

The Issue of Identity and Spirituality in Transpersonal Hypnotherapy & Psychotherapy

A new and exciting approach to hypnoanalysis.
from Jure Biechonski MSc
founder and creator of Transactional Hypnoanalysis

Abstract

Transpersonal hypnotherapy & psychotherapy bridges the science of psychology and the art of philosophy with the powerful tools of hypnosis. Thus it goes beyond the presenting issue to establish for the client an integrated identity. This new psychological specialty facilitates growth across the life span, with a focus on health-related, sexual, emotional, vocational, social and spiritual concerns.

Through the integration of theory and technique, demonstration and practice, this specialty encompasses a broad range of practices that help people improve their well-being, alleviate distress and maladjustment, resolve crises and increase their ability to live more highly functioning lives.

Psychology is defined as a science of the mind which is the scientific study of the way human mind works and how it influences behaviour, or the influence of the particular person's character on behaviour.

Science is defined as the systematic study of the structure and behaviour of the physical world, especially by observing, measuring and experimenting, and development of theories to describe the results of its activities. This means that science is supposed to be a very precise tool to investigate what we are observing.

The **Psyche** means the mind, which means the part of the person that enables them to think, feel emotions and be aware of things.

We know what science is but we are not sure what the mind is. The mind is a vague concept. While the brain is a specific organ in the body, the mind is a non-specific concept. We do not know what the mind is or even whether it exists, which means that psychology is the science of what we do not know.

There is no clear definition of hypnotherapy.

"Since the inception of hypnosis more than 200 years ago, it has been impossible to find general agreement among professionals on just exactly what hypnosis is. No definition or empirical test has ever been devised to accurately assess whether or not a hypnotic state even exists! It may be that our understanding of the healing inherent in what has been called hypnosis or therapeutic trance will continue to change as long as conceptions of consciousness and the nature of mind continue to evolve. These processes of healing are a natural function of whatever mind, imagination, and life are. (From The Psychobiology of Mind-Body Healing, New Concepts of Therapeutic Hypnosis. Ernest Rossi, 1993)

The same dilemma applies to psychotherapy. Once again there is no clear definition of how it works.

"We know that psychotherapy works, we do not clearly understand how it works." (Stiles 1986 p.175)

"Is psychotherapy effective?" is considered to be a poor question and, consequently, can only receive poor answers." (Garfird 1980 p.283)

In ancient Indian philosophy, the brain is defined metaphorically as a light bulb, while the mind is defined as the light produced. We do know that light travels through space. For example, when we look up in the sky on a clear night we might see lights of certain stars that have died or disappeared millions of years ago but the lights are still there. In the same way, what is produced by the brain, as the mind's thoughts and feelings, travels to the infinite universe long after the brain that has produced it has died. This coincides with Jung's concept of the collective unconscious and our archetype heritage.

'Once upon a time, after creating people, the Gods, or maybe there is only one God who has different names by different cultures, or different cultures might have few Gods, maybe all those are just sub-personalities of one God only. Those Gods had a meeting to discuss a very serious issue.

"Now we have created people we need to find a place to hide, because people will always come and bother us with their problems."

The Gods sat there for a while in silence, trying to find an answer. Suddenly one God said: "I know, we are going to hide in the sky. They will never find us there."

"No." said another God. "This is not a good idea. Sooner or late, those sophisticated people will find a way up to the sky and come to find us."

After a long silence, another God said: "I know, we will hide at the bottom of the sea. They will never find us there."

"No." said another God. "They will find a way to dive and will find us even there".

After another long silence, another God said: "I know, we could hide in the centre of the earth. It is very hot there, they will never get that deep."

"No." replied another God. "They will find a way to drill and they will dig us out."

A very long and heavy silence ensued. The Gods were sitting there, desperately trying to find a solution. Suddenly one little God said: "I know, we will hide inside of them, they will never look there."

In today's society people are affected and influenced by what is happening outside them. They are also looking for external solutions for those problems, which might be a chemical

intervention by medical practitioners, a religious answer from a religious book, but here we have to be careful because different religious groups will use the same religious scriptures, even the same verse to give a different answer to the same questions. Or they will go to therapy to seek “advice” on what to do with: ‘my husband’, ‘my wife’, ‘my boss’, ‘my children’, ‘my in-laws’, ‘my outlaws’. In our civilisation we find it very difficult to cope with fast-changing reality, but it is not objective changing reality that is causing the problem, but our subjective perception of it, because we do not perceive the world as it is, but we see the world as we are.

In the privacy of the therapy room, we are dealing with the ghosts that our clients bring with them. They will usually talk about those who are not present in the therapy room. A good therapist knows that the presenting problem is never the real problem, but there is an underlying problem. The presenting problem is like the weeds that grow in our garden. The underlying problem is the root of the problem and if we cut the weeds in the garden they will grow back after the next rain. The only way to remove those weeds is to dig a hole and find the deepest roots, Unless we do this, we are making more problems because they are like the lawn in our garden; the more often we cut it, the stronger it grows.

Psychology is the science and by focusing on the problem rather than the person we have dehumanised people totally. Not only do we have new techniques and approaches and methods for treating certain disorders, we are also constantly inventing new disorders, new diseases that never existed before. One of the views is that those disorders were always there, but we were unable to diagnose them. But where was chronic fatigue syndrome 50 years ago and where was attention deficit disorder or, even better, attention deficit/hyper-activity disorder 20 years ago? We create new diseases and disorders, stick new labels on people and then invent new chemicals, methods, approaches to treat what we have invented. And then we relate to the people we are treating as ‘my anorexic patient’ or ‘my depressive client’. We put the disease before the person and by doing that we have labelled the person until the disease becomes a part of the person’s identity.

Psychology as a science was supposed to help us human beings to *understand* human behaviour better and to be able to *manage* it but psychology has created its own secret language and remained stuck in the ivory towers of universities, without ever reaching the common population i.e. psychology has failed as a science.

We have established that we do not know what the mind is and we are not even sure whether there is such a thing as the unconscious. They are not facts but assumptions of reality. In that case, by admitting what we do not know, let’s start, in a humble way, our journey of exploration and discovery. This is the journey into the unknown. In that case every word, sentence and paragraph in this chapter will consist only of my subjective, non-scientific personal opinion. Trying to avoid finding out what is the ultimate truth, I will leave it to Jungians and Freudians to battle each other to death. In our pseudo-scientific approach we have labelled a world around us, compartmentalised it and made attempts to understand it by finding the differences, instead of trying to find what those things have in common.

In my travels around the world, I have worked with a variety of cultures and people from different belief systems and religions and the question I am always asked is: “*What is the difference between us and them?*”. This is the question I refuse to answer, because any attempt to give answers to such questions will be divisive. By asking the question “What is the difference between us and them?”, we are making a judgement on who is superior/inferior and this creates barriers, violence, wars and crimes, because we cannot look at what it is that we have in common. In my subjective clinical experience, I have found out that culture is just a defence mechanism that people all over the world use to avoid coping and dealing with reality. But to my great delight I have discovered that the heart does not have culture. The heart is universal. Even our imagination and creativity are universal. We can find the biblical story of the flood in so many different cultures that as far as we know had no contact with each other when those stories were written. We also know that every single civilisation in the world has created a superior being to worship. And as far as I know the word mother, contains the letter M in every single language. Apart for a collective unconscious, we also have a collective mind out there, an ancient archetypal knowledge that travels the universe like the light of the dead star.

For Jung, the personality, or psyche (from the Greek for ‘spirit’ or ‘soul’ known also as mind), embraces all thought, feeling and behaviour, conscious and unconscious. The psyche guides us in adapting to our social and physical environment.

The psyche is, from the beginning, a unity. According to Jung, we are born with wholeness, or with the potential for wholeness, and what we experience and learn serves to fulfil this potential.

In western society, through the Christian history, there was a view that each person had a soul. And as the soul came from God it was like God, made in his image, and as there is only one God in the monotheistic society, there is only one identical soul. As the western world became more secular and atheist, the thought became more based on logic and science, the idea of the mind replaced the concept of the soul. And as the concept of the mind had to be scientifically respected and accepted, much of the idea of the soul was transferred into the mind, which once again was supposed to be single and united. (John Rowan 1990)

Jung claims that the distinction between mind and body is an artificial dichotomy, based more on the peculiarity of intellectual understanding rather than on nature of things.

In psychology, psychotherapy and hypnotherapy we are taking the mind as our starting point. By doing this we work our way from the relatively unknown mind to the known body.

Despite all the psychology we think we possess today, the psyche is still infinitely more obscure to us than the visible surface of the body. The psyche is still a foreign, almost unexplored, country of which we have only indirect knowledge; it is mediated by conscious functions that are subject to almost endless possibilities of deception. (Jung 1933)

So it will be much safer for us to proceed from the outer world inwards, from the known to the unknown, from the body to the mind. All sciences have started from the outside world, astrology, palmistry, phrenology, all those attempted to use external visual data to explain inner psychic phenomena. But as psychology is the youngest of all sciences it is, therefore, the one that suffers most from preconceived opinions.

Ever since Rene Descartes (French philosopher and mathematician; 1596—1650) split the human being into two separate but interacting entities, body and mind, philosophers, psychologists, physicians and others have been trying to put the organism back together again, to treat it as a unified, organised whole. The holistic, or organismic, viewpoint, as expressed in the field of medicine, holds that in any illness, whether physical or mental, both mind and body must be treated. A holistic theory of personality focuses on the whole organism as a unified system rather than on separate traits, drives, or habits.

As we experience the tensions and strains of life, we store, in our body, different feelings and emotions protected by our mind-body defences.

We have made an assumption that our right brain is our creative and imaginary brain, while our left brain is our logical and analytical brain. This assumption is claiming that a child is born with a pre-dominant right creative side of the brain, while the left analytical brain develops during the child's life. Our so called problems or issues of concern are created by our right and imaginary brain. Those so called problems are fictions of our imagination. Psychology as a science has made a left brain logical analytical attempt to understand the functions of the creative and imaginary brain. By doing that we have created a diversity of very confusing and polarising psychological theories which contradict each other and are more concerned with differences rather than similarities of what personality is.

Examples:

If I have a fear of driving a car in the present, it is because I had a car accident in the past. The car accident has not happened in my imagination, but in reality. My fear of driving the car is created by my imagination about what is going to happen in the future.

If you have a fear in the present about getting close to other human beings, it may be because you were abused as a child. The abuse as a child happened in reality but the fear of getting close to other people is about what may happen in the future.

So any attempts to understand logically what is happening in the imagination of the client will be a waste of therapeutic time. The client does not need an explanation. The client not only needs to survive but also needs to thrive. This can happen only by integration and assimilation of who the client is and the meaning of the client's life in this world. The only way to treat imaginary concerns is by using imagination.

Schorr explains the rationale for using *imagery* in psychotherapy and hypnosis: "*visual imagery or visual memory seems to be especially vivid and permanent...it is used in hypnosis and psychotherapy because it is easier to summon up a visual image than a tactile or olfactory one.*" (Schorr 1974)

He divides these visual images into two types:

Non-symbolic - where a specific concrete answer is elicited to the therapist's question e.g., the image is known and integrated

Symbolic - images that are representational of certain people in the patient's life, or other intrapsychic elements that the patient cannot fathom what they mean e.g. the image is unknown or unrecognizable.

Symbols, then, "create meaning out of experience." Schorr observes that effective treatment "*demands the integration of symbolic and non-symbolic imagery within the fabric of the therapeutic dialogue*". For example, using them as cogent metaphors for meaningful, highly affect-charged experiences.

Images are the product of the faculty of *imagination*. Assagioli sees imagination as the process of "*evoking and creating images*." (Assagioli 1965) He categorizes it as a synthetic function, as it can operate at several levels concurrently – those of feeling, sensation, thinking and intuition – both at conscious and unconscious levels of the mind.

In other words, elements of imagination can represent feelings, sensory experiences, concepts and deeply intuitive meanings. These can be known or readily summoned from memory or they can be out of the individual's awareness.

Schorr (1974) reviewed uses of imagery in psychotherapy. He states "*imagery seems to play a role in nearly all of the proliferating new psychotherapeutic techniques*". Freud used a "concentration technique" in the early days of his career that involved focusing on certain evocative scenes that he later abandoned. Carl Jung advocated the use of "active imagination" where a patient was led to dialogue and interact with symbolic images.

Singer (1974) expands upon Schorr's review by pointing out more dramatic uses of imagery in other therapies, citing Jacob Moreno's Psychodrama where clients act out family roles. He also points to other examples of imagery in psychotherapy: Fritz Perls' Gestalt Therapy, where the participant takes the viewpoint of images in dreams to discover what they signify or personifies both sides of an intrapsychic conflict; and Eric Berne's work, using role-play in his Transactional Analysis to identify the Parent, Adult, and Child Ego states and discover more effective means for interpersonal communication.

Martha Crampton (1969) answers this question by discussing her work with Psychosynthesis, a branch of psychotherapy. She believes that mental imagery techniques may play a useful role "*in establishing rapport with the patient, to assess his problems and potentialities and to actively involve him in the therapeutic process*".

How does this happen?

Rapport is established through imagery because images are a way that the patient symbolically represents his meaningful experience. Evoking these images establishes rapport with the patient by entering into the client's unique frame of reference.

Images can be used for assessment as well. A psychosynthesis therapist might ask the client to imagine or draw a tree to assess the client's sense of self. A dwarfed or stunted tree may mean a person who has been unable to express his potential, whereas a tree in full bloom with much fruit may be a person who has achieved a high level of actualization.

Imagery techniques are also used in hypnotherapy. Fromm (1967) details many uses for imagery in hypnoanalysis, for bringing about dissociative states as well as integrative processes and for "ego-strengthening".

Pelletier (1979) describes a typical induction in hypnosis to bring about ego-strengthening, where he recommends that the hypnotherapist gives active suggestion in a suitable trance state that the patient is like a mighty tree, "*tall and strong, firmly rooted and grounded, made stronger by the vicissitudes of life*".

Pelletier (1979) also describes another use of guided imagery in projective assessment. Subjects gave richer responses to the Thematic Apperception Test when guided to take the viewpoint of selected images on the cards in a hypnotic state. Pelletier felt this greater subjective immersion in the image helped "*the patient ascertain the abundance of... choices possible*" for the figures on the cards when subjects could more fully take that perspective.

"...and as we have agreed that all of our issues of concern are created by our imagination, we will need to use our imagination to approach those issues. And you know from your experience the best way to imagine things is by closing your eyes, so what I want you to do now is to take a deep breath and close your eyes..."

In my opinion when and wherever the person mentally shifts their attention from external reality to inner reality, wherever the person mentally leaves the here and now and allows themselves with their imagination to be somewhere else, that person is in hypnotic trance state. And, in order to facilitate that and make it more accessible, we ask the person to close their eyes because, like whole milk, when you keep it still the cream floats to the top, also with the mind, when you keep it still, the cream of imagination floats to the top.

Defining the real problem.

1. The presenting problem

When the client comes to therapy, I avoid asking what the problem is and by doing that I am already reframing and normalising the issue of concern. The issue of concern presented by the client is just a symptom. This symptom is illogical, and as the client feels helpless combating the symptom on a logical level, they come and ask for help.

Issue of concern: *ANXIETY*

We might know what the word *anxiety* means in the dictionary or due to our extensive psychological studies but we do not know what it means to the client. By using open ended questions I ask the client to explain the symptoms, referring to the frequency of the symptom, its duration, and its intensity. As the word anxiety is just a logical semantic definition of an illogical process, it is useful to ask "*where in your body do you feel it?*" As anxiety is just a presenting problem, just like the weeds in the garden, we need to check where it is coming from and what the causes are.

2. The underlying problem

Here we need to identify the patterns and themes of what the client has presented to us. Like "*what else do you feel anxious about?*" However, the main question to ask is

- a) how long ago it started (exploring the past),
- b) b) what life events happened around that time (exploring the past),
- c) c) what is it preventing you from doing (assessing the present), and
- d) d) how would your life look without the problem (looking forward to the future).

3. The feeling

In my opinion anxiety is not a feeling but a judgement of a feeling. So it will be useful to check what the feelings are that the client has as a result of anxiety and what feelings and thoughts might have triggered the anxiety.

4. The judgement of the feeling

Underneath the feelings that we are feeling we have what is called the judgement of the feeling, i.e. forbidden feelings. Those forbidden feelings are messages from the parental super ego that we carry within us.

...and I want you to imagine that you can turn your eyes inwards and go inside your chest, then you can imagine that you have in there a bottle, a bottle of feelings. In this bottle you have stored all the feelings that you have felt in your life, but one day, as you were told, directly or indirectly, do not be angry, do not be jealous, smile and do not be miserable, you have decided to cork that bottle, so that the forbidden feelings will not come out. And at the moment that the feelings of anger jealousy and sadness did not come out, the feelings of happiness and love did not come out either. But those feelings are very much alive inside that bottle and their fragmentation is pushing the cork out. And as the cork comes out like one from a bottle of champagne, you find yourself struggling with those feelings inside...

5. Identity

The deepest root of our issue of concern is the issue of who we are and how authentically we live. In our modern, western, technical society we have lost our identity. We have become our jobs and our social status. As a method of enlarging upon this, we would point out that 'a rose is a rose', 'an elephant is an elephant'. Such statements can be seen as being trite and unworthy of deep consideration but closer examination shows their validity as true illustrations of the human dilemma. A rosebud matures to become a full, blossoming rose, it does not try to change its 'mind' halfway through its development and become an elephant. But we as human beings constantly struggle to become what we are not. Not only that we have lost our identity but, due to our life struggles, we have adopted psychiatric identities and we became our own psychiatric label. However, within every single human being, no matter how neurotic or psychotic they are, there is a very healthy functioning part. The aim of therapy is not to look for what is wrong and try to fix it but to find what is right and teach the client how to use it.

Traditionally therapists have been seen as dealing with illness and sick people. Words such as 'clinical' and 'patient' are evocative of illness. What we need to look at is the fulfilment of potential rather than cure of the illness. Developmental concepts such as 'becoming what one is capable of becoming' (Rogers) and 'self actualisation' (Maslow) reflect something of the spirit behind the origins of the issues of identity. The emphasis is on the development of the potential, on prevention rather than cure and on well-being rather than pathology. Alongside this is the adoption of the more holistic view of the client. This involves focusing on the emotional and mental health in the context of the individuals' location in the life cycle, as well as their lifestyle and relationships.

- a) What is the world really like?
- b) How am I to live my life in it?
- c) What is the meaning of life for me?
- d) How can I truly be myself?
- e) What does it mean to me to live authentically?

"If we want to understand our true selves, we must become familiar with the inner workings of our mind" Bettelheim 1978.

The opposite of a conformist is not a non-conformist but it is authentic. Authentic means accepting who you really are. Therapy is not about fixing and curing, it is about accepting and embracing who we really are.

A man went to his Guru and said:

"Guru, can you show me God?"

"Of course I can show you God, but tell me first who you are?" Guru replied.

"I am an engineer." man replied.

"I have not asked you what you do for a living. Who are you?"

"I am a father to two children."

"I have not asked you about your family situation. Who are you?"

"I am a person who enjoys golf and tennis."

"I have not asked you about your hobbies. Who are you?"

After few more questions and answers, the Guru said:

"Only the day that you find who is I that wants to see God, you will see God."

We have not only lost our spiritual beliefs as we continue still seeking what is logical and can be logically explained, what we have also lost is our direction and purpose in life. The aim is not only to explore therapeutically the roots of the past but also to reshape the growth, so that we can once again hold the steering wheel of our psychological and spiritual car and steer it in the direction that we have chosen and continue our journey in life with mission, passion and compassion. **Mission** - finding the purpose of why I am doing it for the purpose of humanity and the benefit of all human beings.

Passion - finding the very personal core reason for doing what I am doing. In that way therapy is not only an intellectual process but the process in which the therapist can deeply identify with the client and develop empathy by being able to put themselves in the client's shoes.

Compassion - being able to do what we do outside our comfort zone.

Clinical Applications

After we have exhausted all the logical and technical possibilities with the client, it is time to start looking at the deeper level. Not only into the client's past, but also into their future. The best way to do it is on the metaphorical, symbolic and imaginary level.

After we have established with a client that all of our concerns are created by our imagination, we will be working on imaginary and symbolic level.

"...and I want you to imagine that you are standing in the middle of the meadow, and as you standing in the middle of the meadow, I want you to listen to the sounds of the meadow and I wonder if you hear the sounds of the music, natural sounds or the sound of silence (auditory). And I want you to look around you very carefully, noticing the colour of the sky above you, the vegetation around you and the different colours and shapes (visual). And I want you to take a deep breath and smell the smells of the meadow (olfactory). I want you to become aware of your feelings (kinaesthetic). And as you hear what you hear, you see what you see, and you feel what you feel. I want you to notice

there is a path in front of you, and you walk down the path. And as you listen to your foot steps on the gravel, you arrive at the crossroad. And as you are standing at the crossroad wondering which is the best direction to choose, you notice that a sign post has appeared. And as you look at the sign post very carefully you notice that to the left is the past, to the right is the future and straight ahead is the unknown. Which way would you like to go now (await response)."

When the client has chosen the direction they want to go we just guide them through the journey, keeping our language as artfully vague as possible, asking the client to describe the place of arrival by asking the following questions:

- a) Are you inside or outside?
- b) Is it daytime or evening?
- c) Are you alone or with other people?

Establish a Gestalt dialogue between the client and whoever is present in the place. By just repeating the last sentence and from time to time asking: *what would you like to say or to do next* or *what happens next?* This dialogue can also happen between different objects or symbols in the place. Once the dialogue and the events have come to some kind of conclusion or impasse, we suggest to the client to find an appropriate way to say goodbye to whoever or whatever they have communicated with, choose some kind of symbol to take back with them to the crossroad.

Repeat the same with two other directions, creating dialogues with people and objects, always going back to the crossroad carrying the symbol or a gift from that place. By the time we have explored all three directions and put three symbols on the crossroad:

"...and I want you now as you are standing in the middle of the crossroad to turn around and look in a direction you came from and tell me what you have".

The direction that you came from might represent what you are trying to get away from.

As the client opens their eyes, process with the client what they have seen, avoiding at all cost any interpretations. As Fritz Perls said, the interpretations are a waste of therapeutic time. Any attempt to make interpretations will be imposing and projecting your own meaning onto the client. So the first question to ask is *"what does it mean to you?"*, encouraging the client to find their own meaning to the events and symbols they have encountered. It is advisable from time to time to share with the clients any thoughts or feelings that you had during their journey. By doing that, you give permission to the client to feel the forbidden feelings, i.e. *when you were talking to the little child I felt sad* or *When the little child was talking to the parents, I felt angry*. Those interventions will not only give the client permission to feel but will help the client to understand the impact of their actions on others. By processing the material with the client, it will be useful to explore the following:

1. **Cognitive bridge** - find out how the imagery created by the client in the "here and now" relates to the events in their present life in the "now and there". Access the feeling!
2. **Affect bridge** - by identifying patterns and themes you ask your client where else in their life they felt that way and then find out what is the earliest memory. "There and then", in the past, in childhood. Access the feeling!

3. **Somatic bridge** - ask the client where in the body they feel those feelings, what they look like, shape, colour etc. Verbalising a feeling can be misleading as semantically we might get the wrong interpretation.
4. **Affect bridge** - ask the client how all this relates back to the imaginary that has occurred in the here and now.
5. **Cognitive bridge** - and finally to give the session its real therapeutic value ask the client: *“From what you have learnt about yourself, what steps will you take to create a different future?”*

By covering these points you help the client to create their own holistic insight into what will be their ideal future based on their relationships, their understanding of the past, present and their vision for the future.

This will facilitate the client's understanding of their real identity and will allow them to embrace the different aspects of their personality without using any labels or judgements, to be able to act from choice and awareness. Choosing which part of their personality they would like to use in different life circumstances. This will allow the client to facilitate growth across their life span, so they can function within the ever changing socio economic society and not only be able to adapt or to cope with society but also be able to find the meaning of their own life and contribute their own personal change to the ever changing world around us.

References:

Assagioli, Roberto. *Psychosynthesis: A manual of principles and techniques*. New York, NY: Hobbs, Dorman and Company, 1965.

Crampton, Martha. "The use of mental imagery in psychosynthesis." *Journal of Humanistic Psychology* (9). 1969, pages 139-153.

Fromm, E. "Dissociative and integrative processes in hypnoanalysis." *American Journal of Clinical Hypnosis*, (10), 1967, 174-177.

Garfield, L. Sol. *Psychotherapy. An Eclectic Approach*. 1980

Pettletier, A. M. "Three uses of guided imagery in hypnosis." *American Journal of Clinical Hypnosis*, (22), 1979, 32-36.

Schorr, J. *Psychotherapy through imagery*. New York, NY: Intercontinental Medical Book Company, 1974.

Singer, J., L. *Imagery and daydream methods in behavior modification*. New York, NY: Academic Press, 1974.

Stiles, B. William. *Are all Psychotherapies Equivalent?* *American Psychologist*. February 1986.

