pp. 25-40.