ARCHETYPAL HEART PSYCHOLOGY AND OTHER THERAPEUTIC SYSTEMS

Note: This paper presupposes the articles on the Archetypal Heart, 1,2,3, and Focusing on this webpage. It shows where this shamanically inspired heart psychology fits within and can work more well known psychotherapeutic systems today. It also shows where it brings improvements. It is recommended you read those other articles first, and then this one to see how you can bring it into your own psychotherapy practice model.

Freudian Analytic Psychotherapy Traditions and the Place of the Heart

To show the place of the core of aliveness in Freudian psychoanalytic tradition we must deal first with Freud and the areas of tension between his theories and the archetypal heart theory presented in this book. Freud was a Titan and is the founding father of psychoanalysis, modern psychotherapy, and the whole depth psychological tradition. He has fallen on hard times in the public understanding because certain of his theories have now been widely disregarded and viewed as "errors". Among these widely discarded views are his concepts of the centrality of the sexual libido in psychological functioning, including the degree of sexual fantasy life in children. Along with this conception the Oedipus complex has fallen on hard times, and has been reinterpreted by subsequent analytic schools. Penis envy has been thrown out as fanciful.

These "errors" of Freud constitute only a small portion of Freudian influence and the debt which psychotherapy and the mental health professions owe to Freud today. It is to him that owe first person psychological research and inward inquiry beyond those of traditional religion and spirituality. Freud studied his own inner life, his feelings, his dreams, his desires and frustrations with all the courage, objectivity and integrity he could muster. The whole process of slowing down, reflecting, inwardly inquiring for the purpose of self-knowledge, and writing it up in case reports owes a debt of gratitude to Freud. The whole modern phenomenon of examining your life psychologically, analytically, looking at parts of it that are painful, shameful and which are difficult to face has its impetus and role model in Freud. He discovered much intricacy to the inner life, and brought to our attention the fact that much of psychological process goes on unconsciously. He taught us that the unconscious speaks in image, symbol metaphor, and that our dreams and odd symptoms have real meanings. He gifted us psychotherapists with a profound understanding of the therapeutic relationship, of the transference and the necessity of managing it well. He gave us concepts of projection, displacement, condensation, and many more than we can mention here. The whole field of subject-matter dealt with in the most popular television talk-shows and self-help literature today was opened up and made possible by Freud and what he discovered.

The common ground to be found between archetypal heart psychology and Freudian psychoanalysis lies generally in its Eros theory [*An Outline of Psychoanalysis*, 1940] as designating the fundamental strivings of the psyche towards pleasure, towards personal development, and towards life activity, and his views of the general aims of therapy at reducing human suffering and increasing a measure of enjoyment in living. In his early formulations Freud viewed the core of the psyche as fundamentally comprised of the Id.

A primary area of tension between Freud's concepts and those of heart psychology is the fact that Freud denied the implicit intelligence and responsive order of nature, beyond his limiting view of instinctuality blind and mute—often dumb. Heart psychology, by contrast, finds an intricacy and sentient responsive order all the way down. Micro-organisms have a responsive order, and so do cells. Roots find their way to a water source and leaves reach for the sunlight. There are an inexhaustible number of instances of organisms self-adjusting, self-correcting, fill themselves in after injuries, and so on if not hampered from doing so. The fundamental concepts of heart theory have this kind of responsive order built into them because that is what we find both experientially, and upon reflection on natural organisms. The IGS, the felt-sense, the unclear Edge and the practices of heart psychology presuppose a responsive order throughout. By contrast Freud's concepts have built into them the assumption of an imposed order;--order must be imposed socially, through childhood development, through ego-development, and curatively in psychoanalysis. Heart psychology doesn't really need the concept of the ego. It speaks of the mind and its functions as servant of the heart, a very important servant which can think, plan, test reality, and so on. The mind and its capacity to think is very important. We all need the equivalent of what psychoanalysts call "good ego strength." We all need a good "head" on the "shoulders" and can't live very well or carry out the heart's desire not honor the heart's "Invitations" without it. But imposing the mind's conceptual order isn't the only kind of order we find in experience. Things can often naturally self-organize, self-adjust, self-heal, fill themselves in and so on. We don't make them do that. We can only get out of the way, not hamper this, and we can help it, give it attention, support, encouragement even.

The mind is very useful in supporting living naturally from the core like this. The heart practices in this book all require and interaction between mind and felt sense, mind and the IGS at certain points. There are other times when we suspend the mind to attend inwardly to what we are experiencing in our core.

Freud assumed that the newborn infant had only chaotic drives, and that the Id and unconscious were basically structure-less like a seething cauldron of energy. He also assumed that the bodily organism has no way for its energies to interact with the environment until the impositions of social patterns upon it. Freud missed the intricate wisdom of the body, it's sentient intelligence. The therapeutic implication of this finally is that the client may not put in the driver's seat. For he or she may rely mostly upon the therapist to intervene and to provide the necessary [analytically imposed] structure. The psychoanalytic-therapy, without an experiential process risks depending upon the interventions of the analyst or psychotherapist without enough attention being given to the client's own *inner source* and its ability to offer a way forward through inwardly arising steps. Of course many skilled and effective psychoanalysts today have developed empathy and introspection in them and in their clients, and the use of fantasy, as a condition of effective analysis, and the importance of experience-near concepts and interpretations is increasingly emphasized. Chessick [1993] has emphasized that the analyst's formulations must be kept close to the "material" and this material could include a felt sense. Chessick also says the psychoanalytic therapist must use him or herself as an "exploring instrument", "like a stethoscope" in the analytic session, and this does imply something like felt-sensing is going today in psychoanalysis, but only on the analyst's part.

We are trying, in this discussion, to in point the place where felt-sensing and the core of aliveness could occur in integrating heart theory and psychoanalysis, and where it may not occur, or sometimes does occur, but has not been precisely specified in the literature. This is not to deny the importance of what the psychoanalytic-therapist provides in personal presence, encouragement, empathy, interpretation or management of the transference and therapeutic frame. These are important functions and heart-centered therapy also works within an interpersonal context. Such a context helps facilitate the emergence of structure where needed. Psychoanalytic work naturally implies the heart, and many psychoanalysts have effectively helped untold number of people come to give it more space in their lives, but this has not been made explicit. We should note hear that psychoanalytic theorist, Winfred Bion, with his concept of "faith in O" comes very close to an explicit recognition. We will discuss D.W. Winnicott's and C.G. Jung's more explicit contributions later.

My own clinical practice is deeply schooled in Freudian (and even more so, Jungian) discoveries and their hard won clinical wisdom. But it also explicitly recognizes the power of the core, and of the client's ability, with some facilitating instruction or guidance, to move to the center of the body and tap the unclear Edge (between the conscious and unconscious) for inwardly arising forward movement. Over time the client becomes skillful at inwardly grappling and decreases his or her dependence on the therapist to find ways forward in the problems and issues in living that naturally continue to arise beyond the termination point of therapy.

The place for the heart in Freud's model of the personality consisting of Id, Ego, and Super-ego, is in the Id. It is his more limiting version of the "core of aliveness", for the life-energies pour into the psyche through it. For all his caution about not letting the Id run amok, he had great concern for its well being, and believed that modern civilized living, through prohibitions and repression often did not offer it enough space and freedom to express its energies. We all owe a debt of tremendous gratitude to Freud for giving us permission or encouragement for finding a measure of pleasure and satisfaction in life by allowing the psychic core to have some room in our living. But Freud's view of the psychic core (Id) is less trustful than the view of heart psychology. Freud believed the Id to be the "spoiled child" of the psyche: demanding, fussy, and only interested seeking pleasure and avoiding pain. For these reasons it needed the rational and repressive functions of the ego and the super-ego to create a workable compromise between it and physical and social reality.

In Freud's view structure had to be laid upon the Id in order for life to be sane and viable—yet not too much structure or we end up miserable and conflicted and in need of analysis. People need psychotherapy when there is too little imposed order, or too much is another way of characterizing the psychoanalytic viewpoint. What is needed is for the ego to perform its executive functions wisely, so that harmony, adjustment, and a measure of pleasure or satisfaction prevail. In heart psychology "wise executive functioning" is also important, but more in the manner of a collaboration between the person and his or her core of aliveness. The core of aliveness itself has its own attunement and responsiveness to the physical social and moral orders…and knows a next right way to be in them. Heart-centered psychotherapy fosters and supports this life-forward tendency, which includes these physical, social and moral orders implicitly.

We also are indebted to Freud for his conception of the Super-ego as pointing to a real intra-psychic presence that can hamper human happiness. For him this concept represented the conditionings achieved in childhood development, generally in compliance with parental demands for correct behavior. Freud believed that culture was transmitted by virtue of the super-ego. If this is so, then the super-ego can be transmitting parental and cultural messages that sometimes run counter to the life-forward tendencies of the core of aliveness. We have mentioned the role of the Internal Critic in flattening the little new shoots of growth that spring forth from the core. Freud was basically in agreement that this function of the super-ego could be devastating and cause great suffering, and he therefore sought to loosen this kind of super-ego domination of the core (Id) so that a measure of pleasure or enjoyment becomes possible.

The Place of the Core in Object Relations

The later post-Freudian theories known as object relations theory and self psychology didn't so much drop the language of Id, Ego, and Super-Ego as crowd it out with new concepts that recognize the self as carrying those functions, and emerging within a special relational field between child and care takers. In essence they greatly elaborate the psychic core beyond Freud's formulations. D. W. Winnicott mentions an incipient self being there from birth, it is a kind of core or nucleus that can only grow and develop early in life in the context of relationship with the mother and her "maternal preoccupation". Winnicott wrote that *"at the core center of each person is an incommunicado element and this is sacred and most worthy of preservation."* [1963, p.187).

The incipient self of the infant gradually forms and finds itself within the nurturing matrix of its relationship with the mother. Mother and infant imply each other. The infant is born ready to suck at the breast and already knows how to do it in the same manner in which plant roots know how to find a water source. The mother's breast is filled with milk and knows how to release it when the baby sucks. If the baby isn't present, the breast still develops milk, and becomes swollen, sensitive, hurting and will eventually have to be pumped. If the mother isn't present, the baby is hungry and becomes cranky and nevertheless implies the breast and milk. Analogously speaking, the incipient self of the baby and the mother imply each other.

Physically and psychologically speaking the mother forms a "holding environment" in which to nourish the baby. Psychologically speaking the mother responds to the incipient self and feeds it bits and pieces for it to draw on. As she is able to resonate with its mewings and stirrings, its wants and needs, the baby becomes increasingly more attuned to its own slowly developing core of self. She sees this nascent self, admires and prattles to it, recognizes it and thus functions as a kind of mirror of the developing self, reflecting it back. This again allows the baby to resonate with its own gradually emerging sense of self. For the baby or small child to develop from its own natural core there must be "good enough mothering." This is nothing less than a total preoccupation with the baby by the mother. Fortunately it is only for a relatively short period of time.

During this early phase the mother must be careful to not intrude her needs on the baby, nor can she afford to ignore the baby and its needs. If either happens, it is traumatic for the developing self organization. This emerging self will have periods of time when it makes demands on the mother, and other periods of time when it is absorbed in formlessness, or play, but *in her presence*. The experience of the being of the self is consolidated as it is experienced delightfully in this absorption in formlessness. If she fails to allow this formless absorption in her presence, or if she intrudes her needs on the child, it is experienced as an impingement. An unfortunate consequence is to gear the child's attention towards finding and pleasing the mother. The true self becomes progressively aborted as a false compliant self tends to form. In short the incipient self takes a wrong turn from its own core towards its preoccupation with the mother.

If all goes well during this critical phase the mother will eventually return from complete preoccupation other areas of life requiring her attention. A next challenge will be for her to help the small child negotiate this separation without serious damage. In what Winnicott called a "transitional phase" involving the use of objects like the teddy bear or blanky saturated with the mother's scent, the self of the small child must shift from a sense of itself as the center of a totally subjective world, to a sense of himself or herself as being *a* person amongst other persons. This is no small achievement.

What Winnicott calls the "true self" is a self living from its center. This is its vital core of aliveness. It is able to be creative, spontaneous and playful. It can afford to absorb itself in reverie and take delight in the aliveness of the moment. What he calls the "false self" is a self that has become cut off from this vital core at the center of its being. It has become a suppressed or compliant self. Object relations theories such as Winnicott's are used widely today to help people who are suffering from "disorders of the self", narcissistic and borderline personality disorders, and even more serious disorders. A disorder of the self essentially means a stopped or blocked process of living from the core. Winnicott himself thought many of the problems confronting psychoanalysts were viewed as neurotic conflicts when the wound to self is much deeper because, he believed the injury occurred a very early phase in life.

Hence he believed these individuals, in order to move their process forward, needed to *regress* and be "held" psychologically speaking, in the ambiance of a safe and secure analytic "holding environment." He applies his relational/structural model of the self to psychotherapy in this way, virtually recreating the old infant/maternal matrix. He found that such a relationship facilitated regression, which he viewed as a natural rather than pathological process. The patient regresses because of a need to return to just that place where his living and development got cut off. Regression is a natural movement towards finding the spot at which the early environment failed that patient. It is an intrinsically driven search for what is missing. It has its own intelligence or purpose: *"The tendency to regression in a patient is now seen as part of the capacity of the individual to bring about self-cure."* (1959, p 128). This is Winnicott's version of the life forward tendency to fill in what didn't get filled in earlier in life.

Winnicott did not see the curative function of psychoanalysis to be interpretation, in the manner of Freud, but in the way in which the analytic setting provided the missing parental provisions. The function of psychoanalysis becomes compensation for parental failures. The person of the analyst or psychotherapist and the analytic setting must hold the patient with attention,

responsiveness, reliability, and in the memory and durability of the analyst. The person of the analyst allows the patient to regress and get to the place before defensive encapsulation took place. The analyst is also careful not to repeat the error (early parental failure) of impingement by imposing his or her own needs on the patient, nor by being too distant. Presence while the incipient self of the patient becomes absorbed with formlessness and play is paramount.

Winnicott believed that mutual play between the patient and analyst was important. If the patient is unable to play, the analyst's function is to rekindle it. In heart psychological perspective, this is essentially rekindling the core of aliveness. He believed the core of the self could only be reached and reconstituted in moments of playful absorption, unencumbered by worries or constricted with fear or a need to please others or act like an adult.

Although he doesn't use this language explicitly, Winnicott believed that the ability to play alone could reach the core of aliveness of the self. He might just call it the "core" or the "true self", sometimes just "the self", but his meaning is essentially the same. For it is in play that one is able to be just naturally oneself, without interference: *"It is in playing and only in playing that the individual child or adult is able to be creative and use the whole personality, and it is only in being creative that one discovers the self."* [Playing, Creative Activity and the Search for the Self, p 54]. One of the practices in this book, called Finding Your Core (fyc) aims to help anyone find that, get an initial sense of it, in five or so steps.

The heart psychological perspective thus has a deep kinship with Winnicott's object-relations approach. It can work easily within such a perspective, and it brings precise concepts and practices that can actively help rekindle the capacity for play that skillfully reaches the core of self. It can also offer the patient more precise awareness of what he or she is after, and some useful practices for inner work within and in between sessions.

Winncott enriches the perspective of heart psychology in his emphasis on the crucial nature of the therapeutic relationship, and the non-intrusive and deeply attentive person of the therapist. Both hold as "sacred" that "core" of the self (or person inside) that is "most worthy of preservation."

Client's who do not have the early wounding that Winnicott focuses on, but who nevertheless have not been honoring or living from their core can also dip into the *formless* and enjoy *playful absorption* as they come to the unclear Edge in the middle of the body. This Edge can also be articulated as the Edge of the formless and the formed, where the new … can form a little. Anyone can tap into it whenever they choose, once they know where to go [middle of body] how to form an Internal Aura, or felt sense.

Cognitive Therapy and "Thinking with the Heart"

Experientially Connected Thinking

Cognitive therapy has been especially beneficial for treating a variety of disorders, especially depression, but also anxiety based disorders, addictive patterns [eating disorders] and has been useful adjunct in managing post traumatic stress disorders. All therapies produce some change at the cognitive level, as well as in deeper levels of experience. Cognitive therapy focuses primarily on the power of the mind, particularly rational, intellectual, and conscious process. It generally hasn't worked intentionally with the unclear Edge in the center of the body. It tends to assume that all our thoughts [inferences, beliefs, assumptions, attitudes, rules) are up in the head and that they primarily determine our emotional and responses and behaviors.

In its classical version it converts the old behaviorist S/R [stimulus / response pattern] into steps of a cognitive but behavior producing process, logically symbolized as steps A, B and C.

Step B is not usually attended to, the place where thought and rules are operation and determining emotional and behavioral responses.

Step B is thus given great attention as the patient is instructed to carefully self-observe step B, either recalling events that triggered C and then reviewing carefully what went on in step B, or by watching future occurrences carefully when they happen and noting step B. We should note that step B can be enhanced with felt-sensing and tapping the IGS.

The client, in cognitive therapy is instructed to hold their cognitions more loosely, less rigidly and then test their assumptions and beliefs as "hypotheses" against reality, against the evidence [but they do not know to check against a felt sense of… because it is assumed the mind imposes order. Broadly speaking, cognitive therapy doesn't know about the responsive order of the organism, or felt sensing, that can experientially validate an assumption, a thought or inference.

The client is taught to notice the rules that come into play with certain beliefs or inferences, and to change them or differentiate them more…if they produce suffering and are unrealistic, over-generalizing, or exaggerated. Again this could be enhanced if the client knows how to check rules and inferences against their experiential process.

New and better cognitions can come through checking with a felt sense, not only by a separated logical process of thinking, and not only be checking with the therapist or other peoples opinion—that way alone just becomes a shallow consensus effecting no change.

Working with cognitions [inferences, rules] are important to CBT and to Heart psychology because they can stop a life process, thwart the person inside from coming on line, from developing along some new growth line. However, heart psychology emphasizes that it is "the person inside" that wants to grow, come alive more, develop, and not just a separate need for better cognitions that will reduce suffering. Therapy exists for the person inside and not just for fixing cognitions and reducing uncomfortable emotional states. The being of the person is implied and casually mentioned in the rhetoric of CBT, but it is not thematized, defined, reflected on, or considered as the main thing….all that may be implicit, but it is not explicit. The client needs to know therapy exists for them. If the CBT therapist does know about the core of aliveness and values it, then he or she can tap deeper sources of motivation for change in cognitions and in all levels of experience.

Source of New Cognitions at the Unclear Edge: New cognitions can come from places other than intellect…they can come from the unclear Edge [a kind of TAE] in the middle of the body, and thinking freshly from there can bring new cognitions that promote growth, satisfaction and alleviation of suffering.

Focusing [felt-sensing] brings experientially connected thinking…experiential validation [not just logical validity, or testing against external reality].

Enduring change affects the entire organism and not just the cognitive process. Cognitive therapy works when it does that. It can benefit and be enriched from the resources of focusing…in "precisioning" its potency in producing effective change. Heart psychology brings an enhanced awareness of the unclear Edge in the heart, where new life-forward promoting cognitions can freshly come. It also brings more attention to the person in there who struggles with those cognitions.

Cognitive therapists do realize the importance of a warm human therapeutic relationship and conditions conducive to success with cognitive methods. Arron T. Beck cites Rogers three conditions: *accurate empathy, genuineness*, and *congruence* as necessary therapist attitudes in facilitating the cognitive therapy process. All that implies the person in there who is being served. Heart psychology goes a step further in its insistence that therapy or counseling is for the person, not just the distorted cognitive processes, and that the person has resources in the heart for finding better cognitions.

Pathology is for CBT driven by faulty cognitive process. For heart psychology pathology is viewed as what is in the way…cognitions are only one dimension of that, and what are they in the way of? That is what we give priority to…it is the "life forward process" of the person inside. Cognitions are indeed worked with in heart psychology…the area where cognitive therapeutic emphasis comes strongly into play is in developing skill in recognizing and working with the Internal Critic so that it doesn't flatten new life energy and new growth. When it does this it puts the client back in the driver's seat and in dialogue with their own deep core of aliveness from which next right steps forward can come. It then helps wean the client from the need for therapy as it helps establish of acquiring life forward steps from within their own experiential center.

We have been taught that thinking occurs at a great distance from the heart and its experiencing. We have come to think from one thought to the next, and on and on without checking with the heart, without testing again our center of experiencing. But it isn't true that thinking must be in a separate realm of the mind or brain. Thinking can occur with and from the heart and bodily felt experiencing…

We can indeed *"think with the heart",* like indigenous elders do. This is an experientially connected kind of thinking that can produce significant psychological change and growth. Eagle and Condor can fly together and so that we can be in balance.

Carl Rogers & Client Centered Therapy

We mentioned Carl Rogers earlier. There are a number of features of his work that remain inspirational sources of the psychology of the heart presented here. First of all, Rogers was a phenomenologist of experience and an empirical researcher, and his clinical work and theorizing were largely shaped by this orientation. Rogers' formulation of concepts was derived from careful observations of clinical experience, and his concepts and key ideas where tested and confirmed through independent research in several major universities in the USA, Canada, Europe and Japan. When the research results did not confirm his hypotheses, he responded with vigor feeling that the "facts are friendly" and *precisioned* and reformulated his research question. He wrote with great humility, clarifying where he founded his ideas on clinical hypothesis, and where there were facts supplied by research.

Rogerian psychology, like heart psychology, is person-centered. There is someone in there who is struggling with various problems and issues, and this person wants to live, grow, expand, and live a satisfying life. Rogers doesn't speak explicitly about the psychological core, but his view of the life forward tendency in which the organism seeks to grow, expand and come on line implies this core of aliveness. He simply refers to experience, feeling, and this forward moving tendency which supplies the energy and motivation for growth and change.

Rogers discovered that the person of the therapist and the conditions of therapy were crucial to its success. The therapist must provide a real relationship, one the client can use for his or her own growth process. The therapist must be a real person, genuine and transparent, and radiant of warm regard [unconditional positive regard] for the person of the client, and trusting in the client's "life forward tendency" and ability to find it and express it. The therapist must be accepting of the person of the client, and of course of his/her own person as well, at home with all manner of feelings and desires, and accepting of the unconditional self-worth of the client. Clinical research suggested that intellectual interpretations without real experiencing do not produce lasting personal change, and advice giving thwarts the client's reliance on their own inner resources.

Rogers claimed that when these conditions of therapy are in place, the client becomes inwardly motivated for change and growth, and activated from within his own "forward moving directional tendency." Rogers hypothesized that when a parent creates a very similar psychological client with the child, the child becomes more self-directing, socialized and mature. When teachers provide these kinds of conditions for his or her class, the student tends to become a more self-initiated learner, more original and creative, more self-disciplined, less other-directed and less anxious.

The outcomes of Rogerian clinical process and clinical research findings suggests that where the conditions of therapeutic relationship are met, that the person becomes less rigid and more realistic in their self-concept, less rigid and more flexible in their thinking. The individual tends to value himself more highly, and is generally more self-accepting and less repressive, more open to and appreciative of others, and becomes a better listener to his own inward depths, and this leads toward being better able to take in and empathically respond to those depths in other people as well.

Gendlin and Felt-Sensing

Eugene T. Gendlin is a philosopher and American psychologist and researcher who worked with Rogers at the University of Chicago and the University of Wisconsin. He collaborated with Rogers in a number of ways, but perhaps the major collaboration had to do with empirical clinical research. They had hypothesized that clients would begin therapy being rather low on measures of felt- experiencing, but would increase their skill in working with felt-experiencing over the course of therapy. The developed an Experiencing Scale, used by multiple independent raters. The research results, however, did not confirm their hypothesis. In fact, it was only those clients who were already good at accessing and grappling with felt-experiencing that made solid therapeutic changes. However, since the "facts are friendly" this discovery led to the development of a method of teaching other clients how to access and work with their felt-experiencing. The result of that research and development is now known as "focusing instructions." "Focusing" simply means putting your attention in the middle of the body and allowing a felt-sense to form there and for effectively grappling with it. In therapy this little sequence of focusing steps is taught to the client to help them do that. Subsequent clinical research, in seven major universities in USA, Canada, Japan and Europe and now nearly 100 replicated studies world-wide, over the past 30 years, has confirmed that real durable personal change results when clients, regardless of the theoretical orientation of their therapists, are able to experientially grapple [i.e. use "focusing" or "felt-sensing"].

The construction of the psychology of the heart presented in this book is built on this solid clinical research. Its theoretical concepts are built on the base of felt sensing, and the method of crossing with other theories using the felt sense, and the heart-centered practices in this book draw upon it. The concept of the IGS was found with the help of a felt-sense, and there is a whole methodology for theory building developed be Gendlin, called Thinking at the Edge – [TAE]. This little theory was constructed with all 14 steps of that theory building practice.

But we do not want to give the impression that the theory is solely the result of felt-sensing. All the theoretical figures in this appendix influenced the content of heart theory. Amongst major influences were those of Jung, Freud, Winnicott, Kohut, CBT, Gendlin, and some indigenous Elders. Felt-sensing allowed me to find and articulate with heart theory just those aspects of other theories that had shown me something in personal and clinical experience. Those facts had to be accounted for and crossed or integrated in some way with the heart psychology articulated here. This "crossing" with the theories and the mentioned clinical research findings is what makes this little psychology of the heart portable across therapeutic systems and orientations.

We should not think that working with felt-experiencing is the exclusive province of any kind of therapy. Freud spoke of a process of "working through" and he may have known felt-sensing [without calling it that] and he surely used his instincts and intuition as much if not more than his concepts. His concepts came from somewhere in his experience as well as from his book learning. He considered an interpretation successful only if it produced a "dynamic shift" in the person, a real change in the balance of energy, and sometimes a new content arising from within the unconscious. Jung spoke of the many little steps of the individuation process, and his conception of the of the feeling function, which comes close to the IGS concept, and transcendent function when combined with the functions of feeling, sensation, thinking and

intuition comes very close to a conception of felt-sensing when taken as a whole, along with the life-forward tendency implicit in the Transcendent Function has already been mentioned in this book. He said "sticking to the image" means the *whole image* (not just its iconic or visual or cognitive quality) includes working with its affective dimension-- not rushing off to interpret it or other images too quickly. Otto Rank emphasized that clients should stand in the experience they are discussing in therapy in any moment. Silvano Arieti formulated the concept of *endoceptual* experience in creative experience. It is basically the felt sense, a pre-conceptual welling up of intuition, feeling and energy that gives birth to the conceptual form of a poem or art work, and his "endocept" and "concept" relationship carry forward Freud's own "primary process" and "secondary process elaboration" with new precision and understanding. Arieti pointed to the endocept and its significance, but did not give us concrete experiential steps for finding it, forming it or working with it in a manner as exact as focusing in a therapeutic process. Hiw aimed at elucidating the creative process or "the magic synthesis."

We owe a lot to Rogers for the "reflective mirroring" he wrote about. He found that deeper therapeutic process arises from within the person if the therapist listens but offers no interpretations or advice. In an effort to understand accurately what the client is saying, the therapist may say back to the client your understanding of it, checking one's own formulations from moment to moment against how it is for the client in their experiencing of it. Heinz Kohut was greatly influenced by this therapeutic mirroring method.

Working with experiencing thus cuts across therapeutic school. But we do owe it to Gendlin for giving us a name for bodily felt-experiencing, and the method of teaching people how to form and work with a felt sense [focusing steps], as well as a considerable body of theoretical work that helps us understanding felt-sensing and its power. It was Gendlin's concept that made it possible for me to find how it is that Indigenous Elders can and do think with the heart, and to articulate it into a little psychology of the heart that can be used by us today in therapy and for living generally.

The Analytical Psychology of C.G. Jung

Jung has been mentioned throughout this book, and in these appendices because his life and work as been a major influence on my own life and work, including my own path, my analytically oriented clinical work, and I have written two previous books strongly indebted to his discoveries and wisdom. I place him last in this appendix because I am concerned that the heart psychology in this book presents itself as portably as it can, useful to therapists and clients working within any therapeutic system or orientation.

Jung has shown me, as a psychologist, so many psychological facts that can only be found in experience, or in comparative research. The analytical traditions have not lent themselves to clinical research to confirm their hypotheses and contentions. Yet clinical experience and the results of therapeutic interventions are the experience which is confirming or disconfirming for any analyst. Along with this, the research results of Rogers and Gendlin on the Experiencing Scale apply to any school whatsoever. Thus in so far as a Jungian (or a Freudian) psychotherapist helps the client to grapple inwardly with their own felt-experiencing, a fundamental condition of solid and durable therapeutic change has been met.

Jung more than any other figure drew my attention to the core of aliveness with his concept of the archetypal Self, as the deep center and essential core of the person. His fascination with mandalas and their center point brought him concrete images of this ‘axus mundi” of psychological life. Closely associated with the Self is his concept of the Transcendent Function, and the Four psychological functions mentioned enough already.

For Jung the Self is the archetype of life-orientation and meaning, and the kernel or essential core of the person. He used the language of psychoanalysis, and made a distinction between the ego and the Self. The ego is a large concept containing many subordinate concepts within it, or associated with it. For reasons of clarity and precision it is not used in heart psychology. But for Jung the ego meant the mind, or powers of mind, its capacity to think, plan, and perform generally reality testing functions. It had another meaning as the conscious personality organization, or “ego-personality.” He contrasted it with the archetypal Self, and said the proper relationship must be that of the ego as subordinate to the Self. The ego is what helps bring the potentialities of the Self on line. Hence this relationship of ego to the Self bears a close resemblance of the relationship of mind as servant of the heart, helping the invitations which arise from the core to come on line, to be enacted in our living in little steps. Closely associated with Jung’s concept of the ego, is its frontal structure, called the “persona” and its backside, the “shadow”. The persona is a necessary social mask, a set of roles that you need to get on in the world. Jung cautions against miss identifying yourself with it. You are not your persona. In the shadow you will find the virtual opposite qualities, which is excluded by the persona. The trouble is that persona-identification is very common. Qualities that are repressed into the shadow are more primitive, instinctual, and can be creative potentials of the person. They are deemed not socially acceptable and so are repressed or suppressed.

An important early stage of the analytically assisted individuation process is to divest oneself of the false identifications of the persona, and recognize and where possible express the potentials of the shadow. Generally speak, the next phase of the analytic process involves coming to terms with the “anima” (in men) and the “animus” (in women). These are viewed as contra-sexual archetypes that when not integrated get projected onto the opposite sex instead of being consciously lived. Basically the anima and animus arouse desire, and “eros” for life that stirs the imagination, arouses feeling, brings on as yet undeveloped potentials. In heart psychology, the anima/us concepts are closely related with the core of aliveness, and in Jungian psychology bring you much closer to the intra-psychic core, the Self.

In heart psychology, living from the core, responding to its IGS and honoring and enacting the Invitations arising from there is called a process of “walking a path of the heart.” This process of living from the core of aliveness is called the “individuation process” by Jung. It is a process of developing such that more and more archetypal potentials come on line and polar psychic contents and parts become integrated into an expansion that Jung calls “Wholeness”. Individuation means individuality, not divided, it also means irreplaceable uniqueness that heart psychology sometimes refers to as the “unique wood-grain,” and wholeness, correlate of expansion.

Rather than speak of the "ego" or "personality", heart psychology speaks of the "person inside" the one who is seeking to individuate. Heart psychology views the personality as a complex content, a system of conditionings or learned responses along with genetic potentials, where as a person is what has all that and is, yet none of it. Similarly Jung properly noted that the ego is a content, whereas *You* are no content at all, but that which has a content. So an ego, in heart psychology, has the status of the mind (its powers and contents), as something you have and use, something very important for living effectively-- but you are always *more* than that. In first person terms, heart psychology speaks of the "I" that wants to grow, expand, come more into its own. In second person terms we say "You are not that content [i.e., not that memory, or archetype, or feeling, etc.] but are the one in there influenced by it, struggling with it, and so on. Jung got at this insight by talking of differentiation of yourself from the contents, especially the complexes, and archetypes. He thus encouraged his clients to personify them so that they could enter into a potentially creative and helpful relationship with them. He encouraged dialogue with them in a process he called "active imagination" [AI] and he insisted on both partners having a voice and a hearing in the dialogue. [i]

Individuating steps or forward movement depends, for Jung, upon the *collaboration* between the I and the personified figure. This comes very close to working with a felt sense, and identifying parts or aspects or pieces of a problem or issue, and asking questions such as, "What is the worst of this…?"[from its perspective] and asking it what a next right step might be. When felt-sensing is added to dream analysis and image work, and to active imagination, the process becomes more experientialized and assured of successful outcome [some forward movement that works].

Jung noted that individuation and personality transformation sound grand; they are large-edged concepts. But he then said all that really occurs in very small steps, often not knowing ahead of time what the next step will be…as if the direction comes as you are ready and inwardly checking with the unconscious, or with intuition and feeling to find and to make your next movement:

"But if you want to go your individual way, it is the way you make for yourself, which is never prescribed, which you do not know in advance, and which simply comes into play when you put one foot in front of the other. If you always do the next thing that needs to be done, you will go most safely and sure footedly along the path prescribed by your unconscious." [-The wisdom of Jung, p 207]

Where Jung says "the path prescribed by your unconscious" we can make it more precise: *"where the IGS is drawing you toward or away from something."* ***[ii]***

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[i] James Hillman and Mary Watkins have greatly emphasized and extended this Jungian strategy for working with intra-psychic plurality of contents [Images, mythic figures].

See, Mary Watkins, *Invisible Guests*. Wood Stock Connecticut: Spring Publications: 2000. And James Hillman.

Re-visioning Psychology. Harper Colophon books, 1975.

[ii] Within the discipline of post-Jungian psychology, James Hillman has suggested something like felt-sensing. He calls it “scenting” for the archetypal image.