

An Introduction to Psychosynthesis

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A day workshop on the subject of psychosynthesis was held in June 1985 by the Action Therapies Group. The group consists of health professionals working in psychiatry and related fields, who meet regularly to educate themselves about the 'new' therapies, including gestalt, transactional analysis, psychosynthesis. Teaching is carried out by group members, the emphasis being on experiential rather than theoretical learning, though time is given to theoretical issues.

As one of the two leaders of the June workshop, I would like to take this opportunity to acquaint readers of the *Bulletin* with some of the principles and practice of psychosynthesis, although clearly I cannot give a comprehensive account in one short article.

Historical background

I have called psychosynthesis a 'new' therapy, yet its originator, Dr Roberto Assagioli, was a contemporary of Freud and Jung. He trained as a psychiatrist in Italy and became interested in psychoanalysis, which formed the subject of his MD thesis in 1910. He worked with Bleuler in Switzerland, where he met Jung, then returned to Italy to practise psychoanalysis; indeed Freud expected him to carry the torch of his new method in Italy. However Assagioli felt limited by the Freudian model and drawn towards the ideas of Jung, with whom he corresponded. He developed his own theory and practice of psychotherapy;¹ in 1926 he founded the Istituto di Psicossintesi in Rome, but was forced to close it a few years later by the hostile Fascist regime. During the war Assagioli was imprisoned by the Nazis; true to his philosophy of turning to advantage every event in life, he continued to develop his theories while in prison.² After the war he resumed teaching and encouraged his colleagues to set up psychosynthesis centres in Europe and the United States. He visited Britain regularly in the post-war years; by the 1960s two training centres had been established in London, the Psychosynthesis Institute and the Psychosynthesis and Education Trust. There are now some 200 trainees linked with the centres, which also provide seminars outside London.

Theoretical background

In developing psychosynthesis, Assagioli's intention was to extend psychoanalysis (which works to analyse the unconscious through the past) towards a synthesis, or reconstruction, of the analysed parts into a more whole personality. Thus he did not aim to exclude psychoanalysis, but rather to extend it, with the goal of building a personality which understands itself and is in harmony with the environment—not hoping to create a perfect individual, rather one who can work to attain self-knowledge and self-acceptance, with less and less need to rely on neurotic

defences. In common with Jung, and at the basis of Assagioli's psychology, is the spiritual, religious or transpersonal dimension to life, which psychoanalysis neglects.

Assagioli summarised his theory of the psyche in what is affectionately known as the 'Egg Diagram' (Fig. 1). It is important to remember throughout this paper that the theories I am presenting are models or maps, and not 'the truth'. The diagram is a scheme which has some similarities to Freud's model of consciousness, the preconscious and the unconscious, and to Jung's model of the personal and collective unconscious. Note that the lines are dotted to indicate that exchange occurs between the different fields; as one grows in therapy, there is greater interchange between conscious and unconscious awareness, with the 'field of consciousness' becoming relatively larger.

Assagioli divides the unconscious into four parts: the lower, middle and higher unconscious, and the collective unconscious. The terms 'lower' and 'higher' have unfortunate connotations, but are not intended to convey moral or value judgements. The lower unconscious is similar to Freud's unconscious: it is a realm of repressed instinctual drives, out of which may arise pathological manifestations such as phobias, compulsions and other neurotic phenomena. It can also be thought of as the person's past, his or her history, childhood events, 'unfinished business'. The middle unconscious is akin to Freud's preconscious: it refers to events of our present, to which we can easily gain access by focussing attention.

The higher unconscious is the realm of our 'higher' feelings or ideas, our insights and inspirations, our more

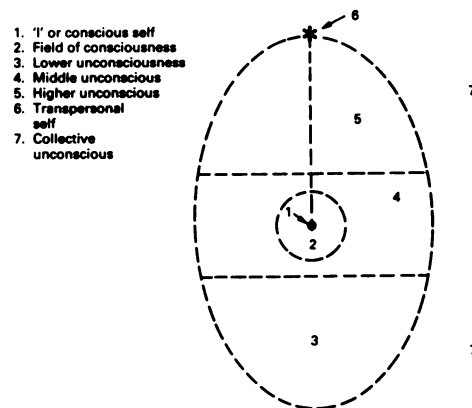


FIG. 1. Assagioli's summary of his theory of the psyche.

noble and altruistic impulses; it is a source of creativity. Abstract qualities such as truth, beauty, love, power, belong to this realm; spiritual experiences may also originate here. The higher unconscious represents an individual's potential, the meaning and purpose which could be expressed in his life; his psychological future. The collective unconscious contains the common experience of man which has evolved through the ages. Myths, fairytales and symbols which recur in related forms through changing centuries and cultures are an example. The field of consciousness describes whatever we are aware of at a given time. The contents of consciousness consist of our physical sensations, emotions and thoughts.

Assagioli considered that the personality contains three basic elements: the physical (body), emotional (feelings) and mental (thoughts). Here he differed from Jung, who defined four elements: thinking, feeling, sensation and intuition. To Assagioli the intuition was qualitatively different from the other three and belonged with the higher unconscious. Individuals can roughly be divided into the physically, emotionally or mentally identified, according to which function is most highly developed. For example, the majority of people reading this paper are mentally identified, having developed their minds to a high degree. We can all recall those who are identified with their emotions; athletes, dancers and the like would be identified with their body; each group of people experiences the world through their preferred function. The aim in therapy is to develop the less used functions, so as to create greater balance in the personality and give the individual greater choice in the way he acts in the world.

In addition to the three basic elements, or functions, is the concept of 'subpersonalities'. These are similar to sociological concepts of 'roles', or interactional theories of parts within ourselves, but differ in that they are considered to be small personalities within the larger one, each with its own physical attributes, emotional and mental life. Examples of subpersonalities coexisting in one person might be the strict parent, the loving spouse, the sober professional, the wayward adolescent. It is easy to see that the latter two could cause conflict within the whole personality, with their different needs and world view. In order to solve their conflict they need to begin to understand and co-operate with each other. This requires that each first recognise the existence of the other, and second that each is only a part of the personality and not the whole. Psychosynthesis states that one is controlled by that with which one identifies, so that when our hypothetical individual is identified with his adolescent subpersonality he has no choice but to act as it dictates. However he begins to have control when he is able to see it from the outside, as it were; when he is no longer identified with it. Assagioli called this process 'dis-identification'. Once our individual has dis-identified from both the 'adolescent' and 'sober professional' subpersonalities he can do something about them, such as agreeing to give each a share of his time and attention. Clearly, a resolution may not be simple and may be a lengthy process, but a start has been made.

This brings me to a discussion of the 'I', which Assagioli places at the centre of the field of consciousness (Fig. 1). The 'I' is the position from which the individual can 'observe' the rest of the personality; in our example above, the individual moves out of his identification with his adolescent subpersonality to the position of the 'I', from which he can arbitrate and make choices. Unlike Freud's 'ego', which is beset on one side by the 'id' and on the other by the 'superego' and treads a careful path between, Assagioli's 'I' is the central organiser of the personality, capable of co-ordinating and regulating its conflicting parts.

The 'Transpersonal Self' (Fig. 1) is the spiritual essence of man, which the mystics would call the divinity in every person. It is placed half in and half out of the psyche to emphasise its continuity with the spiritual world.

One of the key differences between psychosynthesis and other psychotherapies is the emphasis the former places on the Will as a central function of the personality.³ This is not to be confused with the Victorian notion of a stern and suppressive agent, but is that motivational energy without which the personality is left directionless. To continue the metaphor of the 'I' as the central organiser of the personality, the Will could be visualised as the means by which this organisation is carried out. For example, a person with a reasonably developed Will wishes to buy a new car: he uses his Will to check whether his goal is reasonable; he deliberates as to which model would best suit him and his budget, which would involve some research; he chooses what he wants and then plans how to reach his objective; he then carries out his plan. Another person, with a less developed Will, would rush out on impulse and buy the first car he sees, with possibly disastrous results. This trivial example illustrates the stages by which the Will acts in a person. Most of us are deficient in one or more of these stages; their development increases our effectiveness and creativity. Many patients come to mind who appear to have no Will at all; they feel like victims of life and are unable to take control of their circumstances. In such an individual a primary aim in therapy would be the development and strengthening of the Will.

Connected with the Will is another central concept in psychosynthesis, that of an individual's purpose. By purpose is meant both the larger context of the person's life, that which gives it meaning and value, and the smaller, more mundane matter of what is the 'next step' for the person to take. Individuals differ in the degree to which they are aware of purpose; this awareness fluctuates. Again, patients will come to mind who have told us that there is no meaning or purpose to their lives, without being clinically depressed; we may have felt similarly.

Practical implications

I have outlined some of the principles of psychosynthesis, by no means all; but how is theory put into practice? As in all dynamic psychotherapies the relationship between client and therapist is emphasised. The individual seeking help is seen as on an equal footing with the therapist, hence the use

of the terms 'client' and 'guide' The guide has both theoretical and experiential knowledge of the psychological terrain, by virtue of his/her own training, and thus can provide a framework within which the client can learn to handle problems and neuroses. Emphasis is placed on teaching the client to cope, although in the early stages of therapy the guide takes on a more nurturing role. Therapy is carried out weekly or fortnightly and may be time-limited or open-ended. Techniques are creatively and unashamedly adapted from other methods of therapy; the technique being less important than the goal to be achieved. Methods of cognitive, behavioural and gestalt therapy are employed. Taking again the example of our individual with conflicts arising from the clash of two subpersonalities, the guide might first establish that this was what was occurring, then use a gestalt technique of imagining this subpersonality sitting in a chair in the room and talking to it to find out what it wants and needs. Such a technique might also be used to deal with conflicts between the three elements of body, feelings and mind, or between introjects such as mother, father, lover. A behavioural approach would be used with someone who, for example, needs to develop his Will; the person would, with the help of the guide, make specific the areas in which his Will needs to be strengthened, and would then be given specific exercises to carry out as homework.

Techniques to facilitate access to the unconscious are also widely used, for example free drawing, guided fantasy and creative visualisation.⁴ The latter could be used to make explicit the relationship of the three basic functions; for instance the client would be asked to visualise an image representing body, feelings and mind respectively, and then in his imagination to see these images interacting. It will be found that the images take on a life of their own, so that the client sees them as if watching a film. As with dream interpretation this process provides insights into the unconscious.

The overall aim of psychosynthesis therapy is that the client becomes increasingly aware of the contents and activities of the psyche, both the personality and the transpersonal self, and of meaning and purpose, and is able to bring this into his/her life. The client achieves this by a conscious process of taking responsibility for his/her growth. Once the process of becoming aware has begun, the

task of dealing with his/her neuroses can commence, with the goal of building a balanced psyche. This of course is a lifelong task, but therapy need not be lifelong, as the client gradually learns ways of recognising and dealing with problems as they arise.

How can psychosynthesis be useful to the practising psychiatrist? I have already hinted that several concepts in psychosynthesis are missing from other models—working with the Will, for example, can transform a longstanding 'victim' personality into one who takes responsibility. Working with subpersonalities can be a very fruitful way of uncovering and dealing with conflicts. Working with the three basic elements of body, feelings, mind, can allow a person whose only repertoire of behaviour is on the emotional level, who is, for example, constantly miserable, to develop alternative ways of dealing with stresses. Similarly, a person who acts through the body, harming the body by cutting, overdosing or starving, can learn to recognise feelings and so act more appropriately. Specific problems can be solved creatively; I quote the true story of a lady who adamantly refused ECT, was asked to visualise her brain sitting on the chair in front of her, and promptly told her doctor that her brain was asking for ECT! As a practical conceptual model I have found psychosynthesis extremely valuable in working with people's problems. It also has the advantage of requiring much less intensive input of therapist time, though more intensive input by the client, than psychoanalytic methods, and is therefore cheaper, an important consideration in these times of financial scarcity.

Further information about psychosynthesis is available from the author or the Psychosynthesis and Education Trust, 188 Old Street, London EC1V 9BP (01-608 2231).

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