

Counseling for Spiritual Wellness: Theory and Practice

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Spiritual wellness is an emerging area of interest in counseling. It still lacks clarity, however, in definition and application. To increase familiarity with and encourage counselor intervention regarding the spiritual dimension, the authors of this article attempt to define more clearly the concept of spiritual health and to describe ways to use techniques for the enhancement of spiritual wellness and the advancement of spiritual development.

Wellness can be conceptualized as consisting of six major dimensions: intellectual, emotional, physical, social, occupational, and spiritual (Hettler, 1979, 1991). Spiritual wellness is an element of emerging interest in health education and in counseling, but relative to the other five dimensions, it continues to lack clarity in definition and application. Health education has focused primarily on physical wellness, whereas counseling has focused primarily on emotional, social, and occupational wellness.

The development of the profession should include an expansion of efforts . . . An elemental weakness, at this point, is the area of spiritual health. It is unexplored territory that the profession has so far avoided for lack of a clear conceptual definition of the construct. This area needs further development and integration . . . (Allen & Yarian, 1981, p. 5)

Thus far, spiritual wellness has been defined as “a continuing search for meaning and purpose in life; an appreciation for depth of life, the expanse of the universe, and natural forces which operate; a personal belief system” (Myers, 1990, p. 11). Spiritual wellness is evident in the following:

. . . the willingness to seek meaning and purpose in human existence, to question everything, and to appreciate the intangibles which cannot be explained or understood readily. A spiritually well person seeks harmony between that which lies within the individual and the forces that come from outside the individual. (Opatz, 1986, p. 61)

These definitions provide some initial guidelines for understanding the spiritual dimension of wellness; theories that include concepts of spiritual health and events and techniques that stimulate spiritual growth (Assagioli, 1965; Grof, 1985), however, seem to have enjoyed only limited recognition. Spiritual health is often viewed as intangible or unteachable, or even as an inappropriate domain for health educators and counselors. This may be, at least in part, because spirituality has been considered primarily the domain of religion. It is our contention that spirituality is a natural part of being human and can be conceptualized in an understandable and practical fashion.

To encourage greater familiarity with and use of the spiritual dimension by counselors and health educators, it is necessary to define more clearly the concept of spiritual health and to describe ways to use spontaneous events and deliberate techniques to facilitate spiritual growth. The purposes of this article will be the following:

1. To provide a clearer conceptual definition of spiritual wellness based in psychological theory
2. To discuss the interactional relationship between spiritual health and the other dimensions of wellness

3. To describe spontaneous events and intentional activities that can contribute to enhanced spiritual awareness and spiritual growth

THE NATURE OF SPIRITUALITY

Several psychological models include spirituality in their concepts of the nature of persons. Maslow (1971) contended that “the spiritual life (the contemplative, ‘religious,’ philosophical, or value-life) is . . . part of the human essence . . . a defining characteristic of human nature . . .” (p. 325). In his study of optimally functioning people, he labeled those at the top of his hierarchy “transcendent self-actualizers.” In comparison to “mere” self-actualizers, transcendents demonstrated the following characteristics, or proportionately more of these characteristics: a more holistic perspective about the world; a natural tendency toward synergy (cooperative action)—intrapyschic, interpersonal, intracultural, and international; much more consciously and deliberately metamotivated behavior (i.e., by truth, goodness, unity); more responsiveness to beauty; a greater appreciation for peak experiences; non-power-seeking attitude over others; the ability to speak naturally and easily—the language of “Being”; the ability not only to be aware of their self-identity but the capability of going beyond the ego self; attitudes that were more lovable and awe-inspiring; and more cognizance of the sacredness of every person and of every living thing.

Assagioli’s (1965) approach, psychosynthesis, included the hypothesized construct of a “higher unconscious” or “superconscious” in all humans, a region of the psyche from which we “receive our higher intuitions and aspirations—artistic, philosophical, or scientific, ethical ‘imperatives’ and urges to humanitarian and heroic action . . . the source of higher feelings, such as altruistic love, of genius and of the states of contemplation, illumination, and ecstasy” (p. 17). He clarified that “‘spiritual’ refers not only to experiences traditionally considered religious but to *all* the states of awareness, all the human functions and activities which have as their common denominator the possession of *values* higher than average” (1989, p. 30). He further asserted that “‘spiritual drives or spiritual urges are . . . real, basic and fundamental . . .” (1965, p. 194).

Grof’s (1976, 1985, 1988) psychospiritual model grew out of observation of thousands of LSD (lysergic acid diethylamide) psychedelic and psycholytic sessions of both psychiatric patient and nonpatient populations. He found that at some point in the course of repeated LSD sessions, those being studied would inevitably experience an existential crisis provoked by “the shattering encounter with . . . critical aspects of human existence [such as biological birth, physical pain and agony, aging, disease and decrepitude, and dying and death] and the deep

realization of the frailty and impermanence of man as a biological creature” (1976, p. 95). This existential crisis, in turn, provoked the following:

...opening up of areas of spiritual and religious experiences that appear to be an intrinsic part of the human personality and are independent of the individual's cultural and religious background and programming . . . everyone who has reached these levels develops convincing insights into the utmost relevance of the spiritual and religious dimensions in the universal scheme of things. Even hard-core materialists, positivistically oriented scientists, skeptics and cynics, and uncompromising atheists and antireligious crusaders such as the Marxist philosophers suddenly become interested in a spiritual search after they [have] confronted these levels in themselves. (1976, p. 95–96)

Grof's implication that spiritual motivation is intrinsic to, but often lies dormant in, human nature finds agreement with the other two theorists. Maslow (1971) believed that motivation at the lowest level of the hierarchy of needs is relatively strong, but that as one achieves each subsequent level, motivation to achieve the next highest level is relatively weaker. In particular, he thought motivation to achieve the metaneeds (self-actualization and self-transcendence) to be “less urgent or demanding, weaker (than) the basic needs” (Maslow, 1980, p. 125). Assagioli (1965), too, contended that in the realm of the superconscious “are *latent* [italics added] the higher psychic functions and spiritual energies” (p. 17).

The concept of the intrinsic but sometimes dormant nature of spirituality in humans is further supported by research on near-death experiences (NDEs; Ring, 1984) and near-death-like experiences (Holden & Guest, 1990), which seem to be catalysts for spiritual growth. Reminiscent of Grof's findings, Ring (1984) found that NDErs' beliefs prior to the experience ran the gamut from hardcore atheists to the devoutly religious. The fact that the NDE flew in the face of the worldview of atheists did not prevent them from having a substantially identical experience as frequently, and being as profoundly and permanently affected by it, as were religious and spiritual believers.

Specifically, what Ring conceptualized as spiritual transformation included personality changes such as greater authenticity, actualization of inner potentials, and positive self-concept; value changes such as increased appreciation of life, concern for others, and quest for meaning in life; decreased concern with impressing others and with materialism; and specifically spiritual changes such as a tendency to characterize oneself as spiritual rather than religious, a feeling of being inwardly close to God, a conviction that there is life after death, and a belief in the essential underlying unity of all religions. To supplement this profile, Moody (1975) found that many NDErs independently reported having learned the twofold purpose of life during their experiences in the presence of an all-knowing, all-loving “being of light” (p. 65): to acquire knowledge and grow in the capacity to love.

That spiritual awakening can sometimes be violent and profoundly disorienting is illustrated by the phenomenon of spiritual emergency, a concept that has been gaining momentum in recent psychological literature (Bragdon, 1988, 1990; Grof & Grof, 1989c). Spiritual emergency can take many forms including, for example, ego inflation or the aftermath of an NDE. Beneath the various manifestations is apparently an influx of spiritual energy in an amount too great or form too foreign for the limited personality to integrate smoothly. For this reason, spiritual emergency is indeed well represented by the Chinese pictogram for *crisis*, which includes symbols of both “danger” and “opportunity” (Grof & Grof, 1989b, p. 7).

DEFINING SPIRITUALITY

Webster's dictionary (Guralnik, 1984) defines “spiritual” as “(1) of the spirit or the soul (2). of or consisting of spirit; not corporeal (3). religious; sacred” (p. 576). We find this definition to be too restrictive to account for the varieties of spiritual experiences. Such phenomena as NDEs, past life experiences, and the practice of meditation often seem to foster similar developmental changes as do religious conversion and the experience of oneness with the universe. Some of these experiences occur outside the context of the human institution of organized religion; others do not explicitly include a subjective sense of “spirit,” “soul,” or “noncorporeality.”

Based on an incorporation of the material cited previously, we propose the following definition:

Spiritual: Pertaining to the innate capacity to, and tendency to seek to, transcend one's current locus of centrality, which transcendence involves increased knowledge and love.

This definition includes many implications that we wish to make explicit.

1. “Innate capacity” is not meant to imply a capacity found *only* in humans—a point of debate that exceeds the scope of this article. The phrase is meant to imply a capacity found in all humans, *albeit realized to different degrees by different people at different times*.

2. “Tendency” implies internal motivation toward spirituality that may be demonstrated on a continuum from totally repressed (Haronian, 1972) at one end to a central preoccupation in one's life (Grof & Grof, 1989c) at the other.

3. “To seek” implies that one cannot cause experiences of a spiritual nature to occur; one can only create certain conditions in which spiritual experiences are more likely to occur. This is similar to the concept of “passive volition” in biofeedback.

4. “One's current locus of centrality” refers to the psychological position from which one experiences and evaluates life events, for example, egocentricity (how life events impinge upon my personal wants and goals).

5. “Transcend” is meant to imply a “moving beyond” in a direction of higher or broader scope, for example, someone whose current functioning is characterized by unhealthy egocentricity (self-centered or narcissistic) experiencing healthy egocentricity (enlightened self-interest in which one gleans personal satisfaction through contribution to the greater good), humanocentricity (centered in humanity), geocentricity (centered in the planet), and cosmicentricity (centered in the cosmos). The concept of subsequent levels of transcendence is meant to imply that spirituality is a process to be conceptualized on a continuum, not conceptualized as an either-or proposition; indeed, the identification of discrete stages is recognized as an arbitrary delineation along the continuum (Wilber, Engler, & Brown, 1986).

6. “Greater knowledge” is meant to imply a higher or broader worldview that includes but also transcends the worldview of the previous stage (Wilber, 1980). Greater knowledge involves conceptualization that is increasingly inclusive and focused on commonality and unity, and decreasingly exclusive and focused on difference and duality.

7. “Greater capacity to love” is meant to imply the paradoxical combination of benevolent acceptance of what is, and a motivation to bring about change that results in the greater good. Together with greater knowledge, this implies an evolving sense of life purpose with its increasingly comprehensive and constructive systems of ethics and values.

Compared to a dictionary definition, the one proposed herein can include a sense of spirit, soul, noncorporeality, and sacredness. These components, though extremely common in spiritual experiences, however, are not requisite by our definition. In addition, our definition allows for the experience of relationship to a higher power, as well as the experience of “no-thingness” considered to be the epitome of enlightenment in some Eastern traditions. And finally, we define “spirituality” independently of “religion”; that is, spirituality can occur in or out of the context of the institution of organized religion, and not all aspects of religion are assumed to be spiritual.

We define spiritual experience as an acute experience of a spiritual nature. The term *spiritual experience* tends to conjure up images of the profound phenomena characterized by ineffability, noetic quality, transiency, passivity, unity, and positive affect (Noble, 1987), such as the NDE or experiencing a visitation by a divine presence (Sample, 1984). By our definition, *any* experience of transcendence of one’s former frame of reference that results in greater knowledge and love is a spiritual experience. This includes, for example, a husband who, by virtue of coming to understand his wife’s behavior in a new way, is able to respond more lovingly toward her, or a client whose contemplation of some existential question seems to facilitate her recovery from an eating disorder. The term *acute* is not meant necessarily to imply “short-lived.” Although many and perhaps most spiritual experiences are transient, some advanced practitioners of Eastern spiritual disciplines claim to be living in an almost constant state of spiritual experience. Acute is meant to imply “unmistakably noticeable.”

We consider the term *spiritual development* to be the process of incorporating spiritual experience that results ultimately in spiritual transformation. The occurrence of spiritual experiences does not guarantee spiritual development (Grof & Grof, 1989c). Although more intense experiences may press more relentlessly for resolution and

integration, they may nevertheless go unresolved for years. The term *ultimately* reflects that spiritual development can involve such episodes or periods of upheaval. At the other extreme, less profound experiences may result in only transient change and not in the achievement of a new level or stage that would characterize development.

This concept of achievement of a new level or stage that would characterize development is exactly what is implied in the term *spiritual transformation*. Transformation is demonstrated by the stable expression of a new mode of functioning that is characterized by a broader locus of centrism and by greater knowledge and love.

Finally, we consider the term *spiritual wellness* to be a balanced openness to or pursuit of spiritual development. “Openness to or pursuit of” is meant to imply that spiritual wellness may be, but is not necessarily, a conscious undertaking. The term *openness to* addresses especially the concept of “repression of the sublime” (Haronian, 1972), in which one denies or defies the spiritual tendency within oneself. This concept includes that of “desacrilization” (Maslow, 1971, p. 49), whereby denial of the reality or importance of higher values defends one against the pain of disillusionment. “Balanced” refers to two dimensions of spiritual wellness. The first is the horizontal dimension, characterized by a continuum with repression of the sublime at one end, and spiritual emergency (Bragdon, 1988, 1990; Grof & Grof, 1989c) at the other. In spiritual emergency, one is overwhelmed by or preoccupied with spirituality, to the detriment of the other dimensions of wellness. Spiritual wellness, then, is conceptualized as a position at or near the midpoint of this continuum (see Figure 1).

In Figure 1, note that at any point in spiritual development, one may shift between a position of wellness and one of either repression or emergency-preoccupation (horizontal dimension). At a position of spiritual wellness, one may demonstrate any stage along a continuum of spiritual development (vertical dimension). Whereas the first meaning

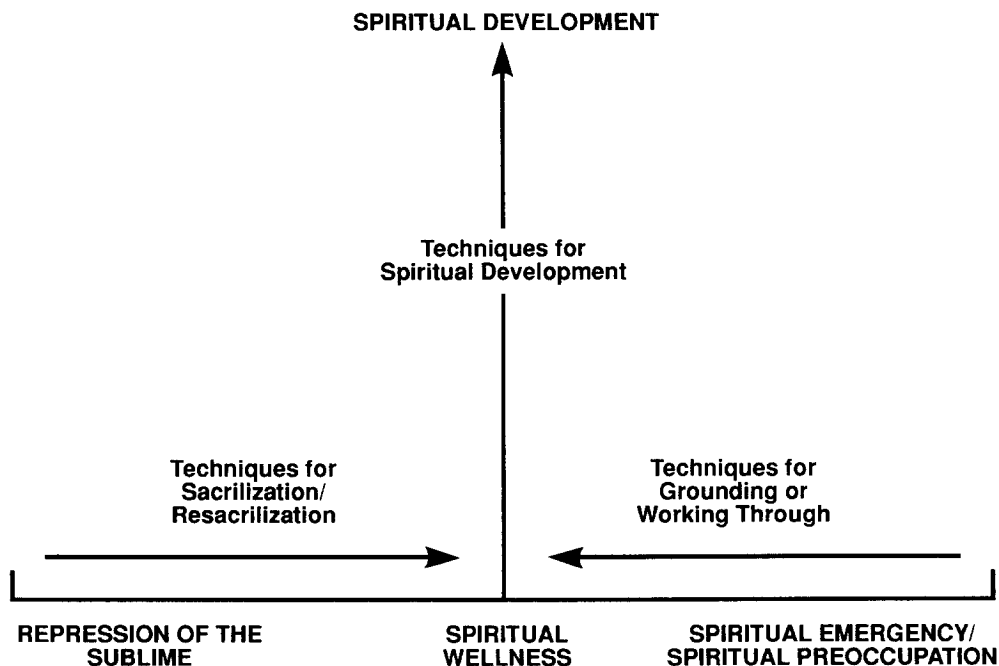


FIGURE 1
Model for Spiritual Wellness and Classes of Techniques

of "balance" refers to this horizontal dimension, a second meaning refers to the vertical dimension. To remain at the horizontal position of balance and yet progress to ever higher stages of spirituality, one must progress relatively gradually and generally in sequence (Assagioli, 1965; Maslow, 1971; Wilber et al., 1986).

Confrontation with life events that, because of one's current locus of centrality, one is unable to incorporate can foster a shift in the direction of either spiritual emergency or repression of the sublime. Examples of such life events include existential events such as death of a loved one, imprisonment in a concentration camp (Frankl, 1959), and lack of fulfillment upon having achieved those goals valued by one's culture, as well as spiritual experiences such as the NDE and near-death-like experiences.

ACHIEVING OPTIMUM WELLNESS

We suggest that spiritual health not be conceptualized as just one of the six dimensions of wellness. Spiritual health should be considered as a component present, along with a personal component, within each of the interrelated and interactive dimensions of wellness (i.e., social, physical, emotional, intellectual, and occupational; see Figure 2). Note in Figure 2 that this model is interrelated and interactive, with personal and spiritual components. Optimum wellness exists when each of these five dimensions has a balanced and developed potential in both the spiritual and personal realm. Working to achieve high-level wellness necessitates the development of the spiritual component in each of the five dimensions of wellness. Without attention to spiritual health in each dimension, the individual remains incomplete.

Observable behavioral change that is not accompanied by spiritual development may be especially vulnerable to recidivism. Behavior change that is manifested outwardly is a cue that personal changes are occurring for the individual. Without accompanying spiritual changes, however, the maintenance of these behavioral changes is difficult at best. Consider, for example, the obese person who loses weight only to

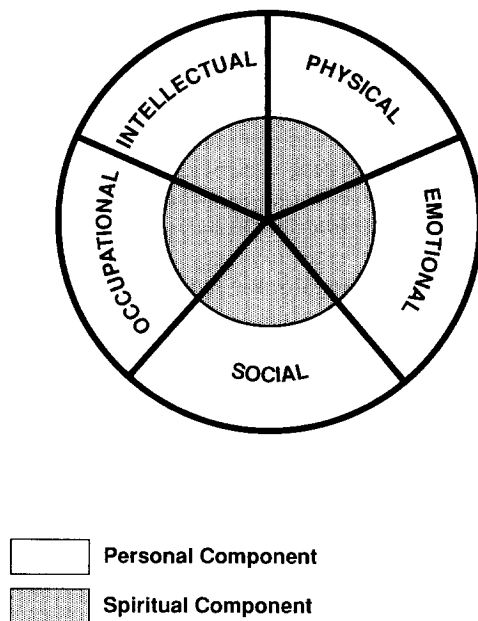


FIGURE 2
Holistic Wellness Model

gain it back when the diet ends, the ex-smoker who continues to fight the urge to have another cigarette, and the workaholic who continually struggles against taking on more and more tasks. We suggest that attention to spiritual health plays a major role in helping individuals maintain positive change. The dieter must internalize the new self as healthy and at the appropriate weight. The ex-smoker must internalize the new self as a nonsmoker. The workaholic must internalize the new self as a balanced individual. Spiritual health provides an avenue through which the individual can create the new and more complete self. Attending to both personal and spiritual modalities for transformation contributes to greater balance and will more likely lead to transformation of the self with its accompanying opportunity to achieve higher level wellness.

We believe that the capacity to develop in both the spiritual and personal realms is present from birth (or perhaps before). Cultures that emphasize the development of the spiritual component in each wellness dimension from early in a person's life may be less likely to produce individuals who experience a spiritual crisis from sudden spiritual awakening. Also, a culture that fosters the development of the spiritual component as well as the personal component contributes to the likelihood that its members can achieve higher levels of wellness in all dimensions than if just one or the other of these two components is emphasized.

COUNSELING AND SPIRITUAL WELLNESS

The practice of incorporating the spiritual dimension into psychotherapy was introduced into Western psychology by Jung (Laszlo, 1954). His ideas influenced Assagioli (1965), who presaged several implications of our model of spiritual wellness for the practice of counseling. He viewed personal and spiritual development as essentially unique and sequential yet predominantly overlapping and interactive, each potentially contributing to the other. He recommended that the therapist introduce spiritual ideas and experiences in a form and with a frequency commensurate with the client's level of personal development and wellness, so as to neither collude with the self in any defense against spirituality (a collusion that would foster repression of the sublime) nor overwhelm the self (an overwhelming that could precipitate spiritual emergency). A more detailed exposition of the stages of spiritual development by Wilber et al. (1986) reflected a similar philosophy about the counselor's role in the process. Both of these approaches suggested two facets of the counselor's role: assessment and intervention.

Assessment

At this time there is no known objective measure of spiritual development. Most existing assessment is based on the clinical interview, including some history gathering, and interactions with the client. Assessment of spiritual wellness involves attention to the following:

1. The client's current personal development (age and maturation level) and degree of health within that stage of development (including the level of functioning in each of the dimensions of wellness [i.e., emotional, occupational, physical, intellectual, and social]).
2. The client's spiritual wellness in relation to spiritual repression versus spiritual preoccupation (see Figure 1, horizontal axis).
3. The client's level of spiritual development (see Figure 1, vertical axis).

Client status on one directional dimension frequently may be found to be related to status on the other directional dimension, but this is not

always the case (Assagioli, 1965; Grof & Grof, 1989c; Maslow, 1971). For example, someone may be at a very high level of spiritual development but be thrust into spiritual emergency-preoccupation because of some unexpected occurrence, such as a near-death experience. Someone else may not be as highly developed spiritually but could be in a state of spiritual wellness. Spiritual wellness is a balance, the middle point between a repression of one's spirituality and a preoccupation with one's spirituality. The ultimate goal is to work toward maintaining or regaining balance in a state of spiritual wellness while also striving to develop spiritually to higher levels.

Differential diagnosis of spiritual emergency versus, for example, psychosis is not yet fully refined, in our opinion. Assagioli (1965) offered:

These various manifestations of the crisis [of spiritual awakening] bear a close relationship to some of the symptoms regarded as characteristic of psychoneuroses and borderline schizophrenic states The differential diagnosis is generally not difficult. The symptoms observed isolatedly may be identical; but an accurate analysis of their genesis, and a consideration of the patient's personality in its entirety and (most important of all) the recognition of his actual existential problem, reveal the difference in nature and level of the pathogenic conflicts. (p. 42)

Lukoff (1985) offered some guidelines to differentiate a psychotic episode with mystical features from a mystical experience with psychotic features. To summarize Lukoff's recommendations, if a clinician can confirm all of the following sequential determinants, then the client is experiencing a mystical experience with psychotic features:

1. The client meets a *Diagnostic and Statistical Manual of Mental Disorders* revised edition criterion (*DSM-III-R*; American Psychiatric Association, 1987) for psychosis.
2. The client's symptoms overlap with a mystical experience.
3. With this client, a positive outcome is likely.
4. With this client, there is low risk.

A single no response to any one of criteria 2 to 5 would, instead, potentially result in a more serious primary diagnosis of psychosis. Grof and Grof (1989b) encouraged mental health practitioners to be open to the possibility that a given functional psychosis (a class of disorders that currently have no known medical cause) may have its roots in neither the client's medical history nor the client's biographical history, but in the transpersonal realm.

Intervention

Growth in the spiritual dimension can be stimulated by both spontaneous events and intentional activity. An expanded sense of spiritual being often occurs in the aftermath of near-death experiences (Ring, 1984) and near-death-like experiences (Holden & Guest, 1990). Likewise, persons who work consciously and deliberately with meditation, creative visualization, rhythmic breathing, and other similar techniques often experience effects that reflect enhanced spiritual awareness and movement toward greater spiritual wellness (Gawain, 1978; Hendricks & Weinhold, 1982; Vaughan, 1979).

In determining the most appropriate intervention with regard to counseling for spiritual wellness, several issues must be taken into consideration. Spiritual interventions should be geared to the client's stage of personal development and degree of health (Assagioli, 1965; Wilber et al., 1986). For example, someone functioning minimally well who is 5 years of age or older might benefit from a visualization of rising

progressively upward and viewing oneself from the perspective of the clouds (S. Waterman, personal communication, September, 1990). Such a visualization would most likely be contraindicated for a chronic schizophrenic person (Wilber et al., 1986). Certain other visualizations may require more sophisticated cognitive abilities and would, therefore, be inappropriate for young children but potentially appropriate for persons in their teens or older.

Proposed classes of interventions are identified in Figure 1. Note that the function of any technique is to help the client move horizontally toward a position of spiritual wellness and to move vertically toward more advanced stages of spiritual development. If the client is in spiritual emergency, techniques exist for grounding or working through (Grof & Grof, 1989a). *Grounding* refers to slowing down the process of spiritual emergence. This renders spiritual experiences more capable of being assimilated and, therefore, more likely to result in spiritual development; failure to help a client become grounded may result in a chronic state of upheaval characterized by no development. To this end Kornfield (1989) suggested that one do the following:

Take showers, do a lot of jogging, walking or tai chi, dig in the garden, do anything that connects with the earth. Inwardly, bring the attention down through the body, visualize the earth, get some good bodywork or massage, or use whatever movements help . . . acupuncture can work . . . change the diet and eat heavy foods, grains and meats . . . Do the kinds of activities that slow and bring one back down. (p. 159)

In a similar vein, Ram Dass (1989) asserted that when he encounters someone preoccupied with spiritual pursuits, "(he) feel(s) like saying, 'Come on, get your act together, learn your zip code, go get a job'" (p. 182). In his own humorous way, he is exemplifying the value of spiritual pursuit that is in balance with the other, personal dimensions of wellness.

By contrast, techniques designed to help the client work through spiritual emergency include helping the client "stay with" the crisis to facilitate its potential for transformation. Recommendations for counseling NDErs (Greyson & Harris, 1987) and others in spiritual emergency (Bragdon, 1988, 1990; Grof & Grof, 1989a; Prevatt & Park, 1989) include skills and processes that, like the emergencies themselves, go beyond traditional counseling. In addition to expressing the core conditions of counseling and using basic counseling skills, spiritual emergency counselors must believe in the validity and transformative potential of spiritual emergency. Counselors are further charged with being well informed about altered states of consciousness and spiritual emergency to conceptualize, and thoroughly and accurately inform clients about, their experiences. Spiritual emergency counselors should also be skilled in the use of experiential techniques and should be willing to deviate from traditional clinical roles (but not ethical guidelines) to respond flexibly to the sometimes unconventional needs of these clients. This includes flexibility in the length, frequency, and content of counseling sessions, as well as a willingness to persevere. Whenever possible, the counselor is also charged with helping the client to establish a support system among family and friends.

If a client is spiritually well, techniques exist for promoting spiritual development. If a client is repressing the sublime (consciously or unconsciously), techniques exist for *sacrilization* (sensitizing to the spiritual those who have no conscious experience of the spiritual) or *resacrilization* (resensitize those who have been spiritually well but have moved, consciously or unconsciously, toward repression). Hundreds of books and articles exist on various techniques for spiritual development or sensitizing to the spiritual. Although an exhaustive review of these sources is beyond the scope of this article, we can

suggest a few selections from among our favorites. Meditation instruction and practice is a common technique used to foster spiritual development (Gawain, 1986; Hendricks & Weinhold, 1982; LeShan, 1974; Mahesh Yogi, 1963; Novak, 1989; Tart, 1990). Meditation can facilitate feelings of personal balance and harmony (centeredness), relaxation, and increased awareness of oneself and one's environment. Meditation practice can also assist with the development of intuition, self-insight, and greater self-trust. An expansion of consciousness often occurs from meditation that replaces feelings of isolation, provides greater personal security, and creates a sensation of being in communion with the universe.

Gawain (1986) described a beginning-level meditation exercise that is briefly summarized with the following steps:

1. Ask the client to lie in a comfortable position with eyes closed and breath deeply, relaxing the mind and body.
2. Instruct the client to imagine a very powerful presence within and all around that is totally loving, strong, and wise and that is nurturing, protecting, and guiding.
3. Have the client relax and enjoy the feeling that he or she is being totally taken care of by the universe.
4. Conclude the meditation with the following affirmation: "I feel and trust the presence of the universe in my life" (p. 9).

Gawain (1986) referred repeatedly to a meditation that involves a "wise presence" from whom one can solicit guidance. This type of meditation encourages individuals to turn within, to the spiritual realm, for intuitive insight and creative ideas.

Meditation can be a guided exercise or can take the form of completely blanking one's mind to allow for spontaneous imagery or insight. Meditations designed for healing purposes may involve a focus on the body and its healing mechanisms. Healing meditation may be more abstract such as to visualize a swim in healing waters (Highstein, 1985) or to be showered by a colorful rainbow that symbolically represents the chakras, hypothetically the main energy centers in the body. Yoga and Tai Chi are used as meditations of "movement" that simultaneously align the body with mind and spirit.

Novak (1989) reviewed a variety of additional schools or types of meditation. The meditation of contemplation is essentially learning to look at something actively and alertly but without words, and as if feeling it but without actually touching it. The meditation of "breath counting" is a focus on one's own exhalations—to have the whole attention involved in the counting with the goal of eliminating personal distraction that may interfere with the discipline of focus. The meditation of the "safe harbour" is a guided meditation directing all of the areas of the body and mind into a feeling of safety. Meditation on universal symbols, such as the "thousand-petaled lotus flower" is a symbolic rendition that everything is connected to everything else. Meditation with mantras, such as positive phrase repetition, "All is one," or "I am one with God," is believed to have beneficial effects because of the content.

The meditation of "who am I?" (Novak, 1989) is a rigorous form of self-inquiry and is usually practiced by more experienced meditators. During this meditation, the meditator ask a series of questions, beginning with "who am I?," and answers each question with another question that requires deeper inquiry. For example, if "who am I?" is responded to in one's mind with a name, then one follows with the response, "No, this is a name I have given myself. Who is the I who I gave that name to?" Should the next response be something like an image of oneself, then the response would be, "No, this is an image I

have of myself. Who is the I that gave me this image?" This meditation process continues for a while until one obtains a deeper understanding of oneself. This meditation is similar to Assagioli's (1965) exercise of disidentification where the ultimate goal is the experience of pure consciousness.

What are the specific values that meditational procedures can bring to psychotherapy? LeShan (1974) answered this question with the following ideas:

1. Many meditations bring about an increase in ego strength.
2. Meditations can be applied to special problem areas; they can be used to help explore a specific area and help "loosen" client defenses.
3. Meditation assists with "centering"; the quality of feeling at ease with oneself and with one's environment.
4. Meditations facilitate growth by teaching the individual to regard his or her being as something of real value and to pay serious attention to the totality of being.
5. Meditation assists with growing beyond the ability to function in everyday life and being relatively "pain-free." (pp. 115–116)

Relaxation (Charlesworth & Nathan, 1984; Curtis & Detert, 1981), rhythmic breathwork (Grof, 1988; Hendricks & Weinhold, 1982), creative visualization (Gawain, 1978), imagery (Witmer & Young, 1985), and awareness exercises (Small, 1982; Vaughan, 1979) are frequently used interventions in counseling and therapy that can foster personal as well as spiritual development. Creative visualization can be conceptualized as a form of meditation that involves the imagining of what I want out of life, mentally rehearsing it, and believing in my creative potential to bring it about. Incorporating the practice of daily positive affirmations into therapeutic homework may facilitate both personal and spiritual growth (Chandler & Kolander, 1988; Gawain, 1988). A sample affirmation for someone with poor self-esteem might be, "I am confident and strong." For someone who fears failure an appropriate affirmation might be, "I have the courage to strive for my goals." It is not necessary that the client already believe these affirmations. The purpose is that, through daily repetition, the individual can reprogram the subconscious or unconscious to be more positive and self-affirming. The individual eventually comes to believe in these affirmations and acts upon them in a way that brings about positive change. From this perspective, daily affirmations may be considered a form of miniature meditation or mantra.

Dream-level therapy is a practiced art in counseling to enhance personal and spiritual growth (Faraday, 1972; Headrick, 1985; LaBerge, 1985; Tholey, 1983; Ullman & Ullman, 1979). The psychotherapeutic approach of psychosynthesis offers several techniques for spiritual growth (Assagioli, 1965; Brown, 1983; Ferrucci, 1982; Yeomans, 1989). The existential-phenomenological perspectives in psychology provide an additional framework for conceptualizing and intervening with persons regarding the less observable-quantifiable and more spiritual concerns (Valle & Halling, 1989). Additional resources that consider a spiritual component in the context of counseling and psychotherapy include the following periodicals: *Journal of Transpersonal Psychology*, *Journal of Humanistic Psychology*, *Common Boundary*, and *Meditation*. Another potentially valuable resource for working with a client in spiritual emergency is the Spiritual Emergence Network in Menlo Park, California. Substantial overlap exists between counseling for spiritual emergency, for sacralization-resacralization, and for spiri-

tual development; that is, certain techniques could serve more than one (or all) of these purposes.

At least three concerns deserve mention regarding counselor use of the interventions identified earlier: ethical considerations, legal ramifications, and personal-spiritual development. Professional ethics prohibit the use of techniques for which the counselor has not been adequately trained (American Association for Counseling and Development, 1988). Counselors increase their malpractice liability by using approaches not substantiated by tradition or the current literature (Pichioni & Bernstein, 1989); many of the techniques described herein have not been researched well, if at all. An axiom exists in the realm of spiritual development that one cannot help another past one's own level of development (Assagioli, 1989). This axiom refers to the necessity that counselors themselves must have practiced the techniques and reached some level of proficiency prior to teaching or demonstrating these techniques. An example of this can be borrowed from biofeedback therapy, which requires that biofeedback therapists themselves be able to demonstrate proficiency at self-regulation and relaxation using the biofeedback instruments they apply in practice with their clients.

CONCLUSION

Counseling for spiritual wellness includes attention to the spiritual component of each dimension of wellness. It also involves helping an individual move toward spiritual wellness through sacralization or resacralization (following repression of the sublime) or through grounding or working through (following spiritual emergency or preoccupation). An individual who is in a state of spiritual wellness can also be assisted in counseling to achieve further spiritual development.

"Psychotherapy, if it is to provide substantial assistance to the process of mental and spiritual growth, is not a quick or simple procedure" (Peck, 1978, p. 12). One does not have to belong to any particular theoretical orientation to attend to the spiritual component of wellness with clients; one does need, however, an understanding, appropriate training, and, of course, a willingness to work with the spiritual dimension.

"Awareness is wider and deeper than anyone had guessed; intention, more powerful. Clearly, human beings have not begun to exploit their potential for change" (Ferguson, 1980, p. 154). Let this statement be a challenge to counselors to pursue spiritual wellness and development for themselves and for their clients in the decade of the 1990s and beyond. We believe spirituality is innate within all humans. Choosing to ignore the spiritual component of wellness out of fear or ignorance is somewhat irresponsible of those in health service fields. Spiritual wellness is not an undefinable, unworkable construct. It is a part of the human being that needs to be attended to and fostered as much as do the mind and the body. Counselors, by virtue of their professional description as promoters of human development, are likely facilitators for the enhancement of spiritual wellness.

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