

Psychotherapy as Perceptual Training

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THIS DISCUSSION STEMS FROM REFLECTIONS on a powerful psychotherapeutic experience I was fortunate to undergo some years ago. These reflections have resulted in the conclusion that sufficiently sensitive and empathetic therapists can sometimes cultivate their clients' perceptual sensitivity to internal states to levels far beyond those usually thought to represent the upper limits of normality.

My personal psychotherapy experiences have been described elsewhere.¹ However, the essential results of interest for this discussion were an introduction to the awareness of a previously almost unknown inner experiential world via introspective training. This training allowed me to observe and discriminate subjective experiences, thoughts, sensations, emotions and images to a degree far beyond anything I had known previously. Two brief examples involve autosymbolic imagery and synesthesia.

At one stage of therapy, I became aware of the frequent presence of faint, formerly subliminal, visual imagery which would continuously shift and change. At a later stage, I realized that these images often portrayed in an exquisitely multidimensional symbolic manner the nature of my experience at that time and could thus provide information about previously subliminal states, emotions, desires, etc. Such images, I subsequently learned, are termed "autosymbolic" because of this capacity of symbolizing the self state.

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Synesthesia (cross modality perception) also developed unexpectedly. I was by no means a perceptually sensitive person when I entered therapy; if anything I had a well-deserved reputation for the opposite. But within a few months, my sensitivity had increased to the point that I began to observe that stimuli frequently elicited accompanying responses in other sensory modalities, e.g. the experience of "seeing" or "feeling" music. It seems that this phenomenon is always subliminally available, but whether I observe it or not is a function of my sensitivity and attention. This phenomenon has become even clearer with meditation training^{2,3} and raises the interesting question of whether this supposedly rare phenomenon⁴ may not in fact be common to us all. It is certainly recognized in Buddhist psychology.⁵ I could offer other examples but these should be sufficient to suggest that a significant training in perceptual sensitivity and altered states of consciousness did occur.

Therapy is obviously a complex and over-determined process, and to separate out the effects of any one factor is difficult. However, what I wish to suggest is that this training occurred as a result of a particular type of therapist feedback and that these levels of sensitivity are potentially available to us all.

By subjective recollection and examination of transcripts, it seems that this training occurred through feedback by my therapist of very subtle subliminal (to me) cues which I was giving off at a level below my own sensory threshold but above his. In essence, I was hooked up to a biofeedback system, only in this case the feedback augmentor was a highly sensitive, trained, empathic human being capable of picking up subtle yet very complex multidimensional cues containing information regarding affects, defenses, thoughts and states of consciousness.

For example, my therapist would frequently feed back information about very subtle changes in the pitch, timbre, tone and general quality of my voice. In addition to giving this specific information about the

stimulus attributes that he was picking up, he would also give information about the responses it elicited in him. These responses included, for example, his visual and auditory images, the nature, quality, and degree of his affective tone, body sensations and movements, muscle tensions, and arousal levels. In effect, he would feed back information about several dimensions of my behavior and his own experience. For example, "When you said that I felt myself tighten up and pull back from you and become a little bit anxious," and "Your voice changed in a way which felt like you distanced yourself from your experience," or "For a while there, you were right in your anger, but then it felt as though there was a sudden wave of anxiety which made you pull back and wall yourself off, and as you did it, your voice became higher, and your throat seemed to tighten."

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The effects of this type of feedback seemed to show a developmental pattern. At first, I was unable to recognize the validity of the feedback, either with regard to the stimulus cues which he was picking up, e.g. vocal and body changes, or the underlying changes in, for example, affect. The next stage was that there was a recognition of a change in the cue but no awareness of any underlying state change. Then came a period when I was first aware that indeed something had changed inside me, but I could not be sure what it was, and after that there came a period in which I was aware that there had been a state change but could only label it in a gross fashion such as "becoming more tense."

However, with increased training of this type, I was able to identify and discriminate not only the nature of the cue but also the specific affective and awareness changes, e.g., dissociation, repression of a feeling or thought, reduced sensitivity to my experience and an opening up to this experience. This discriminant sensitivity training bears a similarity to the self-training which has been suggested as one basis for meditation effects.^{8,9}

What did this process demand from the therapist? Firstly, and obviously, it demanded an ability and willingness to model the perceptual processes being taught. It demanded a greater degree of perceptual sensitivity than I, the trainee, possessed, both to the cues that I was giving out and to inner experience. It also demanded the ability from the therapist to recognize the nature of his own experience without becoming identified with it. That is, it would have been of little use if he had been aware of his own responses of anger, frustration, etc. but had become so identified with them that they controlled him rather than being able to respond to them consciously.

Since it is apparent that I was being trained to differentiate actual states of consciousness in addition to simple thoughts or affects, this raises the interesting question of the relevance of state dependent learning. It was apparent to me and has been well-recognized in psychotherapy that affect-free intellectual insight is not enough. It was clear that the times when interpretations were most effective were when I appeared to be reexperiencing the affect/state in which I had originally learned the problematic conditioning. Thus, mulling over a problem intellectually and nauseam was frequently ineffective, whereas at other times, when I was actually reexperiencing the situation and state of consciousness, a single question, suggestion or interpretation was often sufficient to transform it. These experiences suggest that the phenomenon of state-dependent learning may play a more important role in psy-

chotherapy than has previously been appreciated.^{9,10,11}

What then are some of the general principles which can be derived from these observations? First, it is obvious that it is possible for a therapist to increase a client's perceptual sensitivity and the range of discriminable states of consciousness to levels well beyond what are now considered usual in this society. The potential for increasing such capacities finds support from various yogic-meditative disciplines and non-western psychologies. Perceptual-attentional training with resultant modifications of consciousness are central to many such systems and have led to their increasingly widespread recognition as "state-specific technologies."^{10,11,12,13} Indeed, some systems such as Buddhist psychology contain sophisticated cartographies of meditative stages, perceptual and attentional changes and corresponding states of consciousness.^{12,13,14,15} These millenia-old claims have recently found preliminary support from perceptual and psychophysiological empirical studies.^{7,8,12}

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This process is also consistent with "the principle of increasing subtlety."^{12,16} This principle suggests that greater degrees of psychological well-being are associated with increasing subtlety of psychological barriers and perception, and that appropriate psychotherapeutic tools and approaches are increasingly subtle and less interfering (more "taoistic").

The second principle is that the therapist's effectiveness in teaching such capacities is presumably a function of his or her own level of skill. This is an example of the adage

that you can only teach what you are, or as Ram Dass¹⁷ remarked, "You only get as high as your therapist." In this specific case, my therapist had done considerable work to develop his own skills to the extent he had,¹⁸ which bears out another of Ram Dass' comments that one of the most important characteristics in a therapist is his/her continuing commitment to work on him/herself.

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All of this suggests that at its upper reaches the introspective training and sensitivity which can occur in psychotherapy may partly overlap that which occurs in meditative-yogic practices. Experiences may occur which have usually been thought of as unusual or even as numinous, transcendent or "mystical."^{19 20 21 22} When such experiences are recognized as signs of growth they can be valuable therapeutic stepping stones,²¹ and Carl Jung,²⁰ for example, claimed that "the approach to the numinous is the real therapy and inasmuch as you attain to the numinous experience you are released from the curse of pathology."

However, when, as sometimes happens, a therapist unfamiliar with such experiences mistakes them for regressive and even psychotic phenomena (e.g. regression to union with the breast,²³ narcissistic neurosis²³ or regression to intrauterine stages),²⁴ then progress may be slowed or even reversed.^{21 25 26} In its strongest form, this confusion represents an example of "the pre-trans fallacy": a confusion of pre-egoic and trans-egoic experiences.²⁶ This fallacy has long hindered understanding of transpersonal experiences and has led to unnecessary con-

flicts between those schools such as the Jungian, which accept them as legitimate phenomena *sue generis*, and those such as the Freudian, which tend to interpret them regressively.

In any event, it is apparent that psychotherapy which trains introspection sufficiently may not only help pathology and assist in a confrontation with existential issues, but may also provide at least a glimpse into realms of experience which have usually been the preserve of the meditative-yogic traditions.

One final important principle concerns modelling. The importance of this process has been recognized and acknowledged in the behavior modification literature.^{27 28} Recent information on its potency suggests that other therapies may have underestimated its power. Certainly one of the most powerful influences for me was the example of another human being modelling a self-reliant and responsible seeking-within-himself for the subtle wisdom with which to guide us both, constantly aware of his own fallibility, but with ultimate faith in our ability to enhance our awareness, sensitivity and authenticity by continuously searching ourselves for them. □

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