‘ROOTED AND REACHING’

A QUALITATIVE EXPLORATION OF THE PLACE AND EFFICACY OF PSYCHOSYNTHESIS IN CONTEMPORARY PSYCHOTHERAPY IN IRELAND

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ABSTRACT

The purpose of this research was to explore the place and efficacy of Psychosynthesis in contemporary psychotherapeutic practice in Ireland. The literature examined looked at the roots and origins of Psychosynthesis along with a layer of understanding of transpersonal psychology given that this is the aspect of Psychosynthesis that differentiates from other mainstream approaches. It was important for the researcher to provide a rounded perspective on the approach covering its understanding of the psyche, its application in clinical practice as well as assessment, contraindications and critiques. Furthermore the presence, accessibility and availability of practitioners and training courses in Ireland were established. The relevance of these core headings holds that psychotherapy is a profession that is soon to come under the umbrella of CORU following statutory regulation under which robust, evidence based approaches will be favoured as has been the case in the UK context. Therefore some attention was also given to how psychosynthesis integrates itself within other jurisdictions. The research design was qualitative in nature and used semi-structured interviews to gather the data. Six participants were recruited who had a core training in Psychosynthesis. This control group provided a stratified sample range of experience and varying orientations in terms of how psychosynthesis lends itself or conflicts with other modalities. Thematic analysis and the use of hermeneutic empathy sought to broaden the sphere of understanding and to further open the conversation around why psychosynthesis has something of an unclear identity in the Irish context. A further theme that emerged was the enmeshment of transpersonal phenomena with the current crises of faith following the church scandals in Ireland and how this brings a resistance to philosophies like those underpinning psychosynthesis. Another theme looked at how the wider culture struggles with integrating approaches that are holistic in nature and assessed whether political and economic barriers in Ireland may be restrictive in what can emerge within the profession along with the entrenched position of the health services in what therapeutic approaches are favoured. Some interesting findings emerged in terms of the length and breadth of the psychodynamic constructive work that is favoured by psychosynthesis practitioners before they would work at a transpersonal level with clients. The approach contains elements like creativity and mindfulness that are becoming increasingly popular as standalone interventions and therefore can be suggested to be a very comprehensive framework for mental health service provision. What materialised strongly from the research was that psychosynthesis in Ireland has work to do in terms of identifying and disidentifying itself given the resistance encountered in a culture that may be said to hold inherent trauma memory and as such is characterised by repression rather than expansion. Some nuances of theoretical understanding were also evident however this could possibly be attributed to the broad scope that is ‘the Egg’ model of the psyche. The researcher is well aware that this project comes with limitations and some of the findings may be said to be subjective rather than conclusive. Hence he has recommended further research in the areas of existential crises of faith and resistance to the transpersonal sphere and a quantitative study that would establish the demand for approaches of this nature. A further topic for exploration would be to probe why the superego dominated collective culture splits off holistic, creative elements from its understanding of psychological interventions, particularly when this may be said to be less cost effective if these are provided and funded separately.
# CONTENTS

## CHAPTER 1: INTRODUCTION

## CHAPTER 2: LITERATURE REVIEW
- Roots and Development
- Key Theoretical Concepts
- A Psychosynthesis Perspective on Psychopathology
  - Assessment, Contraindication and the Therapeutic Relationship
- Comparison and Critique: Psychosynthesis v Psychoanalysis
- Application of Psychosynthesis in Clinical Practice
- Conclusion and Justification for Further Research

## CHAPTER 3: METHODS
- Semi Structured Interviews
- Sample
- Data Collection
- Thematic Analysis
- Ethical Statements

## CHAPTER 4: RESULTS
- Issues of Identity and Visibility
- Separation/Individuation: Enmeshment of Transpersonal Phenomenon with Crises of Faith
- Intertheoretical Reduction, Cultural and Political Sedimentation in Ireland
  - Cultural and Intertheoretical Reduction
  - Political and Socioeconomic Constraints

## CHAPTER 5: DISCUSSION
- Issues of Identity and Visibility
- Separation/Individuation: Enmeshment of Transpersonal Phenomenon with Crises of Faith
- Intertheoretical Reduction, Cultural and Political Sedimentation in Ireland

## CHAPTER 6: CONCLUSION
- Recommendations for Further Research

## REFERENCES

## APPENDIX 1: Consent and Information Form

## APPENDIX 2: Semi Structured Interview Format

## APPENDIX 3: Demographic Information Table

## APPENDIX 4: Esoteric and Philosophical Influences of ‘the Egg’ Diagram (Illustrations)
CHAPTER 1: INTRODUCTION

Psychosynthesis is an integrative model of psychotherapy that incorporates analytical dynamic psychology as well as the humanistic and transpersonal branches utilizing techniques like subpersonality work, creativity and guided meditation (Roselli & Vanni 2014). The researcher notes an apparent decline in the provision of psychosynthesis based training in Ireland. According to a July 2016 IAHIP article on the psychotherapy council website, there is very little training available in Ireland following the closure of the Irish Centre for Psychosynthesis at Eckhart House, Dublin. There are two courses available in London where many interested parties from Ireland tend to train (ICP, 2016). A notice on the DCU website states that there is no current intake on their MSc Integrative Counselling and Psychotherapy programme, which was partly based on Roberto Assagioli's model of Psychosynthesis (DCU, 2016). Turning Point Institute is the only 3rd level institution remaining that includes psychosynthesis as a learning component on their Msc Integrative Counselling and Psychotherapy (TPI, 2017).

A workshop in psychosynthesis was offered by Bonhomie in September/October 2016. The online advertisement states that there are only “about 50 psychosynthesis practitioners on the island of Ireland” (Bonhom 2016). The same workshop was full to capacity as of August 2016. It follows that there appears to be a discrepancy between the lack of training, accessibility and prevalence of psychosynthetically trained practitioners, along with a concurrent surge in interest in many areas that are central to the psychosynthetic approach such as mindfulness and creative interventions to access the preverbal inner world of the infant (Majava 2005, p.108). This is echoed in a recent Eisteach journal article that advances “Psychology as a field is becoming increasingly aware of the importance of spiritual aspects of life and is making some early responses to biological, psychological and spiritual connections.” (Harner 2014, p.22). However in the same article Harner goes on to say “it is important to know the limits of our scope of practice, to honour community standards of practice, as well as the law and ethics for that practice”. Indeed, Freud diverged with Jung on the theories advanced by psychosynthesis founder Roberto Assagioli indicating that synthesis was inevitable in analytic treatment and denied the higher levels of the psyche (Freud 1918, p.110). Assagioli, whilst asserting the success of psychoanalysis expanded the uncovering process to include self-realization, contact and response with one’s deepest callings in life promoting both personal and transpersonal development (Assagioli, 1965, p.280). Whereas Freudian determinism posited that man has no free will in the grip of the unconscious, Assagioli’s concept of Will advanced that through identification and disidentification of our egoic self, Will could be reclaimed in favour of authenticity (Sorell 2011, p.11, 43). Given the popularity of psychosynthetic aspects like mindfulness and art therapy interventions, it seems there is a worthwhile exploration to be had in assessing the extent to which psychosynthesis finds it place in contemporary psychotherapy in Ireland. The research will also ask the question of whether there are cultural barriers to approaches incorporating transpersonal elements like psychosynthesis. A thorough search of the eSource database did not reveal any past dissertations on the topic being proposed and the researcher recommended this subject to approval and review by the ethics committee of the college. The objectives for this project were as follows:

- To expand on what psychosynthesis is from the point of view of the therapist and client
- To explain the lack of training and accessibility of psychosynthesis in Ireland
- To assess whether or not the psychosynthetic framework has a place in contemporary counselling and psychotherapy in Ireland
CHAPTER 2: LITERATURE REVIEW

This section will outline in detail the core theoretical concepts associated with the objectives of this research project. It will begin by providing a short background on transpersonal psychology and give context to the work of founding theorist, Roberto Assagioli and the emergence of psychosynthesis. This will be followed by an outline of key theoretical and philosophical concepts underpinning this model. A comparative analysis and critique will view psychosynthesis in the ways that it complements or conflicts with psychoanalysis, looking at the opinions of key figures such as Freud and Jung. Moving towards the clinical perspective, common psychopathologies will be viewed through the lens of psychosynthesis before giving an account of its application in clinical practice in terms of individuals, groups and the therapeutic relationship. The researcher will refer to Assagioli’s original texts and to contemporary psychosynthesis theorists like John Firman, Ann Gila and Stanislav Grof to maintain a ‘here and now’ context in keeping with the enquiry of this research project.

2.1 Roots and Development of Psychosynthesis Theory

Maslow considered transpersonal approaches to be the “fourth force” in psychology beyond behaviourism, psychoanalysis and the humanistic school as it looked beyond early attachment, conditioning and basic human needs and values to incorporate transcendent experience and transcendent values (Maslow, 1969). The word ‘transpersonal’ is defined by Guest (1989) to mean ‘beyond the ego’, suggesting an authentic transpersonal centre of self as separate from the personal ego which is comprised of mental processes, learned behaviour and responses. Grof (1993) referring to contemporary research talks about how consciousness in ordinary and non-ordinary states holds transpersonal experience and how being able to access these deep dynamics is the key to understanding mental conditions that mainstream psychiatry would consider “bizarre and pathological” (Grof 1993, p. 18). Transpersonal theory borrows from Eastern traditions like Hinduism, Buddhism, Kabballah and Taoism in its position that connecting mind, body and the transpersonal centre or spirit provides an innate wisdom (Guest, 1989). Famed Irish psychiatrist Ivor Browne has spoken about the benefits of using transpersonal techniques like holotropic breathwork with survivors of trauma (Montaut 1994). However, criticisms such as that of Tollboll (2014) profess that unless the ego can realise and extract meaning from these regressive energetic experiences, they may result in stagnation, fragmentation and anxiety (Tollboll 2014, p.10).

Roberto Assagioli (1888-1974) who was a budding psychoanalyst at the time of Sigmund Freud and Carl Jung published his doctorate in 1910 in which he outlined what he saw as some of the limitations of Freud’s views (Assagioli 1975, p.280). Originally an advocate of Freud’s position on the unconsciousness, Assagioli would ally himself with Jung following the Freud/Jung split of 1913 as together they believed that Freud’s work negated the transpersonal realm and as such presented a reductive view of human potential (Roselli & Vanni, 2014). As a near contemporary of Jung and fellow pioneer of the transpersonal movement, Assagioli’s major contribution was to develop an integrative model of psychotherapy that incorporated analytical, dynamic psychology as well as the humanistic and transpersonal branches which as a collective became known as Psychosynthesis (Roselli & Vanni, 2014). Having published his landmark paper ‘A New Method of Healing – Psychosynthesis’ in 1927 and founding the ‘Institutio di Psicosintesi’ in Rome, Assagioli worked with psychiatric patients and with young pupils in schools. Recognition of the psychosynthetic approach saw the establishment of associations and training centres in countries like the USA, UK, Argentina, Greece and India in the decades that followed (Assagioli 1975, p.280). Until recently, the Irish Centre for Psychosynthesis was based at Eckhart House in Dublin (Bonham, 2016).
2.2 Key Theoretical Concepts

Along with his psychoanalytic training, Assagioli drew from the wider field of medicine, psychology and independent cultural movements in his theorising on the formation of the psyche (Assagioli 1975, p.15/16). In positing his basic model of the person (Figure 1), Assagioli gave a disclaimer that this was only to be treated as a template given its anatomical value and that of course the fabric of our conscious and unconscious worlds is unique, (Firman & Gila 2002 p. 20).

Figure 1: Assagioli's 'Oval Diagram' of the Person

1. **The Lower Unconscious**: Components in this region include elementary psychological activities like the coordination of bodily functions, the drives and primitive urges, complexes charged with intense emotion, dreams and imagination, uncontrolled parapsychological processes and pathological manifestations such as phobias and delusions (Assagioli 1975, p. 17).

2. **The Middle Unconscious**: Firman & Gila (2002) explain this layer to be where we integrate experience informed by the collective unconscious in the context of our individual environment and compared it with Bowlby’s attachment patterns and Piaget’s schemas (Firman & Gila 2002, p. 21/22).

3. **The Higher or Superconscious**: This is where we receive our higher intuitions, inspirations and urges towards humanitarian action and the source of higher feelings such as altruistic love, contemplation, illumination and ecstasy (Assagioli 2002, p. 18). Firman & Gila (2002) advance that this is where we sense deeper meaning in life, a sense of oneness or universality and the heights that overarch the depths of the lower unconscious. Like the lower unconscious, this ‘higher potential’ according to psychosynthesis is mainly repressed (Firman & Gila 2002, p.31/32).

4. **The Field of Consciousness**: Assagioli advanced that this designated the part of our perception which we are directly aware: images, flow of sensations, thoughts, feelings and desires which we can directly observe and judge (Assagioli 1975, p.18).
5. The Conscious Self or ‘I’: The “self” described here by Assagioli not to be confused with the perceptions and experience of the field of consciousness is the watcher, observer of these field phenomena. ‘I’ or ‘self’ is the centre of our consciousness much like a screen to which a projector is sending images from the ongoing stream of images provided by the environment and stimuli (Assagioli 1975, p. 18).

6. The Higher 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 its reflection, its “projection” in the field of the personality” (Assagioli 1975, p. 16). Firman and Gila (2002) elaborate on this by describing the connected, unified and universal experiences noted by theorists such as Frankl, Maslow and Jung. During these states, what is met represents the antithesis of the repressed, split off and disavowed of the lower unconscious, in short the self that is eternal and outside of the traumas and wounds of embodiment (Firman & Gila 2002, p. 32).

7. The Collective Unconscious: Assagioli used the analogy of a cell membrane to describe this part of the oval diagram which he says is “delimiting but not dividing” allowing constant interchange between the cell and the collective whole organism concluding that these processes are constantly occurring between other human beings and the general psychic environment (Assagioli 1975, p. 19). Here the collaboration with Jung is quite visible who described it similarly as “a group life with a high degree of unconsciousness among the individuals composing it” (Jung 1998, p. 198).

Footnotes

- Assagioli understood that there was a paradox to be reconciled among two understandings of self. The first being an apparent duality of a personal self and true Self unrevealed to our consciousness and the second being the real unity and uniqueness of the Self which sees no divide but rather that the personal consciousness is a projection from a more illuminated source that can be brought more into the conscious self via psychosynthesis (Assagioli 1975, p. 20).
- The diagram shows that there are various layers of the Self that are outside of our field of awareness but the broken lines demonstrate how these may enter conscious awareness under different circumstances causing powerful affect. This may occur as fear or anger as well as inspiration or calling towards spiritual growth, and may also be influenced by movements in the collective unconscious (Firman & Gila 2002, p. 21).
- Assagioli used the diagram to explain inner conflicts of this dual nature such as feeling one with oneself but somehow feeling divided, searching for liberty but violently rebelling against this and experiencing a life pattern of feverish activity, constant excitement accompanied by torment and turbulent emotion (Assagioli 1975, p. 21).
- In the psychosynthetic framework, Assagioli advanced 4 stages in achieving more harmonious inner integration:
  1. Thorough knowledge of one’s personality,
  2. Control of its various elements,
  3. Realisation of one’s true Self and discovery of a unifying centre,
2.3 A Psychosynthesis Perspective on Psychopathology

Firman & Gila (2002) discuss how experiencing greater totality of being may also include intensely pure feelings of desolation and despair as well as peak experiences and this can make the task of integrating this experience difficult for the psyche (Firman & Gila 2002, p. 158). Clements (2016) makes the observation that the DSMV refers primarily to “pre-egoic and damaged egoic states of being” and points out that the transcendence of personal egoic consciousness offers the opportunity for transformation postulating that this may be spontaneously occurring in states that may be misdiagnosed, for example as schizophrenia and borderline. Contemporary psychosynthesis points to primal wounding being at the foundation of negative experiences like depression and anxiety, where a predisposition to these dilemmas is rooted in early non empathic experience which instil the fear of ‘non being’ (Firman & Gila 2002, p.21). Clements (2016) also notes that whilst Western diagnostic psychiatry refers to the ill health seen in the 300 mental disorders it lists, it is aligned with transpersonal psychology in its premise that to function is to have a healthy ego, and therefore transformational growth can be achieved by transcending the ego (American Psychiatric Association, 2013 p.89). Assagioli, along with colleagues like Henri Baruk maintain that in every patient regardless of pathology and severity there is a part of them that remains unaffected and this can be reached by the therapist (Assagioli 1975, p.229).

Psychosynthesis views addictions and compulsive patterns as an attempt to bridge the lower and higher unconsciousness by avoiding and failing to integrate wounding. It is a form of toxic synthesis, according to Firman & Gila (2002) which repetitively fails in its task and traps the manifestation of higher or peak experiences so that they may only be experienced artificially in the addiction (Firman & Gila 2002, p. 162). Psychosynthesis sees depression as the internalisation of the oppressor and the lingering essence of early non empathic unifying centres. Despite the lower unconscious dynamic of slave and inner perpetrator, psychosynthesis advances that this dynamic also contains higher qualities such as connection hope and truth albeit as the antithesis to the early trauma bonding; the presence and ‘knowing’ of the other potentiality of the Self not taken up (Firman & Gila 2002, p. 164, Parsons 2000, p. 23-26). In borderline the primal wound is so intense that the slightest empathic failure will trigger lower unconscious pain, whereas in bi-polar; traumatisation at an early stage has caused an experiential split and absolute divide between the lower and higher unconscious (Firman & Gila 2002, p. 164). In dissociative identity disorder, very problematic primal wounding was reacted to by sharing the overwhelming task of functioning and holding the tremendous pain between various subpersonalities that operate via dissociative distance from each other; although this has the potential to be self-destructive this inner response is seen by psychosynthesis to hold higher qualities like creativity (Firman & Gila 2002, p. 165).

While psychosynthesis acknowledges that the experience of the psychotic is outside of consensual reality and confuses inner and outer worlds, it testifies that these worldviews and delusions are desperate attempts to express their wounding symbolically in the hope that they will be responded to (Firman & Gila 2002, p. 166). Winnicott wrote similarly about psychosis when he said “It is wrong to think of psychotic illness as a breakdown, it is a defence organisation relative to a primitive agony” (Winnicott 1989, p. 90). In its attempt to bridge the lower and higher unconscious it is seen to represent a crisis of the survival personality to sustain itself and in its collapse may lead to “a radical openness “ to all levels of unconscious and possibly leading to the formation of a more authentic personality (Firman & Gila 2002, p. 166). However Assagioli also pointed to the contraindication among certain cases of psychosis (Assagioli 1975, p.228). This is echoed by contemporary literature which also contends that in psychopathologies where imagery and symbolism is the least line of resistance, caution is needed in assessing the client’s ability to bridge the inner and outer worlds (Zyle, 2004; Whitmore 1991, p.49).
2.3.1 Assessment, Contraindication and the Therapeutic Relationship

In terms of assessment, Assagioli proposed that pre-treatment methods such as a verbal biography and the beginning of a diary be used to establish both the client's flow of consciousness and any paradoxes arising (Assagioli 1975, p.70-72) with the systematic gathering of the following information comprising a full assessment:

1. The origin of various personality traits
2. The recognition of existing complexes
3. The recognition of polarities, ambivalences and conflicts
4. The recognition (client and practitioner) of various subpersonalities e.g. survival self
5. The persistence of traits belonging to preceding psychological ages; infantile, adolescent and juvenile.

While Assagioli thought there were no definite contraindications to psychosynthesis in practice he did caution that therapists safeguard the client against an “uncontrolled inrush” of repressed material and in particular mentioned the importance of preliminary “consolidation work” with cases of psychosis (Assagioli 1975, p.228). The more contemporary Grof (1989) outlines further parameters such as the therapist dealing with spiritual emergency, needing to have clinical knowledge of psychosis to make differential diagnoses and to provide precautionary advice (Grof 1989, p. 195). Firman & Gila (2002) emphasise the empathic attunement of the therapist and the sensitivity required for the spiritual work at hand, noting that primal wounding was caused in early life by empathic failure and recognising that re-traumatisation must be avoided by the therapy (Firman & Gila 2002, p. 168). Review of further literature echoes that the challenge for the therapist is to be with this sense of unity but to remain grounded and separate, maintaining strong boundaries lest they become a ‘saviour’ (Maher 2012, Whitmore 1991, p.2) A study completed by Ken Zyle (2004) for the Royal College of Nursing UK pointed to some contraindications, for example cases of bipolar disorder, psychosis and severe depression whereby the subpersonality model when applied could lead to greater fragmentation (Zyle 2004). The outcomes pointed to psychosynthesis being beneficial to those with the capacity to tolerate psychic disturbances in that it fostered an expansion of conscious awareness.

Footnote: Spiritual Emergency, according to Grof (1993) is a play on words incorporating ‘emergence’ which points to how psychospiritual crisis if understood correctly points to psychological distress during a process of radical opening to the higher self (Grof 1993, p.18).
2.4 Comparison and Critique - Psychosynthesis vs. Psychoanalysis

This section will expand on the comparison and critique of psychosynthesis and psychoanalysis, exploring how one may lend itself to the other and examining the schisms that emerge between the two modalities. As mentioned earlier, Freud was critical of psychosynthesis as he felt that a synthesis of the person would occur naturally via the psychoanalytic uncovering of repressed material (Freud 1918, p.110). Referring to psychoanalysis Assagioli cautioned that “too much criticism and analysis are apt to paralyze and even kill our emotions and feelings” (Assagioli 1975, p. 23).

Jung on the other hand who shared transpersonal and gnostic perspectives with Assagioli such as individuation and self-realization incorporating the lower, higher and collective unconscious (Jung 1993, p.196, 198,284). Like Jung, Assagioli criticised Freud for his reductionist view of the human psyche and failure to incorporate the spiritual realms of the person, for example to differentiate higher self from superego (Rosselli & Vanni, 2014 & Vanni, 2014; Assagioli 1975, p. 18). Along with his allegiance to Jung, Assagioli aligned himself with figures in the humanistic movement such as Abraham Maslow and Victor Frankl who favored analysis combined with the belief in an innate desire for greater wholeness (Firman & Gila 2002, p. 13-15).

By the 1940s, Assagioli was publically endorsing much of Jung’s theories in his own papers on matters such as psychospiritual diagnosis, emotional complexes, the study of dreams and their mutual recognition of the transcendent ego with the need for a constructive phase in psychic cures (Rosselli & Vanni, 2014 & Vanni, 2014). There were however some differences in theoretical belief between the two such as Jung’s position on personae which he saw as psychic defensive strategies whereas Assagioli in his stance on ‘subpersonalities’ saw these as unintegrated parts of the higher self (Rosselli & Vanni, 2014 & Vanni, 2014). Although Assagioli contended with Jung’s view of four core functions of psychic life; sensation, feeling, thought and intuition he added a further three in psychosynthesis thinking; imagination, impulse desire and most importantly ‘Will’ which he saw as belonging to the inner ‘I’ or observer. Furthermore while both he and Jung posited the existence of the collective unconscious, Assagioli placed this in the transpersonal sphere in his oval diagram where Jung saw it as inhabiting the field of consciousness (Rosselli & Vanni, 2014 & Vanni, 2014). That said, both Jung and Assagioli emphasised the need for adapting to the world construct of individual clients and shared their treatment goal of integration and synthesis of the component parts of the personality (Rosselli & Vanni, 2014 & Vanni, 2014).

While Jung was inspired by Assagioli, Freud maintained that psychoanalysis inevitably provided synthesis stating “As we analyze...the great unity which we call his ego fits into itself all the instinctual impulses which before had been split off and held apart from it. The psycho-synthesis is thus achieved in analytic treatment without our intervention, automatically and inevitably” (Freud 2003, p.110). Lacan seconded this view underscoring that there is no synthesis that may provide a positive alternative to the pathological structure that psychoanalysis deconstructs (Zizek 2013, p.75). Freud also disagreed that the unconscious extended beyond individual to include the collective and material other than the repressed (Jung 1993, p.45-64). This reduction of Self led to divergence in Freud’s ranks with colleagues such as Karen Horney positing that there was indeed a layered self with an authentic core seeking self-actualization (Horney 1991). Contemporary psychosynthesis author Pierro Ferruci (2009) argues that psychic defenses can be used interchangeably with resistance to spiritual growth albeit that some may point to a conflict in moving from potential being into creation and the resistance experienced towards authenticity and ascension. Ferruci refers to pathological defenses in this process coinciding with Freud’s work such as repression, projection and neurotic compensation but adds further psychospiritual defense mechanisms to the fore like desacralisation, defensive pessimism, routinization, dogmatization (Ferruci 2009, p.155-162).
2.5 Application of Psychosynthesis in Clinical Practice

Assagioli favoured a mode of treatment focussing on organic growth and rebirth rather than the deconstruction and analysis of purely lower unconscious conflicts as it was his view that pathological symptoms and crises could also manifest during spiritual emergence/emergency and the self-actualisation process (Assagioli 1975, p.36-38). However Assagioli differed from humanistic figures like Rogers in that he did not see the role of therapist as purely non directive but rather as taking an active role in guiding the client (Assagioli 1975, p. 230/231). Firman & Gila (2002) emphasise the need for the therapist to continually address their own wounding in order to mirror the primal wound of another as it reaches conscious awareness (Firman & Gila 2002, p. 139). Psychosynthesis acknowledges five stages of attainment; acknowledging survival of the primal wound and understanding why repression was needed, developing an empathic understanding of the layers of self, the cultivation of a more personal essence, making deeper contact with self and growing a greater sense of meaning and purpose and finally synthesis involving the experiencing of deeper realms of Self and responding to what is experienced in terms of its application to conscious day to day living (Firman & Gila 2002, p. 45-64).

Catharsis in psychosynthesis mirrors psychoanalysis in its gesture to recall and integrate and uses imagery and visualisation as a catalyst for sensation. Similarly, critical analysis allows for reflective gaps when recalling the events and to analyse unknown sensation (Assagioli 1975, p.101-107). Psychosynthesis also involves a process of identification and disidentification, the purpose of which is for the client to establish how they self-identify allowing for more conscious experiencing and control (Assagioli 1975, p.111-119). Assagioli saw Will as a core function and so could be harnessed in patients to assist in self exploration and developing motivation or the Will to power (Assagioli 1975, p.125-143). Personal psychosynthesis in the unifying process involves recognising and integrating subpersonalities (Firman & Gila 2002, p. 85) before moving into spiritual psychosynthesis which explores the higher and superconscious (Firman & Gila 2002, p.179). Sorell (2011) describes two types of group work used by psychosynthesis. The first is the ‘Right Relations’ group which is made up of no more than 12 participants to create a family re-enactment and in many ways functions much like a ‘process group’ (Sorell 2011, p.40/41). The second type is called a ‘Forum’ which is comprised of approximately 50 members and symbolises a microcosm of society challenging participants to embrace the Will to find themselves in the crowd and also to embrace this on a transpersonal level while they are watched by crowd, given that this is the challenge in outer society (Sorell 2011, p.40/41).

A recent article in the U.S context by Schaub & Gulino Schaub (2017) praises the psychosynthesis approach for its blend of Eastern and Western influences and applications like visualisation and mindfulness along with how it addresses “the existential anxiety present in each patients experience” and goes so far as to consider whether a psychosynthesis trained professional should be a part of every treatment team. Its proposition that there is a bridging required between medical and spiritual models of treatment is supported by the groundlessness experienced by 25% of the US population who report a loss of religion or religious affiliation amidst the struggles of contemporary society. Some case examples are discussed to highlight the efficacy of psychosynthesis with sufferers of terminal illness like AIDS and cancer. Furthermore the authors discuss the neuroscientific proven state of absolute unitary being (AUB) and ask the question of whether religions and spiritual seekers cross culturally are all striving for this state of oneness and bliss, viewed in psychosynthesis as peak experience (Schaub & Gulino Schaub, 2017, Firman & Gila 2002, p8.31/32). In the Irish context, the Census 2016 showed that a marked reduction in those identifying as Catholic in the era of church scandals with the second largest group being those who declared they have no religion (Ryan, 2017). A 1997 study by Irish Marketing Surveys showed that 51% of people saw the church as irreparably damaged in the wake of these issues (Donnelly, 2000). Gabor Mate (2014) discusses how contemporary western capitalist culture breeds mental illness in its populace.
2.6 Conclusion and Justification for Further Research

In conclusion what this literature review has established is that psychosynthesis emerged in the early 20th century led by key theorist Robert Assagioli. There are clear links with Jungian and transpersonal psychology in terms of how psychosynthesis encompasses the diagram of the person and levels of consciousness. Unlike psychoanalysis which mainly emphasises the uncovering of repressed conflicts, psychosynthesis in its acknowledgment of Self beyond ego incorporates higher aspects of the person which contain suppressed potentiality, creativity, altruism and connection to the collective unconscious and superconscious. Whereas Freud and Lacan dismissed psychosynthesis as a defence mechanism in its uncovering of higher aspects of the unconscious, Assagioli and Jung felt that Freud’s views were reductionist and emphasised sexuality above all other dimensions of the Self. The literature offers a promising perspective on the efficacy of psychosynthesis work with major pathologies. While some evidence points to contraindication for certain psychic structures, for example severe psychosis, the specifics of this were not expanded on. Some areas remain unclear following the data search such as systematic investigation of the efficacy of psychosynthesis in practice, the role of the therapist and there appears to be a lack of critical discussion of the approach apart from some citations of Freud and Lacan. There is a suggestion in the UK context of divergence occurring among the field of psychosynthesis and a splitting of the traditional and contemporary viewpoints but there was no correlative data in Ireland. In addition there are no conclusive reasons that explain the lack of training and accessibility of psychosynthesis in Ireland. Therefore the researcher notes these are areas ripe for further exploration and research.
CHAPTER 3: METHODS

Research Title: ‘A Qualitative Exploration of the Place and Efficacy of Psychosynthesis in Contemporary Psychotherapeutic Practice’.

Methodology: Semi Structured Interviews

This project utilised a qualitative research design in the form of six semi-structured interviews. This method provides more accurate and less biased interpretations than numerical data through the use of supporting material like the narratives and conversations recorded in qualitative interviews (Brannan 2015, p.259). The use of semi-structured interviews was effective in collecting more in-depth information through open ended and probing questions to establish the views of the six therapists being interviewed (McLeod 2015, p.166, Kumar 2011, p.148-150). For example, this qualitative research explored the question of whether or not therapists feel they currently practice in a way that integrates ‘psychosynthetic’ aspects, and its efficacy or inefficacy and the receptivity of clients to the approach in comparison to other approaches.

Sample

The researcher recruited participants mainly through website information and public directories such as those provided by IACP and IAHIP. It was the intention of the researcher to aim for a stratified sample of integrative psychotherapists with core training in psychosynthesis to examine the extent that this was utilised in clinical practice and how it may lend itself to or conflict with other approaches (McLeod 2015, p.57. The psychotherapists interviewed were a mix of private practitioners, academic staff and members of Psychosynthesis groups which together contribute to the external validity of this research in the overall profession (Barker, Pistrang & Elliot 1994, p.175).

Data Collection

The six semi structured interviews were completed with practitioners to gain insight into their practice of psychosynthesis and its place and efficacy in working with clients, including those with major pathologies such as schizophrenia and borderline personality disorder. Appendix 2 details the themes and questions that constitute the interview format. The benefit of semi-structured interviews is that the interviewee has freedom to talk about what is important to them and it is possible that issues and topics not anticipated by the researcher may emerge also such as anonymous case vignettes (Schacter, Gilbert & Wegner 2012, p.71). Hermeneutic enquiry on the part of the researcher allows them to enter and draw meaning from the world of the interviewee and the researcher intends to implement this approach to interviewing (Schostak 2006, p.77)
Data Analysis

Qualitative data obtained from the semi structured interviews will use thematic analysis to identify what practitioners feel the benefits and drawbacks will be for them in their therapeutic work and professional status. Thematic analysis seeks to conceptualise, characterise and structure the data that has been retrieved from the sample participants (Schacter, Gilbert & Wegner 2012, p.72). Analysis of this qualitative research will allow a more illuminative evaluation to be made on what practitioners deem to be the efficacy or inefficacy of the psychosynthetic approach for the field of counselling and psychotherapy in Ireland. It will also establish the variables and evidence that led to these held attitudes towards the approach in addition to the question of whether it can be used a standalone approach or as an extension, for example to psychoanalytic or body-centred psychotherapy (Barker, Pistrang & Elliot 1994, p.229). Thematic analysis is identified by Braun & Clarke (2006) to be effective in examining various theoretical constructs and paradigms and unlike interpretive phenomenological approach or thematic discourse analysis it is not bound to specific research theory (Braun & Clarke 2006, p.6-9).

Ethical Statements

This research study was conducted in accordance with the three principles of the Belmont Report (1979): respect for person, beneficence and justice. Participants’ autonomy was respected, their participation was voluntary and they were free to withdraw at any point during data collection. Participants were provided with information regarding the topic of research, the features of its design, the possible risks and benefits from participation in the research, and their rights as research participants. These rights included the voluntary nature of the study, their right to choose what to disclose during the semi-structured interviews as well as the right to withdraw from the study. These points were outlined in a written document which was provided to participants prior to the interviews, along with an invitation to raise any queries regarding the research itself or the document. In accordance with Kvales (2007) guidelines, participants were briefed in detail about the nature of the research, as well as to the purpose and procedure of the interview prior to taking part. Informed consent (see Appendix 1) was obtained from all participants and confidentiality was ensured by protecting their identities via the use of pseudonyms. Only the researcher will have access to the interview recordings and these will be stored on the researcher’s personal computer and secured with a password only known by the researcher. There were no potential risks identified with respect to the topic and the structure of the interview. The researcher was aware of the necessity to adjust his approach towards the respondents in a manner that did not induce uncomfortable feelings of inadequacy or inferiority, and to carry out the interviews according to his best judgment and integrity.
CHAPTER 4: RESULTS

Introduction

This chapter will report on the participants academic, experiential and clinical perspectives of psychosynthesis theory and practice along with their narratives of the place of the approach in the Irish context and whether more is needed for this to evolve. In line with Wolcott (1994), the results will be presented in a way that depicts the target culture, an analysis of the findings including cross comparison of cases and will seek to place the research within a larger analytic framework (Rudestam & Newton 2007, p.184). To achieve this, interpretation and analysis of the emerging themes and patterns will use vignettes and extracts from the interviews completed. Hermeneutic empathy will be used to provide an understanding of the findings utilising the researchers overall sense of the topics discussed with the six participants (Schostak 2006, p.77). Pseudonyms are used to retain anonymity where quotes have been inserted in the text. Five themes were explored in the semi structured interviews which have resulted in three central issues with nested subthemes for analysis and conceptualisation by the researcher.
4.1 Issues of Identity and Visibility

This section will look at the presence of Psychosynthesis in Ireland as a collective organism that has experienced developmental shifts over time. The researcher believes that the expansion of this topic is necessary to give a context of the historic footing of Psychosynthesis in Ireland and to explore its identity in contemporary terms. This will integrate the academic, experiential and clinical experiences of the practitioners interviewed, who represent a demographic that is diverse in its path towards Psychosynthesis along with their professional attitudes towards the approach.

4.1.1 Therapist Experience of Training

All participants spoke positively about their experience of training in the psychosynthesis modality. The majority of those interviewed trained in the [Former Psychosynthesis Centre in Ireland] or the Psychosynthesis Institute in London and did later work at [Former Psychosynthesis Centre in Ireland]. Some examples of the therapists experience follow:

Mary: “It was fabulous, it was really open and liberating and I’m delighted that it was the first fundamental space for me in terms of self-discovery because it embraced the whole dimension of creativity and spirituality without making it pathological which I liked”.

Norman: “I found the training tremendous I have to say. Very thorough, very experiential; lots of group work…I found the academic part of it excellent and the tutors were marvellous.

Some of the participants while giving a favourable account of training provided a critique also:

Gordon: “Most of the men were quite resistant, especially to the creative exercises, the ones like getting in touch with your subpersonalities and dressing up as them.

Brenda: “I think psychosynthesis was something that was quite difficult conceptually to get my head around initially. The concept of ‘the Egg’...it was very new...very conceptual”.

4.1.2 Understanding the role of the former Psychosynthesis Institute at [Former Psychosynthesis Centre in Ireland]

According to the interviewees, [Former Psychosynthesis Centre in Ireland] was the focal point for Psychosynthesis in Ireland in the years for almost three decades. The majority of participants spoke fondly of the institute and its central figure, the late [Head of Institute]. When the institute was operational it offered a four year diploma along with intermittent workshops such as ‘The Art of Spiritual Living’. It was apparent from the interviews that following [Head of Institute]’s death, there was nobody to take the helm and ultimately the institute closed down.

It was difficult to quantify the lack of succession following the closure of the focal point that was [Former Psychosynthesis Centre in Ireland].

While there is a steering group that meet quarterly, two participants were unaware of any affiliate group for Psychosynthesis in Ireland. As pointed out in the above quote there is little accessibility to information on Psychosynthesis in Ireland either the public eye or online presence. Any ongoing activity seems to be carried out in a close knit community comprised of former [Former Psychosynthesis Centre in Ireland] trainees.

Footnote: In the interest of privacy and confidentiality and respect for the participants, the author felt it was ethical not to identify this institution.
4.1.3 Continuity and Fragmentation of Theoretical Understanding

All of the participants referred to the Oval diagram as “the Egg” and showed varying understandings of the levels of consciousness posited by Assagioli. While all participants agreed that there were at least three levels of consciousness that permeate each other: lower, middle and higher, only 50% of participants referred to the outer psychic phenomena of the collective unconsciousness and only one participant differentiated the Higher unconscious from the Superconscious. However there were some allusions to the conscious Self / “I” and the Higher Self:

Norman: “In [Former Psychosynthesis Centre in Ireland] they were tremendous ...in saying that way of transformation is starting presence to self...As I’m sitting here now, am I present to myself.

Gordon: “...the Higher Self is sometimes now pictured at the top and bottom of the Egg. Not just at the top coming down but also at the bottom so to get away from the impression that one is good and one is bad.”

While Theme 2 of the interview asked participants whether there was a change in how they understood the Egg diagram the majority said no, however based on Assagioli’s original Egg diagram, it appears some levels of the psyche are underemphasised or excluded from therapists understanding. Also only one therapist was aware of a more recent rendition of “the Egg” known as the ‘triphasic model’ which is being utilised by the Psychosynthesis Institute in London. This will be explored further in the Discussion chapter.

There was a clear uniformity in therapeutic approaches to the ‘primal wound’ with all participants reporting the use of subpersonality work, identification and disidentification along with creative imagery.

4.1.4 Assessment and Contraindication

In terms of assessment there was a unanimous response in terms of nothing additional being used in the initial assessment stage but over time and following the completion of lower unconscious “constructive” work therapists were in agreement that this phase of therapy would be where it would be appropriate to introduce psychosynthetic aspects.

Bernie: “I think when you get to slightly more abstract thought then the person has to have quite a grounding in reality to make it safe. So it’s about keeping the client safe.”

Mary: “So my sense of them...are they capable of sitting on their own shoulders, having an inner observer”.

Norman: “I would be very cogniscent of doing the lower unconscious work...I think at different stages people have more stability or a greater sense of “I” than at other times...you just have to be careful with where they are at”.

There was a clear consensus that cases of psychosis would be contraindicated for the work of psychosynthesis.

Norman: “But you cannot do that for somebody who has an issue with psychosis...that would be like sending a tidal wave into a village that has already been struck by a tornado.”

However when further discussing psychopathology a level of dissentience was evident. As Ellen stated:
Ellen “...I’m sure if you put 100 people (therapists) into a room, I’m sure 50 would say “‘absolutely not’” and the other 50 would say “‘in the safe space working creatively may bring them in touch with themselves, helping with the identifying’”.

Indeed two participants gave interesting case examples of how psychosynthesis was helpful in cases of schizophrenia in how using imagery helped a patient to bridge fragments of themselves (Mary) and in another case the work of the psychosynthesis therapist provided a “solid container” (David) for the client. Bernie reported that much of her early clinical experience was with outpatient clients who had bipolar and borderline personality.

In terms of the issues that the six participants felt psychosynthesis was most helpful for, this was another area that was responded to with a level of variance however what really stood out was its efficacy in working with issues of identity, spiritual and existential crises. See Figure 2 below:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity Issues incl. self-esteem</td>
<td>5/6</td>
</tr>
<tr>
<td>Existential Dilemmas/Spiritual Emergency</td>
<td>4/6</td>
</tr>
<tr>
<td>Addiction</td>
<td>2/6</td>
</tr>
<tr>
<td>Depression</td>
<td>2/6</td>
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<tr>
<td>Anxiety</td>
<td>2/6</td>
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<tr>
<td>Stress/Inner Critic</td>
<td>2/6</td>
</tr>
<tr>
<td>Sexuality/Gender Issues</td>
<td>1/6</td>
</tr>
<tr>
<td>Abandonment</td>
<td>1/6</td>
</tr>
</tbody>
</table>

In addition both Gordon and Mary felt psychosynthesis would be a useful inclusion in the education system noting that this was also an endeavour of Assagioli’s career (Assagioli 1975, p.280).

There were a number of approaches from other modalities deemed to integrate well with Psychosynthesis and these included: person centred approach, psychoanalysis for uncovering the lower unconscious, Gestalt and bodywork including somatic experiencing. While the majority of participants contrasted the intuitiveness of Psychosynthesis with the more intellectual, logical approach fostered by CBT, Bernie provided an interesting vignette where these approaches could be integrated:

Bernie: “I have a CBT client and actually as one of her tools we did imagining anxiety and picturing it, like how this image changes over time. So it’s something that would not necessarily have fused together but it worked quite well for her”
4.2 Separation/Individuation; Enmeshment of Transpersonal Phenomenon with Crises of Faith

This topic, which emerged consistently out of the field research, will examine the reasons why there may be a resistance from the general public in Ireland to approaches that contain transpersonal elements. This may provide some conceptualisation as to whether Psychosynthesis may need to further separate and individuate itself from these issues.

4.2.1 Therapists Dialogue on the Subject of Psychospiritual Resistance

The majority of participants expressed the possibility that in Irish society, there is a marked resistance to the transpersonal. Many of them felt that this may be rooted in a confusion or enmeshment with the crisis of faith that has occurred around the Catholic Church in recent times.

David: “What’s interesting is that there is a marked suspicion towards anything transpersonal because of what has happened. It’s almost like the church betrayed us in Ireland so we are not going to have any of that “religious nonsense”...anything that has a whiff of the irrational or transpersonal...I don’t think does as well here”

Gordon: “It’s probably related to the contemporary suspicion of all things Catholic. Because we had too much of it shoved down our throats”.

Paradoxically most of the participants cited the efficacy of Psychosynthesis in working with existential dilemmas, crises of faith and spiritual emergency.

Norman: “it has a place in Ireland and I think it’s a very good fit for Irish society presently who have been wounded by an awful lot that has happened, losing their faith and that. I think it’s great for renewing faith and transcendence.”

Interestingly the participants also described some rather confused views on Psychosynthesis at organisational level. Two participants referred to state bodies that they experienced as closed or lacking understanding, one a course accreditation office and the other a statutory regulator.

Bernie: “I’m not sure if it would be too esoteric for [state body]. I actually work for [state body] in a different context at the moment...I’d say it would be unlikely to be taken on board to be honest”

Gordon: “I think there’s a training college in [omitted] who were offering Psychosynthesis and I heard that when [state body] came to accredit them they said “What are you talking about here. Transpersonal? Spiritual?” So that element of psychosynthesis can cause people to dismiss it as something religious or semi-religious. When it comes to religion or belief systems you can be anything or nothing. But he was an English professor and he equated immediately the word ‘Soul’ with religious beliefs and possibly Catholicism”

David drew a comparison with the UK context where the Psychosynthesis Trust and Institute is located referring to more receptivity of the approach; “Whereas the Glastonbury wing of English culture allows for Psychosynthesis to thrive...it’s more of an extension to things in England I think”
4.2.2 Exploring the Shadow Side – Fanaticism and Cult mentality

Some of the participants explained how transpersonal approaches such as Psychosynthesis may be sought out by those with a more fanatical relationship with the Divine or ‘more than’:

Gordon: “Now, I don’t know whether this would be a disorder or not but one of the areas where people get really caught up in religious fanaticism. Really caught and get into such a state that their God is talking to them or, and they know and they tell people you have to do this because I heard this from god. And I would be worried about that and I certainly wouldn’t be going into the transpersonal with somebody who presented with that kinda stuff because I would be afraid it would just feed into their... I just feel it would be dodgy.”

Norman: “For some people it might be that they are looking for something ‘more than’ but for others it might be that they are looking for peak experiences”.

David: “I know in California it became a bit of a cult...I do find I get people in religious life or people with that kind’ve quote “new age” yearning and they’ll think that sort’ve can compensate for emm... for just living your sensibly but it doesn’t. The whole pre-trans fallacy, is worth googling”.

The concept of Ken Wilber’s pre/trans fallacy, will be expanded on in the Discussion chapter.

4.2.3 Therapist Demographics and Psychosynthesis as a way of Being

Looking at the demographic mix of practitioners interviewed (see Appendix 3), there is no obvious pattern in religious affiliation that served as a catalyst in the therapist’s discovery of Psychosynthesis. It was described by them to hold and embody their own journey of self-discovery spiritual practice, and way of Being in the world. For some of the participants it was the sense of disillusionment or indoctrination in religion that was the calling towards something “more than”:

Ellen: “I think being born Irish, being brought up Irish in a Catholic household and family I struggled with things like the Higher Self and what was that, the mystery of it...But the freedom of thought it brought; so much joy, love, healing, wisdom and knowledge to me as a person, to the person who is beside me and to the wider universal connection”

Mary: “If you are present you are living your life from yourself and your way of living is yours... (Psychosynthesis) holds very ancient wisdom, very fundamental presence, having a sense of self to be connected to but it also being interlinked.”

Norman: “I think the way of transformation is starting to be present to Self...if you are present to Self in that way it is a great support in your and very broad bowl and deep frame to understand your life”.

However some comparisons were made with classical art such as Boschs’s 1510 painting; ‘The Garden of Earthly Delights’ and The Kabbalah Tree of Life (Appendix 4), depicting a higher/lower world split wherein the psychosynthesis model of the person is reminiscent of the biblical imagery of heaven and hell.

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1 Pre Trans Fallacy refers to the splitting among theorists on the reduction of transpersonal experience to the infantile regressive inner world or the elevation of ‘pre-rational’ states to the transpersonal (Wilber 1995, p.198)
4.3 Intertheoretical Reduction, Cultural and Political Sedimentation in Ireland

4.3.1 Cultural and intertheoretical reduction

This section will present the findings from the field interviews that place Psychosynthesis within the socioeconomic, academic and political framework in Ireland. It will also look at the dominant trends in psychotherapeutic modalities that are adopted within the profession on a local level including HSE service provision and what might inform this according to the participants. David stated: “The interesting thing about psychosynthesis is that it adapts to the culture it’s taken root in.” He discussed how in Sweden, Psychosynthesis is very popular however it is implemented by life coaches rather than psychotherapists due to regulatory constraints. In California, a hub for New Age movements, David referred to it being “overtaken by the shadow, became a cult”. He said it was a popular approach to psychotherapy in other European Countries like Norway and Italy and has a strong footing in the UK. As has already been mentioned, in Ireland there is no visible affiliate group for the profession and there is minimal training available with no literature to state what the approach is or where one can source a practitioner. The researcher also covered possible elements of societal resistance in the previous section. Some of the participants also referred to how practitioners of other modalities would in their view be opposed to ideas posited by Psychosynthesis however there was division among their perspectives:

Norman: “I mean Assagioli was a psychoanalyst so it has a very strong psychodynamic base...Some people like Lacanians might consider it spiritual ideation so they don’t believe in it.”

Mary: “I see that for me psychosynthesis, the Jungian model and Somatic Experiencing is very much interlinked. It’s a way for me to have a present application, they are not unconnected.”

David: “I think because Assagioli did not go towards the cult of personality, well his disciples didn’t. It was Freud’s disciples who turned it quite orthodox and protected it, Anna Freud in particular. protected his legacy and it became quite rigid...But the training I ended up with (from Psychosynthesis Trust in London) was hugely influenced by psychodynamic thinking; Winnicott, Bowlby, Gestalt, it all fitted in; to be this external unifying centre, this good object, this container, the words are different in the different theories but the experience is still the same."

Gordon: “But the psychoanalytic or the CBT, those pieces I don’t think are open at all to it...very... This is it”. And that is a limitation to something like psychosynthesis being accepted because it is seen as airy fairy”

Ellen: “as theorists go, it can be very black and white so I’m thinking if I was sitting beside a CBT therapist or theorist, what would they say about the Higher Self? (Laughs). It would be an interesting dialogue to have wouldn’t it. If I was sitting with say a Reality therapist who would be very factual in their way of working would maybe opposed to psychosynthesis. But I do think the humanistic way, the person centred way, the Jungian way with the creativity marries in very well.

In this cross section, it could be said that some factions of psychoanalysis retain openness to psychosynthesis and this suggests a loyalty to the original thinkers of that school e.g. Lacan, Jung, and Freud. In addition projections between schools of thought may perhaps form a barrier towards more theoretical integration.
4.3.2 Political and Socioeconomic Constraints

The majority of participants agreed that the priority in the field of counselling and psychotherapy is the introduction of statutory regulation and they were unanimous in the view that this would precede any regulatory changes to the Psychosynthesis approach. However Bernie who works for a regulatory office in another capacity stated “I doubt they would accept it in to be honest with you. They tend to be very conservative.”

There was allusion to current trends in the provision of therapies and the services most favoured by the HSE in their crisis intervention. Referring to mindfulness, Ellen called it “a buzz word that’s greatly overused”. Mary and Norman conceded on the tendency of the health service to offer CBT:

Norman: “Well I think they use CBT a lot don’t they...But I do see where the ideas of the different levels of our experience can be very useful certainly in hospitals. Absolutely. I mean that’s a general answer because it is part of our experience in life, transpersonal.

Mary: “it’s economically driven but also a lack of understanding. Not it’s not that I don’t see a place for CBT but I don’t think it gets to the roots of anything”

David pointed out that in the UK; Psychosynthesis was prevalent in hospices and addiction services. Norman also mentioned that in his experience in the UK Psychosynthesis is used in education and in particular students he worked with in a psychiatric setting. Mary agreed with this as did Ellen and Gordon who stated:

Gordon “Assagioli saw psychosynthesis not just as a psychotherapeutic approach but he guided it and his followers to see it as part of education and social life generally because his whole thing of world peace and wanting to influence the world “I would love to see it introduced at that level and I think that young people would take to it.”

In addition to Irish academia’s aforementioned resistance to transpersonal content, participants cited the difficulty in general getting courses accredited when it came to Psychosynthesis training. David said:

David: “Well it’s hard enough even for a well-resourced college to keep going...I mean I think [Head of Institute] (of former Psychosynthesis Institute in Ireland) when he died was such a life force, that you need someone like that to drive it forward. it needed an extraordinary level of energy to run a training college. And the whole process of course accreditation because now you have to get to Masters Level.”

The Discussion chapter will examine the findings in relation to a restriction in modalities in HSE service and examine correlations in the literature which may offer some rationale for this.
CHAPTER 5: DISCUSSION

The objectives of this research project were to explain what psychosynthesis is to the reader from the point of view of the therapist and client, to explain the lack of training and accessibility of psychosynthesis in Ireland and to assess whether or not the psychosynthetic framework has a place in contemporary psychotherapy in Ireland. This chapter will quantify the extent to which the data collected in the semi-structured interviews fuses with or separates from the literature review collated in Chapter Three. The researcher will maintain a thematic analytic approach in order to form and present an integrated understanding of these theoretical and experiential inflows of the research (Barker, Pistrang & Elliot 1994, p.224). This is beneficial as it provides a weaving together of the literature and data collected to elaborate more fully on the meanings that may be deduced and expands the initial frame of reference. This approach, which is not constrained to specific research theory (Braun & Clarke 2006, p.6-9) also allows for the researcher to include a certain amount of new literature which will be limited to embedded information in the participants responses which support the analysis being undertaken but would not have had any obvious at an earlier stage. Once more the themes that will be engaged with are as follows:

1. Issues of Identity and Visibility

2. Separation/Individuation; Enmeshment of Transpersonal Phenomenon with Crises of Faith

3. Intertheoretical Reduction, Cultural and Political Sedimentation in Ireland
5.1 Issues of Identity & Visibility

As mentioned in the results chapter, the majority of participants trained at or were later involved in delivering training at [Former Psychosynthesis Centre in Ireland]. One participant trained at Turning Point Institute which is the only 3rd level institution currently offering any training in psychosynthesis and this is modular as opposed to fully orientated. While there is a steering group remaining following the closure of [Former Psychosynthesis Centre in Ireland] this is not common knowledge as two participants were unaware of this and the researcher could not track any information available online or in the public eye as to how one can access this group. So it may be suggested that the communication channels need to be opened up among these distanced segments of practitioners e.g. those who trained in the former Psychosynthesis Centre and those graduating from Turning Point Institute in order to increase visibility and form a more open, coherent presence in Ireland.

As Ellen discussed, initially what is needed for the approach to evolve in Ireland would be “putting it out there, more workshops etc.” It would certainly appear that more workshops and information sharing with the general public would help to build the profile of psychosynthesis - it may also address the nuances in theoretical understanding that came across in the results chapter. This corresponds with research in the UK context around divergence of understanding and emphasis of certain features like ‘Will’ (Zyle, 2004). Just one participant was aware of the ‘triphasic model’ of the psyche utilised by the Psychosynthesis Institute of London. This model proposes a phased approach to Psychospiritual development beginning with the ego (prepersonal), establishing contact with the inner observer and then transpersonal work (Kean, 2017). There was however fluency among the participants in areas like therapeutic technique, assessment and contraindication consistent with the literature examined in Chapter 3.

What emerged strongly among the therapists interviewed was the need for ego constructive work to be done with clients before psychosynthetic aspects are introduced to prevent spiritual ‘flight’ from these crucial early conflicts. This was in unison with the literature covered, particularly that of founding theorist, Assagioli who began his clinical career as a psychoanalyst (Rosselli & Vanni, 2014 & Vanni, 2014, Assagioli 1975, p.228). Five out of six of the therapists interviewed note that either psychoanalysis or psychodynamic psychotherapy is part of their integrative approach to client work (see Appendix 3). Some interesting vignettes were included dealing with client presentations of schizophrenia highlighting that this diagnosis may in some cases respond psychosynthesis techniques as part of an integrative framework whilst adhering to a ‘do no harm’ ethical stance. This reiterates the literature review, in particular Clements (2016) discussion on severe psychopathology being rooted in fragile ego constructs which also includes the struggle of being with the pathological insanity of the overdeveloped collective ego (Kogo, 2002; Taylor, 2007; Mate 2014). Gordon and Mary expressed that psychosynthesis would be a valuable addition to children’s education, particularly work around imagery and subpersonalities and this coincides with the literature review (Whitmore 1991, p.105).
5.2 Separation/Individuation; Enmeshment of Transpersonal Phenomenon with Crises of Faith

The consensus of the participants was that psychosynthesis among other transpersonal approaches remain undistinguished from Christianity by the Irish public and are therefore avoided. They felt the churches influence has left many scars, not the least of which have emerged through reports into clerical sexual abuse as was emphasised in a recent IAHIP interview with Brother Mark Hedderman (Ward, 2010). Several texts from within the church have been written on this topic including A Question of Conscience by Father Tony Flannery. Ambivalence remains with some authors citing the link between the church run psychiatric facilities as a predictor for mental health (Freeman, 2011) while others emphasize the need to hold on to ones faith in the interest of maintaining mental wellbeing (Brady, 2016). The Census 2016 reported a decrease in Catholic population from 92% - 78% during 1991-2016 with the second largest group described as having ‘no faith’ (Ryan, 2017). The results link with the literature from the American context where psychosynthesis proved effective in addressing existential crises of faith (Schaub & Galino Schaub, 2017).

The dialogue of those interviewed also came with a number of caveats in conjunction with this topic. For example Gordon added caution around “religious fanaticism” referring to clients seeking some Godlike intervention among the transpersonal aspects of psychosynthesis. Norman spoke of clients who arrive in therapy seeking “peak experiences” and David spoke of how “it went off the rails in California”. In this context it seems appropriate to revisit of the critiques from Freud and Lacan represented in the literature review which hold that there is only the basement level of the psyche, that ‘synthesis’ is inevitable in the process of uncovering the repressed in psychoanalysis and that seeking a positive compensation for the infantile conflicts is at best a grasping for an omnipotent project to defend from anxiety (Freud 1918, p.110, Zizek 2013, p.75). The grounding lower unconscious work subscribed to by the interviewees provides a sense of structure in light of the confusion reported at organisational level by Gordon and Brenda whereby psychosynthesis was seen to be “airy fairy” and “too esoteric” at times.

As mentioned in the literature review, psychospiritual defense mechanisms such as desacralisation and routinization may be used interchangeably with pathological defenses (Ferruci 2009, p.155-162). Ken Wilber’s concept of ‘pre/trans fallacy’, mentioned by David may lend further mediation to this divide between the Freudian school and Assagioli’s psychosynthesis. Wilber professed that Freud minimized transpersonal experience to infantile ‘oceanic states’ but also accuses Jung of committing the same fallacy by elevating pre-verbal experiences to divine realization calling for a more balanced perspective on both branches without denigrating either (Wilber 1995, p.198). In line with the critique of Grof by Tollboll (2014), psychosynthesis provides the space to understand and integrate transpersonal experience in the here and now, self-other dynamic. However it seems tasked with redefinin itself as an all-inclusive form of spiritual psychology, particularly given that its ‘Egg’ model of the psyche was inspired by religious imagery as shown in Appendix 4 (Sorrell 2001, p.7/8).

Footnotes

₁ Desacralisation is defined by Ferruci (2009) as; the destruction and minimalizing of anything that is representative of the super-consciousness or spiritual, and dogmatization as; an overacceptance of servitude to the greater good at the cost of personal spiritual growth.

²IAHIP is an abbreviation for the Irish Association of Humanistic Integrative Psychotherapists
5.3 Intertheoretical Reduction, Cultural and Political Sedimentation in Ireland

Here we return to David’s comment; “psychosynthesis embeds itself in the culture it finds itself in”. Comparatively speaking, Fitzgerald (2016) discussing the roots of psychoanalysis in Ireland describes how this linkage lies in the dyadic of a historic, engrained view of what comprises insanity. This includes deviations from church teachings, along with Irish cultures tendency to carry forward trauma defended by alcoholism making for a repressed populace ripe for psychoanalytic uncovering (Perry, 2016). Interestingly the earliest cohort of psychoanalysis in Ireland, the Irish Psycho-Analytic Association was led by Jonathan Hanaghan, a Christian analyst once praised by Anna Freud who believed that psychoanalysis was a form of mental and spiritual healing with the analyst being “more than a technician, he was a healer” (Psychoanalysis in Ireland, 2017). It is remarkable that the Irish initiation of psychoanalysis closely resembles the origin of psychosynthesis in Ireland which was spearheaded by the late Micheal O’Regan, a Dominican priest (McH, 1997). The marriage of religion and psychology in Ireland in the mid-late 20th century would be a thesis in itself and beyond the scope of this paper but is adequately discussed in the previous theme.

All participants agreed that the evolution of psychosynthesis in Ireland is secondary to the introduction of statutory regulation for psychotherapy on the whole and suggested that short term Cognitive Behavioural Therapy (CBT) still seems to be the most prevalent modality offered by the health service despite longitudinal meta-analyses showing that humanistic, integrative, psychoanalytic and system modalities were equally effective (UCD 2013, Carr 2007, p.16). In 2006, the Department of Health and Children issued a document called ‘A Vision for Change’ in conjunction with review of mental health services in Ireland. This paper raised concerns about the lack of uniformity around training standards and the cost efficiency across various modalities of psychotherapy and psychoanalysis (Department of Health and Children 2006, p.199).

Of note for this research project is how the same document envisaged that a mix of “psychological therapies, creative and recreational therapists” being the best practice treatment approach for mental health (Department of Health and Children 2006, p.79). This raises the question of whether psychosynthesis which marries work with imagery, meditation and psychotherapy could be a modality that ascribes to this vision whilst remaining more cost effective than providing psychotherapy, mindfulness and art therapy on a separate basis. A longitudinal study by Carr (2007) for ICP₁ lists exhaustively the issues that other modalities such as CBT and psychoanalytic psychotherapy are useful for, however the top issues most effectively addressed by psychosynthesis according to the field research are not listed, namely: existential crisis of faith/spiritual emergency and issues of identity (Carr 2007, p.54-77).
The challenges around establishing a training institute in Ireland were clear from the discourse with David and Norman, and this may be supported by the requirements set out by QQI. QQI require details of premises, investment, staff, the providers ability to refund fees where necessary and must also name two alternative training QQI approved training providers in the event of closure of a course or institution and that is before the nature and scope of the course can be assessed by QQI (QQI 2013, p.8-10). Bernie expressed that she did not feel that course accrediting bodies would buy into Psychosynthesis and this was clarified by Gordon who cited a lack of understanding at organisational level around the transpersonal aspects of the learning. However the related field of transpersonal psychotherapy has an institute in Ireland whose training is accredited by The Irish Centre for Shamanic and Transpersonal Studies (Shamanism Ireland, 2017). In addition the courses available in the London Psychosynthesis Trust and Psychosynthesis Institute are accredited by Middlesex University who accredit many of the counselling and psychotherapy programmes offered in Ireland currently (Institute of Psychosynthesis, 2017).

Footnote: ICP is an acronym for the Irish Council for Psychotherapy
CHAPTER 6: CONCLUSION

This qualitative research endeavoured to give an account of the fundamental aspects of psychosynthesis, explain the lack of training and availability of practitioners and assess the place of this modality in Ireland. Thematic analysis of the semi structured interview content served to emphasise the participant’s feelings, perceptions and experiences of the subject while capturing the intricacies of meaning within the data collected (Guest, MacQueen & Namey 2012, p.6). The researcher’s use of hermeneutic empathy to make these interpretations led to rich and thought provoking themes touching on the realms of anthropology and how the collective culture in a given jurisdiction adapts to schools of thought in psychotherapy.

It became clear that a more accessible, visible society of psychosynthesis practitioners would possibly lend itself to the overall task of creating a greater presence and awareness within the profession and among the general public. This is particularly important in an Ireland that has seen radical change since the influence of the Catholic Church began to diminish and yet still carries pathogenic trauma and fear from its evolution through famine, war and division. While research mounts on the genetic heritability of trauma, some researchers are also pointing to an inherited resilience that also cascades generationally (Perry, 2016). Psychosynthesis which is both ‘rooted’ and ‘reaching’ in its approach to the repressed may offer a useful conduit to those seeking support at this time of transition and transcendence, but not without making this explicitly known.

The presenting issues that were deemed to be effectively treated by psychosynthesis are in unison with those included in the report on the efficacy of psychotherapy in Ireland by Carr (2007). However it seemed to shine in how it addresses spiritual emergency and existential crises of faith. Much like other mainstream approaches, psychosynthesis practitioners foster a ‘do no harm’ stance towards severe psychopathologies. The literature review and majority of the interviews revealed that psychosynthesis is considered effective in mainstream education as was one of Assagioli’s original aspirations. It may again be surmised here that psychosynthesis in Ireland needs to re-establish what it is about making clear the theoretical components and its integration into practice with other modalities in order to challenge the critiques that it meets.

Regarding perceived enmeshment with Catholicism and the current crises of faith in Ireland, it may be that psychosynthesis needs to look to its own techniques and seek to identify and disidentify itself as appropriate. Indeed there are some religious connotation in its early influences in how it marries Eastern and Western philosophy. The Egg diagram was said to be inspired by parochial writings such as Dante, paintings such as The Garden of Earthly Delights and its structure of the self has been linked with the Tree of Kabballah (See Appendix 4) but was intended ‘more than’ its roots . The researcher is reminded of Tillich’s affirmation of ‘true’ theism; “It transcends both mysticism and personal encounter, as it transcends both the courage to be as a part and the courage to be as oneself” (Tillich 2014, p.170/171).
6.1 Recommendations for Further Research

There was a strong inclination from the research that the approach among other transpersonal approaches could indeed be enmeshed with religion and in this way confused with the current decline in Catholicism and crisis of faith and this interesting topic would also warrant further research.

Concerning the re-establishing of a Psychosynthesis Institute in Ireland, David pointed out “there would have to be the hunger for it” so in this regard perhaps a quantitative piece of research could examine further whether there is this desire for the “more than” among trainees in the field of counselling and psychotherapy in Ireland.

The researcher also believes there is scope for further research to quantify why holistic and creative methods of treatment such as mindfulness and art therapy remain split off from integrative humanistic psychotherapy. Considering the HSEs aspiration to provide holistic interventions as set out in A Vision for Change, could a model of treatment like psychosynthesis provide a cost effective means of delivering this (Department of Health and Children 2006, p.79).
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INFORMATION FORM

My name is Wayne Hamilton and I am currently undertaking a BA programme in Counselling and Psychotherapy at Dublin Business School. I am inviting you to take part in my research project which is concerned with the exploration of the place and efficacy of Psychosynthesis in contemporary psychotherapeutic practice in Ireland.

What is Involved?
You are invited to participate in this research because you have been identified as being suitable, being a therapist trained in psychosynthesis. If you agree to participate in this research, you will be invited to attend a one-to-one interview with myself in a setting of your convenience, which should take about half an hour but no longer than 45 minutes to complete. During this I will ask you a series of questions (max. 12) relating to the research question and your own work. After completion of the interview, I may request to contact you by telephone or email if I have any follow-up questions.

Confidentiality
All information obtained from you during the research will be kept anonymous. An audio recording and a transcript will be made of the interview but again these will be anonymous and will be handled accordingly. Your participation in this research is voluntary. You are free to withdraw at any point during data collection without any disadvantage.

If you have questions regarding your rights as a participant in this research, please contact Dr. Gráinne Donohue, Research Co-ordinator, Dept. of Psychotherapy, School of Arts, Dublin Business School grainne.donohue@dbs.ie 58
CONSENT FORM

Protocol title:
A qualitative exploration of the place and efficacy of Psychosynthesis in contemporary psychotherapeutic practice in Ireland

Please tick the appropriate answer.

I confirm that I have read and understood the Information Form attached, and that I have had ample opportunity to ask questions all of which have been satisfactorily answered. ☑Yes ☐No

I understand that my participation in this study is entirely voluntary and that I may withdraw at any time during data collection, without giving reason. ☑Yes ☐No

I understand that my identity will remain confidential at all times. ☑Yes ☐No

I am aware that audio recordings will be made of sessions. ☑Yes ☐No

I have been given a copy of the Information Form and this Consent form for my records. ☑Yes ☐No

Participant ___________________ ______________________
Signature and dated Name in block capitals

To be completed by the Principal Investigator or his nominee.
I the undersigned have taken the time to fully explain to the above participant the nature and purpose of this study in a manner that he/she could understand. We have discussed the risks involved, and have invited him/her to ask questions on any aspect of the study that concerned them.

________________ _____________________ ______
Signature Name in Block Capitals Date
Demographic Information Form

Instructions: Please provide a response for each of the following questions:

1. What is your age range?  25-40 □  40-55 □  55-70 □  70+ □

2. What is your gender?  Female □  Male □  Gender Neutral/Fluid □

3. With what denomination or faith tradition do you most closely identify?

__________________________________________________________________________

4. Please select from the options below the orientation(s) of your core training as a psychotherapist?

Humanistic □  Integrative □  Psychodynamic □

Person Centered □  Psychosynthesis □  Transpersonal □

CBT □  Psychoanalysis □  Body Centred □

5. Please select from the options below the modalities used in your practice as a psychotherapist?

Humanistic □  Integrative □  Psychodynamic □

Person Centred □  Psychosynthesis □  Transpersonal □

CBT □  Psychoanalysis □  Body Centred □
6. Please select from the options below the level of training you have attained to date.

Diploma (QQI Level 7) □  Bachelor’s Degree (QQI Level 7) □  BA Honours (QQI Level 8) □

Masters (QQI Level 9) □  PHD/Doctorate (QQI Level 10) □  Other:________________

7. What is the highest level of training you have undertaken in Psychosynthesis specifically?

Diploma (QQI Level 7) □  Bachelor’s Degree (QQI Level 7) □  BA Honours (QQI Level 8) □

Masters (QQI Level 9) □  PHD/Doctorate (QQI Level 10) □  Other:________________

8. Please specify the member organizations that you are accredited with:

IACP □  IAHIP □  PSI □  IAPCA □  ICP □

Other(s): ________________________________

9. How long have you been practicing as a psychotherapist? __________

10. Are you also an accredited supervisor? Yes □  No □
Appendix 2: Semi Structured Interview Questions

Interview Questions for Semi Structured Interview

**Theme 1: Prevalence of Psychosynthesis practitioners and availability of training in Ireland**

Q1a: Can you tell me a little about how you got into the practice of psychosynthesis psychotherapy? Q1b: When did you first hear about psychosynthesis?

Q2a: What was your experience of training to become a psychosynthesis therapist? Q2b: And what is your sense of the overall availability of training programmes for this modality in Ireland?

**Theme 2: Therapists understanding of the oval diagram/levels of consciousness, then and now**

Q3: Referring to Assagioli's Oval Diagram of the person (Handout provided), can you quantify whether this is still the central organising model of the psyche within psychosynthesis, and if not please comment on any modifications in how it is currently understood?

Q4: To what extent, if any do you feel contemporary practice of psychosynthesis differs to the original school of thought posited by Assagioli?

**Theme 3: Comparison and critique of psychosynthesis and other modalities**

Q5: Can you think of any critical standpoints on the psychosynthetic model and what are your own responses to these?

Q6: Can you describe your approach to client work in terms of whether it is an integrative way of working or not? / Are there other schools of thought that you draw on in the work and how do these interplay with psychosynthesis?
**Theme 4: Assessment and Contraindication**

Q7: Can you describe how you initiate the process of assessment for a new client uncovering psychosynthesis psychotherapy?

Q8: Which (if any) of the psychopathologies do you believe may be contraindicated, unsuitable or require additional ongoing clinical assessment in psychosynthesis psychotherapy?

Q9: What type of presenting issues do you find psychosynthesis is most helpful for? What kinds of clients benefit from it the most?

**Theme 5: Place and Efficacy in Contemporary Clinical Practice**

Q10: Do you see a place for psychosynthesis to be introduced into the mainstream healthcare system in Ireland and why?

Q11a: What do you see as the way forward for psychosynthesis psychotherapy in Ireland?
Q11b: How might it be impacted in your view following the introduction of statutory regulation?

Q12: What are the limitations faced by psychosynthesis as a standalone approach?

*Is there anything else you’d like to add that you feel is relevant?*
Appendix 3: Demographic Information

The table below details the profile of practitioners that were interviewed during the field research and collates their demographic, academic and clinical status. This enables the reader to understand the target population being interviewed and demonstrates homogeneity of sample and inclusion criteria (Barker, Pistrang & Elliot 1994, p.176/177).

<table>
<thead>
<tr>
<th>Therapist A</th>
<th>Therapist B</th>
<th>Therapist C</th>
<th>Therapist D</th>
<th>Therapist E</th>
<th>Therapist F</th>
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<td>Roman Catholic</td>
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<td>Catholic</td>
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<tr>
<td>Orientation of Core Psychotherapy Training</td>
<td>Psychoanalysis, Transpersonal, Body centred</td>
<td>Psychosynthesis</td>
<td>Humanistic, Person-Centred</td>
<td>Humanistic, Integrative, Psychodynamic, Pers Ctr’d</td>
<td>Humanistic, Psychodynamic, Pers Ctr’d, Psychosynthesis, Transpers’, Psychoanalysis</td>
</tr>
<tr>
<td>Modalities Used in Clinical Practice</td>
<td>Psychoanalysis, Transpersonal, Body centred</td>
<td>Humanistic, Integrative, Psychodynamic, Psychosynthesis, CBT, Body Centred</td>
<td>Humanistic, Person-Centred, Psychodynamic, Pers Ctr’d, Psychosynthesis</td>
<td>Humanistic, Integrative, Psychodynamic, Pers Ctr’d, Psychosynthesis</td>
<td>Humanistic, Psychodynamic, Pers Ctr’d, Psychosynthesis, Transpers’, Psychoanalysis</td>
</tr>
<tr>
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<td>Masters (QQI Level 9)</td>
<td>Masters (QQI Level 9)</td>
<td>Masters (QQI Level 9)</td>
<td>Masters (QQI Level 9)</td>
</tr>
<tr>
<td>Level of Psychosynthesis Training Attained</td>
<td>Diploma (QQI Level 7)</td>
<td>Masters (QQI Level 9)</td>
<td>Diploma (QQI Level 7)</td>
<td>Diploma (QQI Level 7)</td>
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</tr>
<tr>
<td>Accredited Body**</td>
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<td>IAHIP, ICP, UKCP</td>
<td>IACP, IAHIP, ICP, EAP</td>
<td>IACP</td>
<td>IAHIP, ICP</td>
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<tr>
<td>Years Practicing</td>
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<td>17 years</td>
<td>17 years</td>
<td>16 years</td>
<td>19 years</td>
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<tr>
<td>Is participant also an accredited supervisor?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Footnotes

* QQI is an acronym for Quality of Qualifications in Ireland. It is a state run agency under the auspices of the Department of Education that sets out training standards and categorises courses offered by academic institutions using the QQI National Framework.

** Accredited Body refers to the member organisation(s) that the participant has successfully been accredited by having completed all requirements set out. IACP is an acronym for the Irish Association for Counselling & Psychotherapy. IAHIP is an acronym for the Irish Association of Humanistic Integrative Psychotherapists. BACP is an acronym for the British Association for Counselling and Psychotherapy. ICP is an acronym for the Irish Council for Psychotherapy. UKCP is an acronym for United Kingdom Counselling & Psychotherapy Association. IFCAPP is an acronym for The Irish Forum for Child and Adolescent Psychotherapy. IFPP is an acronym for The Irish Forum for Psychoanalytic Psychotherapy. EAP is an acronym for the European Association for Psychotherapy.
Appendix 4: Philosophical and Esoteric Influences of the ‘Egg Diagram’

The Garden of Earthly Delights by Hieronymus Bosch (circa 1510)

The Kabbalistic Tree of Life - from Franz Bardon’s ‘The Key to the True Kabbalah’ (1975)