

# **WHOLE LIFE THEORY**

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Keith Reeves Barron, Ph.D.

## Philosophical Foundations

### Anthropological Foundation

Every theory of human life explicitly or implicitly embraces an anthropological view of what it means to be human. Such views might be reductive or nonreductive, deterministic or nondeterministic, regardless of whether they are primarily scientific or philosophic. Nevertheless, any definitive determination of the human capacity for freedom and transcendence is fundamentally a "faith" perspective since no final empirical proof can be offered one way or the other. Even Watson and Skinner were forced back upon a "faith" position in this respect in their reductionistic and deterministic views [Watson, 1928; Skinner, 1971]. Such views have tended to dominate the fields of psychology and the social sciences in this century [Jones, 1994]. In this respect, they have run counter to thousands of years of human wisdom embodied in the great faith traditions that witness to the human capacity for freedom and transcendence.

### Vision of the Whole

One of the serious weaknesses of modern psychology has been its relative isolation from other disciplines as theorists and practitioners tried to assert its autonomy and intellectual credibility as a science. The modern tendency toward reductionistic, deterministic, and mechanistic models of human growth and development, as well as therapeutic process, only serve to further the fragmentation and alienation of human life and relations endemic to this cultural period [Vitz, 1977].

What is needed are synthetic views of whole persons-in-relation to others, while recognizing, nonetheless, that no such view can ever completely grasp the complexity and mystery of human beings or human communities.<sup>1</sup> No one discipline, no one science can begin to account for all that needs to be accounted for in understanding human behavior, motivation, dysfunction and wholeness, especially when these are viewed across cultures and peoples of diverse backgrounds.

The inadequacy of traditional scientific paradigms to describe adequately or consistently predict the direction of complex systems are providing impetus to newly emerging paradigms. Two new theories--chaos theory and complexity theory--attempt to address the complexity and apparent unpredictability of natural and social systems, especially macrosystems like the weather, financial markets and political process, as well as relational systems like families, organizations and communities, and physiological systems, including heartbeat and neural activity. [Casti, 1994; Cowan, Pines, & Meltzer, 1994; Waldrop, 1992]

The term "chaos," in chaos theory, asserts that systems often *appear* to function chaotically because the cumulative effects of microevents in the macrosystem are so many and often so minute that they cannot possibly all be accounted for. Natural systems, as well as many that are human made, are so complex in relation to the human ability to observe or quantify that accurate long-term predictions become issues of chance and probability rather than precise scientific measurement or

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<sup>1</sup>The understanding of human person as being-in-relationship is adapted from Maurice Merleau-Ponty's description of the human as "being-in-the-world" which cannot be reduced to any dualistic conceptualization [e.g., traditional Cartesianism] but which views the person and world as an integrating whole or gestalt (Merleau-Ponty, 1963, 1964). Before Merleau-Ponty, Victor Frankl described human existence as bidirectional: toward "being-in-the-world," or the subjectivity of existence, and "meaning-in-the-world," or being experienced in terms of meaning and value. This is summed up for him in a totality of existence that he terms the "I-am experience" (Frankl, 1955, 1967).

forecast. This effect was identified by meteorologist Edward Lorenz in 1961 in his computer analysis of weather patterns. He observed that very small changes in the data would produce dramatically different scenarios over the long term. This has become known as the “butterfly effect” or “sensitive dependence on initial conditions.” Complexity theory likewise addresses the unpredictable emergent organization of organic systems. In other words, organic systems simply appear to be chaotic, when in reality there is always an emergent order but one that is fully discernible only in retrospection [Gleick, 1987; Stewart, 1989].

Many scientists find these new theories appealing since they seem to reconcile the apparent randomness or “chaos” of complex systems and yet allow them to preserve their commitment to determinism. Belief in determinism as a grounding assumption relies on the presupposition that events are caused by a set of finite causes even if they are too many to count or too small to observe. Despite claims to have moved beyond mechanistic theory, the grounding presupposition seems not to have changed. What about human behavior? Does chaos theory really provide an alternative to the determinism of modern psychologies?

Attempts are being made to introduce both chaos and complexity theory into counseling theory and therapy [Butz, 1993; Chamberlain, 1993; McCown & Johnson, 1993]. Brack, Brack and Zucker [1995] present these theories as complementary, not alternatives, to other counseling theories. Their presentation illustrates the contradiction that this can imply when attention is not paid to competing presuppositions. They point out, on the one hand, that in chaos theory the patterns of whole systems are difficult to discern because they reflect "the *infinite influences* of all the variables involved in that system" [201; emphasis added]. Yet on the other hand, this theory maintains that chaotic behavior is "usually . . . deterministic" [202]. These authors critique those

practitioners who continue to operate from a classical view of science, adhering as they do to "the values of precision, control, and causality" indicative of nineteenth century [mechanistic] world views [206]. The disjuncture in their own reasoning, however, is their retention of determinism as a norm governing human behavior. But what about the "infinite influences?" What these authors miss in the "infinite influences" they advert to is the existentiel of human freedom, limited though it is, opening upon an infinite horizon of possibility. Life and death, being and nonbeing, fullness and emptiness, form and space all attain a primal unity in the mysterious ground of being. What is patently missing in their perspective is the essential freedom of the person to produce significant systemic change for health or pathology in a nondetermined manner.<sup>2</sup>

Taken together, chaos and complexity theory seems to be a transitional theory growing out of the mechanistic and deterministic views of classical science that still permeate much of psychology and counseling theory. They mark a shift from the simplistic view that complex human systems can be reduced down to a few manipulable causes and behavioral laws. This is not scientific revolution, however, in the way Thomas Kuhn would argue that one paradigm replaces another, not actually refuting, but replacing the older paradigm [Kuhn, 1962]. What is needed today in view of the vast amount of new knowledge being acquired, and what is apparently beginning to emerge in practice if not in theory, is a new systemic meta-paradigm in psychology and the human sciences that does not advocate only one theory, model, methodology, orientation or discipline but one that

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<sup>2</sup>In his article, Chaos theory and its application to vocational counseling: A critical reappraisal, Gluck argues this very point: "Not all important questions are amenable to scientific inquiry. For example, the concept of freedom may be quite intelligible from the standpoints of philosophy and common sense, but science knows nothing about it" [78]. He states that, while "chaos theory may derive many of its basic concepts from the 'new science' of quantum mechanics, . . . it is also obvious that many of its ideas are derived from religious or philosophical thought as well" [74]. See also Brennan, 1995, whom he quotes.

networks, cooperates and organizes knowledge and data in a transdisciplinary fashion.

New psychological models need to be internally cohesive, yet open to other models, disciplines and methodologies [Jones, 1994]. Postmodern psychological models [which really have yet to be done] will more than likely be multi-model syntheses of many models and methodologies. More than merely eclectic, such models will be constructively interdisciplinary in an attempt to address the complexity of human persons and their relations with self, other and world. [Noy, 1977; Silverman, 1986; Solomon, 1992]

One appropriate methodology for transdisciplinary study has been suggested by William R. Rogers who attempts to overcome the pervasive tendency to reduce one model or discipline to another.<sup>3</sup> Rogers offers an integrative paradigm that he calls a constructive-relational model:

one which attempts to remain faithful to the primary phenomena, while encouraging relational attention to multiple disciplines of interpretation--moving toward a more constructive and holistic understanding (that cannot be "claimed" or reduced by any *one* of the various approaches). Here there may be both mutual critique and support, empirical attentiveness, and innovative possibilities for integration. [Rogers, 1980, 16-17]

Our understanding of the human-in-relation grows and expands with the consultation and inclusion of relevant models and their pertinent data. Such a constructive position provides, what Rogers calls, a "synthetic, multidimensional understanding" of the phenomena under study. Such a process aims

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<sup>3</sup>See S. L. Jones' article, A constructive relationship for religion with the science and profession of psychology: Perhaps the boldest model yet, 1994, for a proposal similar to Rogers.

at overcoming both the theoretical and practical deficits in particular models or disciplines [Barron, 1989, 197; see Lazarus, 1976, & Noy, 1977].

Interdisciplinary approaches benefit from the diverse experience of scholars working from different fields toward mutual collaboration. This paper, for this reason, draws upon sources in philosophy, theology, religious studies and the social sciences in addition to counseling and psychology. We must move from monodisciplinary to multidisciplinary, or better transdisciplinary, models of human life and relationship in an effort to construct a truly transcultural counseling-therapeutic paradigm for our global community of the twenty-first century [Gore & Maultsby, 1993; Harper & Stone, 1993; Locke, 1992; McFadden; 1993].

### **Epistemological Foundation**

Freud's epistemology maintained the Cartesian split of person and world in terms of an inner world of psyche life over and against an outer reality of objective phenomena. Although he believed that these two worlds interacted, he viewed them as somewhat dichotomous and potentially autonomous. Much of contemporary psychology continues to maintain this dualism, viewing the external world as completely independent of our perception or knowledge of it [true only if there are no human knowers], and believing that the subject can know this reality in an objective conceptualization as if the act of knowing were "detachable" from the object. Some behaviorists have gone so far as to deny the inner world altogether [Watson, 1928].

British child psychoanalyst D. W. Winnicott [1951] attempts to bridge this dualism in psychoanalytic theory by expanding within the framework of object relations theory the idea that the person and world are mediated together in mutual human experience [Eigen, 1981]. For Winnicott

this "intermediate area of experiencing" that exists between people is a third area that encompasses, in part, both inner and outer worlds, but is reducible to neither. This third area of experiencing is understood to mediate not only the person and the world, but also Freud's concepts of primary and secondary process, apperception and perception, and the autistic and the real. Winnicott calls this third world of shared experience "the transitional sphere." It is a world invested with meaning that can be and must be shared with others--its very existence depends upon such sharing. The transitional sphere encompasses the whole realm of interpersonal symbols and includes all of culture as well [Winnicott, 1951; Pruyser, 1985].

Human persons are more than mere objects in the world to be known. Human interpersonal knowing and human intentionality transcend the classical scientific dichotomy of subject and object. Neither subjective nor objective views offer a proper perspective for knowing the human other. The philosopher of religion William Cantwell Smith argues that our awareness of ourselves and our neighbors "will expand to become truly scientific, truly rational, not when [our] knowledge of [ourselves] is objective, which is theoretically inapt and practically disruptive, but rather, when human self-consciousness becomes fully critical and fully corporate, ideally embracing us all" [1978, 163]. This is a personalist--not individualist--form of knowing, the opposite of which is impersonal--a view traditionally aligned with scientific, objective knowing of persons and society. Such an epistemological view, as advocated by Smith, is critical in that it reflects on the limits of human understanding as well as the cultural-historical context of any knowledge.

This critical interpersonal perspective is similar to that of the philosopher Bernard Lonergan. For Lonergan, objectivity is not a given in the world, but is constructed according to the needs of subjectivity. Accordingly, a mutuality of human knowing and meaning is knowledge that is "cocon-

structed" of the shared or intersubjective experience of persons in communication with one another. There can be no objective knowledge in the strict sense, therefore, for the very foundations of the knowing event have been constructed of shared meanings. [Lonergan, 1958]

This insight is crucially important for our world. For the logical positivists, who continue to dominate the sciences, the only sure knowledge is objective scientific knowledge [Ayer, 1959]. Human knowing is reduced to the superficial technical logic that has constituted modernity, an option which everyday threatens to destroy our humanity. Jacob Needleman captures the current situation well when he writes: "The scientific world-view, recently so full of hope, has left men stranded in a flood of forces and events they do not understand, far less control. Psychiatry has lost its messianic aura, and therapists themselves are among the most tormented by the times. In the social sciences, there exists a brilliant gloom of unconnected theories and shattered predictions" [1987, 9].

The unwitting consequences of this exalted but superficial technical logic have wreaked much damage in therapeutic sessions. M. Scott Peck states that, "In supervising other psychotherapists I rather routinely find that they pay too little, if any, attention to the ways in which their patients view the world" [186]. The world view of the client becomes marginalized in favor of the "superior" rational and technical view of the therapist [Jones, 1994; Shafranske, 1996]. If the client's world, however, is not entered into in some way by the therapist, then the client becomes marginalized as well. Counseling theory must move beyond this objectification of the client to a sincere transcultural embrace of each person in his or her racial, ethnic, cultural and social richness. This does not mean, however, one should make an uncritical appropriation of another's culture or world any more than one should uncritically inhabit one's own.

The human sciences especially cannot ignore the present dilemma of an objectified, dehumanized world where conventional human practice [practical knowledge and technology] have sublated both theory and praxis to itself. In such a world, both the oppressor and the oppressed find themselves sacrificial victims to the god of technology. What is called for is a major paradigm shift. The need is for humanity, as both Smith and Lonergan argue, to move through to a critical consciousness that reflectively adverts to interpersonal, intersubjective, coconstructive realms of knowing and intentionality. In doing so, perhaps the people of earth might join together in a world praxis that sublates both theory and practice to the interpersonal transcendent categories of compassion, hope, faithfulness and love [Panikkar, 1978].

Unfortunately, many of those pushing for a major paradigm shift are advocating a purely relativistic view of life and relationship. We see this particularly with many of the deconstructionists and gender feminists [not feminists in general]. Denying the possibility of any objective truth, all truth is reduced by them to one's subjectivity.<sup>4</sup> One has one's own idiosyncratic truth that is as good as any other truth.<sup>5</sup> Both the reductionism of pure objectivity and the relativism of pure subjectivity

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<sup>4</sup>The popular axiom "all truth is relative" is self-contradictory. If it claims to be true, then it must, by its own conditions, be only relatively true, meaning that there is implicitly some form of absolute truth. If it is not relatively true, but rather, the statement claims to be always true, then it is itself an absolute and is therefore self-contradicting.

<sup>5</sup>This view is having a broad, and sometimes rather bizarre, impact on some popular spiritualities, particularly in the New Age movement. Jack Underhill, for instance, declares: "You are the only thing that is real. Everything else is your imagination, movie stuff you've brought into your screenplay to help you see who you really are. . . . There are no victims in this life or any other. No mistakes. No wrong paths. . . . Accept that and then take responsibility for making your life what you want it to be" [1988, 3]. New Age guru Leonard Orr, in his "Spiritual Interpretation of the Ten Commandments," states: "*VI. Thou Shalt Not Kill*. It is impossible to kill. From the standpoint of murderers and victims, you have to have victims in order to have murderers. So if the victim is a person who desires to be killed, then the murderer is victimized by the victim. The murderer is the servant of the victim. . . . If you are destroying something that wants to be destroyed, you are giving

rule out *a priori* the possibilities of authentic human transcendence. Transcendence is reduced to "homeostasis," "adaptation," or, the seemingly more optimistic, "self-actualization" or "self-realization." [Jung, 1956, 90; Piaget, 1930] All of these views are subjectivistic, focusing on the satisfaction of individual wants and needs as the way to happiness and fulfillment. Two serious problems emerge from this view: first, the existential [and spiritual] needs of the human person are reduced to desire and its satisfaction; and second, the larger horizon of interpersonal relations is seen as a mere function of individual gratification.

### **Transcendent Foundation**

An authentic transcultural-transdisciplinary model must walk the middle path between the extremes of modernity [objectivistic reductionism] and the emerging tendency of post-modernity [subjectivistic relativism]. The middle path between these extremes must be grounded instead on the authentic transcendence of the human person that is a reaching out of self beyond the self to Other than the self in freedom and responsibility. This is not the pseudotranscendence of reductionistic humanist philosophies that tend to elevate the self in all its glorious hubris upon an altar of mere self-actualization and self-fulfillment or what Christopher Lasch describes as the "ideology of personal growth" [Lasch, 1978]. True transcendence refers instead to the ontological reality of the self being called out of itself, beyond itself, in authenticity, knowledge and love by a reality greater than the self.

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*life* to the desire to be destroyed" [Orr and Ray, 254]. Jim Leonard and Phil Laut, in a section entitled "How to Create Your Reality," provide a number of, what they believe are, axiomatic positive self-statements: "I am now my ideal self. In every moment I have absolute power to choose my reality and my behavior. . . . Everything I do is always good enough, approved of and accepted" [1983, 111]. Here we have articulated the relative absolute of one's idiosyncratic world view!

The failure of many humanistic psychologies lies in the existentialist assumption that “existence precedes essence,” which claims that my being is made by my own doing. Now this is partly acceptable, partly not. One does participate in a radical way in the making or doing of one’s own self. One’s being, however, is no isolated, monadic creation of the self, but is always co-constituted in relationship with Other(s) than oneself. Essence, or one’s being-itself, is therefore co-extensive with existence, not subsequent to it. One comes into the world, in the beginning, completely dependent on empowerment by Other(s) to become that which one is destined to be. One comes to be what one is as both self-project and gift.

Authentic human existence is made possible only in relation to the Other than the self [i.e., both human beings and the transcendent Ground of Being]. True interpersonal encounter reveals Other(s) to me in the primordial depth of their being. [Kwant, 1960, 12-13] As the phenomenologist, Remy Kwant, states: "We are brought to life within the living encounter with our fellow men and . . . we need not only the field of meaning which they have created but also their living presence. . . . Within the encounter with our fellowmen we become men, our manhood is awakened through our encounter with them" [1965, 81].

The freedom to be oneself is a freedom from the deformations of prejudice, discrimination and racism as well as a freedom for spontaneity, authenticity and creativity. Freedom does not have to be absolute freedom to still be freedom. Transcendence does not mean that one is completely free from causes, conditions and the finitude of this world. Rather, freedom is that spark of possibility in every human being for deciding and choosing such that no one is ultimately a pawn of fate, but everyone must participate in the process of their own becoming [Heidegger, 1962]. Transcendence does not point to a total beyondness of this world, but to the spiritual reality of human-being-in-the-

world with and for others [Rahner, 1978]. The transcendent view of life need not deny the world while affirming a reality "more than" the world, a reality in which we are radically rooted, a reality that gives life to our hope and longing, our love and fulfillment.

Transcendence in a transcultural-transdisciplinary theory must be more than the movement from one adaptational or developmental level to another. It must embrace a going beyond the self for the well-being of others in mutual understanding, respect, care and concern. Transculturally, one sees oneself in the other; the culture of the other becomes, in some sense, one's own. "Transcendence" at this interpersonal level is more appropriately understood in the traditional spiritual terms of the great religious traditions of the world. Mutual understanding springs forth from the universal Ground of Being in which all people become one. [Cobb, 1975; Gutiérrez, 1973] In the words of the Greek Orthodox theologian, John Zizioulas, this being-in-relationship is a "being as communion" with the other [1985]. It is a being-together in the transcendent source of all that we are as human persons. In an expression of this being-for-others, the counselor or therapist seeks to free the client from the bonds of oppression, whether intrapersonal or interpersonal. The facilitation of the client's liberation fosters the client's transcendence as well as one's own.

## **Theoretical Foundations**

### **Multidimensional Models**

The idea of multidimensional models [or "metamodels" or "metaparadigms" as one might call them], incorporating or subsuming two or more models, is not so new.<sup>6</sup> Arnold Lazarus advocates

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<sup>6</sup>In understanding the multimodel dialectic, I am particularly indebted to the philosophical tradition of Transcendental Thomism as represented by Karl Rahner and Bernard Lonergan [in Rahner a synthesis of Aquinas, Kant, Hegel, and Heidegger]. Lonergan credits Rahner when he

what he terms a "multimodal orientation" which "presupposes no identification with any specific school of psychological thought. Nor is it a separate school in itself." Coming out of a behaviorist orientation, he remains faithful to its logical positivism and scientific empiricism while advocating pragmatic use of effective therapeutic means. His "creative synthesis" attempts a "technical" though not "theoretical eclecticism." He develops his practical understanding of what works within the parameters of cognitive-behavioral processes and social learning theory. He distinguishes this model from models based on pathology and disease as one emphasizing human "actualization," "growth" and education. His specific paradigm is called "multimodal behavior therapy," a term that will be adapted here for the metamodel conceived in this paper [Lazarus, 1976, pp. 3-8].

A related notion is found in the work of Gazda and Powell who, together with several others, developed and tested a "multiple impact life-skills training model" which offered "concurrent training" in a number of important life-skills. It was demonstrated in two studies that a number of necessary life-skills could be successfully taught concurrently in a fairly short span of time more effectively than traditional treatment approaches [Gazda, et al., 1988; May, et al., 1985; Powell, et al., 1988].

Models should not be only multimodal in their therapeutic or practical application, but also multidimensional in their theoretical orientation. Psychologist and theologian Adrian van Kaam has, in many ways, attempted to accomplish a multidimensional approach to human spiritual formation

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writes: "I would use this notion [sublation] in Karl Rahner's sense rather than Hegel's to mean that what sublates goes beyond what is sublated, introduces something new and distinct, puts everything on a new basis, yet so far from interfering with the sublated or destroying it, on the contrary needs it, includes it, preserves all its proper features and properties, and carries them forward to a fuller realization with a richer context" [1972; see also Rahner, 1969]. I am also indebted to theologians Avery Dulles and David Tracy for their understandings of multimodel dialectic and integration [Dulles, 1983; Tracy, 1978].

by drawing on the empirical-experiential data of his science of foundational human formation as well as the insights of science, art, literature and the religious faith traditions. His scientific methodology engages in dialogue a number of disciplines simultaneously in the description and articulation of fundamental human experiences or life events [Van Kaam, 1987]. This form of qualitative [as differentiated, but not opposed to quantitative] research drives toward a more comprehensive explanation of human experience, without relegating whole areas of human life in its spiritual depth and richness to empiricistic oblivion [Polkinghorne, 1983].

In this light, a transcultural-transdisciplinary theory will by necessity adhere to a multidimensional theoretical approach, which, more than mere eclecticism, attempts to coherently and cohesively integrate the data from several models without reducing one to the other. No model is without flaw. All are inadequate in themselves. Only a synthetic vision can begin to approximate the richness and fullness of human life experience. I will outline in brief here a tentative "multidimensional whole life" theoretical model and its related "time-referenced multimodal dynamic therapy."

### **Full Spectrum Model of Development**

While many of the older, traditional religious models of the human life cycle have focused on later life contemplative development, contemporary psychological models tend to emphasize early life stages or, at most, development through midlife. Psychiatry has, in turn, more narrowly focused on physiology or the relation between psychopathology and the tasks of development stages. Few models, old or new, have attempted to formulate a comprehensive developmental stage theory.

Such a theory is advocated by Wilber, Engler and Brown who suggest instead a "spectrum

model" of human development that encompasses not only conventional psychological stages, but one that also takes into account the contemplative stages articulated in the ancient wisdom and religious traditions of the world [1986]. Spectrum models seek to address not only the maturation and pathology of persons in relation to self, other and world, but also in relation to the transcendent horizon of life itself. Such models address the whole field of persons in all of its possibility for growth and fulfillment, in this world and beyond it.

### **Whole Person Theory**

Multimodel, multidimensional theories will address whole persons-in-relation, not only those parts accessible through the narrow empiricistic [as opposed to merely empirical] perspective of logical positivism. A broader empirical basis, grounded also on phenomenological, existential and experiential qualitative data, would provide insight into the person in all of her or his dimensions [van Kaam, 1983, 1987].

The empirical-experiential approach of such theory would have three major aspects: 1) the basis, which would be the transempirical assumptions undergirding any theory of human life; 2) research, which would use both quantitative and qualitative methods; and 3) application, which would be the practical use of theory in educational and therapeutic interventions.

This theory would address, not only the physiological and the functional-egoic, but also the relational and the transcendental. It would therefore describe four major integrated and integrating dimensions: 1) the vital [physiological], 2) the transcendental [the capacity for being loved and known as well as loving and knowing], and the bridge between them, 3) the mental-cardial [cognitive/intellect and conative/will together], and 4) the relational [interpersonal]. Each of these

dimensions can benefit from the knowledge and insight of any number of theoretical and practical models which all too often have focused on a narrow slice of the whole human being.

The vital dimension might be addressed by our knowledge of exercise, nutrition, pharmacology, neurochemistry and even traditional ascetical practice [Barron, 1993]. The mental-cardial might be addressed, for instance, by object relations theory [Greenberg & Mitchell, 1983], dynamic psychotherapy [Hollender & Ford, 1990], rational-emotive or cognitive behavioral therapy [Ellis, 1984], and logotherapy [Frankl, 1962], and perhaps these all taken together in an integrated way by the therapist in her approach to the needs of each person--having as each person does a unique history and particular needs. The relational might be addressed by object relations theory as one searches for insight into the antecedents of current life conflicts in tandem with behavior modification that seeks timely resolution to destructive patterns of behaving and relating. The transcendental might use all of these, but draw in the traditional language and ancient methods of religion and spirituality for human transformation.

In such a comprehensive model, counseling, therapy and spiritual guidance, while all qualitatively different, would operate in supportive ways to facilitate each person's individual journey. The therapeutic goal would be both preventive and remedial. Counseling would address the education of clients and the prevention of possible pathology. Therapy would address the remediation of life's conflicts and struggles. Spiritual guidance would facilitate a deeper interior life and the journey into one's full potential.

## **Practical Foundations**

### **Multimodal Dynamic Therapy**

The practical application of this theory in counseling and therapy could be called, borrowing in part from Lazarus, multimodal dynamic therapy. The term "dynamic" replaces that of "behavioral" in order to mark a theoretical shift from the logical positivism and empiricistic perspective of behaviorism. Dynamic psychology is a broad category not limited to the psychoanalytic position. It is:

an approach which stresses the importance of energetics, or fundamental energy, in psychic life, as contrasted with the older, purely static conception. The phenomena of psychic life are no longer understood as static conditions but as dynamic events, and research is conducted in this sense. [Pelzer, 1979]

Use of the term "dynamic" as an energistic concept moves away from the mechanistic views of Freud who viewed the psyche as a relatively closed system of self-contained drives or instincts (*trieb*) [Capra, 1982; Greenberg & Mitchell, 1983]. Understood within the context of field theory [a notion in physics which has itself moved from a preoccupation with forces to one of energy systems], people, events and things are not viewed as static forms in mechanical or forceful contact, but rather as energetic systems in dynamic, mutual, reciprocal relation within a whole life field [the whole being greater than the sum of its parts].

Field theory in psychology, first developed in Gestalt psychology, was taken up by Kurt Lewin and then later adapted and expanded in formation science by Adrian van Kaam [Lewin, 1935;

van Kaam, 1987]. As van Kaam points out:

Human life is a field of forces that interact with one another. An analysis of any facet of the field or of any event or its apprehension in isolation will not yield a sufficient understanding. No particular event, apprehension, or direction is a self-sufficient unit. Any one of them is only what it is because it is coformed by other forces. . . . By breaking down a field into its facets and then examining these in isolation, one loses sight of the directives that are characteristic of the field as a dialectical whole. [Van Kaam, 1987, 62-64]

More than a "field of forces," however, the field of a human being is a network of relations, relationships [relations between persons], and the reciprocal flow of energy systems in and between people, events and things [as well as the transcendent horizon of being itself].

Whole person theory and praxis addresses the human in both the bodily and spiritual modes of being-in-the-world. The pillars of a healthy life are described in terms of these two modes: 1) the body, which needs adequate sleep, regular exercise, and good nutrition; and 2) the spirit, which needs a healthy balance between play, work and prayer (or some meditative practice). These two primary modes of being are then divided into the four dimensions named above: the vital or physiological, the transcendental or spiritual, and the two dimensions which integrate and unite these, the mental-cardial or mind/heart, and the relational or interpersonal. Besides the needs of the body and spirit, the needs of the mental-cardial include education, creative expression, and a life of virtue; relational needs include reciprocal respect and love between family, friends, community and self. In this way the whole life field of the human person-in-relation would be addressed in a comprehensive way,

perhaps by a team over time rather than by a single therapist acting in isolation. Therapeutic intervention would therefore seek to avoid a narrow assessment of individual needs as well as a limited response to those needs.

### **Therapeutic Process**

The practical applications of whole life theory would operate, at least implicitly, on a team approach. While there might continue to be a primary therapist, a network of other professionals would be available for full assessment and treatment if needed. This might include psychiatric, nutritional, educational and specialized therapies in adjunct to the primary therapy. The therapist herself might be competent in several therapeutic methods and an assortment of techniques. For instance, the therapist might be comfortable working with some psychodynamic and cognitive behavioral methods, as well as family systems and perhaps logotherapy. He or she might be prepared to draw upon hypnosis [or guided imagery and relaxation techniques], art and music therapy, personality inventories, biographical and journaling methods, dream interpretation, etc.

Flexibility and individual needs would be the rule of thumb in considering whether or not to use a particular strategy. The point, though, would be to address the person in his or her wholeness, in a complete a way as possible within the constraints of therapy and other limits. This process can work with an adequate system of support and with clients willing to address the whole of their lives. [I have seen it work effectively in my own life, both with a therapist/friend who used a number of these strategies with me and with clients of my own.]

### Contemplative Psychology

Whole life theory and its practical application in multimodal dynamic therapy would be grounded on what May calls “contemplative psychology” [May, 1982]. The etymological roots of our words "theory" and "practice" are found in the Greek *theōria* and *praxis*. *Theōria* [a looking at, a gazing upon] for the early Greek Christians and NeoPlatonists meant a contemplation of or insight into things divine, while *praxis* [from *praktikos* (practical) and *prassein* (to do)] meant inspired action or the practice of the life of faith.

Contemplation, therefore, means "to gaze upon attentively." The therapist attends, with an open awareness, to the whole field of interpersonal relationship unfolding in the therapeutic setting. This contemplative presence is a nonmanipulative presence. It is a "letting be" of the other who is encouraged and challenged in the natural and graced unfolding of their being in the concrete, lived experience of their everyday life. Contemplative presence becomes the praxis of the whole life therapist who listens with full attention to the client, an attention that is unobstructed by the self-centered manipulations of autarkic pride, one that is loving, gentle, yet disciplined and firm if need be. ["Attention" comes from the Latin root *tendere* which means "to stretch" and *attendere* = "to stretch toward, give heed to." Attentive listening is a stretching out of and extending of oneself in love for the other.]

There are four elements in the contemplative attitude: awareness, attentiveness, insight and responsiveness. Awareness is the absence of self-preoccupation. To be aware, one's mind and heart must be quiet and undistracted [this is the notion of the pure heart, or in the Greek, *hesychia*, meaning a transcendent inner stillness]. Such awareness sets the stage for the therapist to listen with keen attentiveness. In attentiveness, the therapist compassionately reaches out to the client.

Attentive listening is not a passive hearing of words spoken, but is an active, caring engagement of the client. Here there is true heart-to-heart dialogue, a real meeting of the minds of therapist and client. The therapist does not only listen, but teaches and challenges the client as might be appropriate. However, teaching should never dominate, but is only called forth as an aid in guiding the client to a deeper self-knowledge.

Psychodynamic psychology advocates the collaborative pursuit of such insight by therapists and their clients. To know others in their psychological depths, as in counseling, requires a commitment to one's own personal search and self-understanding as well. Insight is defined as "the ability to see and understand clearly the inner nature of things." Synonyms of insight include discernment, inspection, introspection, acumen, perspicacity, keenness, and penetration. Insight into oneself can be understood as a penetrating self-knowledge or understanding. It is a "deep-down" look into who I am and why I do what I do. It is a necessary precondition for personal growth and lasting, healthy change. The insight of the therapist into her or his own self both facilitates and empowers the growth in insight of the client.

The therapist listens to the client tell his or her own story. She fosters the client's gradual integration of past experiences while providing a positive and hopeful presence open to the future. True integration of the past not only allows the client to let go of the past, to let go of being dominated by it in unhealthy ways, but also to draw wisdom from it. By encouraging such integration, the therapist helps the client to process both the negative, deforming images as well as the positive, life-affirming images of self and others. As clients begin to understand the meaning and source of their images, symbols and root metaphors, they are empowered to release those that are deformative and that deny their own fundamental goodness and blessing. In this way they are

empowered to affirm themselves and others. [Respectful self-disclosure can be a powerful aid.]

Whole life therapy is a method of re-envisioning and re-constructing one's life images: one's images of self, others and of the Transcendent. Through this one is able to gain balanced and integrated perspectives of one's relationships. The therapist's aiding of the client in the re-creation of a life story is perhaps the most effective tool available in the therapeutic process.

### **Multimodel-Multimodal Time Referenced Therapy**

As a person-within-a-field, each human life unfolds in a context provided by the uniquely human historical perception of time. Humans have not only a perspective on the world of relations in the present, but they are also introspective, retrospective and prospective in their capacity to see these relations. A great deal of human pathology originates from faulty perspective, however, when one's perspective becomes dominated by one of these latter three, driving out the capacity for full presence to the moment of being-in-the-world. Therapy therefore must be rooted in the reality of present experience, but must also visit the past [in healing] and the future [in hope], as well as the deep interiority of the person.

Several therapeutic models working in tandem, or together, can facilitate such a process over time. Each person has different needs. One person may need to begin therapy with an in-depth archeology of his suffering past where the damaged self of that past can be revisited and relived in the safe holding environment of the therapeutic relationship. Another may need more immediate behavioral modification of current self-defeating behaviors. Still another might need to address a general lack of fulfillment and meaning in her life which might be better addressed by spiritual guidance and logotherapy.

Three therapies that address the past, present and future of the person are respectively: object relations therapy, which provides a means of recovering and healing the past; cognitive behavior therapy, which provides powerful techniques for dealing with present life struggles; and logotherapy, which facilitates the discovery of deeper meaning in life and openness to the future. I will present here a brief summary of each of these therapies. For an outline of how these therapies can be used in a multimodal dynamic therapy, please see the appendix.

### **Object Relations Therapy**

The concept of object relations was implicit in Freud's thought, but as a theory, it has gradually evolved beyond the classical position. It is not an integrated or comprehensive system, and perhaps for this reason is found operating within various psychoanalytic schools of thought and is used by analysts from diverse theoretical backgrounds as well. These two perspectives, the classical and the object relational, "are different models that characterize psychoanalytic thought . . . not simply organizational devices, but reflect different visions of reality" [Greenberg & Mitchell, 1983, 19-20; see also: Fairbairn, 1954; Guntrip, 1969; Kernberg, 1976; Klein, 1932; Winnicott, 1958].

As an ongoing revision of psychoanalytic psychology, object relations theory departs significantly from the classical position precisely in some areas which previously hampered dialogue with other theories. Instead of focusing primarily on drives as the impetus for growth, object relations theory stresses the importance of personal relations for healthy development throughout life. It provides a much less reductionistic model of the person that refuses to bifurcate experience into potentially autonomous spheres of inner and outer worlds. Rather, these two worlds are joined by a "third world" of mutually constructed meanings and values. This third world is the world of

human culture [Pruyser, 1985].

All functioning human beings have object representations of the significant others in their lives, including God. These representations mediate one's communication to another by acting as internal dialogue partners, and these representations keep these others memorially present even when they are physically absent. More important than what one "thinks" or says about these internal objects is how they unconsciously affect one's sense of self and transferentially one's interpersonal relations. For instance, all individuals who have had fathers (biological or foster) carry internal representations of them that have conscious, preconscious, and unconscious components. These internal object relations "function as a prototype," in health and pathology, "for here-and-now interpersonal relationships" [Horner, 1995, 4].

Object relations theory provides an adequate framework for understanding and treating developmental pathology, rooted as it is in interpersonal damage from the client's past. Object relations therapy provides a practical method for accessing the client's wounded self, a context for addressing the deformations rooted in her past, and a means for the client's healing in the therapeutic relationship. The therapist provides a holding and containing environment for the client as a nonthreatening safety zone for understanding and transforming unconscious conflicts, self-destructive tendencies, defenses against reality and the transference nature of relationship.

### **Cognitive Behavior Therapy**

Cognitive behavior therapy is less concerned with theoretical foundations than with the practicality and effectiveness of therapeutic techniques that promote the psychological health and well-being of the client. Aaron Beck and Donald Meichenbaum are the primary proponents of this

therapy [Beck, 1975; Meichenbaum, 1977; see also Ellis, 1984; and Gore & Maultsby, 1993]. Beck believes that one's personality is more the product of learned cognitions than genetic predispositions. Assumptions of cognitive behavior therapy include: 1) maladaptive cognitions lead to self-defeating, maladaptive behaviors; 2) as the client forms positive, healthy cognitions, positive, adaptive behaviors replace those that are maladaptive; and 3) cognitive behavior therapy effectively trains clients to move from these covert, self-defeating cognitions, attitudes and behaviors to those that are healthy, adaptive and self-enhancing [Gilliland, James, & Bowan, 1994].

Cognitive behavior therapy is eclectic as it uses a wide range of cognitive and behavioral therapeutic procedures and techniques in helping clients restructure their self-defeating and self-negating beliefs, thoughts, attitudes, coping skills, images, self-dialogue and behavior. These might include: relaxation training, systematic desensitization, thought stopping, meditation, biofeedback, neurolinguistic programming, guided imagery, cognitive and covert modeling, mental and emotive imagery, cognitive restructuring, reframing, and stress inoculation. These strategies and techniques aim at addressing clients in their present life situation in an effort to produce rapid, positive, and lasting change in the client's personality and behavior. They are especially effective for clients who are overwhelmed by mood disorders, personality disorders, addictions, and other psychopathology that require coping skills before dealing with deeper life issues that may have actually produced the condition.

### **Frankl's Logotherapy**

Whereas classical psychoanalysis [as opposed to object relations theory] tends to be retrospective and defines the basic human motivation (Freud's instinctual drive) in terms of the

pleasure principle as the will to pleasure, Viktor Frankl's logotherapy is introspective and future oriented and defines the basic motivation in life as a will to meaning. Logotherapy seeks to disrupt the self-centered focus of neurotic clients by "de-focusing" from the pathological repetition of self-defeating thoughts and refocusing clients on the meaning of life. This reorientation is accomplished by discovering tasks and meanings to be realized by the client in the future [Frankl, 1962, 97-99]. Logotherapy is designed especially to address those human psychological disorders produced by the inability to find meaning in one's life or to understand the meaning of one's suffering. Human wholeness might mean the embrace of suffering, but this suffering is transformed when one discovers meaning in it and in life. The human spirit has the capacity to transcend the limitations of conditioned existence, and this is actualized primarily in the acts of understanding and loving. When these principles are understood and grasped then psychology will be "re-humanized" and contemporary psychotherapy can truly begin to treat the whole person [Frankl, 136].

### **Conclusion**

I am particularly drawn to many aspects of the major theories that I have mentioned in this paper, not to mention my interests in scholastic faculty psychology [via John of the Cross] and Buddhist psychology [via the Abidharma and Mahamudra]. This paper is a broad, general outline in the rough of my own emerging theory. I will not remain merely eclectic, but will seek a synthetic model with inner coherence. Few of the concepts in this paper are original. Many therapists today seek to address whole persons in the context of their interpersonal relations and family systems [Bowen, 1976; Minuchin, 1974; Scharff & Scharff, 1987]. Many others use a wide variety of techniques and methods. What is unique here is my personal synthesis emerging from 25 years of

study and personal struggle and growth.

## APPENDIX

### An Outline of

## MULTIMODAL DYNAMIC THERAPY

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Note: the sequential ordering is a general ordering; many of these will overlap in the therapeutic process. **Not all interventions will be used with all clients.** While these phases are detailed elaborations here, they may occur rapidly over a few sessions as implemented in brief therapy or intervention. Any possibility of the need for medication is referred for such appropriate evaluation with family physician or psychiatrist.

### I. OPENING PHASE / ESTABLISHMENT OF RAPPORT - [see II below]

#### A. Interview and assessment [In actual practice, this may occur in 1 - 2 sessions.]

1. Client explains reason(s) for seeking help
2. Preliminary identification of problem(s) and goals
  - a. preliminary examination of current life object relations
3. Assessment inventories & tools used [clinical inventories as appropriate]
  - a. assessment aims at diagnosis & treatment modality
  - b. self-disclosure tools aid client self-discovery
4. Life space examined & evaluated with client:
  - a. vital or physical [sleep, nutrition, exercise, possible need for medication]
  - b. relational
  - c. transcendental or spiritual

#### B. History of client

1. Open questioning of client
2. Psychosocial history taken, written history or autobiography

**C. Unconscious material examined**

1. Fears, memories, fantasies, dreams, free associations, etc.
2. Nonverbal messages observed and explored
3. Careful examination of early object relations
4. Music and/or art facilitation of exposition of Ucs material
  - a. mandala drawing
  - b. free association with music facilitation

**D. Diagnosis & further clarification by client for client of problem(s)**

1. Underlying, cyclical maladaptive patterns of thinking, behaving and relating are identified [in a general way for clients]
2. Diagnosis

**E. Formulation of treatment plan and/or referral**

1. Concretization of client goals
2. Mutual formulation of plan of intervention or
3. Referral is made if therapist cannot meet client's needs (e.g., medication)

**II. TRANSFERENCE DEVELOPS [overlaps with I above]**

**A. Therapist encourages positive transference through:**

1. Awareness, listening, attending, respecting, caring, empathic understanding, responding, self-disclosure

**B. Therapist encourages client to expose vulnerability by:**

1. Feeling understood, safe, respected, secure and authentic, etc.

**C. Countertransference searched for, analyzed and addressed in therapist**

**D. Consultants may be accessed**

**III. WORKING THROUGH TRANSFERENCE**

**A. Therapist challenges client, through immediacy & concreteness, to:**

1. Deeper self-disclosure
2. Get in touch with affectivity: feeling and emotion
3. Discover beliefs about life and relationships
4. Confront distorted cognitions; reinforce healthy ones

**B. Client & therapist make here & now examination of their relationship**

**C. Working through of resistance**

1. Coping strategies for use outside of therapeutic setting
  - a. cognitive behavioral techniques drawn upon as needed, including progressive relaxation, systematic desensitization, guided imagery or hypnotic suggestion
  - b. bibliotherapy
  - c. attention to diet and exercise
2. Client encouraged to face problems/symptoms fully in therapy
3. Defense mechanisms directly, openly confronted and addressed

**D. Ongoing therapeutic techniques might include:**

1. Dream recording and interpretation
2. Psychoimaginative techniques
3. Recording of maladaptive thoughts and/or behaviors
4. Role playing and/or overt or covert modeling

5. Cognitive restructuring and/or reframing

#### **IV. RESOLUTION OF TRANSFERENCE: CLIENT EMPOWERMENT**

##### **A. Client begins to formulate for self a life action plan**

1. Client consolidates strategies for empowerment

##### **B. Client carries insight, new meanings and cognitive behavioral strategies more fully over into daily life.**

1. Advanced cognitive behavioral techniques employed

- a. meditation & advanced thought stopping
- b. self-guided imagery [visualization]

2. Re-evaluation of life space

- a. vital or physical
- b. relational
- c. transcendental or spiritual

##### **C. Careful and detailed re-examination of current object relations**

##### **D. Careful and detailed examination of life meaning**

##### **E. Summarization and final assessment of process**

#### **V. TERMINATION**

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