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**Toward integration of humanistic and  
transpersonal psychotherapy elements in the light  
of modern cognitive psychology**

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## Abstract

The influence of cognitive psychology with its more inclusive sister, cognitive science, is greatly felt in psychology as a whole and it certainly plays essential part in modern humanistic and transpersonal psychology as well. While the mainstream psychiatric practice is still waging the war against the troubled minds by mostly using psychoactive drugs, the cognitive science, in convergence with integrated humanistic and transpersonal psychotherapy elements, may already have a more humane and less intrusive and harmful solution for even the most severe mental and emotional disharmonies.

In the present paper basic perception and cognitive processes as per modern cognitive psychology are examined and active, as opposed to passive, perception is explored. The basic humanistic psychotherapy elements are outlined and the effectiveness of the transpersonal states of consciousness in psychotherapy is looked into. The general outline of the new psychotherapy Transpersonal Cognitive Therapy is presented and the potential of the Class II theta state of awareness is explored. Three case studies (unipolar depression; social isolation and suicidal tendencies; stage fright) from the Transpersonal Cognitive Therapy sessions are also briefly discussed.

### **Subjective realities: perception and cognition**

How is it possible that exactly the same material object holds different meaning for different people? Is perception absolutely abstracted from knowledge? To what extent does previous experiences and knowledge color what we perceive? To what degree does environment influence our cognitive processes and vice versa?

While these questions may seem rather elementary at a first glimpse, it is imperative to thoroughly understand the basic cognitive process which colors the above questions and respective answers.

According to modern cognitive theory, so boldly portrayed by von Helmholtz (1821-1894) more than a century ago (von Helmholtz, 1866), we do not perceive the world directly but only through mental representations. Human perception is only indirectly related to objects. Of course, a mental representation of, say, a five hundred Euro bill, does not necessary mean that that amount of money is physically in our hands and, even more importantly, we cannot really become aware of it or act upon it without first creating, or encoding, mental image in our mind. Images, objects, people and everything else do not enter our lives without first entering our minds eye, as a mental representation. A sharp definition of a mental representation "... is unobservable internal code for information." (Kellogg, 2007.)

Professor Kellogg goes on to explain a very important fact:

*"Mental representations, then, provide the basis for all cognitive abilities. To perceive your environment you must compute mental representations of the objects around you and the events that are taking place. All that you know about the world, and your only basis for acting on the world, is found in your*

*mental representations.”*  
(Kellogg, 2007, p. 7).

For a humanistic psychotherapist and psychotherapy practice this is of crucial importance, for it is relatively safe to infer that how we lead our life, and how we react to the environment, is based on what we have in our minds. We act upon what we believe and what we believe is based on the mental representations of ourselves, the world and other people. While clinical psychotherapies seem to deal only with the end result of emotional and mental disharmonies, humanistic and transpersonal psychotherapies tend to go deeper and deal with the causes: (dysfunctional and nonconstructive) mental representations.

Our perception is subjective, our mental representations relevant only to ourselves and most likely quite unknown and irrelevant to others:

*“Mental representations are private and are perceived, if at all, only by their owners. Even with the new technologies for examining the brain, scientists cannot read your thoughts because they cannot process your conscious or unconscious mental representations. Observing patterns of neural activity is not the same as experiencing mental representations.”*  
(Kellogg, 2007, p. 7).

What happens if a person has mostly negative and nonconstructive mental representations of life and of herself and acts upon them blindly, not questioning the nature of it all without even being aware of it? Instead of medicating such a person with psychoactive substances, it may be more helpful to assist her advance her openness and awareness of her own mental representations. Moreover, it may be, and indeed it is, as we shall see later on, very helpful to assist such a person to change all that mental negativity, dealing exclusively with mental representations as the inner causes.

It would be interesting to speculate what would have happened if Hitler had had the most pleasant parents, a loving and warm upbringing in a tranquil village on the shores of Atlantic ocean, had meditated every day and had had a spiritual teacher like Mahatma Gandhi.

On the other hand, it would perhaps be even more interesting to theorize what would have happened if Mahatma Gandhi had had downright negative mental representations about non-violence due to the emotional and physical abuse in his childhood.

This is where, I would like to propose the single most important and basic proposition of cognitive science stands powerfully alone; perhaps even above all other psychology theories. It is the base of perception, a strong root of how we perceive everything:

*“Information must be mentally represented to be involved in perception, memory or any other cognitive activity. It is through mental representations that we know anything and everything.”*  
(Kellogg, 2007, p. 29).

Our Western psychology is really very young; it has grown out of ridiculously superficial and mechanical behaviorist views on the human psyche only few decades ago and, in comparison to traditions from the East, it is only an infant. Not surprisingly, our perception is similarly and perhaps even more precisely delineated in the Tibetan culture:

*“...waking life is actually the same as dream, that the entirety of normal experience is made up of the mind's projections, that all meaning is imputed, and that whatever we experience is due to the influence of karma [previous thoughts and actions]. There is not an actual "thing" anywhere in waking life – just as in a dream – but only transient, essenceless appearances, arising and self-liberating in the empty, luminous base of existence.*  
(Tenzin, 1998, p. 73)

Rinpoche Tenzin's words, as eloquently put as they can be, have a definite scent of philosophy, of course; it would be wise to take them into consideration, nonetheless. The notion that “... the entirety of normal experience is made up of the mind's projections...” is very interesting and holds the key for understanding the power we possess but generally not use. The work of Dr. Richard Gregory (2006) mirrors Rinpoche Tenzin's words: “...all meaning is imputed...” quite strikingly and is perhaps an answer to some of the above elementary questions.

An active approach to perception, however, advances our understanding: “Perception is not something that happens to us, or in us. It is something we do.” (Noë, 2004). An intriguing sentiment, to say the least. We will examine the active approach to perception in greater detail latter on.

Perception itself is, of course, a most complex process. The mind itself comes to know the world through five senses via the information processing. Architecture of the information processing system itself is described as either serial or parallel, or both simultaneously. There are also alternative types of processing, i.e. symbolic and connectionist models. The symbolic model has been around for half a century, pioneered by von Neumann (1958). He provided the foundation for such models based on his work on computers.

Atkinson and Shiffrin (1971) proposed a symbolic architecture; we can see a simplified model in Fig. 1.

1. Object itself	2. Encoding information	3. Storing information in memory	4. Retrieving information	4. Manipulation of information
Fife hundred EUR bill	Mental representation	Short-term first, long-term next	A serial or parallel search	Making a decision, acting

Fig. 1.  
*New object is perceived first by encoding it into mental representation and then stored in short-term memory first and, by rehearsal, into long-term memory. Information is then retrieved by searching the memory. Response is made in the last stage as decision and action.*

In addition to perception, there are other important and rather complex cognitive processes: attention, memory systems, communication, writing, reading, problem solving, reasoning and decision making etc... Relevant to our theme are the cognitive processes of problem solving and decision making.

**Problem solving** is a cognitive process, rather complex in itself and one of the most important ones. Decades of cognitive psychology studies have been invested into research of the problem solving. Dr. Kellogg sums it up very well indeed:

*“People think by manipulating mental representations of the world. Through the use of such representations, people can plan courses of action and simulate their effects prior to taking action.”*

(Kellogg, 2007, p. 276-277)

Problem solving can be quite effective, especially when the power of knowledge is properly employed (Kellogg, 2007), as seen in the study of a ten year old chess player (Chi, 1978). Other studies have also confirmed that knowledge can indeed contribute a considerable resource when it comes to problem solving (Glaser, 1984; Larkin, McDermott, Simon & Simon, 1980).

Metacognition can also be quite useful in problem solving. Metacognition in this context represents the monitoring of cognitive processes and states of knowledge and involves cognition about cognition, or awareness about thinking. It is particularly helpful when employed for monitoring progress while problem solving. The concept of metacognition brings us close to the complex issue of consciousness, which is, I am afraid, quite beyond the scope of our topic.

**Decision making** has been investigated over the years in a great many ways. A rather dry, yet meaningful definition, of decision-making theory is: “...it is the branch of mathematics concerned with how to go about the process optimally...” (Hastie, 2001). The decision making cognitive process, with its brother, reasoning, is fairly complex in nature (more on the subject in Kellogg, 2007, ch.10, p. 279-309).

Relevant to our theme is the impact of the belief system on the reasoning and decision making. Meaning and beliefs lie at the core of human thinking itself. It is most difficult to open up or to accept new ideas and concepts, business opportunities or anything else, for that matter, if it is in opposition to one's innermost beliefs. Any salesman can affirm that fact and most psychotherapists can share stories about how their clients just did not advance much due to their rigid belief systems.

No matter how logical a positive decision and respective action may seem, people do tend to make decisions based on reasoning that is conditioned by beliefs: “Belief bias in this context refers to people accepting any and all conclusions that happen to fit with their system of beliefs.” (Hanle, 1962). We can see the actuality of this all around us; I have seen really a lot of denial, suppression and other defense mechanisms in humanistic psychotherapy sessions, all due to clients' tendencies to cling to their old and safe beliefs. It always seems to be easier to turn away than to face new challenges, new ideas and fresh approaches to living: “College students in North America reject valid conclusions if they do not correspond to what the students know to be true about

the world.” (Kellogg, 2007, p. 286). Not surprisingly, the dominance of meaningful belief systems appears to be generally present throughout our globe, as we can see in the very important and interesting works of Cole & Scribner, 1972 and Luria, 1976.

In addition to belief systems, emotions also have a strong impact on reasoning and decision-making. It must be said that although emotions are traditionally not a part of pure rational thought, years of research have aptly demonstrated that they do influence human judgment and decision making in important ways (Shafir & LeBoeuf, 2002).

It is a well known fact from everyday life, for instance, that a strong emotional state can shift one away from a decision that in other circumstances might have been different. Pleasant feelings tend to elicit our effort to prolong them, and vice versa. There has been extensive research on fear as an emotional state; Fischhoff, Slovic, Lichtenstien, Reid, and Combs (1978), among others, showed how the judgments about the safety of different modern technologies were affected by emotional factors.

Taking all of the complex cognitive processes outlined above into consideration, we may be left to wonder what happens if the mental representations people are using for problem solving and decision making are downright negative, nonconstructive, perhaps only ornamental or even harmful in nature.

Yet again we are faced with the glaring fact: mental representations are very important in problem solving and decision making, for they are the basis of perception and other cognitive processes.

Not all psychologists, however, accept the notion of top-down organized perception. As far as visual perception is concerned, American psychologist J. J. Gibson (1904-1979) maintained that vision is the direct process in which “available information is picked up from ambient array of light giving objects significance to patterns of stimulation without recourse to stored knowledge or processing intelligence” (Gregory, 1997).

Such notions, however, yield certain gray areas, especially when we take into consideration that taste, smell, hardness, temperature etc. cannot be perceived through the eyes. A certain amount of knowledge is obviously necessary for a meaningful physical vision, as images seen through retina are inherently ambiguous. We may safely infer that bottom-up or data driven process (from sensory input and memory to long term memory) play an important role in cognitive processes and yet are not nearly as significant as the conceptually driven process (top-down).

Visual illusions (Gregory, 1997) are quite powerful instances that prove top-down processing takes precedence over the bottom-up one, in certain circumstances. The famous hollow face (Gregory, 1970; also Gregory, 2006) is one of such instances:

*“It is significant that these, and many other illusions, are experienced perceptually though the observer knows conceptually that they are illusions – even to the point of appreciating the causes of the phenomena. This does not, however, show that knowledge has no part in to play in vision. Rather, it shows that conceptual and*

*perceptual knowledgeable are largely separate.*  
(Gregory, 1997)

In psychotherapy, and indeed in our very lives, this becomes evident in a different guise: happiness, joy and material abundance are unattainable only to some, not because unattainability is inherent in the nature of these experiences, but because top-down perception, based on previous experiences and tons of negative mental representations, is literally painting the picture of unattainability. In other words, our conceptual knowledge (based on our previous mental representations, actions and experiences) can over-ride the objective, as it were, nature of happiness, joy and material abundance.

Furthermore, without conceptual knowledge, perception may not be possible if there is no activity, argues Noë (2004, p.3): “Perception and perceptual consciousness are types of thoughtful, knowledgeable activity.” Noë argues strongly in the favor of active connection between cognitive processing of information and the external environment. While his arguments are quite logical and valid, and may well be completely acceptable as far as our vision is concerned, I would not share his exposition that without any 'sensorimotor' activity there is no perception. If our perception depended entirely on our sensor and motor activities and knowledge, then transpersonal and extrapersonal experiences would have been improbable if not impossible. This is not the case, for certain states of awareness can indeed be experienced without any sensory input or bodily activity (the breathless transpersonal state, Nirbikalpa Samadhi, Yogananda, 1946, ch. 23., 46.). Lucid dreaming is another example of perception while sensory input and bodily activity are rendered inactive (Lagerge, 1991; Kosič, 1990). In fact, there is a wide range of extrapersonal and paranormal experiences that are well beyond bodily sensor input, generally referred to as ESP (extra sensory perception): precognition, clairvoyance, telekinesis, to name a few (Radin, 2006).

As far as everyday perceptual experiences are concerned, an active approach to perception is quite acceptable. Even more, 'enactive perception' can indeed offer more accurate and detailed explanation of how and why our bodily activities are invaluable in not only perceiving but also in exploring the perceived. And even in the externalist (as oppose to internalist, or cognitive neuroscience's notion that 'perception happens in the head') view of perception, conceptual knowledge plays an important part. While both approaches to perception are sound and neither can be disregarded, it is my belief the most adequate portrayal of our perception is to be found in the consensus of them both:

*“In trying to understand the mind's place in the world, we thus study the function from input to output, especially the way central nervous systems process and transform inputs to human organisms. We agree about whether central cognitive processes must have a language-like structure that explains the conceptual structure of thought. But we tend to ignore the function from output back to input, and the way environments, including linguistic environments, transform and reflect outputs from the human organism. The two functions are not only of comparable complexity, but are causally continuous. To understand the mind's place in the world, we should study these*

*complex dynamic processes as a system, not just the truncated internal portion of them.*  
(Hurley, 1998)

We are confronted with the importance of mental representations yet again, for in both top-down and bottom-up perceptual schemas, and partially in the active approach to perception, they perform a crucial function – they color our cognitive processes within and actions without.

How useful would it be, then, if a method for altering mental representations were available to us all?

I will argue in the following paragraphs that such a method does indeed exist and propose it as an alternative approach to medicating (read: drugging) troubled brains.

### **Humanistic psychotherapy—a humane way**

The general aim of many modern humanistic psychotherapies seems to be self-actualization (Rowan, 2001), the courageous and heroic steps taken towards individualization and deeper and more authentic feelings and goals in life, against all odds within and without. A battle against “them” (Das Man, as Heidegger calls “The They”), whom the inner insecurities and fears are projected on, a battle that is eventually won in favor of the innermost feelings, genuine desires, and intimate aspirations, which Jenny Wade named 'The Authentic State of Consciousness' (1996).

I have seen such progress being made by my clients in humanistic psychotherapy sessions many times over. It is far more demanding than psychoanalytical work (according to some of my clients), and I perceive it as a natural and inevitable result of therapy and personal growth.

For most of my first-time clients, however, this is not the case, not even by far. The mere notion of thinking, feeling, and also of acting as one chooses or wants, as opposed to acting as society, parents, authority figures, etc., expect, can be and indeed is frightening. “The They” are still too strong, and “Their” influence is felt quite powerfully. As therapy progresses, it soon becomes evident that in order to really advance, one must refrain from pointing fingers and simply embrace that elusive yet quite real thing called assuming full responsibility for one's thoughts, emotions, and actions.

Main elements of humanistic psychotherapy (adapted from Rowan, 1995):

- A human being is regarded as fundamentally good and all right. Of course, this goes against many other and much older psychological theories that say that people are, deep down, bad, selfish, narrow, and nasty. The humanistic approach is fresh and optimistic.
- The emphasis is on the whole person. If human beings exist on at least five levels—body, emotions, mind, transpersonal self, and spirit (as per modern transpersonal psychology theory; Rowan, 2005)—then we have to consider all five of those levels in all our efforts at realizing human potential. In this light,

we may understand why it is most important to deal with the causes of mental or emotional disharmonies instead of dealing only with end results and consequences (i.e. financial insecurities, depression, suicidal tendencies, etc.) that are generally dealt with by intake of psychoactive substances.

- The emphasis on change and development. In humanistic psychotherapy, clients are seen not as static victims or villains but as people in a process of growth that is natural and indeed ongoing and forthcoming. All problems that clients might now have are considered temporary and transient. Granted, such an active approach to psychotherapy demands sober involvement on the client's part; in humanistic psychotherapy, there is not much space for a passive 'push me-pull me' attitude.

In humanistic psychotherapy sessions, these elements are of crucial importance and yet not readily engaged by every single client. I remember a session with one client (diagnosed by a psychiatrist as an unipolar depressive) who stared at me with an utterly surprised expression in her eyes when I asked her what she wanted in her life. In her life, such questions were never posed. Why would anyone bother to aspire to a better life if she has unipolar depression, an untreatable disease according to “scientific” psychiatric theory?! (note the quotes; more on the “psychology—science” issue in Lutus, 2003).

Moreover, when I gently and softly confronted the client with her evident passiveness in life and asked her about her inner feelings that might have contributed to her depressed life, she seemed even more bewildered. She simply would not put two and two together and face even the slightest possibility that her thoughts and emotions might have something to do with her current state of being. It is easier to believe that some neurotransmitters in the brain are responsible for the issues in life, it seems, and that psychoactive drugs will do the trick. She never came to my office again.

Although slightly off our main topic, it is worth mentioning that the state of neurotransmitters is never absolutely fixed, and it can be altered by non-intrusive approaches (read: without the psychoactive drugs), yielding a great many positive changes in life (Dispenza, 2007).

I applaud John Vasconcellos, California state senator, who said:

*“Today's “new Copernican revolution” amounts to a most profound shift in our view of our own selves, from a fundamentally negative view of human nature to a fundamentally positive one. In a break from the long traditions of original sin, where we needed to be tamed, we now sense ourselves alive with original grade, needing to be nurtured.”*

Mr. Vasconcellos went on to explain:

*“This radical idea upends all that has been constructed on the old foundation. It amounts to a total revolution. It was hinted at by Jourard, who proposed that we become “transparent selves”. It gained credence with Bugental's observance of “the search for authenticity”. It was given voice by Rogers in his famous aphorism: “I've*

*been doing psychology for more than fifty years, and I've come to believe that we human beings are innately inclined toward becoming life affirming, constructive, responsible and trustworthy". It was elaborated by May when he argued that the utterly free human will naturally be responsible. It was confirmed by Maslow when he identified our possible "democratic character structure" in which one's intellect, emotions, and body are liberated and altogether integrated into one's becoming a whole person."*  
(Kirk, James, & Fraser, 2001, p. xiii-xiv)

Acquiring and living from the authentic state of being, along with its brother called individualization, is a very important step toward happiness and health in the life of human beings. It does, however, take a lot of self-investment, dedication, sincerity, courage, and inner motivation to achieve it; it requires a lot more than just using psychoactive drugs, hoping and passively waiting for progress to manifest.

### **The transpersonal psychotherapy elements**

When one is firmly grounded in his own authentic state and well on the way to his own goals in everyday life (regardless of what even the most authoritative "Others" say), there is still a lot of room for progress, according to our modern transpersonal psychology theory.

The transpersonal (Rowan, 2005) is divided into two levels by various authors: subtle and causal (Wilber 2000); transpersonal 1 or soul and transpersonal 2 or spirit (Rowan 2005). I have elaborated extensively on the pragmatic value of the transpersonal in my previous work (Cigale, 2008).

The casual transpersonal level (as an element in psychotherapy itself), as well as the subtle one (see Virtue, 1999) can be employed for medical treatments with surprising results, even in the form of instant healing of terminal cancer (Stibal, 2007, p. 4, 37). In fact, the whole ThetaHealing™ (Stibal, 2004) system is designed for dealing with diseases.

Before we take a closer look at these two powerful theta techniques, let us first visit the theta state of awareness.

### **Theta brainwave**

Our brains produce electrical frequencies, which change according to the state of awareness we are in. During deep sleep, our brains produce very slow waves (delta), while during dreaming and the time between waking and sleeping, the brain produces slightly faster waves, which are called theta (4-7 cycles per second). During meditation and deep relaxation, the brain exhibits alpha waves (7-14), and when we are in full activity, focusing on everyday life tasks, beta waves (14-28). A state of intensive learning is often regarded as high beta or sometimes referred to as gamma waves (up to 40 cycles per second).

Let us take a closer look at theta brainwaves. Our brains slow down to this frequency under several different circumstances (deep meditation, hypnosis, certain yoga

techniques), all of which allow us to access greater creativity and a more flexible perception. It grants us the possibility of experiencing conventional reality more vividly, more multi-dimensionally by virtue of contacting the causal transpersonal level (Wilber, 2000) of our existence.

During the moments between waking and sleep, limited by our sensory perception, we can still sense a different reality akin to the one in lucid dreaming (Laberge, 1991). In fact, the REM phase can be experienced even while awake and deeply in theta state. In lucid dreaming, one is aware of the fact that all is just a dream and that one is dreaming. It is similar in the active theta state while awake; the contact with the transpersonal causal level makes it possible to realize everyday life as a fleeting projection on the screen of awareness (see Tenzin, 1998, p. 73). In cognitive psychology, however, a similar process, although quite differently delineated, is called metacognition (Kellogg, 2007).

The theta state, being an even deeper state than the alpha state, is one of tranquility, creativity, and very deep relaxation. Emotional sensations experienced in the theta state include restful alertness, uncertainty, daydreaming, and deep tranquility.

W. Vogel, D. M. Broverman, and E. L. Klaiber (1968) described two types of theta brain-wave states. Theta occurring in Class I inhibition is seen most commonly in a relaxed, drowsy state, whereas theta occurring in Class II inhibition is associated with efficient, automatic, and sustained mental performance. Class II theta appears to reflect a selective attention that increases efficiency in problem solving, perceptual processing, and memory retention.

It would appear (Shiple, 2008) that exercises or meditation techniques that emphasize relaxation and comfort (such as TM) may be more likely to produce Class I theta as the subjects relax and become drowsy. In contrast, meditative techniques that emphasize selective attention or performance of a particular task appear to be more likely to produce Class II theta (Schacter, 1977).

### **Belief work and altering emotional states from the Class II theta state**

Based on the research evidence we have seen so far, it might be safe to infer that mental representations constitute the basis for perception and other cognitive processes. We can see the logic of this in our lives, as we progress in any area of our existence only when we surmount inner obstacles, not only the outer circumstances.

The theta state, in unity with the live contact with the causal transpersonal level, exhibits its awesome effectiveness and power; any mental representation in the form of innermost beliefs can be changed or replaced in a split second.

Furthermore, not only does Class II theta state, in convergence with fresh and live contact with the causal transpersonal level, yield almost unbelievable results when working on the mental level of our being but it also offers huge potential for treating our emotional states.

Regardless of the negative emotional states we have experienced in the past, they can be removed, resolved, and replaced with more constructive ones in a matter of seconds. Furthermore, new and not yet experienced feelings can be created afresh. Needless to say, the potential of such work on emotional states is unlimited not only in psychotherapy sessions but also in other areas of our lives, such as sports, education, business, etc.

The technical aspects of the methods are well beyond of the scope of our theme, so allow me to share my first encounter with the power of the Class II theta state and its pragmatic application:

*“When my wife and I were deciding about having a baby, I felt awfully strange. I was really apprehensive. I remember taking a stroll in the nearby woods, where I clearly saw that I had tons of negative beliefs regarding parenting, myself, and raising a child. I believed that having a child meant losing freedom. I felt completely inadequate and really unable to raise a child. Oh my God, what a mess that was!*

*If I were to rely on humanistic psychotherapy I knew and practiced, it would have taken at least one year to clear that mess up. In theta state, with the help from the transpersonal self, I managed to clear everything in a half an hour. In thirty minutes! All the fear, apprehension, self-doubt, reluctance, anger, and all the mental negativity in the form of 'I am not worthy', 'I will lose freedom', 'Having a child means losing freedom', 'I have to suffer', etc, went up and never returned.*

*And now?*

*We are having a child, our little baby-girl, Lara, in September 2008, and I already feel happiness and can hardly wait for her!”*

(Cigale, 2008a)

Basically, what I did a year or so ago when we were planning to have a child was replace all the negative and nonconstructive mental representations about myself, parenting, and having a child with positive ones using a Class II theta state and contact with the causal transpersonal level. All the negative emotional balance thus just went out of my awareness, replaced with feelings of openness, joy, and happiness.

As I am finishing the present paper, our little baby girl is due in one week.

### **Transpersonal Cognitive Therapy: an introduction**

The humanistic and transpersonal methods that Transpersonal Cognitive Therapy (TCT) integrates are nothing new, of course. The third force in psychology has proven its validity many times over and is becoming an important part of mainstream psychology.

The humanistic psychotherapy called Mind Clearing (initially developed by the late Charles Berner [1945-2007] and refined by Catherine Betz) uses and implements all of the aforementioned humanistic psychotherapy elements; it is focused on a person and

deals exclusively with innermost beliefs (mental representations); it enthusiastically supports freedom of choice and directly helps clients on their progress to individualization and authenticity. In other words, it focuses on changing perception at the subjective level by changing mental representations. Treatment of the consequences, analytical work, education, giving advice, and medication are completely out of the question.

After careful examination and long testing, I finally integrated the transpersonal aspects (lively contact with the causal transpersonal level through a Class II theta state) with the most effective components of Clearing and cognitive psychotherapy, and so new approach has been born: Transpersonal Cognitive Therapy (TCT).

Research on the applications of the TCT is in progress, and it is already obvious that the integration of humanistic and transpersonal elements is a revolutionary breakthrough in the arena of psychotherapy.

The humanistic approach to solving issues yields great results, by all means due to its positive and optimistic orientation. Adding the power and effectiveness of the causal transpersonal level, to which Dr. Rowan (2005) assigns attributes of being the source of all archetypes, thoughts, and emotions of our existence, the results become joyfully staggering, as we will see in the TCT session case studies below.

#### The TCT ongoing research

The research is in progress, and the preliminary results are already known. One hundred and eight sessions were recorded in this research over a period of approximately six months; each session was ninety minutes long. Forty-one participants were having real issues in life (they were not picked up from the street nor solicited via magazine ads), and all of them were admitted to my office under these circumstances:

1. They decided on the treatment for themselves.
2. They were all aware of their issues to some extent and were eager to advance in life.
3. They were all informed about the transpersonal nature of the TCT in advance (in other words, they were open to the help from transpersonal states of awareness).
4. They all agreed that no medication, psychoanalysis, or education would be a part of the treatments.

Sessions were conducted in my office, no audio or video recording was performed, all clients were informed about their almost complete freedom during the process (they could stand up, walk, jump, scream, cry, laugh, etc., but they were asked to not harm me or themselves), and notes were taken by me. Clients were never required or asked to come to the next appointment. The age of the clients varied from nineteen to sixty-five years; 39% were highly educated (with degrees in economy, pharmacy, medicine, politics, education, finance, etc.); 80% were female clients, and there were persons with various sexual orientations. All clients went through exactly the same procedure,

with exactly the same instructions and techniques. Some needed only one session, and several of them had up to six sessions.

The structure of a TCT session is rather complex, and there will be other opportunities for outlining details. My focus here will be on belief work and altering emotions.

### Belief work

The basic TCT belief work entails locating and replacing real, nonconstructive, and negative mental representations that are blocking or limiting clients on their way to achieving their goals.

For example, if a client desires to be more open and self-confident in intimate relationships, possible negative beliefs could be, 'I am not worthy', 'I am afraid', 'I will never succeed', 'Sex is dirty; I am dirty', etc.

When real and negative beliefs are located (in the humanistic part of the session) and replaced (in the cognitive / transpersonal part of the session), the alleviation of troubling thoughts is almost always instant, especially if accompanying emotional states are altered as well. In TCT belief work, the Class II theta state and transpersonal awareness are employed.

### Altering emotional states

Emotional states are life energy, in essence, in the form of anger, joy, sadness, fear, etc. When negative emotional states or energies that rested heavily on the shoulders of a person are resolved and replaced, surprising changes in perception manifest.

The work on emotional states from a Class II theta state has massive potential for releasing trauma from emotional, physical, and sexual abuse. In TCT altering emotions work, a Class II theta state and transpersonal awareness are engaged.

### The partial qualitative research results

The partial results of the belief and emotional states work in the TCT research are interesting. Out of forty-one clients, only two did not exhibit instant relief; the main reason seemed to be a lack of belief in transpersonal work of that kind.

Thirty-nine clients manifested some or all of these reactions:

- instant (a few seconds after the process was over) change in their perception of the issue we were working on (95%),
- subjective feeling as if tons of pressure was lifted from their shoulders (92%),
- momentary change in their own subjective appreciation of their inherent abilities (89%),
- gradual change in perceiving and pragmatically employing their own abilities in day-to-day life (100%).

In more than 97% of the cases, family members, coworkers, and friends noticed a positive change in the behavior of clients.

### The TCT case studies

In the first TCT sessions, even I was amazed about the dramatic rate of progress. Certainly that was only a manifestation of my own limiting belief system (comprised of thoughts such as, 'progress takes a lot of time', 'one has to work hard for progress', 'one has to suffer for happiness' etc.).

In fact, my first real TCT session (social isolation and suicidal tendencies) was one of the greatest achievements so far. Of course, I worked on my own limiting and negative beliefs a lot after that surprisingly successful encounter with real emotional and mental issues. Consequently, I opened up more and dared to accept traditionally even more demanding challenges like unipolar depression. The treatment of stage fright is also presented herein, as it is a textbook example of the power of the Class II theta state.

#### 1. Social isolation and suicidal tendencies

In one of the first days of my new psychotherapy practice, a person contacted me and asked me to help his father. At first, I gently turned him down and informed him that his father should contact me himself. In a few days, I got another call from this person; this time he said that his father was not in a condition to make phone calls and that he wanted me to come and help him.

I visited this person (let us call him R.) in his home, and he shared his troubled life: depression, insomnia, alcohol abuse, suicidal tendencies (in the night, he heard a voice screaming in his head telling him to cut his throat), and social and business isolation. His voice was weak; he was shaking and had tears of pain in his tired eyes. The problems had been going on for months, and in the last few weeks it had gotten really thick.

We went through the process using TCT. To be more specific, we located negative thought forms in his mind and replaced a lot of negativity in the form of emotional states (fear, depression, anger, sadness, loneliness), and after four sessions he was completely out of his dark days, experiencing healthy sleep, and starting to work in his business yet again. He even missed the third appointment as he was so immersed in his work, having no problems whatsoever. I just could not believe my eyes, and neither did he.

His words:

*“...The pressure in my head began to loosen up. I felt how my strength was coming back to my body. I felt some sort of tingling all over my body, a trembling of sorts, as if all the bad, the negative, all tensions and all pains and aches of my soul were leaving me, giving way to peace, calm, relaxation, and a pleasant warmth....*

*...I felt better, very well in fact, and my partner noticed that. After the first session I began to look differently at things. I started to perceive my life in a*

*different manner. I began to feel myself. I became stronger and more loving towards myself...*

*...In the second session, we cleared negativity from my life from childhood on. We went deeply into myself and found causes for each issue I had in life... I just knew that I am moving on, up, and away from my troubles in life.*

*Now, after the third session, I feel really great. There is that genuine life in me. I became a new person. I can walk with my head held high. I can look into people's eyes. I am not afraid of speaking the truth. Of course, there are current daily issues, and I am not running away from them anymore. I try to solve issues as they come, alone or with the involved party.*

*Yes, I really feel great. When I think of it, in only three hours of constructive and positive thinking, a miracle (for me) happened. What could I achieve if I persisted with this kind of thinking for one year or for my whole life?"*

(Cigale, 2008b)

Only after four sessions (R. came to one more session after his testimonial was published online), there were no voices in his head, he quit abusing alcohol, and there was no trembling in his voice and no depression.

After that successful treatment, it became clear to me how powerful the transpersonal is when applying it to psychotherapy work for helping others.

We can only imagine what psychiatrists would have done to R. He would have probably been heavily medicated and committed for a very long time, if not for life.

## 2. Unipolar depression

One client (he wishes to remain anonymous) was diagnosed with unipolar depression four years ago; depressive feelings, however, have been troubling him for over six years. He was prescribed antidepressants and took them for few months without any significant improvement; according to him, negative feelings were indeed less of a problem, but overall improvement was nowhere in sight.

Over the last four years, he tried medication treatment several times, to no avail. A few months prior to the TCT sessions, his state became grave; pills did not help, he could not calm down, and he could not sleep. He had no energy and no will to live. "I was like a living corpse," he said (Cigale, 2008b).

After one and a half months (six sessions), the incurable disease (as the clinical psychiatry viewpoint would have it) was successfully treated. Let us read his words:

*"I came to the first session, and I was very surprised. The session itself was not at all what I expected! The therapist did not pay any attention to my diagnosis and relentlessly directed my attention towards my inner life. He was interested in my inner feelings, my thoughts about myself; we were searching for the causes for my problems, as he said.*

*After the first session, there was no progress. I left the office with mixed feelings of hope and faith in the positive outcome. I was still taking pills.*

*In the second session, we went really deeply into my issues and found tons of self-destructive thoughts about myself (I am not worthy, I am not important, I must suffer, etc.), all of which have been replaced. I felt much better after that session, and I slept more or less soundly that night, for the first time in six years.*

*The next three sessions were almost identical. We were facing my compromises, traumas from childhood, and my tendency to avoid life's challenges. I was surprised to find out that my greatest problem was that I always put myself in the background due to certain issues in my family. I suppressed my own feelings, desires, and longings, and I lived my life as my family dictated. In a way, I never really lived my own life!*

*After a month and a half, I don't take pills anymore. I feel as if they are keeping me away from my own goals instead of helping me. I use my own power now; I make the necessary effort to progress. TCT has helped me face my own inner issues, it helped me remove tons and tons of negative emotions and negative thoughts about myself, and it also ended my ridiculous tendency to live as others wanted.*

*I sleep better, I am looking forward to the future, and I am not afraid anymore of what my family says; what is important to me now is that I follow my own desires and my own goal for my own benefit and not for others.*

*Depression is not an incurable disease. It is only a bunch of negative compromises, miserable decisions, and negative emotions and thoughts. And all of it can be changed, if we want to, of course."*  
(Cigale, 2008b)

It is interesting to notice here how this client has made rapid progress from a mostly passive approach to life to a rather active one. I talked to him a month or so after our last session, and he told me he had changed jobs and that he was doing well.

### 3. Stage fright

I chose this case for its clarity and straightforward way in which pressing issues (stage fright, shaking, voice tremor, etc.) were dealt with.

The client came to my office with a specific request: she wanted to start living without her stage fright. Highly educated, kind, and intelligent, yet quite weak and troubled when facing her colleagues at work or larger groups of people, she really wanted to advance.

Her words:

*“...I love my work. I really love teaching kids. For as long as I can remember, I have had this stage fright. I am awful at public speaking; in meetings at the university I suffer more than I can explain. The presence of my colleagues has always made me shiver in my boots (not the students, interestingly).*

*I always avoided public speeches, and when it was not possible, I always stood there sweating, with blurred vision, shaking hands, and mild electricity-like feelings in the inner sides of my arms.*

*In TCT sessions, the therapist directed me to imagine this scene: ‘I am alone on the stage, and over a hundred doctors, social workers, and other professionals from my field of work are present and are looking at me’. As soon as I envisioned this, terrible emotions came out, such as fear, confusion, and some more intimate thoughts as well (self-destructive thoughts, lack of self respect, etc.).*

*I still don’t know how, but right after the removal and replacement of all that negativity, I started to feel better. I could envision my public speaking with the greatest of ease, with no problems whatsoever. I felt inner strength, power, and firm self-respect.*

*It is somewhat unbelievable that after only one session such progress was realized; I can now speak publically without any problems! The fear has gone, and I feel great!”*  
(Cigale, 2008b)

We can see how the power of the transpersonal in unity with humanistic psychotherapy elements can serve as a means of overcoming even the most intimate self-imposed limitations.

## **Conclusion**

A bright future awaits any integration of the most effective elements and characteristics of modern forces in psychology. We can go far and achieve great many things with the assistance of the transpersonal state of awareness.

It is imperative, in my humble opinion, that the effectiveness of such work (on beliefs and emotional states) does not become a substitute for our own dedication and activity in life.

Again, here we may want to invoke Dr. Noë's 'enactive approach' and conclude that not only does the perception (and life in its various shades) depend on our mental representations or conceptual knowledge but it is “also constituted by our possession of [sensorimotor] knowledge”:

*“Perceptual experience acquires content thanks to our possession of bodily skills. What we perceive is determined by what we do (or what we know how to do); it is determined by what we are ready to do. In ways I try to make precise,*

*we enact our perceptual experience; we act it out.”*  
(Noë, 2004, p. 1-2)

Without our activity and honest effort to advance, even the transpersonal work introduced herein can become just another way of evasion and a means of escaping greater authenticity in our lives. If we wanted to escape from more authentic inner feelings, why not use a good old proven method: medication?

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