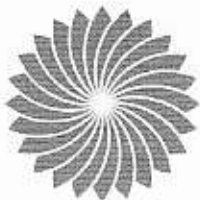


*Special Member Rates
ATP Annual Conference*



ATP NEWSLETTER

Spring 1995



THE
ASSOCIATION
FOR
TRANSPERSONAL
PSYCHOLOGY

EMDR and Spiritual Unfoldment
Zen and Tao in a Practicum
Attending to Attention
Letters Exchange



The quarterly *ATP Newsletter* is distributed to active ATP members. Members are invited to submit letters, suggestions, comments, articles, and artwork for publication in the *Newsletter*. Send copies to the *Newsletter* Editor.

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Association Staff: Miles Vich, Executive Director and *Journal* Editor; Darren Koons, Member Services Manager; Art Johnson, Conference Coordinator. *ATP Newsletter*, Winter 1995 issue editing: Miles Vich. Transpersonal Institute Board of Directors: President, Dwight Judy; Vice-President, Susanna Davila; Secretary, Anne Simpkinson; Treasurer, Allan Chinen; Jeanne Achterberg, Lauren Artress, Melinda Maxfield, Larry Peters, Miles Vich.

BASIC MEMBERSHIP BENEFITS FOR 1995

The Journal of Transpersonal Psychology—subscription to Vol. 27, 1995 (All prior-year volumes are available).

Listing of Professional Members—ATP Professional Members practicing in the professions; sent free to members.

Listing of Schools and Programs—educational opportunities in the transpersonal field; sent free to members.

Events—reduced rates for the ATP 1995 Conference.

ATP Newsletter—available only to members. Reduced rates to members for advertising.

Networking List—a list of ATP members in your zip code area. Free, and available only to members.

JTP Books—a direct-mail service offering a selection of specialized books in the transpersonal field.

Mailing List—Member's name on the active list. Also, a current mailing list of over 15,000 names is available.

A Transpersonal Approach

Is it possible to bring a transpersonal approach into the human service professions? This question is beginning to be asked by more and more students, teachers, and trainers in a multitude of service areas. This *Newsletter* issue presents three significant examples of ways the transpersonal element can emerge in therapeutic training and practice.

ATP's Summer Conference: The 1995 Annual Conference, "Imagination and the Arts: Gateways to the Soul," which opens August 3 in Monterey, California, has over 100 presentations and workshops scheduled. The new format for the conference—four days and three nights—offers more time and more opportunities to participate and enjoy the expanded program. Another feature of this year's conference is the way the beautiful seacoast setting works to support the Conference theme. Asilomar Conference Center is an inspiring site, and in the summer it is perfect for the relaxed, friendly, and professional quality program that ATP offers. Members can still register at favorable rates, but please be informed that available space sold out last year and is expected to do so again.

Have you received your copy of the 16-page Conference Brochure with Meinrad Craighead's painting on the cover? If yours didn't arrive, or you need more, contact ATP.

Letters Exchange: Last Fall, Francis Lu offered a perspective on the managed-care issue and its implications for transpersonally-oriented healthcare providers. Another ATP member, James C. Nourse, has commented on the various issues involved, and Francis Lu replies. Their letters appear on pages 13-14.

Membership in ATP is open to anyone with an interest in transpersonal psychology. While it is true that ATP has many professional members, membership is also open to students, anyone with general interests in the field, and others with entirely personal interests. This year ATP is offering the Joint Member category, which is particularly appropriate for couples and others who take two memberships but have one common residential mailing address and prefer to receive one set of mailed materials. Both members can exercise joint benefits such as the member rate for conference registration. For details see the inside back cover. —Ed.

The cover photograph was taken on the beach at Asilomar by Miles Vich.

Attending to Attention: *Developing a Training Model*

Christine Caldwell

Christine Caldwell, Ph.D., is the founder of and an Associate Professor in the Somatic Psychology Department at Naropa Institute, an accredited, degree-granting college in Boulder, Colorado. She is an ATP Professional Member, a Licensed Professional Counselor, and a registered Dance Therapist (ADTR).

It is often assumed in psychotherapeutic training that certain therapeutic skills such as compassion and intuition are not trainable. A frequent corollary is that the desire to become a therapist occurs out of an already existing compassionate and intuitive nature, and that what remains is to learn theory, to model therapeutic technique in labs and fieldwork, and to then correct errors and refine skills in internships. This educational model is consistent with psychological paradigms that emphasize cognitive acuity and give little emphasis to more intuitive functions.

A different model of therapist training that emphasizes intuitional and awareness functions is in use in the Somatic Psychology Department at the Naropa Institute in Boulder, Colorado. The model is called the Therapist Training Cycle and has been developed under the direction of the author.

The training occurs in four stages across the entire first year of the two-and-a-half year program; students also take additional courses in the theory and practice of fieldwork placements, meditation, Body-Mind Centering™, developmental and abnormal psychology, and diagnosis and assessment. The stages of the training highlight the four basic therapeutic skills considered essential for clinical proficiency: 1) attending to the phenomena of attention; 2) cultivating intuition; 3) cultivating compassion; 4) facilitating intervention. A discussion of all of these is beyond the scope of this article, but here I can offer a description of the first stage—which opens to the others. As students enter this graduate program, they first learn about the nature of attention through the witness function. For seven weeks we study the forms and patterns of

attention, its oscillation, and the power of seeing and being seen. Elsewhere and simultaneously, students take a meditation and psychotherapy class and form some kind of sitting practice. To provide a ground for the attentional work, students examine the nature and process of their attention in order to de-automatize limited or dysfunctional attentional habits (Van Nuys, 1971). As Roberts and Vaughan Clark have suggested, "The first step in applying transpersonal psychology to education usually involves shifting the focus from external to internal awareness. As students become aware of their own inner states, they can begin to recognize important conditions which affect their learning ability" (Hendricks & Fadiman, 1976, p. 5).

Because our families, cultures, and religions give us cues as to what is attentionally important, unimportant, or taboo, our perceptual processes can be shaped to such a degree that what we attend to can become patterned, automatic, and seems to be reality. The tendency is to screen out that which perceptually disagrees with one's attentional patterns. What we cannot see interiorly, we may not see in our clients. Conversely, what we attentionally exaggerate in ourselves may be figural against the ground as we look at our clients. Such patterns actually form a kind of unconscious prejudice—"I'll pay attention to you if, . . ." or "I'll withdraw my attention when you, . . ." This can recapitulate the client's original wounding, in which he or she had to make trades with caregivers in order to receive adequate attention. In a healthy family system, attention to any one person is not constant, but it is unconditional. In a healthy context, attention is free and comes with no "strings" requiring us to modify who we are in order to receive it.

To paraphrase Zen Master Thich Nhat Hanh, attention is like sunlight and water—whatever you pay attention to will grow. If you turn your attention consistently to anger, you will grow anger; if you persistently ignore feelings, they will wither. But if you attend to the *process* of attending, you will grow an ability to choose among attentional states, a skill that is crucial in therapy and in life.

In therapy, attention can be used as a treatment—it can be directly applied to old wounds—which reestablishes organismic wholeness through a willingness to let it go anywhere and everywhere it is needed. In the training program we uncover any patterns of attention that limit therapeutic availability. To illustrate, one student realized that she began to “space out” and diffuse her attention every time her partner got sad and began to cry. She was able to trace this pattern to her childhood when her older brothers would persecute her if she cried. Another student found that she would get angry and judgmental when her partner exhibited joy, especially if the partner wiggled his body. It took her several weeks to realize she had confused a male’s expression of joy with a sexual invitation. This misperception arose from her “happy-go-lucky” father who had committed incest upon her.

It is a courageous act for students to uncover attentional patterns. Our classroom is designed to hold and respond to such personal revelations and channel them primarily into educational and clinical skill-building. This is an essential feature of the training, honoring the inner experience of the therapist-in-training, and assuming that it is of immense value when it is channeled into serving the client.

In the first weeks we also study the oscillation of attention. By its very nature, attention shifts from one thing to another. It seems that it needs to keep moving, to be in a state of flow, in order to keep us healthy. It could be argued that this constant shift in the figure/ground relationship is of survival value to us, as it keeps us alert and able to respond to environmental changes. In the clinical context, the therapist’s attention oscillates between client, herself, and the surround. To fixate attention inward is to lose the client and be rendered of little use to him or her. To focus solely on the client and become immersed in their experience is to lose oneself and the ability to contribute therapeutically. To pay exclusive attention to the surround has its own obvious failings.

Attention oscillates naturally, and students learn to observe this flow as it goes out to the client, into themselves, and occasionally out to the environment. Many students assume that they must give all their attention to the client in order to be good therapists and that nothing less than their undivided attention is acceptable. It can be a shock to learn that this actually can be a co-dependent state, one in which we take all our cues from the other. It is equivalent to detaching and throwing the safety line down after a rock climber as she descends a cliff face. The therapist must keep herself in the equation, or the client’s problem may control the session. Kathleen Speeth (1982) has commented eloquently on this in

an article that details the forms of attention students must develop, as well as the techniques for enhancing attentional fields, in order to work effectively with clients.

When attention oscillates, the therapist can remain refreshed and centered, able to take care of herself. Therefore, we train to recover this oscillation. We are a movement-based psychotherapy program, and we pair students so that one person becomes the mover while the other simply witnesses. The movers take twenty minutes to move freely and expressively. This process stimulates unconscious material in the mover—kinesthetic memories, physical archetypes, and suppressed feeling states. The witness observes the mover, while also practicing oscillating attention and becoming aware of patterns of attention. Later, the witness reports her findings to the group and discusses what she has discovered.

Whether it is called relational empathy, a holding environment, or Kohut’s mirroring needs, everyone has a need to be seen. The witness function, as a stage of therapist training, is also designed to provide the student with skills in witnessing psychological wounds in the client. Our premise is that in early development an external witness is needed to affirm our sense of self or, as Winnicott terms it, “going-on-being.” When being seen is interfered with, the child may not develop an internal witness and could grow up unable to affirm him/herself through direct experience. Therapy, then, is an opportunity to introduce a restorative external witness, the therapist, to unconditionally perceive the wholeness and completeness of the client. This provides a way for the client to replicate and internalize the witness.

The witness function is a training process in which students encounter obstacles to seeing themselves, their partner, and the environment unconditionally. This process is related to and facilitated by meditation practice but exists on its own as instruction in attentional habits and their effect on perceiving the “suchness” of others. These are practices that dissolve conditioned attentional patterns and train the therapist in the conscious use of varied attentional states for the purpose of therapeutic intervention. The Therapist Training Cycle is a model for a training program that intends to recover natural proclivities for compassion, intuition, and higher states of consciousness. It also provides a way to reawaken dormant energies that are the foundation of therapeutic skill and service.

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