



The Altered States of Consciousness in Transpersonal Approach Psychotherapy: Systematic Review and Guidelines for Research and Clinical Practice

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Abstract

Transpersonal approach in psychotherapy is a controversial field, and there is a lack in scientific information. A search of Embase, Web of Science, Scopus, PubMed, PsycINFO and SciELO databases using: [“Altered states of consciousness” AND “Psychotherapy”] and [“Transpersonal” AND “Psychotherapy”] in December 2017 was conducted. From 629 articles found, 14 empirical studies were analyzed. Studies were conducted with adults, most of them women. The benefits were improvement in the treatment of substance use disorder; increased sensation of relaxation, relief of physical pain. Future studies should have rigorous experimental designs; define concepts clearly; detail the method used; present clear guidelines for the ethical boundaries.

Keywords Altered states of consciousness · Transpersonal psychology · Psychotherapy

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Introduction

Altered states of consciousness (ASC) have been explored in various ways since the beginning of civilization (Ustinova 2011). Initially, they were associated with the healing rituals of primitive peoples (Buckley and Galanter 1979) caused by the ingestion of hallucinogenic agents, and/or trance states induced by repetition of sounds—such as a particular song, word, phrase, or repetition of certain movements, performed under sound stimuli (Silverman 1968).

Studies reveal that altered states of consciousness can be seen as an anthropological constant present in up to 90% of societies: 24% of the population experiences a profound ASC, while 84% refer to some form of ASC (altered sense of reality and cognitive process disturbance) (Kokoszka 1988; Simões 2002). According to the authors, in a ritualistic context, ASCs can be potentially curative, given that the ability to experience them is common to all humans. In this vein, ASCs can be experienced as pathological or beneficent within a particular social group. According to Simões (2002), the tendency to emphasize rationality and intersubjective communication makes the ASCs more easily considered abnormal.

In 1902, groundbreaking psychologists, such as William James, helped build the initial structures for the investigation of ASCs. Nevertheless, until the 1960s, psychology had not yet begun to seriously consider the issue of consciousness and its varied states. Researchers such as Charles Tart and Stanislav Grof have worked to create a field of study on the subject of ASCs, enabling the first investigations of specific methodologies and clinical interventions. Within modern psychological paradigms, they admit the inclusion of subjective experience in the first person as a possible variable for investigation (Garcia-Romeo and Tart 2015).

In the West, ASCs only began to be seriously studied in a psychological perspective from the beginning of the twentieth century (Garcia-Romeo and Tart 2015). The literature indicates that the Western tradition, considered to be more rational, tends to pathologize the phenomena of ASCs based on behavioral medical models. In recent years, however, there has been an increase in the number of anthropological and neurobiological studies that seek to clarify its phenomenology and mechanisms (Flor-Henry et al. 2017; Jilek 2005; Pyka et al. 2011; Vailt et al. 2005).

In the neuropsychological definition, the term *consciousness* concerns the state of vigilance, of being awake, lucid, while in a psychological definition *consciousness* refers to a subjective dimension of psychic activity as well as to the ability of the subject to come into contact with reality (Dalgallarrondo 2018). Therefore, we can assume that there is a definable basic or normal state of consciousness (Banks 2009). In this structure, Tart suggested the definition of an altered state in relation to a basic state of consciousness—the common waking state—in which the individual experiences the day-to-day life. Therefore, by definition, ASCs are mental states induced in various ways: physiological, psychological or pharmacological. These mental states can be subjectively recognized by the individual as representing a qualitative deviation in the subjective experience or the usual mental functioning of this during alert and awakening consciousness (Ludwig 1966; Tart 1972).

Among the psychotherapeutic approaches, Transpersonal Psychology is the area of Psychology whose object is to study consciousness, its changes in state and the possible psychotherapeutic benefits of ASC. The term was rescued in the mid-twentieth century through Abraham Maslow's studies of self-actualized people and peak experiences at the University of Wisconsin in the USA. In these studies, he identifies one of the main concepts of Transpersonal Psychology: the human capacity to transcend the limits of the ego (Daniels 2015; Saldanha 2008).

Emerging from a historical–political climate of the counterculture in the 1960s, Transpersonal Psychology has become embedded in youth militancy against the dehumanization of man, against the totalitarian regimes that social institutions have established, in the hope of a worldwide shift to a culture of peace, and new types of communities and family patterns. This era was also marked by the birth of the ecological and the pacifist movements, which ignited the sexual revolution and use of hallucinogens as a means of expanding consciousness. In this context, the objective of psychologists was to lead the individual to be himself (Campos 2006; Wesson 2011).

Authors of the approach refer to the difficulty of defining the field of Transpersonal Psychology in a unified way. A series of demarcations are highlighted, a fact that sometimes hampers a homogeneous language in the field (Hartelius et al. 2015; Friedman 2002). However, according to Hartelius et al. (2015) there is a main axis: the concern with the human potential to experience the expansion their ego, and through these experiences, reach higher states of consciousness that allow for changes in the lives of the subjects.

The use of modern neuroimaging technologies and methods in ASC research has allowed researchers to delve deeper into the neural correlates of consciousness, enabling the inclusion of a wide variety of experiences ranging from hypnosis, trances, dreams, and meditation to mystical and transcendent experiences, substance use intoxication, near-death experiences, out-of-body experiences, and other anomalous experiences (Garcia-Romeo and Tart 2015; Pekala and Cardeña 2013; Cardeña et al. 2000). The main characteristic common to these experiments is that they represent states in which subjects feel a qualitative change in their normal waking consciousness (Garcia-Romeo and Tart 2015).

Transpersonal Psychology and ASC techniques are used by various psychotherapists worldwide. However, there are few publications on ASC associated with psychotherapy and transpersonal psychology. According to the research, no systematic review of the literature on this topic has been identified in the last 20 years. In this way, the main objective of this study is to know the “state of the art” of research that relates ASC, Transpersonal Psychology and psychotherapy. In addition, we sought to identify possible psychotherapeutic benefits, indications and contraindications to the use of ASC techniques presented in these studies; the attributions of the transpersonal psychotherapeutic relationship and the theoretical/methodological limitations of the studies.

Method

The study followed the recommendations of the PRISMA Declaration, which guides the production of systematic reviews and meta-analyses in the field of health (Moher et al. 2009). We conducted searches in the Cochrane Database of Systematic Review (CDSR), and the Database of Abstracts of Reviews (DARE) to verify the existence of previous systematic reviews on the subject. In these searches, no systematic reviews on the subject were found.

There are no descriptors in Portuguese or English for Altered States of Consciousness and Transpersonal Psychology in the Descriptors of Health Sciences (DeHS) and Medical Subject Headings (MeSH) index of the PubMed/Medline database. The descriptors “Altered states of consciousness” AND “Psychotherapy” and “Transpersonal” AND “Psychotherapy” were chosen because they were technical terms that responded to the objectives of the present study. The two strings “Altered states of consciousness” AND “Psychotherapy” and “Transpersonal” AND “Psychotherapy” were used separately without the Boolean operator “OR,” since fewer studies were recovered than if they were used separately in the databases. We searched Embase, Web of Science, Scopus, PubMed, PsycINFO, SciELO and BVS/Lilacs. In the initial search process, descriptors could be present in any part of the article. The searches were done by two

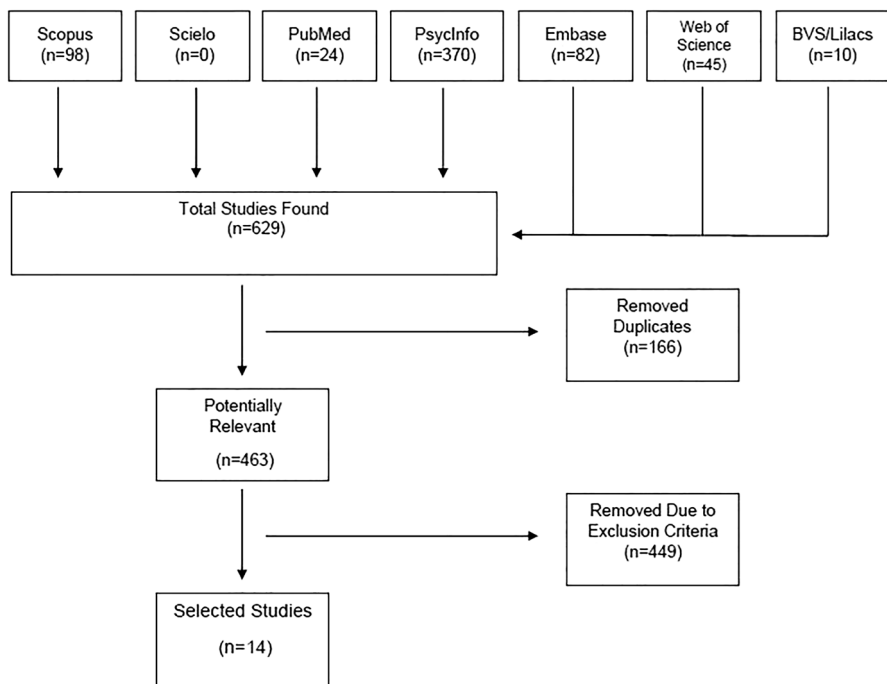


Fig. 1 Flowchart

researchers independently, and only the articles that fulfilled the inclusion criteria were included. The search process for articles was made on December 19, 2017.

The inclusion criteria were: (1) Articles in English, Spanish, or Portuguese; (2) Empirical articles; (3) From 2000 to December 2017. These criteria were applied by reading the title and abstract of the articles. The exclusion criteria were: (1) Thesis, dissertations, book chapters, theoretical studies, documentaries, DVDs, interviews, comments, errata; (2) articles dealing with substance-induced ASC; (3) not addressing the topic of interest; (4) articles not available in full. The researchers independently reviewed the selected articles and expressed their opinion about whether to include or exclude them in the review. In cases of divergence, a third researcher was contacted. After the selection process of the studies that were included in the review, the researchers tabulated their data. The flow-chart of the selection of articles is shown in Fig. 1.

Results

In general, the studies were performed with adults ($n=149$), most of them women, distributed among Brazil (1), Europe (4), Canada (2), Australia (1) and the USA (6). Table 1 gives an overview of the studies.

It was not possible to evaluate the quality of the studies included in this review through the method proposed by Jadad et al. (1996) because they were not randomized clinical trials. However, some of its items were applied for criteria to guide such evaluation. As suggested by Jadad et al. (1996):

(a) Regarding the objectives, in general, all studies presented the objectives clearly and coherently with their studies.

(b) Regarding the clarity of the outcome measures, Six articles presented adequate measures of outcome (Acciari et al. 2015; Woods and Baruss 2004; Ankrah 2002; Siegel 2013; Miller and Nielsen 2015; Berchik et al. 2016). Benoff-Nadel (2011), Kaklauskas and Clements (2016), and Tzu et al. (2017) are case studies and Brewerton et al. (2012) and Rabeyron and Loose (2015) are case study series. In view of this methodological design, they did not use evaluation tools. Lombard (2017) reports that patients who underwent psychotherapy called “psychosynthesis” responded to a questionnaire at the end of therapy. Hunger and Rittner (2015) conducted a study of mixed methods and used participant observation, open interview, experience-focused interview and semi-structured interview, as well as the Subjective Experience Rating Scale. The latter was created by the researchers to measure the outcome, an important bias in the study which was not discussed in the article. In the same way, Tzu et al. (2016), in addition to interviews, used the “Text of life,” an instrument created by them to measure outcome.

On the other hand, an example of adequate measure of outcome is the study of Acciari et al. (2015). This study aims to evaluate the effects of Brief Transpersonal Psychotherapy (BTP) on quality of life and general health of patients with Crohn’s disease, in addition to a possible correlation with the disease activity. To this end, the authors used the Crohn’s Disease Activity Index; the Inflammatory

Table 1 Reviewed studies: method and main results

Author/country	Study design	Results
1. Acciari et al. (2015)/Brazil	<p><i>Method</i> Clinical</p> <p><i>Sample</i> $n = 11$, with Crohn's Disease (CD), both sexes (25–55 years old)</p> <p><i>Instruments</i> Before and after brief psychotherapy: Socio-demographic questionnaire (SDQ); Crohn's Disease Activity Index (CDAD); Inflammatory Bowel Disease Questionnaire (IBDQ); General Health Questionnaire (GHQ)</p> <p><i>Intervention</i> Brief Transpersonal Psychotherapy (AIT)—Techniques: Symbolic reorganization; Interactive dynamics; Active imagination</p>	Increase in general health, quality of life; reduction in sleep difficulties, mistrust regarding performance and psychosocial disorders
2. Woods and Baruss (2004)/USA	<p><i>Method</i> Experimental</p> <p><i>Sample</i> $n = 24$, university students (19.4 years old average)</p> <p><i>Instruments</i> General Information Questionnaire; Psychological Welfare Scales; Questionnaire of Beliefs about Consciousness and Reality; Inventory of Phenomenology of Consciousness; Guided Imagery Exercise Impression Questionnaire</p> <p><i>Intervention</i> Open suggestion or “past life” through guided imagery</p>	There were no changes in: Psychological well-being, beliefs, phenomenology of Consciousness and impressions on guided imagery; global growth of transcendent beliefs. Regardless of the suggestion, participants tend to believe they had an unusual experience. Limitations: difficulty in defining the variables that interfere in the evocation of the experiences; small number of participants and only one session
3. Benoff-Nadel (2011)/USA	<p><i>Method</i> Case study</p> <p><i>Sample</i> $n = 1$, 56-years-old woman, of rigid religious education with dystonia</p> <p><i>Intervention</i> 15 sessions—“Self-centering” approach incorporating aspects of Ego State Psychotherapy and hypnosis working with unhealed and conflicting ego states</p>	Elimination of pain and recovery of the use of her hand, wrist, and arm. After one year, it was identified that all gains were persisted

Table 1 (continued)

Author/country	Study design	Results
4. Brewerton et al. (2012)/USA	<i>Method</i> Observational—Case series <i>Sample</i> <i>n</i> =4, 2 men and 2 women (14–42 years old) <i>Intervention</i> Holotropic Breathing (HB)	Improvement in symptoms, with prolonged withdrawal of alcohol and other psychoactive substances (in the period from 2 to 19 years), reassigning the important experiences, including the role that the addiction had in their lives. The HR intervention seemed to have contributed to ease the symptoms of depression, anxiety, and early traumas Daily life effects: greater awareness of body, mind, and social interactions and better self-analysis, increasing self-care and self-affirmance. Besides, greater levels of tolerance and acceptance. The novices described the most tactile and noceptive experiences, while the experts, more “visionary” experiences
5. Hunger and Rittner (2015)/Germany	<i>Method</i> Study of mixed methods <i>Sample</i> <i>n</i> =19, adults of the general population <i>Instruments</i> Subjective experience rating scale (created by the authors), participant observation, open interview, experience-focused interview, and semi-structured interview <i>Intervention</i> technique of “Body Posture Ritual” (BPR), 10 months (ten group meetings)	
6. Ankras (2002)/United Kingdom	<i>Method</i> Qualitative, exploratory—Heuristic Approach (Moustakas 1990) <i>Sample</i> <i>n</i> =20, 18 women and 2 men (25–49 years old) <i>Instruments</i> Questionnaire, 3 Semi-structured interviews <i>Intervention</i> does not refer	No respondent said that his therapist was hostile, 50% of counselors were able to help them; 25% felt indifference or inability to be helped; 15% said they were encouraged to speak. The culture of the therapist was a limiting aspect
7. Siegel (2013)/USA	<i>Method</i> Heuristic—qualitative approach. <i>Sample</i> <i>n</i> =12 (3 men and 9 women—49–79 years old), health therapists (psychologists, social workers and family therapists). They were divided into two groups: first group—6 participants, focal group Second group—6 participants interviewed individually. <i>Instruments</i> Interviews <i>Intervention</i> “Spiritual Resonance”—connection between beliefs and spiritual practices	The language of professionals to define spiritual resonance resembled, but it was not identical: each used his spiritual tradition to define it. Participants reported connecting to spiritual resonance—understood as a presence, an energy, the divine—through the spiritual practices of each therapist. Participants reported benefits of intervention in their patients: increased feeling of relaxation, relief of physical pain, change in posture and breathing patterns

Table 1 (continued)

Author/country	Study design	Results
8. Lombard (2017)/Italy	<p><i>Method</i> Qualitative research, clinical method</p> <p><i>Sample</i> $n=11$, academics and scientists (2 men and 9 women, 25–36 years old).</p> <p><i>Instruments</i> Questionnaire at the end of psychotherapy</p> <p><i>Intervention</i> Psychosynthesis. Clients found the counselor 10–55 times, 2–4 times a month, in 1-h sessions (total: 305 h)</p>	Three participants reported experiencing a spiritual awakening and experienced a spiritual or peak experience with the intervention. Other participants reported developing qualities such as: strength, peace, acceptance, and ability to have deeper relationships. The term “spiritual” is based on the idea of evolution, that is, developing the spiritual, as being a necessity for personal growth
9. Miller and Nielsen (2015)/Denmark	<p><i>Method</i> Almost experimental design and multiple case studies</p> <p><i>Sample</i> $n=20$ (of these, 11 already had experience with HB)</p> <p><i>Instruments</i> Temperament and Character Inventory—summary version (TCI-R); Inventory of Interpersonal Problems (IIP); Symptom Checklist (SCL-90-R). Questionnaires: Global Severity Index, Index of Positive Symptoms of Anguish, Total Positive Symptoms</p> <p><i>Intervention</i> Holotropic Breathing (HB)</p>	HB can induce positive changes in temperament, which can have effects on character development, measured as an increase in self-awareness
10. Kaklauskas and Clements (2016)/USA	<p><i>Method</i> Case study</p> <p><i>Sample</i> $n=3$ (one woman and one couple)</p> <p><i>Intervention</i> Empathic Involvement Therapy (EIT), hypnosis</p>	The 2 cases demonstrate the therapeutic effect of empathy suggested in empathic involvement therapy and show the relationship between deep empathy and hypnosis
11. Tzu et al. (2017)/Canada	<p><i>Method</i> Case study</p> <p><i>Sample</i> $n=2$ (1 man and 1 woman)</p> <p><i>Intervention</i> the client is told to come into contact with nothing and let the mind go, thus accessing the non-dual state</p>	One participant felt that after entering the path of the non-dual state, she perceived characteristics of herself that she had not yet realized. The other participant realized that the search for answers by the mind was endless. By accepting this dynamic of the mind, this subject has relaxed and could break the cycle of burnout, rescuing motivation
12. Tzu et al. (2016)/Canada	<p><i>Method</i> Phenomenological Approach</p> <p><i>Sample</i> $n=9$, academics (5 women and 4 men, 22–55 years old).</p> <p><i>Instruments</i> “Text of life” (created by the authors). Interviews</p> <p><i>Intervention</i> Search for the “non-dual” state</p>	Significant experiences of awakening, of non-judgment, accepting non-mind, non-self, and non-knowing. Increased connection with the whole; feeling of love and compassion, being authentic, peaceful, calm, freedom and completeness

Table 1 (continued)

Author/country	Study design	Results
13. Berchik et al. (2016)/Australia/	<p><i>Method</i> Qualitative, phenomenological analysis.</p> <p><i>Sample</i> $n=8$, professionals (7 women and 1 man) working with the “voice dialog” technique, 4–23 years old</p> <p><i>Instruments</i> Semi-structured interviews</p> <p><i>Intervention</i> Technique “Audience of voices”—the aim is to reconcile parts (also called “selves”) sometimes opposes within the psyche, integrating them, revealing their potentialities, but conserving the primary “I.” Used in counseling, art therapy and psychotherapy. Facilitators can be psychotherapists or not</p>	3 themes have emerged: 1—each “I” has distinct qualities, 2—the transition that crosses the “selves” involves a transformation or change and 3—there is a neutral space in the conscious ego. It refers to a program called the “Audience of Voices” for patients with auditory hallucinations. Further evidence is needed on the effectiveness of the intervention
14. Rabeyron and Loose (2015)/USA	<p><i>Method</i> Case series studies</p> <p><i>Sample</i> $n=5$, recruited through a specialized service of anomalous experiences. People sought help for seeing, hearing, or feeling, experiences that, for them, would not have an internal cause</p> <p><i>Intervention</i> does not refer</p>	The author refers to altered states of consciousness as an explanation for anomalous phenomena. These seem to be related to traumatic events in childhood or to events of great stress in everyday life. It suggests that there may be anomalous phenomena in which the person is in an auto-hypnotic state and therefore can be understood from these states

Bowel Disease Questionnaire and the General Health Questionnaire before and after the intervention to measure results.

(c) Regarding the clarity of description of the inclusion and exclusion criteria, 11 articles presented the inclusion and exclusion criteria adequately. Lombard (2017) does not clearly describe the criteria for inclusion and exclusion of participants from the article, but refers to the author's original work for more information. Two studies (Ankrah 2002; Berchik et al. 2016) recruited the sample for convenience.

(d) Regarding the sample size, none of the studies presented a sample calculation justifying the choice of the number of subjects in the study.

(e) Regarding the clarity of the description of the interventions, Benoff-Nadel (2011) does not clearly describe the “Centering-in-self” approach. The author only mentions that the intervention addresses techniques of Ego State Psychotherapy (Watkins and Watkins 1997) and hypnosis, but does not explain how it works, nor a reference author of the procedure cited in the case study. When Kaklauskas and Clements (2016) refer to the Theory of Empathic Involvement relating it to hypnosis, they do not specify what type of hypnosis they are dealing with. One study (Ankrah 2002) does not seem to have developed an intervention, since the participants only answered questionnaires evaluating previous counseling experiences. In addition, Tzu et al. (2016) and Siegel (2013) only cite ASC interventions, but do not describe or refer to them. This makes it difficult to understand the interventions performed, as well as making it hard to find out more about them.

(f) Regarding the existence of a control group, none of the studies presented a control group to evaluate the intervention.

(g) In relation to the description of the statistical analysis methods, all of the quantitative studies reviewed carried out an appropriate data analysis method.

In addition to the presented results, we examined the journals in which the studies were published as well as the impact factor of these journals, in order to deepen the discussion about the quality of the articles and their methodological criteria as shown in Table 2.

As can be seen in Table 2, half (seven) of the articles selected for this study is published in journals that do not have an impact factor (Acciari et al. 2015; Woods and Baruss 2004; Hunger and Rittner 2015; Ankrah 2002; Siegel 2013; Lombard 2017; Berchik et al. 2016). As for the other seven articles (Benoff-Nadel 2011; Brewerton et al. 2012; Miller and Nielsen 2015; Kaklauskas and Clements 2016; Tzu et al. 2016, 2017; Rabeyron and Loose 2015), the impact factor of journals ranged from 1179 to 2323.

Discussion of Results

From the presentation of the results, the discussion was organized according to the objectives of this study, which were: to know the “state of the art” of research that relates ASC, Transpersonal Psychology and psychotherapy; identify possible psychotherapeutic benefits, indications and contraindications of the use of ASC

Table 2 Reference, journal and impact factor/SNIP

References	Publishing journal	Impact factor/SNIP ^a
1. Acciari et al. (2015)	Journal of Coloproctology	IF: NF ^b /SNIP: 0.301
2. Woods and Baruss (2004)	Journal of Scientific Exploration	IF: NF/SNIP: 0.559
3. Benoff-Nadel (2011)	Explore	IF: 1.363/SNIP: 0.684
4. Brewerton et al. (2012)	International Journal of Mental Health Addiction	IF: 1.179/SNIP: 0.665
5. Hunger and Rittner (2015)	The Humanistic Psychologist	IF: NF/SNIP: 0.33
6. Ankrah (2002)	Journal of Counselling and Psychotherapy Research	IF: NF/SNIP: 0.502
7. Siegel (2013)	The Journal of Transpersonal Psychology	IF: NF/SNIP: NF
8. Lombard (2017)	Pastoral Psychology	IF: NF/SNIP 0.478
9. Miller and Nielsen (2015)	The Journal of Alternative and Complementary Medicine	IF: 1.622/SNIP: 0.785
10. Kaklauskas and Clements (2016)	American Journal of Clinical Hypnosis	IF: 1.269/SNIP: 0.808
11. Tzu et al. (2017)	International Journal of Mental Health and Addiction	IF: 1.179/SNIP: NF
12. Tzu et al. (2016)	International Journal of Mental Health and Addiction	IF: 1.179/SNIP: NF
13. Berchik et al. (2016)	The Journal of Transpersonal Psychology	IF: NF/SNIP: NF
14. Rabeyron and Loose (2015)	Frontiers in Psychology	IF: 2.323/SNIP: 1.004

^aSNIP measures citation impact making an evaluation based on the total number of citations in a subject field using Scopus data. Resource: <https://blog.scopus.com>

^bNF not found

techniques presented in the studies; the attributions of the transpersonal psychotherapeutic relationship and the theoretical/methodological limitations of the studies.

Most of the studies were carried out in the USA, which may be associated with historical issues. The American counterculture of the 1960s (post-Vietnam War) generated the first pacifist and ecological movements, the sexual revolution, an openness to Eastern spirituality and the search for the actualization of human potential (as opposed to pathologization and the biomedical view of psychology) (Campos 2006). The humanistic/existential school of psychology was born in this context consequently inspiring Transpersonal Psychology—as a deploying of Humanistic Psychology (Campos 2006; Daniels 2015). The use of hallucinogens and psychedelics, added to the search for mystical, spiritual and altered consciousness experiences, influences American researchers to this day. This is probably one of the best ways to explain the number of American studies found on the subject in this review.

Moreover, several Transpersonal Psychology associations are found in the USA, such as the Institute of Transpersonal Psychology and the International Transpersonal Association, both in California. The latter houses the two leading journals in the area: the *International Journal of Transpersonal Studies* and the *Journal of Transpersonal Psychology*. In addition, there are PhD courses in Transpersonal Psychology at California universities—such as Saybrook University and Sofia University, which makes it possible to carry out research in this perspective, increasing publications in this country.

Among the different interventions presented in the analyzed studies, 13 were identified as inducing alteration of consciousness: symbolic reorganization, interactive dynamics and active imagination, as part of the Transpersonal Brief Psychotherapy (Acciari et al. 2015); regression to alleged past lives (Woods and Baruss 2004); guided imagination (Woods and Baruss 2004); hypnosis (Benoff-Nadel 2011; Kaklauskas and Clements 2016); holotropic breathing (Brewerton et al. 2012; Miller and Nielsen 2015); ritual of body postures (Hunger and Rittner 2015); psychosynthesis (Lombard 2017); (Tzu et al. 2016), dialog of voices (Berchik et al. 2016), spiritual resonance (Siegel 2013), empathic engagement therapy (Kaklauskas and Clements 2016).

As one of the interventions in brief transpersonal psychotherapy, symbolic reorganization brings together a series of techniques that facilitate the organization of certain contents in a logical and adequate sequence at the psychic, temporal and spatial levels (Saldanha 1999). It aims to clarify and organize goals, favor attitudes, stimulate motivation and awaken the meaning of life, contributing to the emergence of emotional nuclei to be worked psychotherapeutically. The interactive dynamic deals with the management of a series of exercises that articulate various contents of the unconscious in the various states of consciousness (Saldanha 1999).

The active imagination, a technique derived from Carl G. Jung's Analytical Psychology (Conti 2017) and incorporated by Gestalt Psychology, is used as a tool in transpersonal psychotherapy. These are exercises that enable the client to use images and scenarios in order to have experiences generated by the contents of their own unconscious (Saldanha 1999). According to Conti (2017), there is evidence of efficacy using techniques involving active imagination, despite scarce publications regarding these interventions in psychotherapy. According to the author, this

suggests that they are not being used in clinical practice, or that they need current research to guide their application.

Holotropic breathing (HB) is described as a method of self-exploration and therapy that uses a combination of techniques—accelerated breathing, high evocative music and specific bodywork—that aid in the release of emotional and bioenergetic blockages (Grof and Grof 2011). The participant is instructed to breathe more quickly and more deeply than usual, focusing attention on internal processes, linking inspiration and exhalation into a continuum. Theoretically, the deliberate increase in the rate of respiration is able to weaken the psychological defenses and lead to the emergence of unconscious material (Grof and Grof 2011). Other studies point to evidence of possible health benefits of HB. These include: reduced psychiatric symptomatology, improvement in the treatment of chemical dependence, improved marital relationship and increased self-awareness (Brewerton et al. 2012; Chow et al. 2008; Holmes et al. 1996; Lalande et al. 2012; Rhinewine and Williams 2007; Young et al. 2010).

The study by Lombard (2017) observed a set of ASC induction techniques called psychosynthesis. Created by Roberto Assagioli, psychosynthesis aims at accessing higher values, ethics and the development of spirituality through techniques that allow access to the unconscious. In this process, healthy and pathological patterns of personality (called “subpersonalities” by the author) are identified, and subsequently integrated into the psychotherapeutic process (Assagioli 2013). Interventions of psychosynthesis help to develop interpersonal, intrapersonal, sacred, and/or transcendent relationships. Among the techniques used, we can mention: guided visualization, dreams, symbolic images, daily self-reflection, stories, and free drawing (Lombard 2017; Assagioli 2013).

The hypnosis technique was considered an inductive intervention of ASC by Milton Erickson and his followers. In this perspective, ASC is produced by hypnotic induction in sensitive (suggestible) people and is distinct from other altered states (Matthews 2000). The author reviewed empirical research on the efficacy of Ericksonian hypnosis treatment, concluding that, generally, the literature does not provide empirical support for the effectiveness of this approach. On the other hand, a meta-analysis study has shown good results from the use of hypnosis for weight loss in a relatively short period of time (Milling et al. 2018).

A case study refers to hypnosis as a successful intervention for the treatment of dystonia (involuntary movements of the right arm and right hand, accompanied by pain) (Benoff-Nadel 2011), as well as other studies that demonstrate efficacy to reduce anxiety before surgical procedures, and cardiac frequency in children undergoing repeated pediatric wound-treatment procedures, but not to reduce pain intensity or accelerate wound healing (Chester et al. 2018). In general, the authors suggest that more empirical studies are conducted to test the efficacy of hypnosis and its main components (Matthews 2000; Chester et al. 2018; Benoff-Nadel 2011; Milling et al. 2018).

Studies have demonstrated benefits of inductive interventions of ASC, such as: reducing the severity of Crohn’s disease; improvement in general health status and patients’ quality of life (Acciari et al. 2015); remission of dystonia symptoms and elimination of physical pain (Benoff-Nadel 2011); improvement in the treatment

of substance use disorder (Brewerton et al. 2012); improvement in body and mind awareness and relationships, increased self-care, self-affirmation, tolerance, and acceptance (Hunger and Rittner 2015); increased sensation of relaxation, relief of physical pain, and change in posture and breathing patterns (Siegel 2013); development of qualities such as strength, peace, acceptance, and ability to develop deeper relationships (Lombard 2017); positive changes in temperament and character, such as increased self-awareness (Miller and Nielsen 2015); improvement in burnout's symptoms (Tzu et al. 2017); increased sense of connection with the whole, feeling of love and compassion, authenticity, peace, calmness, freedom and completeness (Tzu et al. 2016).

The study by Benoff-Nadel (2011), included in this systematic review, describes a case study of a 56-year-old woman diagnosed with dystonia. The patient presented with symptoms of dystonia from childhood, receiving several incorrect diagnoses and she underwent treatments that did not present a positive outcome in relation to the symptomatology throughout her life. According to the author's interpretation, the patient developed an unconscious defense mechanism of ego dissociation: "the hand that was bad, and no longer her." This case demonstrates how precocious religious experience, perceived and incorporated into a primitive state of development, can impact health through the creation of psychophysiological manifestations that took the form of uncontrolled movements and pain in the upper right extremity, associating this to a form of self-punishment (Benoff-Nadel 2011).

The psychotherapy used in this case encompassed the "Self-centered" approach, which incorporates aspects of Ego State Psychotherapy, developing unhealed and conflicting ego states (Benoff-Nadel 2011). In ASCs, the person experiences the so-called ego-boundary expansion, going beyond merely rational understandings, broadening their self-concept, and awakening values of generosity and forgiveness to themselves (Grof and Grof 2011). The "trans-ego" work is the differential of the psychotherapy of a transpersonal approach in relation to other approaches of psychology. Theoretically, during the ASCs, ego defense mechanisms—such as repression and isolation—do not work, allowing the work of intrapsychic unconscious conflicts (Buckley and Galanter 1979). In this case, the intervention used was hypnosis.

According to Pekala (2015), the experience of hypnosis is a subjective or mental event in which suggestible subjects experience varying degrees of ASC and dissociation, as well as changes in the vividness of images, volitional control, and other aspects of consciousness. In the article under discussion, hypnosis sessions enabled access to traumatic memories associated with dystonia (Benoff-Nadel 2011). According to the study, throughout these sessions, the patient was able to release the emotional load contained in them and record new memories through a post-hypnotic suggestion. At the end of the 15 sessions performed, the patient was without pain and recovered the use of her hand, wrist, and arm. One year later, the patient remained asymptomatic (Benoff-Nadel 2011).

Despite the possible benefits of the induction of ASC in the transpersonal approach, as exemplified in the study described above, some studies drive attention to contraindications. According to Hunger and Rittner (2015), the "Body Posture Ritual" intervention is not indicated for individuals with Cluster A; personality

disorders; Borderline Personality Disorder; Schizophrenia and psychotic disorders; acute suicidal tendencies; acute psychotic state or acute intoxication, as well as complaints about nervous system hyperstimulation (e.g., hypertension, cardiovascular disorders, epilepsy).

With regard to the “Holotropic Breathing” intervention, Miller and Nielsen (2015) contraindicates for people with glaucoma, retinal detachment, osteoporosis, cardiovascular diseases, aneurysm, communicable or infectious diseases, convulsive disorders, use of strong medications, severe mental illness, recent significant surgery, injuries and pregnancy. Acciari et al. (2015) refers to as contraindicated, patients with Crohn’s disease who present intestinal stomas, pregnant or lactating women, patients with indication for surgical treatment, previous or current diagnosis of psychosis.

In this sense, patients with some fragility that may be potentiated by interventions with ASCs (the presence of severe depressive disorders, Schizophrenia spectrum disorders, Bipolar Disorder, Borderline Personality Disorder, etc.) may be impaired by the use of such techniques (Acciari et al. 2015; Brewerton et al. 2012; Miller and Nielsen 2015). Moreover, working with ASCs can lead to the emergence of emotionally charged content that sometimes requires emotional catharsis in order to release these emotions (Brewerton et al. 2012). Patients with heart or circulatory problems, pregnant women or patients who have undergone any surgical procedure should be prevented from receiving this treatment.

Some of the articles reviewed point out the skills and guidelines to be adopted and developed by the professionals who attend patients in a transpersonal perspective. The research by Ankrah (2002) deserves to be highlighted. Her objective is to find out whether professionals are able to offer a space of listening to the spiritual experiences, as well as provide a space in which these experiences were seen as natural and without prejudices.

Ankrah’s research (2002) identified some difficulties in the psychotherapist–patient relationship, among which the following stand out: the inclusion of the therapist’s personal ideas about the subject; interpretations from a psychological or emotional point of view on the experience, or the making of general comments on the subject. Semi-structured interviews have shown that each therapist has a different response in listening to spiritual experiences. Participants, especially those of African origin, reported feeling bias preventing them from talking about their experiences.

In addition, respondents reported that the culture of therapists was a limiting point in interpreting their experience. The research points to the importance of the therapist developing skills to understand other cultures, to give the individual a space to talk about their spiritual experiences and to understand the crises associated with spiritual problems. He further suggests that recognizing spirituality in his own life, the therapist can help his patients deal with spiritual experiences and challenges (Ankrah 2002). This way, Vietten and Scammell (2015) propose that the psychotherapists themselves do an exercise of recognizing their religious, spiritual or agnostic and atheistic beliefs and values, because by making their questions more evident to themselves, it would be easier to help their patients.

Regarding the transpersonal psychotherapist, Siegel (2013) suggests that he has a spiritual practice, developing what he calls “spiritual resonance.” The term refers to

the therapist's connection with his or her own religious and spiritual beliefs, which may contribute to the patient's therapeutic progress. Several authors claim that the psychotherapist contacts his or her beliefs so that they can aid in the patient's process (Siegel 2013; Hunger and Rittner 2015; Tzu et al. 2017). Kaklauskas and Clements (2016) propose how important it is for the professional to establish an empathic cognitive, conceptual and affective relationship with the patient. They suggest that this empathic listening can lead to a state of trance, in which psychotherapist and patient are deeply connected and engaged. This differential mode of relationship contributes to the treatment of the patient, because in developing empathy with the professional, the patient tends to allow other expressions of empathy to help him overcome his problems.

Despite the importance of empathic listening on the part of the therapist, it is important to distinguish professional practice in mental health (psychotherapy) and religious practice (religion). That is, when the psychotherapist comes into contact with his own spiritual beliefs (or lack of beliefs), what is the boundary between a psychological approach and a religious approach to the same experience? Some authors call attention to the lack of training on the insertion of such questions into clinical practice, to the point that professionals do not feel safe to approach the religiosity and spirituality of their patients for fear of exceeding ethical limits; or the opposite, when therapists create fallacies and confuse psychotherapeutic interventions with spiritual practices (Lucchetti et al. 2010).

The establishment of clear guidelines is fundamental to guide practitioners across different approaches, not just transpersonal psychotherapists, in relation to spirituality. Thus, the World Psychiatric Association (WPA) recently published a Position Statement on Spirituality and Religion in Psychiatry, where it presents a series of guidelines for insertion of the theme into clinical practice (Moreira-Almeida et al. 2016). Among other directives are: the need for a careful, respectful and sensitive consideration of the religious and/or spiritual beliefs and practices of the patients; the theme shall be treated as a routine in clinical practice, and it is sometimes an essential component of the collection of psychiatric history; this approach must be person-centered; the professional should not use his professional position in order to make religious proselytism; and lastly, deal with the matter ethically, i.e., the practitioner must be aware of both the beneficial and detrimental potential of religious, spiritual, and secular world practices and visions, and be willing to share this information in a critical and impartial manner with the community in general in support of health promotion and well-being (Moreira-Almeida et al. 2016).

The difficulty of establishing a common conceptual language of both the terminology and the interventions used between the articles was observed. Among the methodological limitations, the inadequacy of sample size, the confusion of terms, procedures and instruments used in the studies, make it difficult to replicate.

Regarding the conceptual issues, it was difficult to cover all the terms associated with ASC, as there is no consensus among the authors about the nomenclature to define these states. Thus, they assign different terms when referring to ASCs, such as “unusual states of mind” (Ankrah 2002), “expanded states of consciousness” (Siegel 2013), “non-ordinary states of consciousness” (Brewerton et al. 2012), “holotropic states of consciousness” (Brewerton et al. 2012), “trance-like connectivity

states” (Kaklauskas and Clements 2016), “strange states of consciousness” (Rabeyron and Loose 2015), which ends up hampering access to the material and generating a conceptual distance in the field. Shalit (2012) makes a distinction between the terms “non-ordinary states of consciousness” and “altered states of consciousness,” noting that the first term is used in spiritual literature, while the latter in scientific literature. However, we find the term “non-ordinary states of consciousness” in Brewerton et al. (2012) indexed in an academic database, which evidences this confusion of terms and concepts. It is suggested, therefore, that future studies can cover all these nomenclatures in order to discuss their theoretical and conceptual implications. Thus, a distance is observed between the language of the articles and the academic language, marginalizing this area. This problem is increased as the authors do not talk to each other or to the academic context.

Hartelius et al. (2015) argue that Transpersonal Psychology has difficulty in defining the field, and this is a mark, but the field has made efforts to define itself clearly and in articulated ways. In an attempt to clarify Transpersonal Psychology, the authors analyzed the definitions attributed to this term from 1968 to 2003 published in the *Journal of Transpersonal Psychology*. They identified 160 definitions, that they grouped into three main categories: (1) psychology of the expansiveness of the self (which studies the experiences that expand the limits of the ego); (2) psychology of the whole person (more encompassing area covering transpersonal studies); and (3) psychology of the transformation process (which comprises the interconnectivity of all systems in transformation processes). Thus, one can think that this conceptual difficulty evidenced in the articles is a mark of the field as a whole, which needs more studies of conceptual and methodological quality.

The main results show that, despite being innovative studies and indicating important psychotherapeutic potential, the studies present significant conceptual and methodological limitations. Thus, in view of the diffusion of transpersonal and induction techniques of ASC, studies with rigorous experimental designs should be developed in the future, in order to observe the risks and benefits of using such resources in psychotherapy. Furthermore, it is necessary to: define concepts clearly; detail the method used—especially interventions; define the calculation of sample size; dialog with authors of reference in the area; present clear guidelines for the ethical boundaries between practice in Transpersonal Psychology (psychotherapy that includes the use of ASC and spiritual experiences) and religious, spiritual practices (cultural expressions, rituals related to religious beliefs, spiritual, non-clinical and psychotherapeutic).

Transpersonal psychology is directly linked to the opening movement toward the development of human potential, to host transformative spiritual experiences, and to integrate ASC techniques as an important tool to access these experiences. Defining the theoretical field that underlies these practices seems to be the challenge for this area and for professionals who wish to work in this perspective.

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