

**Transpersonal Psychotherapy Applied to Children:
A Jungian Approach**

Waylon Donald Greggain

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DEDICATION

This project is dedicated to the Magical Child within all of us that embodies the wisdom, courage, and belief that anything is possible.

CHAPTER 1 - TRANSPERSONAL PSYCHOTHERAPY AND CHILDREN

Rationale and Purpose of Project

Transpersonal psychotherapies are a relatively recent addition to the counselling field, with the majority of them aimed at helping adults. Few have been adapted for use with children due to psychological findings that seemed to suggest this population lacked the necessary capacities to understand spiritual and/or transpersonal phenomena (Bruner, 1986; Piaget, 1966). More recent findings suggest that not only can children understand spiritual phenomenon, they may actually be better equipped to do so (Flavell, 1990; Levine, 1999). This “spirituality gap” that currently exists within the field of child counselling is moderated somewhat by the fact that mainstream interventions are able to address spiritual concerns indirectly through working with children’s cognitions and emotions. Jungian psychotherapy stands out in this regard as it is based on the language of the psyche—a language that children may be better equipped to understand.

A Jungian approach to counselling is not only characterized by similar theoretical principles as those of other transpersonal psychotherapists (Cortright, 1997; Jung, 1964, 1980; Lines, 2006), but also uses mediums with which children can easily identify, such as drawing, writing, and playing (Allan, 1988; Allan & Bertoia, 1992; Kalff, 2003). Jungian psychotherapy was chosen because of its focus on the integration and individuation of the psyche—the two opposing forces that I believe form the basis for all spiritual growth. Therefore, I have constructed a transpersonal counselling guide consisting of Jungian interventions and techniques aimed at developing the spiritual lives of children. The guide is based on the premise that not only do children have the capacity to work on matters of spirituality in a counselling setting, but that those capacities must be honoured and addressed in order to foster their complete health and well-being.

The purpose of the project is twofold: (1) to help fill the spirituality gap that currently exists within the field of child counselling, and (2) to give counsellors a starting point from which to build their own transpersonal practice. It will by no means replace adequate training as a Jungian Analyst (see Chapter 4), but instead serve as a starting point from which counsellors can begin to acquire the basic knowledge to incorporate transpersonal theories and practices in their work with children. Although the guide will incorporate the use of physical and mental modalities, its primary goal will be to help foster and integrate children's spiritual experiences. It is my hope that the guide will allow practitioners to not only identify when spiritually-based interventions may be appropriate, but also enable them to assist their child clients in the interpretation and processing of their spiritual selves.

Transpersonal Psychotherapy

Overview

A transpersonal approach to psychotherapy is not defined by a specific subject matter, such as meditation or altered states of consciousness, but goes beyond these types of phenomena to articulate a "comprehensive psychospiritual vision of life and its unfolding" (Cortright, 1997, p. 12). Transpersonal therapists view all psychological, emotional, and physical processes against a backdrop of spiritual unfoldment (Cortright, 1997; Lines, 2006; Sperry, 2001). Viewing the world through a transpersonal lens imparts everything one sees through it with significance and meaning. A transpersonal orientation also implies openness to spiritual content whenever it arises in the course of therapy. Unlike conventional psychotherapies that focus solely on the contents of consciousness, the transpersonal approach aims to also explore consciousness itself (Lines, 2006). Even though it can have similar goals as other approaches (e.g. symptom relief,

altering thoughts or behaviours, etc.), it allows for learning and integration across a wider range of life experiences.

Transpersonal psychotherapy has undergone considerable changes since its conception. In the beginning, the theoretical assumption was that true spiritual work could only start after a person's psychological work was complete; however, now clinicians have moved toward seeing spiritual work emerging within the psychological rather than after it (Lines, 2006; Sperry, 2001). Transpersonal practitioners now see growth and development as a process that is sometimes purely psychological, sometimes purely spiritual, and sometimes with both happening simultaneously. Transpersonal psychotherapy encompasses such a wide range of treatment modalities because it views spiritual and psychological development as interdependent processes. However, even with many differing perspectives in the field, there are still some underlying principles that are common to all approaches.

Principles of Transpersonal Psychotherapy

Our essential nature is spiritual. Transpersonal therapy affirms that our being is both psychological and spiritual in nature, but gives primacy to the spiritual as it sees it being the source of—and support for—all the structures of the self (Cortright, 1997). The implication of this principle is that spirituality is an essential component for health and well-being.

Transpersonal therapists maintain that any definition of healthy functioning must include a spiritual dimension to be complete. Another assumption is that there exists a dimension to the human experience that is indestructible and eternal. Belief in such a seemingly simple principle can have widespread ramifications in one's life. If someone truly believed that the essence of who they were was eternal, then events and aspects of their physical existence would take on significantly less importance. Although one could see this realization as somewhat depressing, it

is important to remember how much pain and suffering in the world is caused by people's frustration and dissatisfaction with their particular life circumstance.

Consciousness as multidimensional. Transpersonal theorists have come to believe that the normal and ordinary states of consciousness most people experience on a daily basis is only the most outward tip of humanity's potential (Cortright, 1997; Scotton, Chinen, & Battista, 1996). Spiritual experiences often lead to expansions in consciousness that can reveal the level of restrictedness with which most people live. Transpersonal theorists believe that while there are distinct dimensions of awareness, there is not necessarily any "end-point" to which we must strive (Cortright, 1997). Although this tenet can become inextricably complex, what therapists need to remember is that the evolution and/or development of consciousness is multi-factorial and involves numerous processes that have yet to be discovered.

Our life and actions are meaningful. From a transpersonal view, each experience that we have on earth is significant to our spiritual growth and development (Cortright, 1997; Lines, 2006; Sperry, 2001). People's lives are not filled with random and pointless events, but instead are part of the divine order of the Universe. Unlike the existentialist view that people create meaning in a meaningless world, transpersonal therapists maintain that health comes about as we uncover the meaning that is already inherent in what is (Cortright, 1997). As meaning is discovered, one begins to realize that there is a larger process of transformation and growth occurring at all times. As a result, transpersonal psychotherapy is considered to be profoundly optimistic and hope-centred for it posits the reality of a divine intelligence in which all of our experiences are seen as significant.

A deeper source of wisdom and guidance is available at all times. Transpersonal psychotherapists maintain that people's fundamental nature is born out of—and therefore

remains connected to—a source of vast intelligence (Cortright, 1997). Like some Western approaches, transpersonal therapy seeks to uncover a deeper source of wisdom and guidance than the ego; however, it believes that it is a deeper spiritual reality that is the source of this wisdom (Scotton et al., 1996). This form of divine guidance is found throughout various traditions and is known by such names as spirit guides, guardian angels, the Holy Spirit, and/or spiritual teachers (Gallagher, 1997; Samuels, Shorter, & Plaut, 1986).

Each person comes into life with a set of self-chosen challenges to meet. Although this principle is closely tied to the belief that everything in life is meaningful, it is more specific in the sense that it describes the way in which that meaning comes about. Most transpersonal theorists maintain that the soul incarnates in order to learn and/or live through a set of pre-determined lessons and/or experiences (Cortright, 1997; Davila, 1979). These lessons could be described as archetypal patterns that have been born out of the collective unconscious and influence people's consciousness (Jung, 1965, 1980). From this perspective, there is little therapeutic value in looking for the causes of a dysfunction—although this may still have preventative value for others. For currently afflicted clients, the goal is to handle and/or cope with the experience, and if possible transcend it (Davila, 1979). Therefore, the focus of transpersonal therapy is on one's current state and the possible alternatives for learning that present themselves, rather than on how to suppress or change particular symptoms.

All behaviours are an attempted solution to the problem being confronted. Closely tied to the aforementioned principle, this tenet implies that deviant behaviour does not necessarily need to be extinguished, but instead used to discover the underlying challenge the client is facing (Davila, 1979). Transpersonal theorists maintain that on some level the client is aware of the challenge and is attempting to meet it with whatever limited tools or understanding he/she has.

Meeting the client where they are and relinquishing all forms of judgment and resistance form the basis of all transpersonal approaches. Such an approach fosters change by helping to uncover the client's hidden challenges. When counsellors no longer view their client's behaviour as wrong or deviant, spontaneous healing and/or change can occur since the practitioner no longer fuels the client's attachment to the problem (Scotton et al., 1996).

Full resolution occurs only through an opening to being. The transpersonal view of healing encompasses what conventional counselling psychology has discovered about the working-through process and much more. Although the working-through of issues is considered important, it is believed that true healing occurs only by the infusion of spiritual energies into the psyche (Cortright, 1997). Consequently, therapeutic techniques and interventions are considered tools with which to access a different dimension of Being. The implication underscoring this principle is that the client requires something greater than him or herself in order to heal. Although some may see this as detracting from the autonomy and agency of the client, it is important to remember that the individual seeking a resolution is still required to fulfill certain therapeutic requirements—it is simply that the onus of responsibility does not lie solely on the client and/or his or her actions.

Critiques

The basic tenet of transpersonal psychotherapy—that there exists a dimension beyond the personal—is the very same point used to criticize the approach. Transpersonal psychotherapy has been accused of being removed from the ordinary reality in which most people live by its narrow focus on higher levels of functioning (Cortright, 1997). Some have criticized the field for ignoring the darker side of human nature by going directly to altered states of consciousness (Scotton et al., 1996). Cortright (1997) notes how transpersonal psychotherapy has been

classified as a dogmatic, absolutist, and fanatical approach to therapy based on a narcissistic preoccupation with the self. Although some transpersonal counsellors may practice from such a perspective, there has been a move toward a more comprehensive view of human functioning that aims to find the sacred in the ordinary while remaining open to a myriad of spiritual paths (Cortright, 1997).

Another major critique of transpersonal approaches is its lack of research and theoretical integration. There is limited research when it comes to transpersonal psychotherapeutic effectiveness and its application to clinical practice, partly because the subject matter does not translate well to empirical study. Transpersonal theory also does not have clear demarcation of its theoretical boundaries, which can cause confusion for practitioners when trying to establish conceptual frameworks with their clients. For example, transpersonal theorists have yet to come to a consensus in regards to what constitutes “reality,” which could prove troublesome when explaining such a concept to clients (Sperry, 2001).

Closely tied to the above is the problem of accurate diagnosis and appropriate treatment implementation within transpersonal practice (Lines, 2006). With an increased field of possible realities (i.e., auras, energy fields, consciousness expansions, clairvoyance, past lives, etc.), it makes it very difficult to determine the causative factor and/or which intervention would be most appropriate (Cortright, 1997). In other words, it can be extremely difficult for a counsellor to decide on which level to intervene. Being open to so many different levels of consciousness necessitates a highly skilled and experienced practitioner, which could prove elusive to clients as such skill and experience is rare and takes time to develop.

Contributions

All things are possible to him who believes.

- MARK 9:17-24

The primary contribution of transpersonal psychotherapy has been its affirmation of spirituality as an essential aspect of healthy human functioning (Cortright, 1997; Scotton et al., 1996). Although seeking an ultimate reality has been a major aspiration in every culture in history, counsellors are only beginning to recognize its importance for the health and well-being of their clients. While still honouring the personal realm, transpersonal psychotherapy goes beyond it by placing it within a larger framework. A transpersonal approach offers more opportunities for growth as it does not deny the findings of conventional psychotherapy, but offers a wider perspective from which to view them (Cortright, 1997).

When it comes to therapy, transpersonal counsellors are open to more possibilities because their goal is the development of consciousness itself (Cortright, 1997). For example, because transpersonal therapists see consciousness as being multidimensional, they are open to entering the client's world from any level. Another contribution has been the way in which transpersonal psychotherapy has brought to light the role Being has in the process of healing (Lines, 2006; Sperry, 2001). It is the only therapeutic approach that views consciousness and/or Being as the primary healing agent (Cortright, 1997). Finally, transpersonal psychotherapy engenders hope and trust more readily than other therapies because it implies that humans are continuously connected to a source of divine grace (Sperry, 2001). It is one thing to believe in an ultimate or Supreme Being, it is quite another to know that Being as a caring and benevolent force in one's life.

CHAPTER 2 – REVIEW OF THE LITERATURE

Introduction

The word *spirituality* often brings to mind images of the church and/or other religious practices, or of solitary renunciates who have given up all worldly possessions in order to journey inward. Yet, both of these notions stem more from society's misconceptions about spirituality than from spirituality itself. Defining spirituality becomes even more difficult when we recognize that such experiences often make themselves known in subtle ways, frequently being mistaken for coincidence or subjective constructionism and therefore seldom shared (Hart, 2003). Many in the field of spirituality are purporting it be assigned a more universal and inclusive definition (Boorstein, 1996; Gallagher, 1997; Harris, 2007; Lawton, 2003; Long, 2000).

The acknowledgement that the experience of spirituality applies not only to adults, but to children as well, is also gaining credence among researchers (Coles, 1990; Eaude, 2003; Hart, 2003; Hay & Nye, 2006; Scott, 2003). The reason this has been a recent acknowledgment is because earlier research suggested children lacked the necessary mental capacities to understand abstract and/or paradoxical phenomena (Bruner, 1986; Piaget, 1966). However, this preconception has been based on an adult-type of logistical reasoning that may not be children's primary mode of deduction (Flavell, 1990; Levine, 1999). Nevertheless, researchers have continued to explore the spiritual lives of children and in doing so have produced some surprisingly similar results (Eaude, 2003; Engebretson, 2002; Hart, 2006; Hyde, 2008; Pearmain, 2005).

Religion vs. Spirituality

Religion is the politics of God. Spirituality is the practice.

-CAROLINE MYSS

One of the most problematic and confusing issues preventing the development of a universal definition of spirituality is the idea of religion. While some argue that spirituality and religion are highly interconnected and cannot be separated (Gallagher, 1997), others maintain that they are two distinct realities and not necessarily related (Engebretson, 2002; Hart, 2003; Lawton, 2003). As the notion of a more universal idea of spirituality gains credence among researchers, religious fanatics have countered by accusing spirituality of being merely an existential and individualist version of religion (Lawton, 2003). Proponents of spirituality, on the other hand, maintain that its conceptual development is a result of a shift currently taking place within the human species towards a more meaningful and personal exploration of the divine (Eaude, 2003; Zukav, 1989). Researchers are beginning to assert that spirituality is a distinct and separate reality worthy of its own exploration (de Souza & Hyde, 2007; Lawton, 2003).

In delineating the differences between religion and spirituality, it is important to consider the sociocultural factors that have come to shape what is known as religion. According to Lawton (2003), religion is more about *belonging* than *believing*. Lawton points out how religion is something we are born into rather than born with. In other words, the religious affiliation in which we were raised depends almost entirely on when and where we were born. The social aspect of religion can also be seen in the profound power and influence of groups.

Groups have an enormous impact on the personal and religious beliefs of individuals (Lawton, 2003). If they did not, then we would see a lot more “baby Buddhists” growing up on Alberta farms, as well as “baby Jehovah’s witnesses” being raised in Japan. The fact that we do not suggests that religion is more a construct of community than a private affair (Lawton, 2003).

Because religion is primarily a group dynamic aimed at fostering solidarity, it has by necessity been built upon absolute principles and convictions—the upholding of which keeps the group intact. Religious institutions put forth required laws of conduct to which all members must adhere lest they be deemed “unworthy.” Religious dogma depends more on group and cultural dynamics than on one’s personal relationship with God, which is why such practices do not translate well to all individuals. Some have suggested this as the reason for the recent interest in a universal spiritual philosophy (Eaude, 2003).

To help further clarify the difference between religion and spirituality, Hart (2003) offers a useful metaphor: religion is the road on which we choose to travel, whereas spirituality is the experience of journeying. In other words, we can engage in religious practices without having a spiritual experience and vice versa. Religiosity, therefore, could be thought of as a practical commitment to a religious tradition that does not guarantee a spiritual experience (Engebretson, 2002). Spirituality, on the other hand, can be thought of as a universal phenomenon in which a person experiences the unfoldment of his or her own unique journey (Hart, 2003). Religious affiliation implies volition, whereas spirituality does not. For example, I can say “I choose to be a Buddhist,” or “I choose to be a Catholic,” but volition is less evident if I were to say, “I choose to have a spiritual life,” or “I choose to have a spirit.” This distinction would support the notion that religion is what we do, whereas spirit is what we are.

There is a fundamental difference between religion and spirituality that must be recognized if we are to move towards a universal understanding of what it means to be spiritual. The conceptual difference between religion as *conditional* and spirituality as *unconditional* shall form the basis for all subsequent discussions and definitions herein. Throughout the remainder of this project, spirituality will be regarded as a universal and experiential phenomenon that exists

independently from any social or cultural context. I should point out that my intent in making this distinction is not to denigrate or judge religious traditions in any way; on the contrary, it is my hope that we can use the purpose and meaning behind religiosity as a way of increasing our overall understanding of the human experience.

Common Misconceptions

Spirituality as an Individualist Enterprise

This major misconception regarding spirituality has been born out of religion's long-standing authority in society. Religious fundamentalists have accused spirituality of being an isolationist and individualist enterprise, whose sole purpose is to divide society and the power of the church (Engelbreton, 2002). However, this goes against the findings of unity and relational consciousness that many researchers have reported to be part of spiritual experiences (Hay, 2000; Hay & Nye, 2006; Hyde, 2008; Schlarb, 2007). Many have argued that a move towards a more unified concept of spirituality is exactly what is required to remedy the widespread conflict and separation that currently afflicts our planet (Harris, 2007; Hay, 2000; Zukav, 1989). Because the primary driving force behind religious institutions is to maintain group solidarity (Lawton, 2003), a certain degree of resistance can be expected whenever a more universal and inclusive ideology emerges. This is not to say that spirituality does not involve individual workings, but to claim that spirituality does not support or promote societal relations is to overlook one of its greatest assets.

Transcendence and Enlightenment

The concept of spirituality is often confused with a kind of transcendental state in which one achieves pure and ever lasting happiness (Long, 2000). The word "transcendence" implies

an attainment of something greater or more valuable than what one has right now. Because people tend to associate spirituality with a certain amount of goodness and value, it is easy to fall into the trap of turning transpersonal experiences into a “goal” one must attain. This belief can be dangerous because it devalues our current experience and promotes a preoccupation with the future. It can also mislead us into believing that some future state is going to be better or more pleasant than the one we are experiencing right now. Being on a spiritual journey is not always pleasant or joyous and often involves searching for answers to questions we would sometimes rather not address (Eaude, 2003).

Defining Spirituality

The Tao that can be described is not the Tao.

-LAO TZU

Before attempting to define spirituality, there is one caveat of which I must make note, and that is the inherent limitation found in language. I believe there has been so much confusion and disagreement regarding the definition of spirituality because we are attempting to define something that ultimately cannot be put into words. As Lao Tzu noted in the very first line of his book the *Tao Te Ching*: you cannot describe that from which all descriptions come. As soon as we define or label something, there is a false sense of knowing that replaces the true essence of that which is being labeled. There is an old Chinese proverb that attempts to demonstrate this: the finger pointing to the moon is not the moon. In other words, any concept that we put on an object is never a replacement for the object itself, which means that words or labels only serve as “pointers” to a deeper and more real experience of understanding. This realization does not mean, however, that we should not speak about spirituality or any other abstract concept; rather

it is suggested that one remains mindful of this fact while not being overly attached to the labels and descriptions one uses.

Transpersonal vs. Spirituality

The word *transpersonal* is defined as both: “extending or going beyond the individual” and “relating to esoteric mental experiences, such as mysticism and altered states of consciousness” (Merriam-Webster, 2009). Similarly, *spirit* is defined as the “animating or vital principle held to give life to physical organisms” (Merriam-Webster, 2009). I will be using the two terms interchangeably throughout the remainder of the project because I feel that *spirit* lies beyond the person/individual and is also able to animate and shape one’s state of consciousness. Even though some may see these two concepts as qualitatively different, I am choosing to use them interchangeably. Some may prefer the word *transpersonal* to that of *spirit* due to the religious connotations of the latter. Because *transpersonal* is a relatively recent addition to our society’s lexicon, it may be more appropriate in situations where the client has issues with organized religion or needs more “room” for multiple interpretations. The following are conceptual categories often included in modern definitions of spirituality.

Intrinsic Universality

Through its comparison with religion, it is evident that one of spirituality’s key aspects is that of universality. If spirituality does not depend on religious or cultural contexts, then it must be shared by all of humanity. Hyde (2003) describes spirituality as an essential human quality comprised of biological and genetic components. He posits that spirituality is a human predisposition that has undergone selection in order to help the human race survive. In other words, humans are spiritual today because prior generations who were spiritual enjoyed a greater reproductive advantage. Although Hyde does not speculate as to exactly how spirituality has

helped to propagate our species, it can be assumed that the way in which we related to others and our environment were most likely influenced.

Relational and Unitive

Spirit is not in the I, but between the I and you.

-MARTIN BUBER

Another key feature of spirituality is the sense of connectedness with others and/or the universe (de Souza & Hyde, 2007; Engebretson, 2002; Harris, 2007; Hay, 2000; Hay & Nye, 2006; Hyde, 2008). Hay (1997) describes spirituality as “the potential to be much more deeply aware of both ourselves and of our intimate relationship with everything that is not ourselves” (p. 9). This definition suggests that spirituality is essentially an *experience* that one has in *relation* to something or someone else. In other words, spirituality could be thought of as a “relational dimension of being” (de Souza & Hyde, 2007, p.98) in which a person moves from the experience of being separate to that of a unified entity. However, this sense of connectedness is not limited to that found between human beings.

Many theorists posit that transpersonal experiences are a move toward unity with an Ultimate or Supreme Being (de Souza & Hyde, 2007; Hyde, 2008; Long, 2000). Rather than being two separate entities in a relationship, the individual actually becomes one with the other, thereby becoming one with all that is. Long (2000) remarks how it is the *reaching out* that is the hallmark of spirituality and that it does not matter where one “reaches,” but more so the destination at which one arrives. For example, some people may choose to reach towards the infinite, while others journey to the depths of their own soul. Although seemingly different, these two pathways may in effect lead to the same unitive state if we are all connected by a single field of consciousness as many claim (Hay & Nye, 2006; Long, 2000).

Meaning Making

Another key component of spirituality appears to be the ability to either make or find meaning. According to Harris (2007), spirituality involves the ability to make connections between that which happens in our lives with some kind of higher purpose. In terms of evolution this would have been beneficial, as those who could find meaning in negative or tragic circumstances would have more of an incentive to live and therefore more opportunities to reproduce (Hyde, 2003). On a more esoteric level, a search for meaning also implies the existence of some kind of divine order—the fulfilling of which is worthwhile.

Though the particulars of said order are most likely different and unique for each person, Eade (2003) posits that one path shared by all humans may be *to find the self* when he described spirituality as the “universal search for meaning and identity” (p. 153). If a connection does exist between meaning, identity, and spirituality, it may lie in its mutually dependent relationship—for one must first discover *who one is* before one can develop a sense of purpose or meaning. In other words, if there were no *I* there would be no character around which to build a meaningful story. With no self-realization, it would also be impossible to experience unity with another since it requires an “I” to form a “we.” Therefore, meaning making may be the primary motivating force behind spiritual unfoldment.

In the end, when considering a definition of spirituality, it is important to remember the aforementioned caveat: words can never completely capture the reality towards which they point. Holding onto this perception not only prevents unnecessary conflict and strife over definitional semantics, it also allows people to experience the meaning of the word for themselves. I believe that any definition of spirituality that leads to the diminishment of who or what one is at this moment will likely lead to problems in the future for it presupposes a state of insufficiency. On

the other hand, defining spirituality in such a way that both honours one's current state, while at the same time allows one to remain open to something new, would most likely be more constructive. Based on the aforementioned research, a useful definition of spirituality for counselling purposes could be as follows: spirituality is the universal and innate experience of oneness with life born out of a search for meaning and identity.

Children and Spirituality: The Developmental Debate

Unless you receive the kingdom of God as a child, you cannot enter it.

-JESUS

A major reason why children's spiritual selves have only begun to be recognized is because the majority of psychological research over the past 60 years has suggested that it was impossible—or at the least extremely difficult—for children to understand the idea of spirituality. Developmental theorists claimed that children lacked the cognitive capabilities required to understand complex and abstract phenomena, of which spirituality is certainly a part (Piaget, 1966). Because numerous studies showed that children only acquired particular mental capacities at certain ages, researchers assumed that younger children were not mature enough to make sense of the transpersonal (Bruner, 1986; Donaldson, 1978; Piaget, 1966). However, as more research has been done on the spiritual experiences of children, new findings are causing people to rethink prior Piagetian assumptions, with some putting forth an entirely new perspective on children's cognitive and/or spiritual competencies (Flavell, 1990; Levine, 1999).

Cognition of Multiple Perspectives

Piaget (1966) claimed that young children were incapable of adopting the perspectives and viewpoints of others. This limitation has been conceptualized by neo-Piagetians as a kind of "egocentrism" in which children cannot differentiate between the self and others. However,

Donaldson (1978) found that by age 2, infants would reorient visual displays when showing them to other people, indicating that they know the displays will look different to others.

Donaldson also noted that by the age of 6, children will hide objects from adults and other infants, suggesting once again that they are aware of the difference between self and others.

The research on developmental capacities appears to reveal contradictory evidence, which is why researchers continued to explore children's cognitive and spiritual capabilities. Levine (1999) offers an explanation that incorporates both the established psychological findings as well as more recent ones. She posits that children are in fact able to do both (i.e., be aware of others and only of self) and that this capability is what makes them better equipped to experience the transpersonal than adults. Levine explains the apparent discrepancy in the research by postulating that children have a unique ability to either apply or suspend these apparent cognitive dichotomies.

Rather than being cognitively "limited," Levine (1999) suggests that children are actually more advanced in this regard, as they are able to alternate between two different perspectives (i.e., between perceiving only the self and perceiving others as well). Why would this be an advantage? For one, the child would be able to choose to apply the perspective that would best serve him or her in a particular situation. For example, being overly concerned with the opinions of others would most likely be unhelpful when one has to act assertively. Other benefits of being able to alternate between two different perspectives may include less ruminative thinking and an increased sense of self-esteem (Donaldson, 1978; Levine, 1999).

Logical Organization of Experience

When Piaget (1966) tested children's deduction and reasoning, he was comparing their logic with that used by adults, a form of reasoning known as Aristotelian logic (Flavell, 1990).

This mode of reasoning is comprised of two primary tenets: (1) the principle of non-contradiction and (2) the law of excluded middle. The principle of non-contradiction states that each identity is identical to itself (i.e., $A=A$). So if we were to claim that an object is identical to something different (i.e., $A=B$), then we would conclude that the latter is a contradiction and must be false. For example, if we were to say that a car is a car, then we cannot also say that a car is a dog. In like manner, the law of excluded middle states that any proposition is either true or false and cannot be both true and false simultaneously.

When tested according to the above logistical principles, young children failed (Piaget, 1966). Yet, Levine (1999) surmises that children *can* use Aristotelian logic, but that is it simply not their primary mode of reasoning. For example, an infant as young as 3 years can take a cognitive position that asserts something is true, while agreeing that its opposite is false (e.g. spinach tastes terrible, so spinach does not taste good). More importantly, Levine points out that children tend to suspend this type of linear reasoning in favour of a more metaphoric organization. For example, if a child sees a broom and proceeds to ride it around like a horse, in that moment the child is holding in their awareness two contradictory yet simultaneous perceptions. How do we know this? For one, the child makes physical adjustments for the broom and not those for an actual horse. Second, when asked what they are riding, most children would be able to say that they are riding both a horse and a broom.

Phenomenological research has even indicated that both realities in such situations are perceived as real for the child even though they are qualitatively different (Bruner, 1986). In this way, the child's experience is in direct violation of both the principle of contradiction (because the broom is a broom, but it is also a horse) and the law of excluded middle (the truth that the "broom is a broom" is perceived as both true and false). Levine (1999) suggests that we rethink

our preconceptions about “sophisticated logic” and consider the possibility that children may not be logically or cognitively incompetent per se, but that they might simply be operating from a different reasoning modality.

Metaphoric Logic

Levine (1999) claims that a metaphoric-type of reasoning is the primary organizing force behind children’s cognitive processes. Metaphoric logic is predominantly associative and often highlights meaningful relationships that a linear type of reasoning would consider false or inaccurate (Levine, 1999). To say that because flowers and humans both die, people are like flowers would be an example of using metaphoric logic. This would be found false using conventional reasoning, yet on some level feels true. Research seems to suggest that children are able to apply metaphoric logic more readily than adults, while also being able to use a linear form of reasoning when necessary. Levine believes that this unique cognitive capacity actually gives children a greater ability to understand and/or work with transpersonal phenomena because it allows children to hold within their awareness two contradictory perceptions simultaneously. When applied to the concept of unity or relational consciousness, this would allow children to hold the perception *I am separate* as well as *I am one with all that is* in their awareness at the same time. In fact, many spiritual traditions describe spiritual enlightenment or nirvana as the achievement of such a state (Gallagher, 1997).

Superior Spiritual Aptitudes?

The abilities noted above beg the question: are children more innately spiritual than adults? Is the world in which children live the same state of unified consciousness that contemporary mystics long to find? If this reality innately exists within children, when and where along the road to adulthood is it lost? Moreover, are we able to get it back? Undoubtedly,

answering these questions will take many more years of research and exploration into the spiritual lives of children. Whether it is our natural state of being or not, most scholars agree that the study of children's spirituality needs to be approached and understood from an entirely different level than that of adults (Coles, 1990; Hart, 2003; Hay & Nye, 2006).

Research Findings

Conducting research on the transpersonal experiences of children can be tenuous since certain age groups lack the motor and verbal skills to accurately communicate their experiences. Fortunately, questionnaires and surveys can be used with adolescent populations, which allows for more empirically sound findings. Engebretson (2002) surveyed a group of 14 year olds who attended Catholic schools to determine whether church affiliation and practices nurtured young people's spirituality. Using both closed and open-ended questions, Engebretson found that the majority of students: (1) spent time in prayer and/or quiet thoughts, (2) believed in a loving and supreme being, (3) believed they held a special place in the universe, (4) wondered about the meaning of life, (5) showed interest in helping others, and (6) valued their ability to share with and be close to others.

It is important to note that the adolescents in this study were left to define spirituality for themselves. Many of these reports correlate with the aforementioned definitions of spirituality, including a belief in a higher power, feeling connected to others and/or the universe, and the ability to make meaning. Another finding was that only half of the students sampled believed that traditional religious practices helped them to grow spiritually (Engebretson, 2002). This finding supports the notion of a mutually exclusive relationship between religion and spirituality.

Spiritual Sensitivities

Hay and Nye's (2006) concept of spiritual sensitivities is one of the most influential in the field of children and spirituality. Hay and Nye have identified three sensory modalities through which children experience their spiritual selves. The first is called *awareness sensing*, in which children become unified with a performed activity, thereby entering the flow of their present-moment experience. As the awareness of past and future recedes, the child becomes more fully aware and attends only to the here-and-now. This includes a heightened awareness of such things as bodily sensations, five sensory perceptions, emotions, and intuition (Hay & Nye, 2006; Hyde, 2008).

In experiments using tactile objects (e.g. puzzles, beads, etc.), researchers noticed that children used their physical sensations as a source of knowledge about the items with which they interacted (Hyde, 2008). For example, they would slowly feel and caress each puzzle piece in order to acquire a complete sense of its qualities and placement. When two or more children were put together during these activities, researchers also noticed a higher level of consciousness emerge amongst them (Hyde, 2008). The children were able to hold sophisticated conversations at the same time as they were completing their tasks. What is noteworthy is that the quality and attention paid to the activity did not diminish in any way. It was as if the activity managed itself, leaving the researchers to conclude that the children were able to integrate two distinct levels of awareness simultaneously (Hyde, 2008).

The second sensory modality identified by Hay and Nye (2006) is *mystery sensing*. This includes such things as imagination, fascination, a sense of wonder about the world, and an overall questioning disposition. When asked to come up with solutions to ambiguous photographs, children drew upon multiple sources of knowledge to explain what they saw (Hyde,

2008). For example, children used stories and teachings from various religious traditions as well as from their own life experiences. It is this sense of wonder and mystery that Hay and Nye claim enables children to express spirituality in an open and honest way. Without strict adherence to predetermined or imposed meanings, children are able to draw upon a wider breadth of information and were therefore less limited by religious or social dogma. This capacity is important because it allows children to remain open to more possibilities by being receptive to alternate interpretations.

The third spiritual sensitivity outlined by Hay and Nye (2006) is *value sensing*. This is akin to a moral sensitivity in which children are able to experience a wide range of emotions, including a sense of ultimate goodness. Having a varied empathic sense allows children to better differentiate that which is desirable from that which is not. When asked what really mattered to them, children responded in ways related to how they felt about themselves, others, and the universe (Hyde, 2008). This finding once again speaks to the relational quality of spirituality found in both adults and children.

Although this sensitivity could be seen as having judgmental undertones (i.e., the pronouncement of an “ultimate goodness”), it is important to remember that to value something does not necessarily imply superiority. For instance, I am able to value both my life as well as my friend’s without suggesting that one is better than the other. One could say that value sensing is the ability to sense that which is *true*, rather than that which is *superior*. This ability to find truth is related to what Hyde (2008) calls spiritual questing, in which children experience a perceptual shift from dichotomous perceptions (i.e., Aristotelian logic) to more universal and ambiguous realities. In this way, children may be better equipped to decipher universal truths and values, which would make them ideal candidates for understanding transpersonal concepts.

Spiritual Sensitivities as Idealizations

Critics of Hay and Nye's (2006) spiritual sensitivities theory warn there is a danger in claiming that these skills are primarily of a spiritual nature. Children's innate "sense of wonder" could simply be a natural drive to learn that has been biologically programmed to ensure the survival of our species. Scott (2003) says we must consider the cognitive and social facets when contemplating spirituality since these may be the actual driving forces behind such abilities. While physiological and evolutionary factors most likely play a role in the development of children's spirituality, we must be careful to not try and answer a question in terms that by their very nature belie such an explanation.

Whereas transpersonal experiences could not be perceived without the brain and other cognitive structures, it may be specious reasoning to conclude that these phenomena are caused *entirely* by these physical structures. It may be that Hay and Nye (2006) are idealizing certain traits of childhood based on adult spiritual aspirations; however, if these traits are the basis for their adult counterparts, then to consider them in such a framework could help to facilitate a return to such capabilities—or at the very least lead to a better understanding of spirituality in general.

Psychological and Emotional Benefits

Having a rich spiritual life has been associated with numerous mental and emotional benefits (Coles, 1990; de Souza & Hyde, 2007; Engebretson, 2002; Pearmain, 2005). For example, having well-defined moral values have been identified as a protective factor that immunizes young people from destructive and antisocial behaviour (Engebretson, 2002). Studies have shown that teenagers who belong to spiritual-oriented groups report more feelings of safety and acceptance and tend to experience an easier unfolding of spiritual processes (Pearmain,

2005). Adolescents who attend spiritual groups report stronger relational skills and a deeper understanding of who they are and who they want to become (Pearmain, 2005).

In addition, such groups act preventatively by giving youth the tools and self-agency to accomplish goals on their own. Studies have repeatedly confirmed that being able to find meaning in difficult life experiences provides people with life-long sustaining potential (Scott, 2003). Even if one does not believe in a transpersonal reality, just the act of placing one's attention on positive thoughts and outcomes—which comprises a large part of spiritually-based practices—will often ameliorate difficult circumstances by enabling individuals to respond in a more positive and constructive way (Long, 2000).

Effects of Not Incorporating Spiritual Experiences

Schlarb (2007) looked at how dismissing childhood peak experiences (CPEs) affected adults later in life. A peak experience is a term coined by Maslow (1999, as cited in Schlarb, 2007) that shares many of the qualities of spiritual experiences that have been discussed so far. In Schlarb's (2007) survey, participants who experienced CPEs reported the following: (a) feelings of unity, (b) flow and/or spontaneity, (c) a feeling of presence or knowingness, and/or (d) shifts in self-perception. A sense of unity between the self and the universe was the most commonly reported experience amongst participants, which supports the inclusion of unity in a definition of spirituality. However, it was not the peak experiences that Schlarb was most interested in, but the effects they had whenever the participants were not able to incorporate them into their sense of self.

When the participants were not given the opportunity to assimilate what they had gone through as children, they reported a loss across numerous intra- and interpersonal variables (Schlarb, 2007). Adults recalled how they had lost the ability to make meaning out of subsequent

life experiences. One participant described it as no longer being able to believe in his own personal truth. This finding is closely tied to the most commonly reported outcome of not incorporating CPEs: loss of self-esteem.

Not being able to make sense of their experience and thereby “own” it resulted in participants being unable to develop a sense of personal agency, which left many feeling alone and depressed (Schlarb, 2007). When asked why they did not attempt to assimilate their CPEs, all participants responded that fears over family or friend’s reactions played a significant role. Participants believed that if they had told anyone, they would have been rejected or humiliated.

Once again, this finding illustrates the influential role groups and society has on the emerging beliefs and spiritual development of children. Unfortunately, this type of group consciousness has led to the repression and incredulity of children’s spirituality. By the age of 10, children report embarrassment over their awareness of spiritual truths and after 10 years of age, children become more reluctant to discuss or admit that they have had spiritual experiences (Hay, 2000).

These findings suggest that children may lose their spiritual adeptness, rather than having such abilities bestowed upon them by adults or religious institutions later in life (Hart, 2003). Therefore, children are left with little opportunity to share or express sacred or profound truths of their own. It would be interesting to see how children’s spirituality would be conceptualized today had we always allowed them the freedom and authority to explore and share their own spiritual realities.

Conclusion

What counsellors should take away from the aforementioned research is that children’s capacities to experience and understand spiritual phenomena need to be honoured and

acknowledged. No longer should counsellors be asking *if* children have spiritual lives, but rather *how* we as practitioners can best incorporate that reality into our practice. In doing so, we must remember to not turn our back on that which is not “spiritual.” It is more appropriate that we build upon our existing framework of knowledge of childhood development, than to dismiss what we have come to know in favour of a purely transpersonal perspective.

Today, there remains little doubt amongst counsellors and other helping professionals that the components that make up people’s personalities cannot be completely isolated. It is vitally important that we do not overlook the physical, mental, or emotional facets of our clients’ experience; however what should now be included in that composite is the spiritual component. In other words, if we are to best serve our clients, we need to widen our interpretation, rather than restrict it. This means we must keep an open, flexible and humble outlook as we help our child clients explore their spiritually uncharted waters.

CHAPTER 3 - ISSUES IN PRACTICE

The Counsellor's Own Consciousness

*Knowing others is intelligence; Knowing yourself is true wisdom.
Mastering others is strength; Mastering yourself is true power.*

-LAO TZU

At the heart of transpersonal therapy lies consciousness itself, which is considered the primary force behind all therapeutic change (Cortright, 1997; Scotton et al., 1996; Sperry, 2001). Transpersonal psychotherapy maintains that people's fundamental identity is consciousness and that cognition and affect are essential but fragmentary aspects thereof (Lines, 2006; Sperry, 2001). Dysfunction arises when people over identify and/or cling to these lesser aspects. Therefore, the greater or more complete our consciousness is, the greater likelihood that healing or change will occur. This is why more importance is given to the development of consciousness—both the client's and the counsellor's—than to specific techniques or interventions. All techniques are considered to be completely dependent on the level of consciousness with which they are used, and that as consciousness deepens, so too does the effectiveness of such techniques (Scotton et al., 1996).

In transpersonal psychotherapy, growth and change are facilitated by the way in which the therapist sees him or herself, the client, and the therapeutic process. For example, the client's consciousness is seen as being equally important to that of the counsellor's, which allows both to meet in such a way that healing is facilitated. As Cortright (1997) puts it: “[c]onsciousness is seen as a field which influences, mutually interpenetrates, and provides a facilitating medium for the client's inner unfolding” (p. 57). Seeing consciousness as a necessary component to the healing process creates an atmosphere of cooperation and reverence that allows the client to engage openly in their own inner work. At all times, the transpersonal counsellor supports the

client's innate capacity to change and maintains an unshakable belief in the client's movement toward a higher and more fulfilling self.

The practitioner's own deepening spiritual journey is another key factor that gives meaning and life to the transpersonal therapeutic framework (Cortright, 1997). Since consciousness is seen as the primary therapeutic force, counsellors must take care of and "fine-tune" their own "instrument" through the development and practicing of *presence*. It is important to remember that this requires time, patience, and a persistent effort. The spiritual path is a process, not a goal, which should serve as a reminder to practitioners who get discouraged when at times they find themselves unsuccessful in understanding their own path.

As counsellors, we will always be struggling to maintain our centre amongst a cacophony of images, sensations, and distractions. We should remember that it is the dedication to one's spiritual path that provides the living influence upon the client and that the therapeutic process is not the attainment of some "perfect" state of awareness (Cortright, 1997). In other words, it is not the complete resolution of the counsellor's own issues that is of primary importance, but that he or she is actively engaged in his or her own healing. Counsellors should not be afraid of drawing on knowledge from their own spiritual path, as long as the intention for doing so is to benefit the client.

Spiritual oriented work requires giving a great deal of the self, which means that self-disclosure will occur more in transpersonal therapies than in others. Although self-disclosure is generally frowned upon when working with children because it is seen as being overly influential, sharing one's own spiritual struggles and insights could serve as an invaluable source of comfort for children whose spirituality has been largely overshadowed.

The counsellor's perspective on the therapeutic process is the third feature of a transpersonal approach that helps to facilitate change. Unlike other approaches, the spiritual dimension is given equal weight throughout the course of therapy. This translates into the therapist being mindful of neither minimizing nor glorifying the client's spiritual life. As counsellors, it may be tempting to lend too much credence to client's spirituality, thinking that all issues stem from this dimension; however, it is important to not overlook the context or other aspects of the client's personality and experience. In other words, the goal is to have no part or aspect of the therapeutic process overlooked or regarded as less important than any other. Most transpersonal therapists liken the process of therapy to a journey or inward search for spirit that both the client and counsellor are on together (Lines, 2006). In this view, it is the intention of both parties to seek contact with a deeper level of Being and to maintain that search throughout the duration of therapy.

In the end, a transpersonal approach is more than a theoretical orientation—it is a felt sense towards life and therapy (Cortright, 1997). It is a lived experience and not merely a belief system. With its equal emphasis on both the counsellor's theoretical framework and the deepening of his or her own consciousness, the transpersonal approach is a uniquely potent tool for change. Boorstein (1996) sums up what it means to counsel from a transpersonal perspective:

Spiritually-oriented counsellors can be identified as practitioners working within the science of transpersonal psychology who feel confident and competent to work upon issues of religion and spirituality broadly conceived. They recognize the various dimensions of religion and spirituality and are not perturbed that spiritual aspects of the person are not reducible or contained within conventional psychological constructs. They are quite at home working with metaphor and symbol, supra-psychology and the transpersonal. Spiritually-inclined therapists recognize and venerate the numinous within human experience and functioning, being neither embarrassed by non-empirical discourse nor afraid to share similar accounts of their own with their clients. (p. 183)

Spiritual Emergence vs. Spiritual Emergency

According to transpersonal psychotherapy, the function of spiritual seeking is to come into increasing contact with the Divine—in whatever form that may be conceived (Boorstein, 1996; Cortright, 1997). Most often, the emergence or awakening of the spiritual dimension occurs gradually over a person's lifetime, brought about by a steady spiritual practice, guidance, and purification (Cortright, 1997). This slow developmental process allows for a smooth integration between a person's physical and non-physical realities.

In the event of a more sudden spiritual illumination, an individual may still be able to assimilate the experience if he or she has enough inner resources (i.e., mental, physical, emotional, etc.) to do so. However, when the spiritual dimension erupts so forcefully that the person's integrative capacities are overwhelmed and psychological functioning is disturbed, then that spiritual *emergence* has become a spiritual *emergency*.

Spiritual emergencies occur when “the self becomes disorganized and overwhelmed by an infusion of spiritual energies or new realms of experience which it is not yet able to integrate” (Cortright, 1997, p. 156). From a transpersonal viewpoint, it is a purposeful process, even though it can appear disorganized and uncontrolled. Underneath there is a deeper order seeking to be born that results in a breaking up of old structures of consciousness, often giving way to a more spiritual orientation towards life (Grof & Grof, 1986). As a clinical concept, spiritual emergencies are relevant for three reasons: (1) they bring into view a range of human experience that were formerly unseen or misinterpreted by traditional psychology; (2) they can be clinically useful when diagnosing or treating a set of physical and/or psychological symptoms; and (3) they challenge the biologically-based paradigm of psychiatric medicine (Cortright, 1997).

The appearance of spiritual emergencies is usually precipitated by two major deficiencies: (1) a lack of conceptual framework and/or (2) a lack of emotional/physical resources (Cortright, 1997). The former is the easiest to rectify as it mostly involves re-educating—and often depathologizing—the client. The latter is more labourious and requires in-depth psychotherapy to help rebuild the client's inner resources. Here, the precipitating factor is usually some kind of stress (i.e., physical or emotional) that occurs at a time when the person's defenses and inner resources are weakened (e.g. a near death experience, drug abuse, starvation, injury, accident, physical/sexual abuse, grief or loss, etc.).

In either case, the treatment outcome of spiritual emergencies generally fall into three categories: (1) the person is able to integrate the experience and move forward, (2) he/she is overwhelmed for a period of time, but eventually integrates, or (3) the person fixates on some level and fails to integrate, even though the experience/symptoms themselves may subside (Cortright, 1997). Depending on the level of integration, there is also an increased risk of pathology developing later in life as the individual's psychological structures are usually weakened.

Differential Diagnosis

The major confounding variable when it comes to diagnosing spiritual emergencies is its similarities with states of psychosis. It has been said, “the mystic swims in the waters that the schizophrenic is drowning in” (Cortright, 1997, p.169). The boundaries between spiritual emergency and psychosis are not as clear as we would like to think, with a number of people being misdiagnosed as psychotic when in fact they are suffering from a spiritual emergency. To make matters worse, those experiencing a spiritual emergency can concurrently suffer from psychosis.

Common psychiatric misdiagnoses of spiritual emergencies often include delusions and/or hallucinations associated with schizophrenia, fusion states, loss of boundaries, fragmentation, and/or depersonalization (Cortright, 1997; Grof & Grof, 1986). By no means is it being suggested that all people experiencing psychosis or schizophrenia are actually suffering from a spiritual emergency. What practitioners should be aware of, however, is that there remains to be an adequate psychological framework with which to diagnose spiritual emergencies, which could lead patients being included in diagnostic categories and mental institutions in which they do not belong. In order to prudently differentiate and diagnose the two states one needs to be familiar with each of their respective criteria.

The DSM-IV (American Psychiatric Association, 2000) criteria for brief reactive psychosis includes emotional turmoil and at least one of the following: (1) incoherence or loosening of associations (i.e., marked illogical thinking), (2) delusions (i.e., a firmly sustained belief in spite of incontrovertible evidence to the contrary), (3) hallucinations (i.e., perceptions of objects not seen by others), and/or (4) grossly disorganized behaviour or catatonia. From the aforementioned criteria, it is important to note that emotional turmoil by itself is not necessarily a sign of psychopathology and that for most people being flooded with affect usually ends up disrupting their ability to function in at least one aspect of their lives. This misleading association has surely played a part in the misdiagnoses of spiritual emergencies. Symptoms such as emotional turmoil and decreased functioning need to be reframed within a more holistic framework and reconsidered as criteria for psychosis. For example, affect flooding could be a necessary part of a purificatory process (Cortright, 1997).

The general criteria for a spiritual emergency include: (1) changes in consciousness (i.e., perceptions, emotions, cognitions, psychosomatic functioning, etc.) in which there is a

significant transpersonal emphasis, (2) client is able to see condition as an inner psychological process (i.e., there is a capacity for an observing presence), and (3) client is able to form an adequate therapeutic relationship and/or maintain a spirit of cooperation, which would exclude severe acting out and paranoid states (Grof & Grof, 1986).

It is important to note the difference between hallucinations and visions. Although very similar in nature, *hallucination* is the term most often used in psychiatric medicine to denote a perceptual experience that is not based in reality (Cortright, 1997). Having a *vision*, on the other hand, has spiritual connotations and has been reported to occur amongst numerous ancient cultures (Grof & Grof, 1986). During spiritual emergencies, visions often take on mythological themes, and unlike hallucinations, rarely involve paranoia (Cortright, 1997). While both hallucinations and visions involve some type of perceptual apparition, having a vision is considered the more appropriate term amongst transpersonal therapists.

For those suffering from a spiritual emergence *with psychotic features*, the treatment plan is invariably more complex and time-consuming. Such persons will present with a mixture of symptoms of both psychosis and spiritual emergency, and as a population are more difficult to treat and also most likely to be misdiagnosed. This type of clinical configuration will normally require more comprehensive treatment from an experienced clinician. Although this particular presentation is much more difficult to diagnose and treat, the outcome is generally good if there was: (a) good pre-episode functioning, (b) acute onset of less than 3 months, (c) stressful precipitants, and (d) client has positive attitude toward experience (Cortright, 1997).

Forms of Spiritual Emergency

The following types of spiritual emergencies were chosen based on their likelihood of occurring in childhood as there are no studies examining their prevalence in the child population.

It is by no means an exhaustive list, with new forms surely to be added as the field of children's spirituality develops. Other forms of spiritual emergency not covered here that practitioners may wish to explore include kundalini awakenings, near-death experiences, shamanic crises, channeling of spirit guides, and/or possession states (Grof & Grof, 1986).

Past life experiences. Belief in reincarnation is prominent among numerous religious traditions and is often incorporated into the transpersonal psychotherapeutic framework. A past life experience is the vivid perception or sensing of oneself having lived in a different time and place (Cortright, 1997). It can involve unexplained knowledge or feelings, all of which are unattributable to one's current life. It is usually experienced as a distinct memory, but with children could manifest as "ghosts," imaginary friends, or even story telling. Theoretically, past lives can also occur within the same family, with the child having memories of having been his or her deceased grandparent.

The exploration of past lives can reveal major insights into present life behaviours, relationships, personality traits, and feelings (Cortright, 1997). For example, a person's likes and dislikes, proclivities, phobias, and even physical markings can usually be traced back to an earlier incarnation. If and when the past life is explored, there can be an emotional or cathartic release that can result in a significant alleviation of present-day symptoms (Cortright, 1997). However, care should be taken when exploring past lives as a spiritual emergency can result if it is not done in a controlled and safe manner. Exploring for the sake of "sight-seeing" could lead to unnecessary turmoil on behalf of the client. It is important to remember that the emergence of past life memories can trigger panic over going "insane" and therefore should be embraced rather than resisted and/or pathologized.

When examining this type of spiritual emergency in children, it is important to remember to not automatically dismiss the stories and information they share as mere imagination or embellishment. Instead, ask the child about what they tell you with genuine interest. Rather than invoking defensiveness by asking things like: “Why are you so interested in such a thing?” Instead, ask “Have you ever done that before?” or “When was the last time that happened?” Doing so allows the child to use and explore their intuitional capacities, rather than teaching them to dismiss certain aspects of their experience simply because it does not have a basis in physical reality.

Episodes of ego loss. The experience of merging one’s identity into unitive or relational consciousness can be extremely disorienting for the unprepared and can make functioning in the physical world extremely difficult. This is especially true for children as they inherently possess aptitudes that make such a crises more likely—namely an underdeveloped ego and a propensity for relational consciousness (Allan & Bertoia, 1992; Hay, 2000). Although the unitive experience is an important aspect of spirituality, it needs to be balanced with individual or ego-based consciousness otherwise it can lead to dysfunction.

People experiencing episodes of ego loss often report that they loose the capacity to function in a directed and focused way (Cortright, 1997). The inability to focus and pay attention is a common feature of a myriad of childhood disorders today, which raises the question of whether or not these children are actually suffering from acute or chronic ego loss. Interventions for ego loss should aim to strengthen the child’s sense of self and/or individuality (see Grounding).

Psychic openings. The opening of psychic abilities are a common feature of spiritual awakenings and can include such things as clairvoyance (i.e., the ability to see the future and/or

other beings), clairaudience (i.e., the ability to hear verbal messages from non-physical reality), clairsentience (i.e., the capacity to feel the physical sensations and emotional states of others), and/or telepathy (i.e., the cognizant awareness of other people's thoughts; Cortright, 1997; Grof & Grof, 1986). It is important to note that such abilities tend to co-occur to varying degrees within the same individual with few people possessing only one type of psychic opening. Psychic openings only become a problem when the abilities themselves are the central feature of the person's experience and they cannot assimilate them in a way that is behaviorally or emotionally adaptive (Cortright, 1997).

In order to assimilate these new abilities, children need a conceptual framework as well as the necessary psychological and emotional resources to do so. If neither is present, there is a danger of the child falling victim to ideas of grandiosity and/or discrimination from their peers. Child clients should be warned against using any psychic powers for personal gain rather than for the betterment of others or society as a whole. Treatment approaches could involve psycho-educational interventions to provide a conceptual framework and/or self-esteem building to counteract possible prejudice.

Treating Spiritual Emergencies

The transpersonal approach to treating spiritual emergencies differs markedly from the treatment of psychosis by conventional medicine. Instead of viewing the condition as purely psychological in nature and having the suppression of symptoms as its primary goal, transpersonal therapists view the experience in a much more positive light and tend to allow it to develop naturally to its conclusion (Richards & Bergin, 1997). The belief is that if the counsellor supports and encourages the unfoldment, the spiritual emergency eventually subsides and becomes a spiritual emergence. It is important to note that support and encouragement does not

involve attachment to any particular outcome, but rather a sustained state of presence and acceptance of what the client is experiencing at any given moment. Ram Dass (1977) suggests that we view the client

...as a being who is living out a certain incarnation in which this neurotic pattern is showing. By contacting that being behind the neurotic pattern, he can drop it when he's ready to drop it...The minute you see him as a soul who's incarnated in this situation in which he's working through this stuff, he's free to drop it whenever he needs to because you're not attached to his having it or not having it. (p. 91)

Education. This is generally the best and most powerful tool one can use in the treatment of spiritual emergencies. The goal is to provide the child with a spiritual/transpersonal framework for understanding what is happening to him or her, which will also help to depathologize his or her experience. Educating the child serves two primary functions: (1) it gives the child a cognitive grasp of the situation and (2) it changes the child's relationship to the experience (Cortright, 1997). Although the psycho-educational process would most likely be different for each child, counsellors' primary focus should be on re-labeling the child's experience in a beneficial and empowering context. Seeing the experience as positive allows the client to turn and face the inner flow of his/her experience rather than suppress it. The use of positive role models, Cognitive-Behavioral Therapy, and/or Narrative Therapy might prove useful in altering the child's conceptual framework surrounding their experience.

Providing a container. No matter what the spiritual emergency, every client needs the space in which to fully experience the transformations taking place. Such a space is there to act as a sanctuary or retreat from the ordinary world and to offer a certain degree of protection from excess psychic stimulation (Cortright, 1997). Unfortunately, the noise of everyday existence is often not conducive to the full expression of people's spiritual selves, which is why providing a

container is so important. Without it, the new emerging spiritual sensitivities may either be stifled or overload the client's cognitive and emotional resources. This would be especially important for children due to their sensitive and newly developing brain and nervous system. Without the benefit of safety, it is unlikely that children will feel comfortable enough to put aside any defense mechanisms they may be using and allow themselves to fully explore their emergent experience.

Presence. The therapist's ability to remain present is of primary importance to almost all forms of psychotherapy, but especially so in transpersonal work. This is because "the heightened state of awareness that accompanies the person's openness and vulnerability makes the integrity and authenticity of the therapist crucial (Cortright, 1997, p. 174). Being overly alarmed about the child's experience, acting condescending, or being inauthentic can lead to fear, distrust, or even paranoia on behalf of the child. It is essential for the counsellor to possess warmth, compassion, and gentleness otherwise the relationship could be too jarring to the delicate perceptual shifts taking place. A calm and quiet confidence regarding the unfoldment process is also crucial as it serves to reassure and soothe any client apprehension or alarm that may be present.

Grounding. Using the body to ground the client is one of the best ways to deal with spiritual emergencies. People are usually disconnected from the body during such experiences, lost among a myriad of experiences on an inner and/or astral plane (Grof & Grof, 1986). Grounding spiritual emergencies in the body allows the process to proceed in a much more assimilable way. Ways in which to ground include: (1) a diet that includes eating grounding foods such as grains, dairy products, and meat while avoiding raw fruit, vegetables, sugar, and caffeine, (2) physical exercise that brings consciousness into the body, should be calming, something the child enjoys doing, and not overly strenuous, (3) body work (e.g. taking frequent

baths/showers, light massage, games involving touch, etc.); however those not wanting to be touched should be respected as affirming boundaries is also conducive to grounding the self, and (4) medication—although generally discouraged—need not be ruled out as a way to slow down the process so that the child can better assimilate the experience; the danger is that the process will be overly suppressed, leaving the transformation unfinished (Cortright, 1997).

Spiritual Assessment

Reasons for Doing Spiritual Assessment

Assessing the spiritual dimension of clients' lives is essential to the therapeutic process since transformation and change tend to be holistic processes (Cortright, 1997; Sperry, 2001). In other words, change in one aspect of a person's life often requires or begets change in another. In the clinical setting, spiritual assessment allows the practitioner to plan strategies that are more effective to facilitate change. Sperry (2001) outlines six key reasons for conducting spiritual assessments: (1) to understand the client's spiritual life and orientation, (2) to communicate to the client that his or her entire life experience is valuable, (3) to determine the degree to which spirituality is impacting their presenting problem(s), (4) to determine whether the client's spiritual beliefs and/or community can be used as a healing or coping resource, (5) to determine whether the client's spiritual needs or concerns should be addressed in therapy, and (6) to determine which transpersonal intervention may be most appropriate for that particular client.

While all of the above reasons for conducting a spiritual assessment apply equally well to children, the way in which counsellors go about assessing them will be quite different. For example, to determine the degree to which the child's spiritual self is implicated in the presenting problem, counsellors would most likely rely on concrete expressions, such as drawing or

Sandplay, rather than conducting lengthy inventories or questionnaires. Practitioners must remember to work within the emotional and cognitive capacities of their client.

Conducting any type of assessment conveys empathic understanding and enables the counsellor to work with the client in a more sensitive way. This can be especially useful when working with children whose spiritual experiences are often invalidated (Schlarb, 2007). Ascertaining spirituality is crucial as higher degrees of spirituality have been associated with better physical health, social adjustment, and emotional well-being (Richards & Bergin, 1997).

Locating external resources are also important as communities can provide a sense of belonging, stability, as well as emotional and financial support (Richards & Bergin, 1997). In doing so, however, the counsellor should be aware that since children are more susceptible to adult influence, referring a child to a religious leader might not be beneficial if the child does not feel safe enough to discuss doubts with a possibly biased party (Sperry, 2001). No matter what intervention is used, conducting a preliminary assessment of the client is vital for research has found treatment-tailoring approaches to be the most effective (Richards & Bergin, 1997).

Difficulties in Spiritually Assessing Children

Three limiting factors have made assessing children's spirituality a difficult task. The first are the societal influences in which children are born and raised. Since society has tended to believe that children are incapable of having spiritual experiences, any innate spiritual tendencies displayed by children are disregarded. This oversight has reinforced the belief that children are neither concerned with the purpose and meaning of life nor are they concerned with other spiritual matters. However, to say that children do not have spiritual concerns simply because they have not expressed them does not preclude their existence. This begs the question: which comes first, the *concern* or the *language* to express it?

This brings us to the second inhibiting factor when it comes to accurately assessing the spiritual realities of children: their inability to verbally express their experiences/inner world. This is a major roadblock when it comes to understanding children's spiritual selves. Because spirituality is essentially an *experiential journey*, practitioners need to assess their child clients from a more holistic perspective. In order to get a complete picture of children's spirituality, practitioners must think outside the boundaries of traditional assessment and be open to the use of different evaluative modalities (e.g., drawing, playing, acting, dancing, etc.). These mediums are not only more conducive to children's metaphoric mode of reasoning, but they may also more easily facilitate the expression of spiritual realities since such experiences tend to be more experiential in nature.

The third factor influencing the counsellor's ability to assess a young client's degree of spirituality is children's lack of agency. Most children's decisions are made for them, which makes it difficult to assess certain spiritual dimensions, such as the level of congruence between their choices and spiritual values (Sperry, 2001). Children are also born into their respective religions, which prevents clinicians from questioning or analyzing their motivations for joining a particular faith. If the child has been raised within a highly dogmatic or religious family, performing a non-denominational spiritual assessment could prove confusing or offensive.

The counsellor's focus should be to understand the spiritual life of the client from his or her own point of view, using the client's own language or representation as much as possible. It is important to remember that the counsellor's job is not to impose their own set of beliefs onto the client, but merely to help shift the ones that are resulting in distress. Practicing from such a standpoint benefits the therapeutic relationship by showing respect for the client's beliefs, which is especially important when working with children as it can help counteract their often-

invalidated sense of autonomy. Instead of having another set of beliefs imposed upon him or her, the child's world is witnessed and accepted as it is.

Clinically Relevant Dimensions of Children's Spirituality

Although still in the process of being clearly demarcated, there are several dimensions of children's spirituality that could be clinically relevant to practitioners. Based on Hay and Nye's (2006) spiritual sensitivities (see Chapter 2), the following are a list of questions grouped by sensitivity type that practitioners could use to assess the degree of health and/or prominence of spirituality in their young client's life. All of the questions to follow are given as examples only and do not form the basis for any type of formal spiritual assessment. Counsellors are encouraged to use an assessment framework that is useful for them.

Awareness sensing. How aware is the child of his/her present moment experiences? How prominent are past and future concerns? Does the child ever display flow experiences when performing an activity? How aware is the child of his/her own bodily sensations, five-sensory perceptions, emotions, or intuition? Does the child use his or her physical sensations as a source of knowledge? Can the child integrate two distinct levels of awareness simultaneously?

Mystery sensing. How prominent is the child's imagination? How fascinated are they by their world? Do they have an overall questioning disposition? Are they able to draw from multiple sources to explain ambiguous phenomena? How open is the child to alternate interpretations? How comfortable is the child with ambiguity?

Value sensing. What range of emotion does the child seem to experience? How easily can the child differentiate between that which is desirable for them and that which is not? Is the child's values linked to feelings about themselves, others, or the universe? Is the child able to

recognize universal truths? Does the child understand the mutually exclusive relationship between superiority and equality?

Other clinically relevant dimensions. As far as other clinically relevant dimensions of spirituality, there are a few used for adults that could also prove useful when working with children: (a) God representation, (b) spiritual identity, and (c) involvement in a spiritual community. God representation refers not only to the way in which a person views and understands God, but also how he or she relates to such a concept (Sperry, 2001). In getting children to describe their own personal image of God, it would be important to also have them describe their relationship to him/her. Doing so can provide invaluable information as one's representation of God has been shown to be connected to the view of his or her parents and the world (Sperry, 2001). Conversely, research has also shown that one's image of God is affected by parental relationships, self-esteem, relationships with others, religious figures, and communities (Richards & Bergin, 1997). These findings are clinically relevant because it means that counsellors can affect change on multiple levels of the client's life by simply helping to reshape the client's image of God.

The second adult dimension of spirituality that could be applied to children is known as spiritual identity (Richards & Bergin, 1997). A person's spiritual identity refers to his or her sense of worth in relation to God or other form of Supreme Being, as well as his or her place in the universe. People with a *positive* spiritual identity believe that they are worthy of their experiences and are eternally connected to the Divine. They believe their core identity to be timeless and that their consciousness persists beyond the death of the physical body (Richards & Bergin, 1997).

Conversely, people with a *negative* spiritual identity believe they have no divine worth and do not feel God's presence in their lives. Though they may have an intellectual belief in some form of higher power, they generally feel unworthy and doubt whether their inner spirit persists beyond death (Richards & Bergin, 1997). Although these two feelings would most likely co-occur, Richards and Bergin do not consider the possibility that people could feel unworthy while still believing in a life after death. Despite the subjectivity of this dimension, and the fact that children have a *self-concept* rather than an identity (Beaumont, personal communication, December 2, 2008), counsellors could still use spiritual identity as a dimension of assessment by relying on their own intuition regarding the strength of the child's self-esteem and personal relationship to the Divine.

The third dimension along which children's spirituality could be measured is the child's level of involvement in a spiritual community (Sperry, 2001). In this case, questions or activities would examine the level of social and spiritual support received by the child and whether there have been any recent changes in their relationship. It is important to remember that within a spiritual framework, the word "community" often goes beyond fellow churchgoers and includes anyone in the child's life with whom he or she has a significant relationship. Most transpersonal therapists do not see themselves as having a monopoly on the support their clients receive and tend to welcome additional assistance in any form it may come.

Ethical Considerations

As with all forms of psychotherapy, practitioners must be aware of, as well as adhere to, certain ethical standards and conduct. For this section, it will be assumed that the reader is familiar with his or her own governing body's code of ethics, as this guide is not intended solely for Canadian Certified Counsellors. Instead, I would like to focus on the unique ethical

considerations applicable to the child population as well as those pertaining to transpersonal or spiritually-oriented psychotherapists. This statement is not intended to supersede or replace other ethical codes to which psychotherapists are held accountable.

Working with the Child Population

Counselling children poses unique challenges for therapists because children are amongst the most vulnerable of clients. Being extremely impressionable, as well as physically and emotionally defenseless, requires that the intervening therapist pay close attention to his/her moment-by-moment *intentions*. “Why am I doing what I am doing” or “what do I expect to happen?” are critically important questions that counsellors should be asking themselves when working with this unique population. Not only do children lack the necessary defense mechanisms to ward off potential threats, they also have yet to develop the sense of self with which to incorporate or make sense of painful or traumatic events (Allan, 1988). Therefore, counsellors must be extra careful when using any type of therapy with children as any negative psychological repercussions tend to be more severe for younger clients.

Working within Multiple Systems

Children hold a special position in clinical practice as issues requiring ethical judgments are more complex and involve people other than the child. How the practitioner meets the interests of both the parents and those of the child is frequently a cause of conflict (Mishne, 1992). Conflicting opinions present a serious challenge to the clinician who is forever mediating among systems. Working within interlocking systems, such as hospitals, schools, and mental health clinics, clinicians are required at all times to pursue the child's best interests. Child therapists often view this as the central process affecting ethical decision-making in clinical practice (Prilleltensky, Walsh-Bowers, & Rossiter, 1999).

The process of mediating among systems affects the other challenges that child therapists often face. The ability to navigate successfully through various contexts will greatly facilitate the resolution of other conflicts and/or ethical problems (Prilleltensky et al., 1999). For instance, engaging hospital administrators in dialogue or facing school personnel honestly about pressures to label could help to improve the child's situation if the actions taken are in the best interest of the child. The challenge of working in interlocking systems involves facing influences from various corners and from various players. Although the clinician attempts to pursue the child's best interest at all times, his or her actions are heavily influenced by the people in those other systems. When clinicians ask themselves how they should pursue the best interest of the child, the answer must take into account not only how the decision will affect the child, but also how others in the child's life will react to the suggestion (Mishne, 1992).

Working with Parents

When working with parents, it is important that they are aware of the limits of confidentiality pertinent to the therapist's ethical code and give informed consent to work with their child. These requirements are even more important when dealing with matters of spirituality as some parents may disagree with the philosophical underpinnings of the clinician. It is therefore suggested that counsellors make their personal therapeutic approach and orientation transparent from the outset of therapy as to prevent any misunderstandings or ethical dilemmas. Counsellors should also give a brief explanation of all activities and their intent to parents before implementing any intervention or exercise with a child client. Other ethical considerations include informing the parents of expected number of sessions, duration and times of each session, follow-up activities and/or homework, information regarding alternate treatments, potential benefits and risks of therapy, how to rescind consent, and the procedures regarding the

safeguarding of journals, drawings, or other personal information (Schultz, Sheppard, Lehr, & Sheppard, 2006).

Ethics and Spirituality

Spirituality can be a touchy issue for both parents and children as it is often confused with religion or other religious practices. However, therapists can prevent most ethical problems in this area by implementing the following two practices: (1) being upfront about their personal theoretical orientation regarding therapy and/or their own beliefs regarding spirituality, and (2) remaining non-dogmatic about their practice. Although both of these practices can help prevent misunderstandings and ethical dilemmas, practitioners should remember that implementing such measures are not failsafe when it comes to preventing ethical problems as people's beliefs and orientations toward therapy are continuously changing.

When working with children on spiritual matters, practitioners must remain aware of their level of influence on the child. In order to prevent unduly influencing children's spiritual beliefs, practitioners need to remember that how they respond and interact with their clients is intimately linked and shaped by their own beliefs and meanings. However, such a fact does not necessitate the therapist imposing his/her beliefs onto the client. Although it is tempting to think that both parties must agree on ideas regarding spirituality or other spiritually-related concepts, it is not a prerequisite for therapeutic change (Sperry, 2001). In fact, transpersonal therapists pride themselves on remaining open to, and respectful of, all spiritual paths and traditions. Therefore, spiritually-oriented practitioners should remain cognizant of any hidden agendas they might have when it comes to sharing transpersonal beliefs or ideologies. Counsellors should also relinquish any need to have their clients believe as they do.

CHAPTER 4 - JUNGIAN PSYCHOTHERAPY AND ITS THEORETICAL UNDERPINNINGS

Introduction

I chose to include and explore Jungian Therapy in this guide for numerous reasons, such as the ease with which children can identify with the mediums used as well as children's innate connection to unconscious forces. Another reason is Jungian Therapy's apparent similarity to Transpersonal Psychotherapy in both theoretical and practical content. Although the two approaches sometimes use differing terminology, Jungian Therapy would be considered a transpersonal approach because it focuses on the integration of both the personal and collective aspects of the psyche. As Chapter 2 illustrates, spiritual phenomena involve a dimension that lies beyond the individual, which means that spiritual work in a counselling setting necessitates the exploration of a previously unknown facet of one's experience. Rather than being fixated on the politics of God, the spiritual path requires that we look toward something greater than ourselves—even if that something contains aspects or realities we would rather not confront. Acceptance, as well as the courage to face that which we would rather not, forms the basis for true healing. This is where Jungian Therapy proves invaluable as it allows children to make the first steps toward greater wholeness and self-acceptance by working with the contents of their unconscious.

Overview of Jungian Psychotherapy

Before outlining the key aspects of Jungian psychotherapy, there are some important distinctions that must be made between Jungian psychotherapy, a Jungian-oriented psychotherapist, and a Jungian Analyst. A Jungian orientation generally refers to a therapist who approaches or views the therapeutic process from a Jungian perspective. This perspective can

range significantly from therapist to therapist in terms of experience, training, and exposure to the Jungian approach. Some may have only read Carl Jung and have been exposed to him more or less theoretically through books or other material. An interesting note is that some therapists may be more well-read in Jungian literature than Jungian Analysts themselves.

Others may have undergone to some degree, or quite extensively, their own in depth analysis. According to Jung (1959, as cited in Harris, 2005), all analysts must undertake their own analysis if they are to be considered fully trained. A Jungian Analyst has taken a number of years of formal training at one of the Jungian Institutes worldwide, which includes a formal curriculum, completing their own in depth analysis, and specific training through work with client cases. Thus, a Jungian Analyst has followed a standardized curriculum that may or may not result in them having more experience than other Jungian-oriented psychotherapists, yet suggests a certain level of formalized training.

The purpose of this Chapter is to familiarize practitioners with Jungian psychotherapy and its theoretical underpinnings, including how Jungian therapy can be applied to children. It by no means is meant to replace any formalized training as a Jungian Analyst or any other formal designation. It is recommended that practitioners further explore the concepts found herein and access other resources as needed. It is doubtful that within Jung's lifetime he was able to elucidate all there is to know about the contents and workings of the human unconscious. Therefore, practitioners are encouraged to work with and listen to their own intuition when working with clients and rely primarily on their own clinical judgment.

Jung's approach to psychotherapy stems from what is known as Depth Psychology, which is a framework that emphasizes the exploration and examination of the subtle or unconscious parts of the human experience (Harris, 2005). It is a psychotherapeutic approach

that aims for a greater understanding by peering beneath the surface of our behaviours and feelings and into the depths of our own psyche and its inner workings. Jungian psychotherapy strives to assist the individual to find meaning and balance in their lives by going deeply into psychological or physical symptoms (Allan & Bertoia, 1992). The approach is akin to homeopathy in the sense that it views the darkness of our pain and symptoms as holding the key to our health and wholeness. From a Jungian point of view, the individual is encouraged to listen more deeply to their emotional pain rather than avoiding it (Samuels et al., 1986). Jungian counselling emphasizes keeping an open line of communication with the “Self within,” which enables us to establish a healthier relationship to our deeper nature and develop a more balanced personality.

Within a Jungian approach, it is not as important to discuss what we *know* about our problems, but what we *do not know* about them (Bennet, 1966). Therefore, Jungian counselling will include not only a discussion of the presenting situation or problem, but also a discussion of dreams, fantasies, moods, and other such products of the unconscious. The attempt is always to strive for a deeper understanding of the Self and a more balanced and meaningful life.

Within this process, the psyche is trusted to guide the process of counselling rather than the therapist diagnosing and treating the individual as in the medical model (Allan, 1988). Jungian psychotherapists believe that each person’s Higher Self knows more than their conscious minds ever will, which means we all have a certain degree of wisdom within us that does not always coincide with our conscious attitudes or points of view. Thus, working with our unconscious often shows us where we need to expand or change so that we can heal and/or realize our full potential.

Jungian psychotherapy shares numerous characteristics with other depth and transpersonal approaches. As with other schools, Jungian psychotherapy is dialectical, which means that the therapist and the patient are seen as more or less equals (Harris, 2005). While the emphasis is on the patient, the therapist's dedicative involvement in the process is necessary for healing to occur. Therefore, the therapist participates as much in the process of healing as the patient. Counsellor and client are thought of as two individuals embarking on a journey together. That journey is mutually explored—even in the darkest of times—with the only difference being that the therapist is more familiar with this territory than the client. As with most therapies, a highly personal element, genuineness, and rapport form the basis for healing.

An important emphasis for most Jungian therapists is the way in which psychopathology manifests. Jungians believe that one of the human psyche's functions is to "pathologize" (Harris, 2005). This tendency is not seen as dysfunctional, but rather as a means through which the psyche communicates. The purpose or aim of pathology is seen as part of the healing process. For instance, if the psyche did not create symptoms, we would never know that anything was amiss. Therefore, the healing message is found in the symptoms. It is a mistake to think, however, that Jungians view pathology or self-destructive behavior as something to be encouraged. Practitioners should keep in mind that symptoms are not to be avoided or downplayed, but the meaning, which is often missed, needs to be discovered in order for healing to take place.

Jungian Theory

The Ego and Its Defenses

While Jung perceived the ego to be the centre of consciousness, he also stressed the incompleteness of it as a psychic structure and maintained that it did not encapsulate the whole

of one's personality (Samuels et al., 1986). As a psychological entity, the ego has the job of mediating between our inner drives and the reality of the outer world. Jung (1969, as cited in Allan & Bertoia, 1992) believed that there is quite a sophisticated ego structure in place by the child's first year of life. However, it is usually not until the third or fourth year that more durable internal security is experienced. The attainment of such security leads to more independent functioning and effective regulation of impulses (Kalf, 1980). Though the ego is the centre of consciousness, there is always some overlap between its role in conscious and unconscious life, as aspects of the ego are clearly seen to function during sleep and dream states (Allan, 1998).

In children's drawings and stories, the unconscious is often depicted as the sea and the ego as the land (Brandell, 1988). When children are overwhelmed by strong emotions, the ego can take on the image of a "log" or "boat" that is being tossed around on a stormy sea. As the child begins to calm down and integrate his/her painful emotions, "islands" appear in the stories and are often followed by themes that take place on land. This can represent the development and strengthening of ego functions, with the child becoming more "grounded."

Some Jungian theorists have postulated that the ego is built up slowly through repeated processes of *de-integration* and *re-integration* (Fordham, 1957). For example, frustration or other painful emotions will cause an infant's psychic structures to "de-integrate." On the other hand, positive and/or pleasurable feelings will restore psychic equilibrium, thus "re-integrating" the child's psychic structures and laying the groundwork for healthy ego development. While many of the interventions found in this guide can be used to re-integrate a child's ego, counsellors should be aware that the integrity of children's egos can both influence, and be influenced by, other psychic structures.

Jungians consider the ego to be a rather fragile structure, which in early childhood can become threatened quite easily. In order to protect itself, the ego has numerous defense mechanisms at its disposal. Some of these are biological, such as reflexes and adaptation to stressors; whereas others are psychological, such as repression, projection, and the splitting of “good” and “bad” (Allan, 1988; Allan & Bertolia, 1992). The degree to which children can successfully adapt and/or deal with the workings of their unconscious depends partially on the degree of integration mentioned above.

When the process of de-integration is not followed by or balanced with re-integration, a negative pattern of de-integration can result whereby the child becomes anxious with too much psychic energy going into building up rigid defense mechanisms, such as denial or paranoia (Allan, 1988). The child learns to avoid pain through fight or flight behaviours, leaving little energy for learning, growth, or the development of the ego. The hurt and aggression are so great that the ego cannot integrate or handle these powerful emotions and so must defend itself against them or risk annihilation.

Allan (1988) commonly sees two major patterns of defense structures in school-aged children: either very rigid or seemingly non-existent. In the former, the barrier between the ego (i.e., that which is conscious) and the Self (i.e., that which is unconscious) is very rigid and thick. These children tend to be very controlled, somewhat aloof or detached, and emotionally flat. However, they are prone to extreme outbursts of violence and temper when their defenses are threatened or experience disintegration. Children with a thin or non-existent defensive structure seem to have no inner control over their impulses and tend to be hyperactive, impulsive, and undersocialized. In contrast, a child with healthy coping strategies shows a wide range of emotion and is able to demonstrate appropriate control and flexibility in terms of their

expression. In other words, the child is able to hold some emotions in check, express others, while also focusing his/her attention on learning, friendships, or other academic and social tasks.

Archetypes

Archetypes have been both feared and revered as mysterious signifiers of things beyond our complete understanding.

-GEORGE BOEREE

Archetypes played a central role in Jung's theory of the unconscious, which is why it is imperative that counsellors become familiar with these concepts, examples thereof, and the role they play in Jungian therapy. Archetypal patterns can emerge through any therapeutic medium, including writing, drawing, or play and form a common language through which therapeutic outcomes are interpreted. Practitioners must become comfortable with and adept at working with these symbolic forces if they are to successfully navigate the unconscious world of their clients. Practitioners should keep in mind that this section does not provide an exhaustive list of archetypes and that they should access further resources as required.

Archetypal forces are made up of characters, images, and themes that symbolically represent universal meanings and basic human experiences (Jung, 1980). Archetypes can be found in literature, myths, and stories and are considered to be the primary structural elements of the human psyche. Jung was the first to extensively explore their nature and role they play in the evolution of human consciousness. Jung (1964) related archetypes to heredity and considered them instinctual. As Jung looked across cultures, he found the same archetypal patterns and thus came to conceptualize them as fundamental forces that exist beyond humanity. He believed archetypes were born out of the collective unconscious—a term he coined to describe the inherited experience of the entire human race (Jung, 1980). He believed the relationship between an individual's consciousness and the collective's is reciprocal, with both having the ability to

affect and/or contribute to the other. The symbols and images found within the collective unconscious are also inextricably linked to a person's thoughts, feelings, and behaviour.

A notable characteristic of archetypes is that we recognize them in both image and emotion (Hopcke, 1992). This association can have profound effects when working with children as this population's first language is built upon associative connections between visual stimuli and primary emotions (Allan & Bertoia, 1992). Children, therefore, may be better equipped to understand archetypal phenomena because this type of information is more visceral in nature (i.e., it is obtained through intuition rather than reasoning or observation). This quality also implies that archetypes have deep and primitive origins, which is why they resonate with people cross-culturally (Gallagher, 1997).

Archetypes have also been described as our built-in ability to recognize a certain relationship pattern, such as *mothering* (Hopcke, 1992). Jung (1964) said that because this pattern can be rather abstract, we are likely to project this archetypal pattern out into the world and onto a particular person, usually our own mothers. Even when an archetype does not have a real person available, we tend to personify the archetype, and turn it into a mythological "storybook" character (Brandell, 1988; Samuels et al., 1986). This character then comes to symbolize the archetype, which means that virtually any person or fictional character can subsume an archetypal meaning for an individual. As counsellors, we must keep this in mind and not discount the personal meaning that a person or character can have for a client.

The therapeutic function or role of archetypal patterns is to make us conscious of our hidden vulnerabilities, strengths, and motivations (Allan, 1988). Although often associated with the shadow side of our unconscious, archetypes are considered neutral energies that help to guide us throughout our personal and spiritual development (Hopcke, 1992; Jung, 1980). From a

therapeutic viewpoint, the more we know about our archetypal patterns the more conscious we become, which means we are able to make more responsible choices (Zukav, 1989). If we are not aware of the unconscious forces within us, we will be more likely to react out of insecurity or defensiveness. In other words, the goal of working with archetypal forces is to bring to light all that which is unconscious within us. The existence of archetypes does not preclude people's free will to choose—they are simply patterns of psychological experience through which to better understand the workings of our unconscious (Samuels et al., 1986).

The Shadow

The Shadow is the most common archetype because it reflects the deeper elements of our psyche where latent dispositions common to all of us reside (Hopcke, 1992). Jung (1980) believed that this archetype derived from our pre-human or animal past, when our concerns were limited to survival and reproduction. It is the "dark side" of the ego, and the evil that we are capable of is often stored there. It has been described as "[t]hose unpleasant and immoral aspects of our selves which we would like to pretend do not exist or have no effect on our lives—our inferiorities, our unacceptable impulses, our shameful actions and wishes..." (Hopcke, 1992, p. 81).

However, the Shadow is amoral in nature—neither good nor bad—just like animals. An animal is capable of tender care of its young as well as vicious killing for food, but it does not choose to do either. From a moral standpoint, animals are "innocent." But from our human perspective, the animal world looks rather brutal and inhumane, so the shadow becomes a repository for the parts of ourselves that we cannot accept or would rather not have.

Our shadows are, by their very names, dark, shadowy, unknown and potentially harmful. The Shadow archetype embodies chaos and the unfamiliar. In myth, the Shadow appears as the

wild man, spider-people, mysterious fighters, or dark enemies (Gallagher, 1997). Symbols of the Shadow include the snake, as in the Garden of Eden, dragons, monsters, and demons (Allan & Bertoia, 1992; Von Franz, 1982). In stories, shadow characters often guard the entrance to a cave or pool of water, which can represent the collective unconscious (Brandell, 1988).

In terms of people's personal relationship with their Shadow, this universal archetypal pattern can appear to us in dreams, visions, or musings, often as something or someone who is bad, fearsome, or despicable in some way. While it has the power to seduce through false friendship, it can also threaten with callous disregard. As an aspect of the subconscious, encounters with our shadows can reveal deeper thoughts and fears of which we are unaware. It can also take over direct physical action when a person is seriously confused, dazed, or drugged (Hopcke, 1992).

One of the goals of Jungian psychotherapy is to re-integrate our shadows with the light of our consciousness (Jung, 1966). If this can be done effectively, then we can become more whole by bringing together that which was once split from us. The Shadow tends not to obey rules and thrives on ignorance, which means that it can either be used as a catalyst for discovering new territory or plunge things into chaos (Jung, 1966). The way in which one explores the content of his/her Shadow ultimately determines the type of experience he/she will have. For example, blaming, judging, or criticizing our repressed desires will only serve to keep our shadows in place; whereas accepting and being compassionate towards them will help to fuel their integration.

The Shadow is closely related to the Ego because our egos are intimately involved in excavating the Shadow's hidden impulses and fantasies into the sphere of moral choice (Hopcke, 1992). Without the Ego (i.e., individual consciousness), our shadows could not be "illuminated,"

which means that the reality of one requires the reality of the other. The Shadow has power precisely because it remains in the dark. Even though we tend to deny its presence in ourselves because we consider it unacceptable, it is only when we face and acknowledge the Shadow's presence can we neutralize its potential negative impact (Jung, 1966).

The Anima/Animus

While society has been traditionally separated into male and female dichotomies along with accompanying roles and expected behaviours, Jung (1980) felt that we are all really bisexual in nature. As fetuses in the womb, we have undifferentiated sex organs that only gradually become male or female under the influence of hormones (Hopcke, 1992). Likewise, when we begin our social lives as infants, we are neither male nor female in the social sense. However, almost immediately each of us comes under the influence of society as our family gradually molds us into men and women through the imposition of “rules” on how males and females should behave.

In all societies, the expectations placed on men and women differ according to their differing roles in reproduction, but many of these expectations are based solely on tradition (Gallagher, 1997; Hopcke, 1992). In our society today, we still have many remnants of these traditional expectations. Women are still expected to be more nurturing and less aggressive, whereas men are still expected to be strong and ignore their emotional side. But Jung (1980) felt these expectations meant that we had developed only half of our potential. Similar to the exploration and acceptance of our shadows, one of the tenets of Jungian psychotherapy is to achieve a more harmonious balance between the feminine and masculine sides of our personality (Jung, 1966).

The Anima archetype is the female aspect or energy present in the collective unconscious of men, while the Animus is the male aspect present in the collective unconscious of women (Jung, 1980). When spoken of as a pair, Jung referred to these two qualities as *syzygy*, which is a term applied to the pairing of opposites (Samuels et al., 1986). While *syzygy* represents wholeness and completion, it should not be confused with another of Jung's concept: *androgyny*. Androgyny is a "psychic personification, which holds male and female in conscious balance" (Samuels et al., 1986, p. 22). Although the difference is slight, *syzygy* refers to the male and female qualities as a whole, whereas *androgyny* speaks to the merging of these two opposing characteristics in an individual.

In addition to being archetypal images, both the Anima and Animus form personal complexes within the psyche of each person (Sharp, 1991). They are unconscious factors that incarnate anew in each child and are "responsible for the mechanism of projection" (Sharp, 1991, p. 18) for Jung (1980) believed that archetypal forces could also be projected onto phenomena in the external world. In fact, Jung theorized that the development of the Anima/Animus began with the infant projecting the female archetype onto the mother, eventually projecting onto prospective partners until a lasting relationship could be found.

The Anima may be personified as numerous images such as a young girl, a princess or queen, an intuitive healer, a witch, the earth mother, a seductress, or one's fairy godmother (Gallagher, 1997; Jung, 1980; Samuels et al., 1986; Sharp, 1991). Whatever form the Anima takes, it is likely to be associated with deep emotionality and the force of life itself. Conversely, the Animus can take on the form of a wise old man, a sorcerer, a knight, a prince or king, or even a group of male figures. The Animus can manifest as "*a priori* assumptions that lay claim to

absolute truth” (Sharp, 1991, p. 23) and tends to be logical, rationalistic, and even argumentative (Hopcke, 1992).

Jung (1964) believed that the Anima/Animus are the archetypes through which we communicate with the collective unconscious, and therefore it is imperative that each person gets in touch with his/her own. The development of one’s own Anima/Animus depends on how one relates to each aspect within oneself (Sharp, 1991). For example, as a male projects and personifies his masculine qualities, he simultaneously forgoes his more feminine ones, which means that the former becomes what he and the world identifies with, while the latter becomes hidden and internal. When people over-identify with their projected personas, they become “possessed” by their internal Anima/Animus, which invariably leads to dysfunction (Jung, 1966).

The Self

According to Jungian theory, the Self is an innate and unconscious psychological structure that orchestrates psychological growth and development (Jung, 1980). It is the regulating centre of the psyche and while the ego is considered the centre of consciousness, the Self encompasses both all that is conscious and unconscious (Sharp, 1991). At birth, the ego is embedded in the collective unconscious and is present in a weak and undifferentiated form (Allan, 1988). As the infant matures, the ego slowly emerges and establishes its own existence. The infant is then allowed more conscious control over his/her actions, thoughts, and emotions.

As an archetypal image, the Self represents wholeness or completeness, with some likening it to a transpersonal power that transcends the ego (Sharp, 1991). The Self is intimately tied to the Jungian concept of individuation, a process in which all aspects of the personality are brought together as one (Samuels et al., 1986). The Self can be thought of as an archetypal urge to coordinate and mediate the tension of opposites. By the way of the Self, each person is

confronted with the polarity of good and evil, right and wrong. Although necessary, the realization of the Self as a dichotomous entity can precipitate an eruption of unconscious forces within us that can result either in neurosis or a renewal of the personality (Jung, 1966).

The Self can appear in dreams, myths, or fairytales as a superordinate figure, such as an emperor/empress, hero, prophet, saviour, messiah, et cetera (Jung, 1964). It can also assume any symbol of totality, such as a circle, square, cross, mandala, and so on. Jung (1964) noted that experiences of the Self possessed a numinous quality characteristic of religious revelations. Similar to the eastern concepts of nirvana or the Tao, Jung believed that there was essentially no difference between the Self as an experiential reality and the traditional concept of a supreme being.

Other Archetypes

Jung (1964) believed there is no fixed number of archetypes that could simply be listed and memorized. Because each person is unique, and because archetypes can also be created through projection, there is essentially a limitless number of combinations and/or expressions of archetypal forces. These additional archetypes are often linked to the ones outlined above and may represent aspects of them. Archetypes can also overlap, with many of them appearing in the same individual (Samuels et al., 1986). These archetypes can be further classified into categories such as family, story, and even animal archetypes.

The Child. All adults were at one time children, which means that the Child archetype is a universal pattern within every human psyche. The child is “an image of both the irrecoverable past and an anticipation of future development” (Sharp, 1991, p. 34). The Child archetype is seen as both a beginning and an end. On the one hand, the child can slip into a regressive longing for dependence, while on the other can desperately desire to be independent and free of his or her

“childish” past (Sharp, 1991). Jung (1966) believed that in order for children to move toward independence, they must first experience abandonment and/or isolation to some degree. Because this dialectical relationship is seen as a necessary stage in the development of healthy egos, the feelings of abandonment and/or loneliness that occur in childhood are not frowned upon in Jungian psychotherapy (Allan, 1988).

The Child archetype is characterized by the belief in new beginnings, rebirth, hope, endless possibilities, and wonderment (Allan, 1988; Jung, 1980; Samuels et al., 1986). The Child is represented in mythology and art not only by infants, but as other small creatures as well (Brandell, 1988; Gallagher, 1997). The Christ child celebrated at Christmas is a manifestation of the Child archetype, and represents future salvation. The Child also often blends with other archetypes to form the Child-God, or the Child-Hero (Hopcke, 1992). The archetypal child can be found in numerous stories and fairy tales, including: Peter Pan, The Little Prince, Pippi Longstocking, Alice's Adventures in Wonderland, Tarzan of the Apes, Oliver Twist, and The Secret Garden.

Of course, the one archetype that all children are currently living through is that of the Child, which means this pattern would likely be the most accessible for younger clients. Working with the Child archetype could have some preventative value as well, as many adults spend large amounts of time and energy working through the experiences of their childhoods. When it comes to working with this archetype in child clients, the counsellor should remain open to whichever archetypes the child is ready to explore and not push him or her to investigate one over another, even if a particular archetypal pattern is apparent to the practitioner.

The Mother. In the same way that each of us were once children, we also all have had at one point or another a Mother. As a species, we are extremely defenseless in the early years of

life and would not have survived unless we were connected to a mother or mother-substitute. From an evolutionary standpoint, it stands to reason that we have been "pre-programmed" to desire, recognize and bond with some type of mother figure (Hopcke, 1992).

Mothers are the life-givers, the source of nurturing and nourishment, unconditional love, patience, devotion, caring, and unselfish acts (Gallagher, 1997; Jung, 1964, 1980). This archetype is the keeper and protector of life—everything from children, family, as well as the earth in the form of Mother Nature (Jung, 1980). The Mother heralds the power of compassion as well as the endless capacity to forgive her children and put them before herself. She embodies grace and gentleness and her impact can be felt in the feeding, nurturing, and soothing of others.

The Mother archetype is symbolized by the primordial mother or "earth mother" of mythology, by Eve and Mary in Western traditions, and by less personal symbols such as the church, nations, and the ocean (Jung, 1964, 1980). According to Jung (1964), someone whose own mother failed to satisfy the demands of this archetype may well be one that spends his or her life seeking comfort in the church, in identification with "the motherland," meditating upon female religious figures, or in a life at sea. The Mother archetype can found in such fairy tales as *Mother Goose* and *Mother Hubbard*. Children's stories where the mother's absence had deleterious effects on the child include: *Snow White*, *Cinderella*, *Bambi*, and *The Little Mermaid*.

The Father. While Jung paid significantly less time exploring the male half of the parental pair, most Jungians agree that the Father archetype plays an equally important role as the Mother (Allan, 1988; Hopcke, 1992). Jung's lack of attention given to the Father does not mean that this archetypal force of masculinity was unimportant to him personally or theoretically for masculine qualities can be found in other archetypes such as the Hero and the Wise Old Man. Although the Father has taken on negative connotations associated historically with paternalism

and male dominance, practitioners should not lose sight of its primary characteristics of courage and protectiveness (Hopcke, 1992; Jung, 1964).

The Father archetype combines a talent for creativity or initiation with the ability to oversee others, whether a biological family or a group of people (Hopcke, 1992; Samuels et al., 1986). A true Father guides and shields those under his care, sacrificing his own desires where appropriate. The shadow side of the Father emerges when that caring guidance and protection turns into dictatorial control or abuse of authority. The Father image can be projected onto any male figure and is seen by others as being stern, powerful, and controlling (Samuels et al., 1986). Father figures have appeared in countless fairy tales and children stories, with some of the more notable being *Pinocchio*, *The Forest Bride*, *The White Cat*, and *The Little Mermaid*.

The Wise Old Man. According to Jung (1980), the Wise Old Man is a personification of the masculine spirit. This archetypal image represents meaning and wisdom and offers to those it touches knowledge and guidance (Sharp, 1991). When the Wise Old Man is perceived by others, it instills in them the belief and confidence that they too can attain a higher state of consciousness. Jung (1980) believed that the Wise Old Man was in fact a *mana* personality, a term pertaining “to the extraordinary and compelling supernatural power which emanates from certain individuals” (Samuels et al., 1986, p. 89). Although this archetype is a masculine figure, the same qualities can be found in the feminine equivalent of the Great Mother (Sharp, 1991).

The Wise Old Man is believed to possess a form of quasi-divine power that allows him to partake in the spirit world sufficiently enough to radiate its power (Samuels et al., 1986). This archetypal image is involved not only in the teaching of beliefs and practices, but also strives to see the Divine in all aspects of life. Because this archetype is meant to impart hope and insight, it can take on myriad forms and can easily be missed. Its unique power can be found in stories that

have characters like the magician, mediator, priest, doctor, saint, or holy fool (Samuels et al., 1986). In addition, the Wise Old Man image can be predominate in modern day spiritual figures such as Gurus, Sages, Yogis, Wise Women, Spiritual Directors, Evangelists, and Preachers.

The Hero. As an archetypal image, the Hero represents overcoming obstacles and achieving specific goals (Sharp, 1991). The Hero is considered to be a rescuer, and if successful, is regarded as a champion. In mythology, the Hero's mission is usually to find or retrieve some object of interest such as a princess or maiden, the elixir of life, or a ring or other piece of valuable of jewelry (Gallagher, 1997; Jung, 1980). Jung (1964) believed these objects were metaphors for one's true feelings or unique potential. The journey of the Hero runs parallel to the process of individuation in that the Hero's task is to "assimilate unconscious contents as opposed to being overwhelmed by them" (Sharp, 1991, p. 60). While Jung (1980) believed the Hero to be the ideal masculine type, this does not preclude females from adopting this archetypal force or having it projected onto them.

The image of the Hero embodies humanity's most powerful aspirations as well as the way in which those aspirations can be realized (Samuels et al., 1986). The Hero represents the capacity to seek and undergo repeated transformations in order to experience wholeness. Therefore, the Hero will at times appear to be egoic in nature, while at other times, the Hero will appear to be related to the Self. Jung (1964) believed that the Hero is actually the Ego-Self axis personified. Any archetypal pattern with such widespread appeal is sure to attract projection and find expression in the collective, which is exactly what Jung found. The Hero appears in countless children stories and is a favourite motif of comic books. Examples of Hero characters include: Superman, Superwoman, Batman, Batwoman, Wonder Woman, Spiderman, Paul Bunyan, Prince Valiant, and Dorothy in the *Wizard of Oz*.

The Kore/Maiden. In Greek mythology, Kore represented the personification of feminine innocence (Sharp, 1991). While Kore is usually translated as Maiden, her roles in Greek mythology were numerous and included virgin, daughter, bride, and queen (Hopcke, 1992). Jung shared this multiplicity of views, which has resulted in the Maiden being one of the more misunderstood archetypal patterns. In the West, Maidens have taken on a negative connotation of being weak and helpless (Hopcke, 1992). However, Jung (1980) saw this archetype holding the potential of renewal.

Jung (1964, 1980) saw the Maiden as the embodiment of feminine transformation and maintained that this archetype holds great meaning for modern day women. Rather than resigning herself to be helplessly dependent on a “hero,” the Maiden is called to develop skills and competencies that enable her to become self-sufficient and productive enough so that she can provide for herself. The Maiden must ultimately learn to fight her own battles and evolve into a Queen. The Maiden archetype can be found in such classic fairytales as *Snow White*, *Sleeping Beauty*, *Rapine*, and *Cinderella*.

The Trickster. The Trickster is a dual natured character that plays dubious jokes or tricks, makes fun or is made fun of, and may be camouflaged as one of the demigods of a religious tradition (Jung, 1964, 1980; Samuels et al., 1986). This archetype revels in all that is deceitful and hidden and embodies the ambivalent and mercurial nature of our shadows (Sharp, 1991). Although the trickster is often portrayed as a somewhat unsavory or duplicitous character, this archetype’s antics can also be liberating by transcending convention, stuffiness, and predictable behavior (Jung, 1964). The Trickster archetype “manages to achieve through his stupidity what others fail to achieve by concentrated effort” (Samuels et al., 1986, p. 152). In other words, this archetype highlights the possibility of transforming the meaningless into the meaningful.

Throughout history, the Trickster has appeared as a key figure in the human drama. A common form the trickster takes is that of the serpent, which is the creature that tempted both Eve and Jesus in the Bible (Gallagher, 1997). In both of these instances, the serpent tricks humanity out of the gift of immortality and assumes it for itself. In many cultures, such as Native Americans, the trickster can also be the Creator's helper or messenger. Some children's stories in which the trickster plays a prominent role include: *Little Red Riding Hood*, *The Fox and the Grapes*, and *The Gingerbread Man*.

Ego-Self Axis

Healthy emotional development occurs when there is a good relationship and connection between the unconscious and conscious mind (Jung, 1980). This occurs when the child's ego can deal with pain and pleasure appropriately. Emotionally healthy children should be able to cry when hurt, verbalize feelings when angry, and take in/experience pleasure, love, affection, laughter, and humour (Allan, 1988). To insure healthy development, the child's ego needs to look at and feel painful experiences, understand the situation, and then eventually let go and move forward. Jung (1969, as cited in Allan & Bertoia, 1992) likened the development of the ego to a heroic struggle one endures throughout life, with every now and again needing to be replenished. This replenishment can occur in various ways such as through satisfying relationships, positive experiences, relaxation, or artistic and creative endeavors (Allan, 1988).

During these experiences, there is often an alignment or coming together of the conscious and unconscious life. This continuous interchange between the conscious and unconscious worlds has been termed the Ego-Self axis (Dinger, 1973). Jungian theorists maintain that this vacillating experience continues throughout our lives and forms the cornerstone for all psychic development (Hopcke, 1992). For instance, without the Ego's analyzing powers and capacity for

independence, the Self would not have a solid presence in the material world. Conversely, without the Self's tendencies to foster greater depth and meaning, these tendencies would not be able to manifest in an individual's life (Samuels et al., 1986).

All of the interventions to follow facilitate ego development and will improve the lines of communication between the conscious and unconscious worlds so that difficult emotions can be integrated into the child's conscious awareness. Such experiences enable the child's life to be lived at much greater depth and with more congruency, thus building up a rich interior life (Allan, 1988). The following is an example of the establishment of the Ego-Self axis in an 8 year old boy's story.

Once upon a time there was a whale who loved to whistle. He didn't have any friends but humans. One night he heard the humans talking about a whale. They were saying that they would like some coral from underneath the sea, but nobody could go underneath. So they decided to go and ask the whale to go and get some. The next morning there was coral on the bay. The whale put the coral there for the humans. The humans danced with joy. They hugged the whale. (Allan & Bertoia, 1992, p. 11)

This story was written after the child had finished treatment and illustrates his newly established Ego-Self axis. In the story, there is an important relationship between the humans (ego consciousness) and the sea (the unconscious). The whale, a symbol for the Self, is the intermediary who travels up and down the Ego-Self axis listening to what the humans have to say and brings the riches (the coral) from the unconscious up into consciousness (the land).

Individuation

Jung believed the central drive in the human experience is the desire to grow, unfold, and establish a separate identity (Jung, 1964). He called this innate tendency the *process of individuation* and believed this drive to be the primary motivating force of the human psyche. It is important to remember that the expression of this drive is dependent on the individual's stage

of development. Not only are children just beginning the individuation process, but some are also experiencing unhealthy ego integration, which can complicate matters and leave them susceptible to either an over- or under-expression of the desire to individuate. It is also dependent on how well an individual has dealt with/integrated his/her own struggle with this “tension of opposites.” To Jung (1964), it is the ability to work with this tension that leads to the resolution of difficulties and the creation of something new. Often characterized as a “rhythm of chaos,” this process is one that repeats itself continuously throughout one’s life as long as one continues to work on developing one’s inner and outer lives.

Jung (1966) believed that rigorous inner work can bring about change, growth and maturity and that the majority of this work is accomplished through the integration and understanding of painful emotions. While this theory of growth applies equally to children, counsellors should be cognizant of the fact that children are only beginning to embark on the process of individuation and that therapeutic work should be done in such a way that allows them ample time to familiarize themselves with the parts of their psyche.

The Language of the Psyche

The first language of the infant is essentially an auditory-visual language (Gardner, Kornhaber, & Wake, 1996). Although infants connect to their outer world and caregivers through cries and other vocalizations, they also take in the world visually, which becomes imbued with emotion and eventually meaning (Allan, 1988). Structures within the psyche help the infant to organize perceptions and responses on an unconscious level. In childhood, meaning is attached to primary emotions such as love, joy, and pleasure. These pleasurable emotions take on characteristics of “good,” while anger, frustration, and fear become associated with “bad.”

Children tend to see and organize the world in pictures that have been characterized by particular emotions, which in turn become symbols and images of the psyche (Jung, 1980).

This auditory-visual language has primacy for the first year and a half of life until verbal communication begins to develop and take precedence over the visual mode as the primary cognitive processing structure (Donaldson, 1978). Verbal language pushes visual language into second place where it still operates, though usually unnoticed until an individual consciously uses it. However, this ability is never lost. As adults we can still close our eyes and imagine anything we like. This type of language is mentioned because when counselling from a Jungian framework one needs to be aware of symbolism—how to understand it and how to use it for healing.

Jungian counsellors take their sense of direction from the unfolding of the child's world through image, symbol, metaphor, play, and writing (Green, 2008). Jung was not so much concerned with the causes of problems as he was with where the client's images and metaphors would lead (Bennet, 1966). He believed the unconscious mind is purposeful and that if one follows its natural symbolic expression, then learning and growth can occur. All of the therapeutic modalities contained in this guide operate through a language of symbols, which means that if counsellors are going to work from a Jungian perspective, they must first familiarize themselves with the most common symbols found in the psyche.

Dreams

A discussion of Jungian theory would be incomplete without discussing dreams and the role they play in the psychological development of the individual. Jung (1961) considered dream analysis to be the main source of information about the unconscious. From a Jungian perspective, dreams are considered to be a spontaneous product of the psyche and can provide valuable

information when resolving issues or simply becoming more whole and integrated (Jung, 1961). Jungian therapists believe that the dream is an image coming from the unconscious that elaborates on what is going on in the psyche of the patient right now (Allan & Bertoia, 1992). It could be thought of as a “picture” from the unconscious that helps to give perspective on what problems the patient is presently dealing with. For Jungians, dreams are so valuable because they not only offer an unedited, pure expression of the situation from the unconscious’ point of view, but they are also an important component of self-realization (Harris, 2005; Jung, 1966).

Dream products carry various symbolic expressions of the psyche, which are all seen as carrying elements of the self (Harris, 2005). This dualistic and interdependent relationship is important because it illustrates how the psyche is united in diversity. Once the elements of the dream are understood and integrated, they become united further into the whole. One often discovers many helpful hints, directions, and healing messages but also things that they prefer not to disclose to anyone, much less themselves. However, this “confession” becomes a further dimension of the analysis. One might see this aspect of psychotherapy as serving a redemptive function (Harris, 2005).

For counsellors, one of the main difficulties in working with dreams is to understand the language of the unconscious, and for the patient, to accept that there is valuable information inherent in his/her unconscious messages (Allan, 1988; Bennet, 1966). Fortunately for counsellors, the same symbolic and archetypal imagery that appears in children’s stories and drawings, is the same unconscious language that can be found in dreams (Allan, 1988; Allan & Bertoia, 1992). In fact, most Jungian theorists believe that children have a much closer connection to, and relationship with, dreaming as they are closer to the primordial world from which dreams come (Bennet, 1966).

One of the main limitations, however, when working with dreams is the possible inability of the child to see it through a symbolic lens rather than a literal one. For example, death in a dream rarely indicates real death (Hopcke, 1992; Jung, 1980). Most often, this relates to the discontinuation of something else. However, children of certain ages may have difficulty with this, which is why assessing the child's level of development is so important (see Necessary Capacities/Developmental Stages). The images and symbols found in dreams can take on a myriad of forms, which means that practitioners must not only be conversant in the language of the symbolic, but also flexible and open to alternate interpretations and manifestations (Allan, 1988). Both client and counsellor must be able to illustrate the archetypal value of a dream as opposed to a concrete or literal view of one.

In Jungian dream analysis, there are primarily four types of dreams: (1) initial, (2) recurrent, (3) anticipatory, and (4) compensatory (Allan, 1988; Bennet, 1966). Initial dreams consist of the first, or first few, that the client has prior to commencing treatment and are often comprised of ambiguous images or scenes of which the client cannot make sense (Bennet, 1966). Although Jungian therapists are primarily concerned with analyzing dreams in series in order to find repetitious themes (Allan & Bertoia, 1992), initial dreams are nevertheless noted as they frequently bring into focus matters of special importance (Bennet, 1966).

Recurrent dreams occur most commonly in youth, although they can occur at any age and may even persist for years. These types of dreams usually indicate an unrecognized or unresolved problem, especially when the dream involves a marked emotional tone with the dreamer awakening near its climax (Bennet, 1966). Anticipatory-type dreams seem to anticipate or foretell the future; however, Jung (1966) always assumed that, because it occurred in the present, the dream was important for the present. Lastly, compensatory dreams provide us with

mirrored reflections of our psyches. According to Jungian theory, we often dream about that which is lacking and/or what we would like to develop inside of ourselves (Harris, 2005). When conducting any type of dream analysis, counsellors should remember that there is no steadfast rule when it comes to interpreting dreams; they may point to present life situations, look ahead to the future, or could involve impersonal or personal material. In other words, dreams are “unlikely to meet our conscious expectations” (Bennet, 1966, p. 87).

CHAPTER 5 - JUNGIAN INTERVENTIONS

Table 1
Summary of Jungian Interventions

Intervention	Ages	Possible Issues	Method	Materials	Activities
Picture/ Writing Journals	8+	Sexual/Physical Abuse Self-Esteem Building Anxiety/Depression Self-Awareness	Weekly Sessions of 20-30 minutes	Booklets with top half blank and bottom half lined Additional artistic materials as needed	Directed: Narratives/Stories; Dream Journals Non-Directed: Self-Exploration/ Awareness
Letter Writing	8+	Parental Divorce Grief/Loss Anger Management Self-Expression	Can be used sporadically or whenever client/counsellor feels it is necessary	Pencil and paper	Letters from Child: To/From Archetype or Significant Other; Unsent Letters Letters from Counsellor
Sandplay	8+	Mood Disorders Phobias Relationship Issues Sexual/Physical Abuse	Preferably weekly; however single sessions may be beneficial	Sand Tray/Box Figurines Water Camera Additional artistic materials as needed	Directed: Narratives/Stories Non-Directed: Self-Exploration/ Awareness

Note. Examples provided do not represent breadth of possibilities.

Picture and Writing Journals

Picture and writing journals are a means of helping young clients record aspects of their lives, giving them the opportunity to reflect on what is important and meaningful to them (Allan, 1988). The simple act of recording something validates the experience for the child, which can be therapeutic in and of itself. This exercise appropriately focuses on the child's imagination as the source of reality, allowing his/her inner world to be rendered through drawings elicited by either questions or contexts (Allan, 1988; Allan & Bertoia, 1992).

Counsellors typically distinguish between *diaries*, recordings of chronological events usually intended to remain private, and *journals*, commentaries on personal events, thoughts, and feelings usually intended to be shared in some way (Allan & Bertoia, 1992). Journals can become very important vehicles for developing children's expressive skills for both visual and verbal languages, as well as for developing and maintaining a rich interior life. From a counselling perspective, journals offer a means of communication in which clients can indirectly communicate to the therapist the particulars of their circumstance as well as how they are surviving in the world (Allan, 1988).

Serial drawing is a similar therapeutic technique to that of picture journals that many Jungian therapists use when working with children (Green & Hebert, 2006). The client makes serial drawings every week in the presence of the counsellor who then analyzes them together as a whole (Allan & Bertoia, 1992). When talking about drawings and/or paintings, Jung (1959, as cited in Allan & Bertoia, 1992) emphasized the importance of viewing them *in series* over numerous occasions rather than analyzing only one or two pictures at a time. According to Jungian psychotherapists, when a child draws in the presence of the therapist on a regular basis the healing potential is activated and the counsellor gains a clearer and more accurate view of the client's unconscious workings (Allan & Bertoia, 1992).

From a Jungian perspective, the drawings and writings that children create encourages inner emotional and symbolic development. Journaling also provides a sense of free choice that provides an expression and outlet for the child's unique sense of self (Allan, 1988). This process allows clients to move from deep within themselves to an outward or public expression of their inner reality (Allan & Bertoia, 1992). The use of diaries would not foster the aforementioned development since they do not involve the sharing of one's inner world with someone else.

According to Jungian theory, using journals that require both inner and outer expression activates the archetype of the Self, which in turn sets in motion the inner drive of growth and development (Allan, 1988).

Method

Picture/writing journals usually involve seeing a child alone, preferably once a week, for anywhere from 20-30 minutes and asking him/her to either draw a picture or write something. The counsellor's verbal and non-verbal behaviours are critically important to implementing this intervention. Most importantly, the therapist must believe that the exercise will help the child and that the activity has psychological benefits (Allan & Bertoia, 1992). The counsellor's primary role is to provide an environment that reflects unconditional positive regard, helps establish trust, and enables the child to draw and talk freely and openly. As children vary so widely in their styles of communication and interaction, the counsellor must be flexible. The time that the counsellor and child spend together journaling should be thought of as special time that occurs in a safe and protected space (Allan, 1988).

Generally speaking, the therapist should follow the child's direction, mirroring and/or reflecting his/her current emotional and mental state (Allan, 1988). Throughout, as well as at the end of each session, counsellors have the opportunity to either ask questions or make comments about the child's journal. The following are a list of sample questions that counsellors can use to facilitate interaction and/or a more in depth analysis of the child's work: Can you tell me what is going on in the picture? Does your picture tell a story? Does the picture have a title? What went on in this story before this picture? What happens next? Practitioners should keep in mind that the child's picture journal is not simply a drawing—it is an opportunity for the child to work through their inner representations, issues, and conflicts (Allan & Bertoia, 1992). It is often

useful to alternate between painful and/or difficult experiences and more joyful and pleasurable ones (Allan & Bertoia, 1992). Allan (1988) believes that it is better to start with a more negative experience and end the session with a more positive suggestion or topic.

Materials

Allan (1988) feels that booklets (7 ¼-by-9-inch) in which the top half of the page is blank and the bottom half is lined, offer children the most room for creativity and expression for it enables them to both draw and add sentences to their journal entries if they choose. Although white paper and pencils are the only requirements, therapists should feel comfortable bringing in other artistic materials as well. However, with such a short session time, some counsellors prefer to keep crayons, rulers, and erasers out of view. Allan and Bertoia (1992) have noticed that crayons seem to detract from the process as the child will spend a good deal of time shading or colouring their drawings. Although colouring and shading can have therapeutic value in and of themselves, in such a brief counselling context such activities might prove counterproductive. However, if a child asks for crayons or an eraser, they should be provided.

Directed Activities

These refer to questions or sentence stems that the counsellor offers to the child, which helps the client to focus on his/her inner world and emotional life (Allan, 1988). Suggestions of general topics include “draw/write about a time when you felt happy...sad... fearful...mad,” et cetera. Counsellors may need to incorporate seasonal themes and activities, such as Thanksgiving or Halloween, in order for the child to be more forthcoming about his/her thoughts and emotions. Other directed activities include topics such as “things I like doing, things that are hard for me, when I have a problem I, things I wish for, if I were invisible, my favourite dream, my worst dream,” and so on.

Using narratives. A useful narrative-type strategy would be to turn the child's favourite archetypal figure into a character of a story that could either be drawn or written down. Such a story could also be co-constructed with the therapist. Possible questions could include: what do you like about this character; what don't you like; who in your life is like this character; if you could change something about them, what would it be; if this character could talk to you right now, what would they say? When exploring archetypal qualities, it is usually better to allow children to come up with their own descriptions first, only offering suggestions if they are unable to come up with any themselves; however, in such cases it could be beneficial to let the child express archetypal qualities through a different medium such as painting or sculpting.

Asking children what they want to be when they grow up can be another powerful tool for accessing their archetypal and/or unconscious forces. In addition to their intended future occupation, asking children who their favourite character is, or what storybook they like the most, are other ways of accessing their unique energetic patterns of influence. Almost anything that has symbolic meaning can be used to uncover a child's unconscious world, since these forces are essentially symbols of the unconscious.

Working with dreams. In order to determine the prevalence of a particular archetype, it may be useful to ask the child how often he/she thinks about that particular symbol or if it has consistently appeared in his/her dreams. Doing so would help to eliminate the possibility of arriving at a false positive in terms of the child's archetypal influences. Client's answers could relate more to parental or societal pressures than to the child's own inner workings. For example, responses based on appearance or recent trends may not be indicative of true archetypal forces.

Using journals to record and explore dreams can be a useful directed activity. According to Garfield (1984), children dream significantly more than adults, with the former spending

approximately nine hours per night dreaming, while the latter about only four. A disturbing cultural trend is that children are encouraged to dismiss their dreams as unimportant and nonsensical, and so unworthy of exploration. This minimalization reduces the amount children remember while also negating the value derived from working with their dreams (Allan, 1988). This is where Jungian psychotherapy can prove especially useful for Jung (1961) believed that dreams are messages from the unconscious realm of feelings to the conscious mind. Dreams tend to deal with people's emotions and symbolic life and are intrinsically related to people's mental and emotional health.

Although dreams are neither "good" nor "bad" in the conventional sense, frightening or recurring ones affect many children negatively. Often because of adult downplaying, children repress these images until the power of the dream screams for attention (Garfield, 1984). An effective way for counsellors to help their child clients gain a better understanding of their dreams and to support those who are experiencing bad ones is to establish a program of dream journal activities. According to Allan and Bertoia (1992), younger children may need to write only a sentence or two and then illustrate the dream as a method of retaining its essence. With older children (Grade 4 and up), more emphasis is initially placed on recording the dream; later on the child can incorporate different aspects and/or illustrate certain segments as needed.

For children who have difficulty remembering their dreams, practitioners can instruct their clients to do any of the following: (1) while falling asleep, think to yourself, "I am going to dream and remember it," (2) keep a tape recorder or dream journal beside the bed and record whatever you can remember immediately upon waking, or (3) ingest certain foods that have been known to increase the frequency and length of dreaming, such as a glass of warm milk (Garfield, 1984). Luckily, the simple act of recording dreams validates their significance, which

in turn seems to stimulate increased incidence of remembering (Allan, 1988). The message to the psyche is that the person's dreams are important and that he/she is paying attention. This open line of communication in turn allows for more opportunities for making sense of the messages from one's unconscious, and hopefully learning from them.

Non-Directed Activities

While most Jungian therapists advocate letting the child work in their journals as they wish to complement more directive activities, it is perfectly acceptable to only use non-directed activities as the sole means of journaling (Allan & Bertoia, 1992). During non-directed activities, the counsellor focuses on working with the moment-by-moment emotional processes that unfold during the session, rather than a specific topic. The purpose of non-directed activities is to help the child connect to their inner world so that they can draw or write on a genuine aspect of their life. Some children will readily respond to this type of activity, while others will voice that they do not know what to do. For the latter, it is up to the practitioner to decide the best course of action or question/comment to make. Reflecting the child's current emotional or mental state, using encouragement or positive reinforcement, or initiating non-directed activities at a different time of day are some of the options available to counsellors to work with children having trouble expressing themselves in this way (Allan, 1988; Allan & Bertoia, 1992).

Some children come to their session and begin drawing or writing even before the counsellor has had a chance to instigate an activity. These children readily respond to the counsellor's presence and therapeutic environment and seem to know what they want or need to journal almost immediately (Allan & Bertoia, 1992). These particular children begin psychological work right away and, in the early stages at least, need the counsellor only as a witness to their works of art. It is important to use a non-directive approach with these children

because they are already connected to their own curative process and intuitively know what they need to do and what they need to draw/write.

Letter Writing

Letters from the Counsellor

The majority of children enjoy getting mail, and many will happily send it in anticipation of a response. Therefore, an effective supplemental technique for counsellors is the use of notes and letters. Ideally, the counsellor will see the child face to face on every encounter; however, if the child or therapist happens to miss a session, a brief note or letter can keep the therapeutic bond alive (Allan, 1988). A personalized memo from the counsellor can become quite special to a young recipient. A little sketch or cartoon, especially if it is of a theme that has come up in previous sessions, can fortify the bond when the client needs it the most. When appointments have been unavoidably missed, or when things have taken a turn for the worst, a note entitled “I’ve been thinking of you” can mean a lot.

Letter writing also keeps the counsellor in touch with clients whose crises are not of high priority but who still require needed support or just a reminder that they are still valued (Sperry, 2001). Using letters as a therapeutic tool works especially well when the counsellor becomes unexpectedly ill, the child relocates to a different city or school, or when there has not been sufficient time to resolve issues that have come up during a session (Allan & Bertoia, 1992). Using letters in this way also has preventative value in that the client’s additional or unforeseen stressors can be curtailed through open communication and the maintenance of the therapeutic relationship (Allan, 1988).

When writing letters and/or memos to clients, there are some considerations of which counsellors should be aware. The first is that whatever is included should not reflect any

confidential or private information. It is also important to use language that the child is likely to understand without adult translation (Allan, 1988). Printing rather than writing can be very important for both the primary-aged and learning-disabled children. Cliché or judgmental terms such as “Good for you,” or “I’m proud of you for scoring so high on your test” can have a negative effect, which is less easily rectified than in face-to-face sessions (Allan & Bertoia, 1992). It is also prudent that counsellors not make any “promises” in writing, especially for appointments or other situations that are difficult to guarantee.

Letters from Children

Similar to journaling, children can write letters either based on promptings from the therapist or entirely on their own accord. Children sometimes write spontaneously to their counsellors whenever they feel the need to externalize a pain, concern, or worry, or to simply let the counsellor know that a session is desired (Allan & Bertoia, 1992). Most child clients appreciate the fact that they can write to their counsellors and that any information contained within their letter will remain secure and confidential.

When children are currently going through, or have gone through, a difficult period in their lives it can be helpful to ask them to write about it by putting their feelings into words. Writing helps them to externalize their pain in a safe and protected space, which can relieve some of the current emotional impact and allow them to integrate their pain into their conscious awareness (Allan, 1988). Writing letters is also beneficial when communication between two parties is impossible or unnecessary, or when there is a need to vent certain emotions in order to regain stability (Allan, 1988; Allan & Bertoia, 1992). In these instances, the child is informed ahead of time that the letter will *not* be sent, which helps to facilitate more open expression of feelings. One of the greatest benefits to having clients write letters is that they realize that

whenever they are alone or struggling, they can always take out a piece of paper and write it out. Although letter writing can work with children as young as 8 years old (Langer, 1986), older children often enjoy this activity more as some may find picture journals too childish.

Writing letters to and from an archetype is a useful exercise that has been employed successfully with adults (Allan & Bertolia, 1992). In the first letter, the child writes as him or herself and includes in it what they would like to say to that particular archetype. At some later point, they write a letter to themselves as if they were the archetype in question. The first letter may end up being comprised of more questions or wonderings about who the archetype is and/or what influence it has had in the child's life, whereas the second could take on the form of advice from the archetype and/or reassurance of the archetype's role. It is important to not overemphasize the imaginative aspect of the archetypal character for it could detract from the validity and/or belief in the importance of the client's unconscious forces.

Sandplay Therapy

The exterior appearance is a replica of inner desire.

- JANE ROBERTS

Sandplay Therapy is based on the premise that our own unconscious is comprised of symbols and/or representations that can be accessed through corresponding ones in the physical world (Kalff, 2003). The symbols that we are attracted to or repulsed by, for example, are said to be communications from the deepest parts of our psyche (Mandelbaum, 2006). Therefore, Sandplay can be seen as a bridge between our outer and inner world, the connection of which allows for healing and fosters congruence in one's personality. In other words, the inner world of the client is explored by creating representation in the outer, which facilitates healing. Sandplay also opens the client to his or her own inner guidance and direction by expanding self-knowledge and exploring personal mythology (Pearson & Nolan, 2004). It is an ideal therapy to use with

children not only because it sees the exploration of a child's inner world as an exciting adventure, but also because it provides a language for the expression of disowned and buried feelings. Sandplay gives children the space to find the best within themselves, while at the same time allowing them to integrate any disowned parts of their psyche (Kalff, 2003).

The Process

There really are no "rules" in Sandplay apart from respect for the materials and that the child is always correct in terms of his/her choices and arrangements (Pearson & Nolan, 2004). Therefore, children are given free reign over the majority of the Sandplay process. The few directions that are given are done so at the beginning of the session in order to inspire the child and to offer him/her a template from which to work. While the child is choosing and arranging the sand and/or figurines, it is important that the practitioner drops all he/she knows about him/her. If the therapist has any expectations or assumptions about what the child will do or choose, the counsellor can subconsciously limit the client's spontaneity and creativity (Kalff, 2003).

It is also important that the counsellor brings to the session a deep sense of presence and focus, both of which helps to support the child's here-and-now awareness (Pearson & Nolan, 2004). In Sandplay, the therapist does not interpret for the child based on the premise that meaning has no real lasting value if it does not come directly from the child (Mandelbaum, 2006). Therefore, counsellors attempt to remain as neutral as possible—essentially becoming a witnessing presence along which the child can safely explore his or her inner world.

As the child engages in the Sandplay, there are numerous things practitioners should look out for. Counsellors should notice which objects were chosen and how (Kalff, 2003). For example, did the child display a strong positive or negative charge towards a particular symbol?

Did he/she take a while to think about his/her decisions or did he/she grab it instinctively?

Depending on which, this could give an indication as to which aspects of the child's unconscious are more or less prominent and which ones need to be brought into awareness. Other symbol-related observations include the placements of the objects themselves. For example, is there one that dominates the scene or is hidden from view? Are there any that appear to be in a relationship or power-struggle? Of course the meaning behind the symbols should also be considered. In doing so, however, it is important to distinguish between three meaning perspectives or orientations: (1) what they mean to *me* the therapist, (2) what they might mean to the child, and (3) their traditional and/or collective meanings (Pearson & Nolan, 2004). Doing so helps to prevent projection of any personal reactions and assumptions onto the client.

It is important to observe the client's overall energy when engaged in Sandplay. For example, are the child's placements forceful and aggressive or lethargic and hesitant? Practitioners are also encouraged to watch for changes in the child's posture, expression, and mood as the story unfolds. More importantly, counsellors should pay attention to and record any emerging themes that may arise---the finding of which may serve as the basis for future work (e.g. attachment issues, parental relationships, other archetypal patterns, etc.).

Supporting Integration

The integration of the child's psyche is one of the primary goals of Sandplay Therapy (Mandelbaum, 2006), and doing so requires maintaining the humble and respectful attitude outlined above. Rather than interpreting for the child, clinicians should encourage the expression of the child's story through gentle probes. Using questions like "I wonder where he/she came from?" or "I wonder what that animal would say if it could speak?" encourages the child to come up with his/her own meaning and interpretations. Practitioners could also encourage the client to

speak to each object or character and even create a dialogue between them, or even possibly with the child him- or herself. Another useful question to ask is what the child sees in the objects (i.e., their qualities, traits, possible relationships between, etc.). A valuable exercise to do following Sandplay is to relate those qualities that the child has identified to the child him- or herself. No matter what emerges during the course of Sandplay—including painful or negative emotions—its full expression is encouraged and its reality fully accepted (Kaliff, 2003).

Concluding Sandplay

One of the most important things to do when completing Sandplay is to reinforce any energy that the child has either explored or gained (Pearson & Nolan, 2004). To reinforce such energies, practitioners can recommend constructive activities or homework that the child can complete in between the next session. The type of homework assigned would depend on the presenting issue and the clinician's expertise. Taking a picture of the completed sandtray and giving it to the child can help him/her remember and/or draw upon the energies that were acquired or explored during the session (Pearson & Nolan, 2004). Taking photographs of the sandtrays also helps to keep track of themes and recurring symbols throughout therapy. If themes have been identified, the counsellor can ask the child to read or watch similarly themed fairy tales or movies. The practitioner could also ask the child to write down the story he/she just completed and then read it to a loved one. Again, this would help to imprint the acquired symbols/energies, while also serving to increase personal responsibility and self-esteem.

As counsellors, whenever a Sandplay session is completed, it is important to ask oneself the following three questions: (1) has the action led to integration (i.e., has the exploration been usefully incorporated into the child's sense of self)? (2) has the play been complete in itself (i.e., are there any actions or components of the play that the child still needs to complete for

integration to occur)? and (3) does it require any further analysis or discussion (i.e., resolution may have already taken place with nothing more required; Pearson & Nolan, 2004)? Asking these questions allows the counsellor to spot any “holes” that may prevent the child from achieving his/her fullest potential for growth and integration. It also prevents any unnecessary analytical—and possibly damaging—interpretations. Although Sandplay Therapy can be challenging, it can also be extremely rewarding for the child. The unleashing of repressed energies that occurs in Sandplay, as well as in other Jungian therapies, serves both children’s personal development and future learning.

Keeping Track of the Process

From a Jungian perspective, observing repetitious themes or patterns in the child’s creations is an important step in uncovering the workings of his/her unconscious (Allan, 1988). Quite often, the child will pick up on one archetypal or symbolic theme and use it throughout many of his/her drawings, writings, or sandtray scenes. The symbol is seldom used in a steadfast or unchanging manor; rather, the image often undergoes change in its form and function (Allan & Bertoia, 1992). There can also be movements or fluctuations between the positive and shadow aspects of the same archetypal image. For example, when working with the Wise Old Man archetype, the story or image may fluctuate between a male character who is helpful and transformative to someone who is grandiose and egotistical. It is up to both the therapist and the client to be willing to explore different variations of the archetype as well as be open to new or alternate meanings.

When working with images and symbols, therapists should talk directly to the symbol as if it were real (Allan, 1988). Turning the archetype or image into something purely fantastical or

Table 2
Worksheet for Incorporating the Use of Archetypes in Child Counselling

Archetype	Medium	Qualities	Questions	Intent	Outcome
Hero	Comic Book	Strong Adventurous Egotistical	What sort of adventures will this Hero go on?	Establish applicability	Child gains insight into function of archetype
			What makes a good Hero?	Establish positive qualities	
Maiden	Drawing	Beautiful Elegant Vulnerable	Are you a maiden in need of rescuing?	Determine prevalence of shadow	Child becomes aware of unconscious motivations
			How would your Maiden be rescued?		
Wise Old Man	Letter	Transformative Helpful Grandiose	If you could say anything to this archetype, what would it be?	Open lines of communication between child and archetype	Child develops personal relationship with archetype and becomes familiar with its influence
			If you could speak as this archetype, what would you say to yourself?	Establish archetypal influence	

Note. Examples provided do not represent breadth of possibilities.

imaginary could detract from the realness and/or usefulness of the intervention. In other words, the symbol is used as a focusing device or vehicle through which further growth can occur. If there are numerous symbols of pain, for example, the counsellor should select the one the child seems most involved or identified with. When the counsellor accurately focuses in on the key symbol or archetype, the child is usually willing to go ahead with additional creative projects (Allan, 1988). The same focusing and extrapolation of archetypal themes can be used in all the other therapeutic modalities mentioned herein. A worksheet (see Table 2) is provided as a tool that practitioners can use to track the course of therapy when exploring children's archetypal patterns using different mediums. It is suggestive in nature, with a few examples provided for clarification. Tracking the child's archetypes in this way can facilitate the recognition of

repetitious themes as well as clarify the counsellor's intent for using different mediums. No matter what archetype or medium is used, it is the counsellor's genuine intent to explore the child's inner world in a compassionate and humble manner that provides the catalyst for change and growth.

General Considerations for Use with Children

Children's cognitive, emotional, and spiritual selves are qualitatively different from those of adults, which means that counsellors cannot automatically apply the same rules or principles of an approach to children. Fortunately, Jungian therapy is one of the easiest approaches to adapt for use with children because the symbols and patterns of the unconscious are found at such a primordial level. Young children often make vows to themselves and others to become scientists, artists, doctors, and so on at a very early age—a fact that may be proof children have clearer access to their unconscious patterns and impulses. Because Jung (1964, 1980) emphasized the primacy of dreams, fantasies, and symbolic communication, and because children seem to be a natural source of such phenomena, a Jungian approach to child therapy holds great promise.

Jungian therapy offers a valuable alternative to overly rationalistic therapeutic techniques that have been developed for adults but simply transposed onto methods for treating children (Allan, 1988). Focusing on the world of imagination as the primary source of disturbance as well as healing (Allan & Bertoia, 1992), Jungian-based interventions offer children a plethora of expressive avenues, figures, and symbols that can easily be incorporated into one's counselling practice. When working with children's subconscious, the primary goal should be getting to know the child's unconscious as children have yet to live through and experience the full breadth of its contents. Applying Jungian theory to one's counselling practice is about learning to work

with the symbolic energies of life as well as forming and keeping a window into the child's internal world (Allan & Bertoia, 1992).

The Necessary Capacities and/or Developmental Stages section will attempt to delineate the cognitive and emotional abilities necessary for children to participate and benefit from Jungian interventions. It is suggested that these periods be used as guidelines only and that practitioners would do best to rely on their own clinical judgment. It will be up to each clinician to incorporate his or her own set of knowledge and beliefs regarding human development to infer whether or not a technique is appropriate for a child. The mental/emotional/spiritual issues that an intervention could be used for will also be included in the Appropriate Issues section. This section will be suggestive in nature, as the clinical effectiveness of Jungian therapies on childhood issues/disorders has yet to be established. Readers should be aware that the examples given herein do not represent the full breadth of Jungian psychotherapy and that further resources should be accessed as needed.

It is recommended that practitioners use personal discretion when attempting to treat specific disorders or issues using an approach with which they have little experience. The examples provided in the guide will be put forth as options that clinicians can either use with clients or employ as models from which to generate their own ideas. As with any therapeutic approach, a thorough assessment of the client's capacities and presenting issues is crucial in determining whether or not he or she will benefit from the proposed intervention (Cortright, 1997; Lines, 2006; Sperry, 2001). Practitioners are encouraged to use only those modalities with which they are comfortable and feel would benefit the client.

Another consideration when working with children is to be aware of the embarrassment and ridicule they often face when discussing matters of spirituality (Schlarb, 2007). It is

imperative that the child feels safe enough to discuss occurrences they might think are “out of the ordinary.” Practicing from a transpersonal orientation also requires that counsellors remain open to new ways of thinking and be non-dogmatic about their practice. The counsellor’s own intuition plays a vital role in all decision-making processes, while knowledge and theoretical principles are considered secondary (Cortright, 1997; Sperry, 2001).

When implementing interventions, it is important to remember that techniques are not ends in themselves, but merely ways of accessing the self (Cortright, 1997). In other words, techniques are only tools from which to bring about change and that without the active engagement of both the counsellor and the client, techniques alone are ineffective. Each person can enter his or her own inner world more easily in some ways than in others, which means that techniques must be tailored to clients’ capacities and preferences to these ways (Cortright, 1997). When working with children from a transpersonal perspective, it is best to approach each child as a unique and complex being. This does not mean that counsellors should disregard all prior knowledge, but simply apply that knowledge to the child rather than vice versa.

Necessary Capacities and Developmental Stages

While this project is not one of examining childhood development, it is imperative that clients possess certain capacities in order to benefit from the proposed intervention(s). Rather than delineating the expected outcomes for each stage of development for multiple theories, I will outline only those that are necessary for a child to *participate* in the interventions found herein. Counsellors should keep in mind that the ability to participate in a therapeutic exercise does not guarantee an amelioration of the client’s issue. Rather than strictly adhering to only one theory or stage of development, clinicians are encouraged to look at their clients from a broad spectrum of perspectives and to rely primarily on their own clinical judgment and intuition.

Piagetian perspective. From a Piagetian perspective, Jungian psychotherapy could be applied to children as young as 7 years of age, as this is the time when children begin to use symbols to represent objects (Piaget, 1966). Known as the Preoperational Stage, it marks the beginning of children's ability to personify objects. The child is now better able to think about things and events that are not immediately present. Piaget believed that children at this age are prone to fantasy and have difficulty conceptualizing time. They are easily influenced by daydreams and tend to assume that others see situations from their point of view. Counselling children at this stage of development must take into account the child's vivid fantasies and undeveloped sense of time. Although these particular developmental limitations could be seen as a hurdle to therapy, one could also argue that they may facilitate the employment of Jungian-style interventions by focusing in on the use of symbol and imagery.

Emotional awareness. The emotional life of the child is another important dimension that counsellors should consider when applying Jungian therapy to children. Children who enter treatment tend to have difficulty understanding, regulating, and expressing their feelings (Allan & Bertoia, 1992). Harter and Buddin (1987) have found a stage-related increase in children's awareness of emotions that could have bearing on the implementation of Jungian interventions. They found that preschoolers were able to explain how two feelings occur one after the other, but had difficulty describing the simultaneous occurrence of the same emotions. In contrast, 11- and 12-year-olds were able to understand simultaneous emotions, even when the feelings were conflicting and directed at the same target.

As far as implications for counselling, practitioners must be especially cautious when working with children under the age of 10 who are experiencing conflicting emotions toward either the same or differing targets. With younger children, counsellors will most likely have to

deal with one emotion/theme/person at a time and progress at a much slower pace in order to give their clients enough time to process what they are experiencing. As Wagner (2008) notes, “[t]he 6-year-old who fails to acknowledge both pleasant and unpleasant emotions for a parent or peer may do so, not because she is denying these feelings but because of her stage of emotional development” (p. 22).

Moral development. Therapists may want to consider a child’s level of moral development before implementing therapy. Kohlberg (1976, as cited in Wagner, 2008) proposed a cognitive-developmental model of moral reasoning and believed that people’s motivation for action progresses from external to internal controls. In order to work with children from a Jungian perspective, it would probably be most effective if the client were either in the latter stage of Level I (Preconventional) or in Level II (Conventional). Children in Stage 2 of Level I (Individualism and Exchange) are usually between the ages of 10-12 and are beginning to think for themselves and recognize that there is not just one right view that is handed down by authority figures. From a Jungian perspective, these children have begun the process of individuation and could potentially benefit from Jungian therapy if they are approached with care. Children found in Level II (Conventional Stage) are usually entering their teens and have an understanding of societal rules and expectations, which means that they may be better equipped to work with archetypal imagery and symbols as these children would have a greater “social lexicon” from which to draw.

Drawing and writing skills. Counsellors who use drawings in therapy must also consider the child’s drawing skills. According to Light and Barnes (1995), at about 4 years of age children begin to draw “tadpoles,” human figures that contain only a large head with lines attached for arms and legs. This inability to draw more elaborate and/or complex human figures could

prevent the client and counsellor from working with archetypal images since characteristic or distinguishing features would be difficult to represent. Children younger than 8 years also have difficulty representing the three-dimensional world in a two-dimensional space (Light & Barnes, 1995). Doing so requires the ability to portray both distance and occlusion, which means using picture journals involving scenes or complex interactions between figures would most likely not be beneficial for children under the age of 8. Because the detail in children's drawings often contains information that is relevant to treatment, the less detail the picture contains, the less information the client and counsellor have to work with. Practitioners often use the activities, number and placement of people, and location of a picture as stimuli to facilitate a child's disclosure of meaningful events (Wagner, 2008).

Of course writing ability should also be considered when implementing a Jungian journal intervention. Langer (1986) found that even at age 8, children differentiated clearly between story telling and exposition. At this age, children had a general repertoire of story-telling devices available to them and were able to compose fairly complex narratives. Between 8 and 14, their stories became richer and more elaborate; however there was little change in overall structure. It would seem that by 8 years of age, most children are able to work with and understand stories or other journaling techniques.

Symbolic sight. With all Jungian interventions, it is important for the client to be able to evaluate things symbolically (Allan, 1988). A tremendous limitation of overly concrete thinking is to view the contents of our unconscious as a literal reality (Harris, 2005). The ability to think symbolically allows the client full freedom to explore his/her unconscious and/or inner meanings. If the child tends to think too literally, then he/she may be unable to benefit from working with the content of his/her unconscious. According to Piaget (1966), children only gain

the capacity to think abstractly once they reach the Formal Operational Stage, which usually starts around the age of 12. This stage is characterized by the ability to think abstractly, reason logically, and draw conclusions from the information available. Practitioners should keep in mind, however, that Piaget's developmental theory is based on Aristotelian logic, which some researchers believe may not be children's primary mode of reasoning (Levine, 1999). Metaphoric logic, which is based on associative meanings, may be children's primary mode of deduction. Such a mode may make children more adept at working with their unconscious as it would make symbolic meanings more readily visible and less likely to be obscured by literal interpretations.

Applicability. For Sandplay-based interventions, all of the aforementioned developmental stages and necessary capacities would still apply. However, this type of intervention may have broader applicability, as it does not rely on children's drawing or writing skills. Sandplay would even work with physically disabled children, as the counsellor could be involved in the placement and movement of objects in the sandbox. Out of all the interventions mentioned in this project, Sandplay is perhaps the easiest for children to take part in since the act of "playing" is an archetypal force in and of itself (Mandelbaum, 2006).

Appropriate Issues

While psychodynamic approaches have been found effective for anxiety, depression, personality disorders, and interpersonal problems (Crits-Christoph, 1992; McMain & Pos, 2007), there has been limited research done on the effectiveness of Jungian psychotherapy on specific childhood disorders. The only problem with citing research on the effectiveness of psychodynamic therapy is that it represents a diverse range of techniques based on various theoretical orientations, some of which include classical drive theory, objects relation theory, ego psychology, analytical psychology, and individual psychology (Wagner, 2008). Even though

Jungian psychotherapy is considered a psychodynamic approach, practitioners must proceed with caution when applying psychodynamic techniques to children based on the above findings.

Although it is tempting to infer that children suffering from the same disorders would benefit from psychodynamic therapy, children's qualitatively different modes of reasoning and levels of cognitive/emotional development may prevent such an extrapolation.

One option open to practitioners is to rely upon the results of studies that have examined the effectiveness of similar child therapy modalities, such as play therapy. In a meta-analytic review of the effectiveness of play therapy, Bratton, Ray, Rhine, and Jones (2005) found that play therapy is equally effective for boys and girls of all ages and for a wide range of outcome measures. They found a medium to large effect size for play therapy in the treatment of behaviour issues, social adjustment, personality, self-concept, anxiety, family functioning, and development issues. However, the researchers noted that heterogeneous samples, broad age ranges, incomplete data, and other factors made interpretation of the findings difficult. Further analysis revealed that effects were more positive for humanistic than for non-humanistic treatments.

While meta-analyses of the effectiveness of psychotherapy can be extremely valuable in describing the larger picture, the question over whether evidence-based treatments (EBTs) outperform usual care is both hotly debated and highly significant in its implications for those in the mental health disciplines. Proponents of EBTs maintain that interventions that have been tested and shown to work are more likely to be beneficial than interventions that have not been tested empirically and/or have not been shown to work. However, those in the field have expressed concern that the evidence supporting EBTs is flawed in important ways and that the EBTs themselves may be so structured, preplanned, inflexible, and hard to individualize that they

will be unable to match the potency and effectiveness of real-world clinical care by providers who are not constrained by protocols listed in manuals (Weisz, Jensen-Doss, & Hawley, 2006). It is therefore suggested that counsellors do not rely solely on meta-analytic reviews when determining the best course of treatment to take with a child client.

Green (2006) found Jungian Analytical Play Therapy (JAPT) to be effective in treating child sexual assault survivors. Green (2007) has also shown JAPT to be useful when dealing with children experiencing crises. JAPT's treatment plan involves three steps: (1) counselling a child 50 minutes per week in a controlled, emotionally, and physically safe environment; (2) conducting one filial or family play therapy session with a child's family or legal guardians every 3 weeks; and (3) consulting with a multidisciplinary team of school- and community-based professionals to provide a holistic form of care (Green, 2008). Jungian therapists have also reported anecdotal evidence of Jungian therapy being effective for childhood anxiety, depression, as well as other forms of abuse (Allan, 1988; Allan & Bertoia, 1992).

Based on the above findings on the effectiveness of play therapy, as well as anecdotal evidence from Jungian therapists, Jungian-style interventions could most likely be applied to a wide variety of childhood issues and disorders, including sexual and/or physical abuse, anxiety disorders, phobias, mood disorders such as depression and bipolarism, anger management, antisocial behaviour, and family/relationship issues. Working directly with the symbolic and archetypal content of the unconscious would also likely be beneficial for self-esteem building, highlighting personal strengths and/or weaknesses, increasing self-awareness, and/or intuition development.

From a Jungian viewpoint, working with children's unconscious could be used to help children develop or minimize any quality that is associated with a particular archetype. For

example, if the child is lacking personal strength or assertiveness, then working with the *Hero* archetype could prove beneficial. Whatever archetype is used, counsellors should make sure that it is related to the child in some fashion and is meaningful to him or her, otherwise the desired archetypal qualities may not translate well to the child (Allan & Bertolia, 1992). In other words, the archetypal lesson that the child is attempting to learn is more readily acquired if the pattern comes from the child him- or herself.

Using Jungian counselling with children experiencing parental divorce and/or a death in the family can also be beneficial as the family unit is one of the most primordial archetypes and tends to be shattered when families are forced to separate (Hopcke, 1992). Although divorce can often be in the best interest of the family, as far as less fighting and more harmonious relationships are concerned, children rarely want their parents to separate and will often cling to their original familial archetypal pattern as a way of coping (Allan, 1988).

Using unsent letters works very well for bereavement issues since grief often involves the need to complete unfinished business. The child writes the things that need to be said, such as matters that he/she found upsetting, or possible anger over the person's death. The expression of these negative aspects of the relationship often allow the child to tap into the pain of the loss and eventually incorporate the experience into their sense of self (Allan, 1988). The following excerpt is from a letter written by 12-year-old-girl, grieving the death of her grandparents who died 8 years earlier (Allan & Bertolia, 1992):

Dear Granddad and Grandmom,
I miss both of you very much. I wish we could go back in time and I could see you again. I remember all those lovely gifts and hugs you gave me. I also can remember your lovely smiles. But it is still a shock to me that you are all gone. Have many people visited your graves? I hope they have. I guess it's time to say goodbye.

Love, Sara (p. 84)

Unsuitable Uses

Childhood disorders that appear to involve a biological component, such as mental retardation, learning disorders, Attention Deficit Hyperactive Disorder, communication skills disorders, pervasive developmental disorders such as autism, or severe psychosis (American Psychiatric Association, 2000) would not be effectively treated using solely a Jungian approach. This is not to say that children suffering from the aforementioned conditions could not benefit in some way from Jungian-style interventions; but because they need specialized and often multi-factorial-based treatment, it is unlikely that Jungian therapy alone would be sufficient. In addition, any child lacking the necessary mental, physical, or emotional capacities outlined in the previous section would also not benefit from Jungian techniques and could even prove damaging as such children lack the necessary capacities to process therapeutic change.

Conclusion

There are only two ways to live your life. One is as though nothing is a miracle. The other is as though everything is.

-ALBERT EINSTEIN

The fact that the spiritual lives of children are only beginning to be acknowledged necessitates a certain degree of humbleness on behalf of the reader. Even though substantial research on this topic has been presented, practitioners must remain open to new findings as they emerge, including alternate interpretations and beliefs. As counsellors, I feel our primary stance should be one of *not knowing*, and that if we ever find ourselves closed off to the experiences of another, or to our own, we have rendered ourselves ineffectual. Journeying alongside our clients as they navigate through their spiritual landscapes requires not only faith in the unseen, but also a deep reverence for life. This is especially true when working with the vulnerable child population. Working with children often provides practitioners with numerous self-

transformative opportunities, the least of which can be a newfound respect and wonderment of life. It could be said that seeing the world through the eyes of a child—or conversely through the eyes of the soul—are in effect one in the same for both are in awe of it.

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