

## Hearing People Through Their Pain<sup>1</sup>

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*Dedication.* To the memory of Robert Laufer, witness to evil and suffering.

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*The first goal in this clinical and theoretical essay is to specify what it means to hear people through their pain, by articulating intuitions that are seldom put in formal terms. "What" and "how" and "whom" we hear shift depending on whether we are (1) uncovering the facts, (2) appreciating their meaning with another's life, (3) drawing out and enlivening the one who has to live with and make sense of traumatic experience, or (4) engendering, by having others hear that they are heard, enough relatedness to establish a meaningful precedent for their lives. A second goal here is to show how the meaning of trauma changes as hearing deepens. Accordingly, we may hear in people's trauma (1) psychophysical reactions to events; (2) the playing out of themes from a lifetime; (3) violations whose inner message is a demand to awaken beyond self-protective ways of being; and (4) a uniquely powerful opening for communion.*

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### INTRODUCTION

People who suffer want to be heard, and therapists help, in part, by hearing people along the way. But we rarely study or think about hearing. Listening, which sets the stage, we rightly praise but its culmination in hearing we virtually ignore. So, one goal here is to ask what it is to hear pain,

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and to answer in ways that may enhance practice and teaching by formulating some fundamentals we usually gloss over.

A second objective is to contribute to the theory of trauma by noting how its nature shifts with refinements in our approach. To explore this idea, the discussion will point up some differences in both the way trauma “sounds,” and the understandings called for, depending on how fully we hear. For concreteness I will use vignettes from three years of psychotherapy with a man named Richard, a person with AIDS.

As I mean it, hearing refers to what is as much a performing art as a mode of perceiving and knowing, an intricate way of attending to and thinking (feelingly) of others. These two sets of phenomena—the attending and thinking on the one hand, and the hearing on the other—are not sequential or discrete: hearing takes place *in* our attending thoughtfully, which means that it develops through schooling consciousness.

To sketch what such schooling involves I will trace hearing through four “registers,” as we pass from *decoding* ordinary meanings, to *resonating* with their significance for another’s life, to *awakening* in their midst to the one who lives and speaks, and then to *communing* with the other through the dialogue between us.

With each register, *what*, *how*, and *whom* we hear all vary as hearing becomes more subtle, probing, and encompassing. I will describe these variations by emphasizing changes in attention and intuition. Shifts in the nature of time will also figure in here, as they do in any healing of personal history (Tulku, 1977, 1987, 1990), whether we are aware of them or not.

Hearing therapeutically can be as exacting as any meditation, with refinements in awareness that come about through unusual inner gestures. To call these up in a text takes unfamiliar uses of language, which means that some passages below may need repeated reading to grasp their sense.

We have the further difficulty of speaking of anything as profuse as therapy, which varies as widely as those who practice. The strategy here will be to follow the case method, where science imitates art by pursuing the general through the particular (Polkinghorne, 1983). The focus will be on moments that do not occur exclusively to practitioners of any theoretical or technical school (Norcross, 1986, 1987; Zeig, 1987, 1992). And so, we will begin *not* with a set of postulates or assumptions to think *about* therapy but with the idea that we may think *into* the unfolding specifics of such work as we go—a method that will become clearer further on.

As a final introductory note, this study takes up the theme of trauma and transformation from earlier work (Egendorf, 1977, 1980, 1981, 1985) by “thinking beyond patterns” (Gendlin, 1991), and focusing on developments of consciousness (Wilbur, Engler, & Brown, 1986) that can arise as therapists manifest their know-how as “reflection-in-action” (Schon, 1983).

The intent is to illumine some ways in which therapy can be sacred ground (Schoen, 1991), and a path to the transcendence known to all wisdom traditions (Heschel, 1975; Huxley, 1945) and some contemporary theorists (Lifton, 1979; Kuhlewind, 1988, 1990; Walsh & Vaughan, 1993) as the ultimate balm for human pain.

### I. Hearing Ordinary Meaning

Hearing someone's trauma means, at the very least, to listen until we grasp what any empathic person would. For example:

Richard comes and tells about his lover, Nicky, who has gone to see his mother in a town in Texas. Late one night outside a bar a group of toughs bash Nicky's skull with tire irons, and scream "Faggot!" As Nicky lies in a coma, his doctors find an advanced case of AIDS. Shocked, Richard calls for help.

In hearing therapeutically, we begin by understanding the obvious, with the "unconditional positive regard, congruence, and accurate empathy" that client-centered practice (Rogers, 1951) has done well to insist on. To clarify what this entails, let us consider *what* and *how* and *whom* we hear in ordinary terms.

#### *The What of Ordinary Hearing*

Most obvious in Richard's pain are the brutality, injustice, extreme physical duress, and impending death—rude shocks so vicious as to leave any normal person numb or screaming in the night. These constitute the "recognizable stressor" of current nosology. To have this much be heard is not, however, something people can take for granted. Hearing requires someone willing to listen, and who brings at least some experience in the ways to be explored below.

#### *How We Hear*

In any deliberate human activity attention leads; all else follows. This rule of thumb is especially apt when we listen to pain we hope never to have to face ourselves, for distraction becomes hard to resist. In prescriptive terms, we need to notice when attention wanders so as to focus again on what is being said. Bringing attention back repeatedly and reliably makes for the concentration essential to hearing.

Hearing ordinary meaning, which is the indispensable basis for further subtleties, nevertheless has limitations. Even if we say back "the gist" so

that the speaker remarks, "You got it!" what we get is couched in familiar terms. We note features that this instance of pain has in common with others, and *decode* this experience by *identifying* it with precedents.

This approach is given formal expression in diagnosing "post-traumatic stress disorder" (American Psychiatric Association, 1980). In general, we compare and contrast cases of trauma with other states. With a particular person, we hear the suffering in terms of agreed upon signs and symptoms that indicate its nature and severity—a method that is essential for institutional management and related research, but is of only limited value in therapy, as we will now consider.

### *Whom We Hear*

The limits of ordinary hearing emerge as we observe how Richard becomes someone to "feel for." Our sympathy goes out as we "put ourselves in his place" and say, in effect, "I know how this feels," by *identifying* with the person as well as with his pains. In referring to what *we* have suffered or can imagine, we *decode* his story, and know him in terms of our own.

To respond in this way is common sense, which governs most of our everyday transactions. One of its ruling ideas is that reality goes on outside, beyond and around us, while we think and feel inside, to ourselves. This way of organizing things dates from the late Renaissance (Berman, 1981), and imposes the famous divide between body and mind, object and subject, nurture and nature. It also presents a major challenge for clinical work, for to hear others, *really*, and not simply to reduce their experience to ours, requires us to bridge the gap between us.

This challenge was known to Freud, who admonished therapists to take in more than what we already know. To that end, he recommended "evenly hovering attention" (1912), and that we "allow patients to have their say" (1937), ideas that will be developed further below—leaving others to debate how much Freud followed this teaching himself (Crews, 1993).

The value of such practical suggestions depends on the understanding that guides our use of them. And to grasp hearing adequately we have to overcome not only common sense but also the habits of thought that are its underpinnings.

Ordinarily, we think by setting up models, which are the concepts that fall out from our "thinking about" whatever concerns us. While thinking itself is alive, the models are not, which means that no mere thought construct can fully grasp the vital activity of hearing. Ordinary thought schemes have the further limitation for our purposes of resting on the as-

sumption, taken from Kant (1787/1966), that human beings cannot know things in themselves, which means the realities external to us. But knowing of this order is precisely what we come by in truly hearing another.

And so, I will approach the actuality of hearing by means of an alternative method—a way of thinking intuitively that is as alive as hearing itself. The goal is not to establish a particular formulation or model of hearing so much as to nourish an intuitive appreciation that “stands under” (provides understanding for) the valid things that can be said endlessly about it.

In this method, the cues from a line of thinkers inspired by Johann Wolfgang von Goethe (Schwartzkopf, 1992). Whereas Kant insisted that human beings *cannot* gain direct access to the real, Goethe objected. Already legendary in his twenties as a literary genius (Boyle, 1991) and destined to shape European intellectual culture for centuries to come (Kaufmann, 1980), Goethe demonstrated in his studies of light, color, plants, and other natural phenomena (Lehrs, 1958) the feasibility of an “intuitive discernment” that Kant had ruled out as impossible. Much of Goethe’s empirical work remains cogent for imaginative scientists today (Gleick, 1987; Keller, 1983; Swimme & Berry, 1992).

Routinely, therapists call on this tradition when we challenge intellectualization. But we are rarely mindful that we pose the challenge, not from antagonism to all thinking, but from a more subtle form of it. The experiential emphasis we favor, in therapy, supervision, and “hands-on” courses, workshops, and practica, is not simply a pedagogy charged with emotion, as if we prefer affect to cognition and the merely personal over everything else. To focus experientially is to engage what is alive, to think, know, and be in ways that draw us closer to the real.

In this we are not alone. Some of the more probing thinkers of our time have begun to relate clinical practice and the philosophical challenges of the age (Habermas, 1968/1971; Levin, 1985, 1988). Even some of the thinkers who have not paid explicit attention to psychotherapy have opened inquiries that are relevant to our work. Taking off from Goethe’s recommendation of intuitive discernment as the way to “read in the book of nature,” Steiner (1984/1963) taught that a similar, “living thinking” is the way to uncover the grounds for human freedom. Heidegger (1954/1968) recommended “meditative thinking” as the path leading to a culture beyond war. And Kuhlwind (1983/1988) proposed “perceptual meditation” as the educative journey for human beings to go “from normal to healthy.”

Against this backdrop, we may appreciate a wider relevance for clinical practice. While therapists rightly center their concern on the people who come for help, therapy may involve us, wittingly or otherwise, in cul-

tural evolution. To honor this wider relevance, we who do this work need to clarify what our practice calls on us to learn.

## II. Hearing Resonances

In fact, if not yet in theory, most therapists use uncommon sense, so as to resonate with what people say. This makes for another level of “what,” “how,” and “whom” we hear:

### *The What of Hearing Resonances*

In resonating with another we hear the immediate sense that extends from what someone says to his or her wider ecology. This sense is given more directly than associations, conceptual schemes or interpretive linkages, and develops as we appreciate more deeply what is being said.

With Richard, we may hear that while Nicky is the one who was hit, Richard clearly feels the blow as well. It shatters his routines; destroys his hope of having Nicky as ongoing companion in a stable life; confirms his longstanding fear that homosexuality exposes him to brutality and abuse; fuels his chronic suspicion that to be so punished he must be guilty of some hideous crime. And much more.

To ordinary hearing, this material sounds subjective, and consists only of the person’s reactions to what has happened, to the real events. But to a more resonant hearing, a widened realm of experience is just as real. The interactions among predispositions, occurrences, future possibilities and responses constitute the intricacy of the situation we can sense viscerally even before any of it is articulated.

With Richard, who says very little at first, we can hear that more weighs on him than he is saying, and ask, “What of all this is getting you most?” and “If the hurt could speak what would it say?” These questions point into the pain and express an intuition that we may somehow draw closer to phenomena that ordinary understanding holds out of reach.

Therapists who encourage people to “get into it now” or “be with it,” call on a version of this intuition: that in hearing resonances, a more fluid reality opens, allowing otherwise distant times and places to become accessible, not only to the therapist but to those in pain themselves. What then emerges are not the times and places as we would ordinarily locate them, but their intricate ways of living on, and being available in a “widened now” that is more relaxed than ordinary states. In resonant hearing, time

flows (Csikszentmihalyi, 1990) as we experience more immediacy and less effort in moving through it.

*The "How" of Hearing Resonance and Personal Intricacy*

"Hearing more than he says" starts with realizing that Richard's agony is his, that what hurts him may have nothing to do with the horrors you or I would assign to his story. He hurts in that *he* identifies his pain, with what is already known to *him*.

We reach toward another's sense of things by taking an interest. Often this means asking questions, communicating our willingness to bear with the other while she or he struggles to say what has so far been inexpressible.

Questioning brings Richard to recall how he was ridiculed, even spat on and beaten as a boy, and often felt sick with loneliness. In fact, before this incident, Richard would do almost anything to avoid that feeling, to include holding on interminably to the "not very flourishing relationship" with Nicky that dragged on right up until the tragedy struck.

We may then hear that the painful focus for Richard is his expectation of being left alone again — that with Nicky's bashing on a street in Texas, he, Richard, will soon be back in tortuous solitude. This labored mention of solitude may strike us as another call to be heard, a plea for further interest: "What is so painful for *you* about being alone?" we may ask. Drawing Richard out on this score takes numerous sessions before he voices his pervasive longing:

Born a twin to an overtaxed and distraught mother, and to a father who was absent for long periods on military assignments, Richard was left to develop a bond with his brother that is a source of consolation. But he also feels shame for being so emotionally entwined, and despairs of ever having a mature partnership with someone outside his family.

To hear in this way extends comprehension. Events that initially appear to be "recognizable stressors" — Nicky's head-bashing and his diagnosis of AIDS — no longer stand alone as key to what is traumatic. These occurrences now resonate with the longstanding, background rumbling in Richard's life so that we hear the whole of it in the pain he now tells about.

One conclusion regarding the *how* of hearing resonances, a point long known to practitioners (Grinker & Spiegel, 1945, p. 353) but still ignored or made secondary in quantitative studies, is that the core of trauma is never grasped by holding exclusively to univocal definitions or to the readily recognizable meanings of people's stories. It is always also borne of an intricacy that remains hidden until uncovered.

Advocates of various theories of personality and development anticipate different configurations in these hidden meanings (e.g., psychoanalysts posit early childhood psychosexual precursors, while Jungians think in terms of archetypes, and interpersonalists, family systems people, existentialists, Gestaltists, cognitive-behaviorists, humanists, and transpersonalists have their own perspectives validated through practice). But there is at least one point of convergence among proponents of disparate clinical strategies, and even among those who campaign for integration:

The significance of personal experience can only be voiced in a way that rings true to the suffering person by means of the kind of inquiry that therapeutic dialogue makes possible. Deep, although not necessarily complete relief, usually comes to people in pain as we guide them from “walking through” to “working through,” by helping them express this initially obscure but highly relevant sense of their experience in ways that are viscerally meaningful to *them*.

#### *Hearing Resonance by Opening Subtle Intricacy*

A second point as to *how* we hear resonances is also known to experienced therapists, but rarely put in formal terms: to hear genuinely—and not merely to impose inappropriately some stock interpretation—requires us to let our probing and questioning be guided by ways of knowing that are not, themselves, explicated by familiar interpretive schemes. We could say simply that we learn from the people who seek us out what to say and do with *them*. But how we do this, exactly, is not obvious.

To draw an analogy with music, hearing at this level is like developing an ear for the complex harmonies of counterpoint. The resonances in Richard’s story may dawn as we master something like what it takes to hear a fugue. Two or more voices play together, and after learning to discern each one, we then hear the ways they play off each other, for a more complete, richer sound that is no mere musical sum. We say that the voices reverberate, pleasantly when harmonious, shockingly when in discord. But in hearing the counterpoint we appreciate the reverberations, which literally enhances their value. The enhancement is in the hearing, not in the notes or in our brain tissue, and is a matter of extending ourselves to be with the tones and voices as they are sounded.

Similarly, therapists need to learn various theories, procedures, treatment protocols, and ways to interpret people’s problems as preparation for their work. But such knowledge takes on therapeutic power only to the extent that the practitioner is capable of hearing *with* such knowings, rather than imposing them or trying to force another’s experience into preset molds.



The key is to distinguish, in action, an ordinary understanding of such knowledge (which looks for unequivocal ways to say how things, events and people *are*) from a therapeutic knowing of how human experience *may unfold*. At our best, we use what we know like dance steps, or musical riffs, engaging improvisationally what is just now coming to light.

Resonant hearing is, therefore, an altered way of knowing and being with things, events, and people. We linger with what is before us to the point of beginning to dissolve its opacity, using attention that is at least partially freed not only from habitual judgments, opinions, thought patterns, and frames of reference, but also from the very tendency to frame, judge, etc. In this way we peel ordinary objects of perception and thought, to uncover a richness that may at first be unsayable.

With Richard we may hear how his despair reverberates not only with Nicky's plight, but with the way his own childhood and early adult experience live on, as well as with his characteristic difficulties in making sense of it all. The pain includes his lifelong struggle with recurring dark moods, and his instinctive recoiling. And of course there is always much more that can be heard and said, from the cramped way he uses his body, to the self-punishing thought patterns now typical of him, to the strained family dynamics played out in his life, and on to what is common among gay men in the age of AIDS, and to all human beings facing existential ultimates. Resonance, in this ever-widening way, allows us to hear social, cultural, historical, archetypal, political, and spiritual themes as well as the moral outrage toward uncaring tendencies in our civilization, all speaking through one human voice.

In any full hearing of pain, the person's strength and resilience may also emerge. Richard works; he carries on; he does Buddhist chanting; and he keeps coming back to therapy. All of this says to a resonant hearing that he not only despairs but manages to some degree to neutralize it, that he has suffered and yet has ways to deal actively with life.

To Richard I say, "All of this weighs so heavily on you, yet you go on." This simple comment occasions his telling of a professional triumph, that for the seventh consecutive year he has achieved exceptional career success. A commercial artist who makes designs for home furnishings, he has won many awards. In the time since Nicky's tragedy, Richard has created a design that has made unusual profits for a new employer, despite a depressed market. Following this announcement, I smile, but not too hard, knowing that Richard stands ready to add, "It's good news, but it doesn't make the pain go away."

### *Whom We Hear in the Resonances*

If it helps to speak one's agony, being able to recognize and express more of what it means in one's life goes further, in at least two ways.

Therapists commonly think of one benefit in developmental terms. Trauma, in this view, is “arrested development”: abuse, torment, gross neglect, and other terrible blows truncate much that would ordinarily proceed in usual developmental sequences. “Working through” draws out and allows the expression of much that was blocked by the trauma, providing corrective experiences, emotional catharses and intellectual maps.

A second benefit, less often noted, consists of an unspoken communication, in which we pay tribute to the other’s intricacy. Taking in all of what Richard expresses, and avoiding glib labels we demonstrate that he is much more than any scheme or characterization could capture. In fact, we hear *him* as a multifacetedness that includes dark moods and light, with all of the various parts, pieces, contrary tendencies and vying voices in his evolving life.

Hearing is therefore appreciative and helps create relevance, an achievement usually welcomed by someone who suffers, because a great deal of the hurt is in not being able to discern or express any meaning at all.

After months of weekly sessions, Richard, who is sparing with praise, says, “It’s good to talk like this.” Something is working, and so it is no surprise when he says he wants to take care of Nicky. First, he calls long distance every day, through weeks when Nicky can barely moan. Then he flies south and brings Nicky back to his loft in New York.

For a time, Nicky perks up, enough to go to the bathroom on his own, and to say how horrid life has become. Richard gathers strength too. He goes for an AIDS test and learns that he, also, is HIV positive. Taking care of Nicky consumes his time, so he barely stops to think about his news.

Then Nicky worsens, vomiting and passing watery stools many times each hour. An ambulance takes him to the hospital, where Richard calls each day and goes each night after work. He brings little treats, feeds Nicky, turns him over, holds the bed pan, then tucks him in before going home to sleep.

Weeks pass. Then Nicky dies. Afterwards, his doctor takes Richard aside and tells him that nobody on that ward ever received better care than he gave his friend.

### *The Limits of Hearing Resonances: What IS Trauma?*

At times, “walking” and “working” people through their pain have limited usefulness. More is called for than teasing out personal resonances, and more than exhortations to think positively:

With Nicky gone, Richard feels a sadness so heavy he can barely rise from bed. He says all hope is gone. I urge him to go to a support group, to meet new people, to get involved. But he backs off: “It’d take too much energy. By the time work is over, I’m too tired. Anyway, what’s the point?”

I ask, “What’s so heavy?” He says, “Nicky’s death” and “the loneliness.” To get at what we haven’t yet touched, I ask “What is it?” over and over, gently, and only as much as he can take each time, until he recites all that he has been denied —

money, a relationship, respect from his employers, wider recognition for his work, relief from sadness, and the ultimate insult: "Buddhism promised me enlightenment, and twenty years later, where am I?"

So much cries out to be heard. I say, "These are your worst fears, only now they're burying you alive, no?" We stay like this together, a long, heavy moment. I want to say something to make things ok, or find a way out before I'm buried too.

Richard needs fresh strength and reasons to go on. His therapist needs to breathe life into the deadness in the air. "How?" is the practical question. But not surprisingly a theoretical question is lurking here as well:

What *is* trauma? Standard theories invoke "stress" and "stressors" as causative factors or triggers, and clinical experience adds that lifelong resonances to violence and brutality (physical or emotional), evoking at least symbolic death, are invariably involved. But why death? What is so traumatic about it? Faced with someone in extreme pain, not even the highly informative integrations provided by Wilson (1989) and Herman (1992) can tell us what *really* hurts. For that we need to free ourselves as much as possible from preconceptions, including the prevailing tautology in the field according to which trauma results from stressors, often death-tinging experiences, whose impact stems from the fact that such events are stressful.

### III. Hearing Live: The One Who Lives and Speaks

We come closer still to what hurts and to what heals by hearing *through* ordinary meanings and resonances to their source, the living going on before us. By living I mean the pulsing, breathing vibrance that is not just the observable state of the other's body, but the striking immediacy that is his or her realness. We feel, see, and hear this vibrance when present ourselves for what is at once thoroughly human, yet utterly unique — *this* person, as she or he is at this moment.

To hear at this level, we bring attention and feeling to life, attuning to the instantaneity of whatever enters awareness. Experienced mediators of all persuasions realize this possibility, as attention awakens to itself (Murphy & Donovan, 1988). The promise of therapy unfolds as we practice it as a meditative discipline all its own. In fact, the quest to hear a fellow being can only be fulfilled to the extent that we hear through ordinary and resonant meanings to the unifying coherence created in each instant by the singular someone before us.

To grasp clearly *what*, *how*, and *whom* we hear at this level takes practice, and contemplation of our practice. Many teachers and authors

may be helpful. For me, none offers more valuable guidance than Martin Buber (1970, 1973), who “pointed” to much that is explored here.

*What We Hear in a Live Hearing*

Another’s presence confronts us with a complexity whose most prominent feature is what we call the life: all that has been lived and is now possible, its vast untold moments, its well rehearsed rituals and tales, all that is gone, along with all that is ongoing and yet to come. Aspects of what is already lived and feared comprise the core obsession for people who hurt. But it is the unprecedented mystery of this life, woven into the overlapping commonalities shared with others, that calls initially to be heard.

As hearing comes alive we may hear *through* the life the way we read a text with enough discernment to hear its author, or study a piece of music to hear not only the identity of its composer but also the musical confessions made in those notes. *Through* the life we may hear a unique intelligence, the one who infuses it all with vitality and whatever meaning it has, and whom we hear not only in words, but also in the gestures and qualities of silence between us:

In the heaviness with Richard I think, “We’re stuck: not just him, both of us.” Lingered there, I then realize, “Hah! Something’s not stuck, ‘cause I’m free to notice, waking up.”

In being more awake, I hear Richard’s “being stuck” as his conveying something I’ve not yet heard clearly. So, I listen out loud: “Richard?” I call to him. “Where are you in all of this?” He shrugs, as if he doesn’t know and can’t say. I take up my own question and say what I hear in his silence: “You’re overwhelmed, no? Like it’s too much, and you can only disappear — anything but be yourself. You’re gone right now.”

Suddenly, he looks up, eyes brightening. “There!” I say, “I see you. You’re finally here.” He answers, “Yeah,” his voice dropping in the space of a single word, his eyes dulling over again. “Hold it! Where’d you go?” I ask. He says, “I open up with you, a little, but at home it’ll overwhelm me again.”

A live hearing takes the obvious ways of identifying someone — the cultural, ethnic, and gender-based influences, behaviors, individual experiences, thoughts, and feelings — as shadings and colorings of a more basic tonality: the irreducible, unprecedented intelligence who signs his or her name with the most up-to-date revisions with each look, each word and deed, and each moment of offering himself or herself as one to hear.

Engaging the one who lives can be a step toward surmounting one of the most pervasive, but least noted tensions in therapeutic work. On the one hand we want to respect and give credence to people’s experience of suffering. On the other, we want to heal or somehow transform it. A live

hearing allows us to move toward both, at the same time, by enacting the principle that the way beyond is through.

*The "How" of Awakening and a Dedicated Life*

How to hear at this level is not reducible to a set of behaviors. The tools develop from freeing the one each of us calls "I" from embeddedness in our own lives. Usually we arrive at this point by trusting at least one human being to hear us through our own pain, enough to realize that in voicing the formerly unspeakable we gain the freedom to say how life is and will be for us.

However necessary, being heard ourselves is not sufficient. We need to so value what has come about that we dedicate our lives to offering such possibilities to others. And having done so, we understand further that even dedication of this order is only preparatory. To be effective, the offering has to be made anew and with care for the uniqueness of each person and each moment, which means that "how to hear" is no memory or know-how to import from another time or place. It is an always new awakening to the unprecedentedness of the situation and fellow being before us, and to the possibilities of this instant.

And so, telling people to think of themselves as survivors rather than victims is unlikely to be as powerful as actually hearing them — a feat that depends on our willingness to feel helpless, ignorant, and useless. For to hear another's uniqueness, in an unprecedented now, means that accumulated knowledge (however important) is insufficient, that everything we claim to be (however accomplished) is inadequate, that however full of experience, our value lies in freeing ourselves still further from the ritualized tendencies of a lifetime.

Then we may hear and speak what is so hard for another to bear, so as to invite the awakening just now possible:

'Richard: What happens when you leave here?' He says he doesn't take care of himself, and nothing we've done in therapy has overcome his inertia. I pause. Then, awakening anew, I hear him, asking wordlessly to be addressed. 'You can't take care of yourself because you don't see any point now. You think nothing matters and you don't either.' He nods. So I ask, 'Are you up for some questions?' He nods again and I launch in with what came in that instant of being with what he carries as deadness:

What makes you think that facing disease and death is a second-best fate? Who says there's any less living to do here, now, than in any other moment? What treasure could be greater than the care you gave Nicky? What privilege more worthy than doing that again, only now, for the life that's yours?

Next session, Richard tells about the support group. 'It's good,' he says, held at a place called 'Friends In Deed,' for people with life-threatening illnesses. Richard also gets a massage there, once a week: 'The massages work wonders.'

To a live hearing talk is creative. We hear the one before us giving voice to a life, in a way that is also a mostly unspoken posture toward all that is being said. Hearing people *through* their pain therefore means, in this respect, that we draw them out in the midst of what obscures them from themselves, and use talk creatively ourselves to show, rather than tell them, that *they*, not their hurt, are foremost. Hearing in this way blazes a path to greater freedom by embracing them and what they have lived without denial, indulgence, suppression, or flight from agony. Instead, we invite them to know themselves and eventually to live as we know them — as the ones who are ever coming to life afresh, who live in and through their experience but are never wholly, necessarily imprisoned in any of it.

*Whom We Hear in Hearing the One Who Lives*

To an awakened hearing, Richard is the one who lives in the tension between his birth and death. And for us who hear, such a “one” is a “you,” a presence we address directly for therapy to go on.

A “you” surpasses any ordinary or even resonant terms — for you are no mere piece or part, personality, structure, image, representation, point of view, or intuited intricacy. Nor can we throw terms like “higher self” and hope they stick. For you are in all your traits and qualities, not merely the “higher.” Nor can we pin you down as an additive whole, or some whole that is greater than the sum of its parts, or the “witness,” for you are much more than any of these.

To find you, we have to be with and move with you. Then we may appreciate that you are the one who *lives* your life in two very active senses: breathing vitality into it all, and dwelling in the midst of every, endlessly interpretable bit. You are the immanence and transcendence that make your life yours, to lead and experience. And every situation of your life both changes you and bears the changes you bring about by being so evolvingly yet ever indelibly yourself.

When therapeutic dialogue explicitly recognizes a “you” in this sense greater self-recognition is possible, so that the characteristics, traits, and identities that are your trappings, but not you yourself, are more clearly knowable as derivative:

The time comes to talk with Richard of death. Over a series of sessions, we draw out the way death signals for HIM a dismal end, proof that his life didn't work, that something's wrong. Then we reach his gut-wrenching admission: he has never felt wanted, or loved. He cries awhile. Afterwards he says he's relieved somewhat. The work we've done, culminating in that admission, makes a new opening: 'Ready for more?' I ask. He nods. 'So who are you then? You think you're only a lonely, unlovable loser, right? Of course that's not all you are, but you think it's your deepest truth. So you struggle not to be that, even as you fear it's hopeless,

no? And the harder you struggle, the more you drag it along as the monkey on your back.'

After a silence the mood lightens. Richard smiles, as if getting a joke we share. 'Makes sense,' he says.

'How come?' I shoot back. 'Who does this make sense to? Look, the moment you hear me, the thing I'm saying is no longer so true, right? If all you are is this unloved loser how can you make out what I'm saying?'

He smiles again. 'You hear this, don't you?' I press on. 'The loser can't grasp any of it. Only you can, you, who're often hidden, but who're here now to hear what we're saying.' He smiles broadly, eyes brighter, 'I guess I have to be with it all a little more,' he says, echoing advice he's gleaned from books and workshops, but saying it now with more understanding.

### *Hearing Trauma's Demand*

By engaging the unspeakable people may awaken and create fresh departures in their lives. In guiding and accompanying them we, too, come quite close to the trauma, and can use these occasions as reference points in our quest for understanding.

Crucial junctures along the way are invariably marked by an "Aha!" or new insight. But we ought not confuse the formulations called insights with the "seeing in" or awakening that gives rise to them. The awakening comes wordlessly, in a moment of no duration, and is itself the turning in which some piece of trauma becomes an at least mixed blessing, now recast as an occasion that has brought not only pain but also more life.

To guide others through these turnings we do well to study them closely. Instants of "no duration" are not a matter of our awakening and then noticing an absence of time. In fact, the brush with timelessness and awakening are indistinguishable. Both are given in a flash of freedom, attested to by the fact that we cannot predict where and how such moments will take us. Notably, the freedom comes in and through an opening of the situation as it is, revealing the localized boundlessness that awaits at every turn for us to realize, that is, both to apprehend and make real.

The timelessness we glimpse in awakening, unlike the passage of ordinary periods or the flow of relaxed experience, bursts with incomparable clarity in these nonenduring instants. Such moments are often so memorable we call them eternal, with good reason. For to awaken is to touch and be touched by eternity, and so affirmed thereby that, at least for the moment, we can confront any fear.

Therapists who witness such moments occurring for others may hear more clearly what intrudes on all who know great pain. But how? In what guise? If we know red by its color, and a chord by its tones, by what "sound" do we hear trauma?

One clue is that we gasp. Like the blinding flash and the deafening roar, trauma devastates with too much, coming too relentlessly. But whereas the flash is light, and the roar is noise, what hits in a moment of confronting trauma is ultimately nothing we can name. Literally nothing. Not some speculative category in a philosophical system, but a life-sucking void that takes our breath away. Its "too much" is just that, and, like a finger jerked from a scorching flame, we bolt from the unsayable and clutch, instead, at what we *can* say, adding, as a lament, that words are inadequate. But this is not yet awakening.

For a live hearing, we who live must go back, to meet by choice rather than turn away from the pain. And in thereby living with what traumatized people carry as unlivable, we may realize that their reports of "overwhelming" and "meaningless" and "unspeakable" agony accurately characterize a reality. They are saying how "it" is. The truth is not simply that they *feel* overwhelmed and stripped of sense and the ability to speak, or that they *experience* certain events in this way because of preconditioning. All such feelings and experiences are part of the story, but there is more:

What inundates a traumatized life *is*, really, at once overwhelming, void of meaning, and unsayable. That is what people in pain are telling us, if only we will hear.

And that they repeat such things, over and over, says still more. We tell part of their truth by calling these perseverations a psychological mechanism, one side of the defensiveness whose other face is withdrawal or dissociation. But this standard interpretation fails to clarify that the driving power of traumatic obsession does not rest solely on distressed people's "doing it to themselves." Rather, some nameless, unspeakable nothing clutches at them, demanding a response they do not know how to give.

One part of their difficulty is that what appalls them ceaselessly is as real as sound and light but escapes ordinary perception. And so, people literally do not know what has hit them, and virtually all of what others tell them about "what they have" simply skirts its most troubling core. In fact, the signs that "it" has registered are not yet widely recognized as such, for we routinely speak of them only as symptoms of a disorder (which they also are), or as the psychological concomitants of certain neurobiological events (which they are as well), without noticing what the intrusive thoughts ("I can't get *this* outta my head!") and the numbing ("Who can deal with *this*? I'm gone!"), struggle most emphatically to say.

The key difficulty is hinted at in Freud's writing that trauma "overwhelms" the ego's defenses (1923). The erroneous tendency has been to conclude that we therefore need merely to desensitize or shore up the defenses. That may be a necessary step. But to a live hearing trauma calls



for much more, as we can learn from those who make the best of the worst.

Heard live, from the midst of a therapeutic turning, the unforgettable confrontation with destructive capriciousness, vileness, death, near death, threatened death, symbolic death, is the visitation of life's most potent teacher. People who suffer may be saying, in their rage or numbed protest, "No! I'm not going! Not to that school!" or "Only just so far! No further!" Who, in compassion, can fault such reluctance? But when the student is ready to venture further, often due to the aid of a trustworthy guide, the realization may dawn that the teaching has already begun, in the form of an inescapable demand.

Trauma demands the one who lives, that you come into your own as that, bringing to life, and bringing life to, what looms as worse than death. This feat is possible to the extent that you set aside defensiveness as no longer necessary, by realizing yourself as the one who is able to live with all that is given.

Healing dialogue can lead people to this point, when they are ready, by inviting them to speak into being the great absence in their lives. And as they do, and grow willing to turn from their reflexive turning away, we may guide them further—to verify for themselves that they, as the ones who are raised up in wakefulness to meet trauma's demand, do not perish, not even in the face of nothingness.

Small phobia, great horrors, and the fear of simple death mark the points in people's lives when the "worse than death" nothing-at-all erupts, threatening to obliterate everything and anything that has seemed necessary for making life and mortality enduring. Talking cures as we use language creatively together, to call out and enable the one who lives to voice the hitherto unmentionable, and thereby discover who he or she is that such speaking is possible.

Dying kills our bodies and ends our lives, but we who live and speak, whose source and ever available touchstone is the eternal, may bring even death and the void beyond it to life, without succumbing, now or ever.

#### IV. Hearing That We're Heard: Communion

When you truly hear people they know it. They hear that you hear *them*, and you hear their hearing of your hearing them, to the point that you may hear, in addition to the ordinary meanings, the resonances, and the presence of one who lives, another order of hearing that resounds between you.

*What We Hear in Hearing That We're Heard*

At this point, hearing is no longer simply an activity we perform or an interpretive receptiveness we develop or a wakefulness we create. We enter so thoroughly into what transpires between us and others that hearing becomes our common, social body. We and they become "hearing people," whereby hearing is at once what we are, how we are, and who we are in being together.

Pain transforms even further. Whatever the other brings to our coming together enters our lives too, to some extent, and whatever occasions mutual hearing is shared. "Hearing people through their pain" therefore means in still another sense that we become people who hear through the sharing, that the pain has served as a birth canal, and going into and through it has unleashed us into mutual attunement.

Richard has a setback. 'The fear,' he says, his voice quivering so I can hardly hear. 'I don't see the point of going on.' His support group is dwindling fast: 'Guys are getting so sick the healthy ones don't want to listen to their anger — at their doctors, the illness, the lack of care, their parents. They even scream at God. Who can take it?'

Nothing comes to say back. I try to remember something about hearing people through their pain, then see an image of a pedant, trying to teach what he needs to learn. With that, hearing becomes possible again, not a neat scheme in four registers but a bridge linking my manageable existence with his very forbidding one. 'There!' says an unvocalized voice. 'Go there!' and I reach straight for the blankness, where nothing goes with me, not even the doubt, ignorance, and terror.

A moment later, the bridge is gone, no longer needed. We're close now, and for the first instant since he walked in words come, without strain. 'Yes, Richard. The fear sounds awful.'

That did it. He bursts into loud cries. 'I might as well die. It can't get better. Why go on?' He cries for a while. I nod, and say, 'yes.' And as he falls quiet I'm with him, saying 'yes,' and hearing that he hears, hears me hearing him.

Therapists call this "making contact" or "mirroring." In hearing that we hear each other, we raise communication to communion: two who remain distinct meet as one.

*The "How" of Hearing We're Heard*

In the fullest hearing we awaken, moment to moment, over and over, until we dwell in awakening. While keeping to the limits of our role and appropriateness, we nonetheless give ourselves completely as the ones who live, to call out, be with, and respond to others.

When two or more hear our hearing of each other, we are like prongs of a tuning fork, forging an instrument that rings with relatedness. An enveloping immediacy becomes palpable, and through it we may discern a

mutual presence, distinct from yours and mine, as our being together takes on a life of its own.

Meeting in this sense can matter for all time, as the successful moments of therapy attest. In mutually recognizing ourselves as the ones who live, we gain living access not only to the past and future but also to the limitless possibilities of being related in precisely what is given—each other, the times of our lives, and all else that inheres in the ordinary facts before us, their resonances, and our awakened mutuality.

To hear in this way is to act in the world and in shared history, as we create communion—our most potent antidote to traumatic estrangement. On these grounds we can also understand more deeply the traditional observation that “work on the transference” and other ways of directing attention to the “here and now” can move people so powerfully. For all of these stratagems are ways to invite a more intense meeting, whose potency resides in the fact that being together can itself be an oracle, a source of knowing more vast and alive than any imaginable body of knowledge.

Attuning to our mutual presence can tap these powers directly, so that the quandaries people raise with us have their response not in some knowledge base removed from the interaction but from what is discernable here as we meet. And so, with the agony Richard presents: the antidote calls out from the way he makes it possible for us to be together—that we are at once with each other and with what concerns him:

‘Notice how you are right now?’ I ask. I’m a lot calmer,’ he notices. So I say, ‘Maybe that’s no accident. You give me a chance to matter to you and then something happens that helps. Maybe that’s a reminder, that you can live, be sick, take care of yourself, and even deal with your fear of dying, by letting the people who care really matter to you, as you do with me.’

Richard nods again and relaxes some more. The first easy silence comes and I hear an unspoken ‘thank you,’ uttered by neither of us, yet together somehow, to each other, and yet to nobody, an incantation to the sources of hearing.

### *Who We Are in Hearing That We Hear Each Other*

Hearing on this order announces a power to redeem that is given, whenever people in pain entrust their lives to those who put their own aside. Theorists tend to think that this power works only backwards: the therapist or therapy situation serves as mother surrogate to the long repressed infantile craving of a deprived other (Bollas, 1987). Undoubtedly there is much of this, especially when we work with people who were raised by not even the “good enough parents” we now wish for everyone. But to hear people is much more.

At the very least, to hear is a quest to serve the highest good (Taylor, 1989). In all traditions the good flows from a spirit source, and in the traditions that gave rise to the talking cure (Rice, 1990) that source is the Giver of a Covenant that ennobles human beings as partners in creation. Partnership of that order is the ultimate foundation for therapy, providing the faith that meeting genuinely, in the name of life, can occasion a healing, and maybe a full cure.

A week later, Richard says, 'The group is easier for me now.' I ask how it got better. 'I visited a guy in the hospital who was desperate. Nobody he called was home. He rang for the nurses but they didn't come. When I got there he was drenched in shit, too weak to get to the bathroom on his own. He kept thanking me for coming and cleaning him up.' Richard smiles, as widely as ever. 'A joke?' I ask. He says, 'I'm embarrassed, I guess, for telling him what you tell me, 'Of course you're scared. Who wouldn't be? It's ok.' I ask if he was mouthing those words, or if he really meant them. 'Oh, I meant them.'

So I add, 'Then they're your words, not mine.' We marvel at the change. Going to his group and visiting sick people have taken on more meaning than anything in his life. He says he wants to be wherever people are real together, where things matter. Then the fear is gone.

'Maybe you're onto something,' I say. 'The whole world is trying to ignore AIDS and sick people and messy death and you find something valuable in their midst.' He nods again. Then, yanked askew by another thought, he says, 'But I have so little energy, I don't know if I . . .' I interrupt, 'Energy? Don't you do best when you stop struggling?' Nodding, he says, 'It would be funny if it didn't hurt so much.' I say, 'Why not have both, the pain and the laugh.' He mixes a smile and a grimace.

### Reprise: On Pain

Given the special role that pain plays in all of this, we do well to ask: on what grounds, other than habit and consumer demand, does therapy give such wide berth to what hurts? One ground is ancient tradition: Buddha declared that the path to liberation begins with the First Noble Truth: "Life is suffering." Christendom's key image for contemplation, paradoxical except for the elect, is Christ on the Cross. In Genesis 15, God tells Abram (not yet Abraham) that before his people will become a great nation they will sojourn as slaves and bear the afflictions of four hundred years.

As for modern sources, Heidegger writes that pain is intrinsic, even to the good, and is a crucible that forges much that is valuable in us: "The soul's greatness takes its measure from its capacity to . . . be . . . at home in pain . . . . Only a being that lives soulfully . . . is fit to join in that harmony of mutual bearing by which all living things belong together . . . (E)verything that lives is fit, that is to say, good. But the good is good painfully." (1953, pp. 180-1)

And Rilke: "(O)ur old repressions . . . have removed and gradually estranged from us the mysteries out of whose abundance our lives might

become truly infinite. It is true that these mysteries are dreadful, and people have always drawn away from them. But where can we find anything sweet and glorious that would never wear this mask, the mask of the dreadful? Life — and we know nothing else — isn't life itself dreadful?"

Then, ever the poet of transformation, Rilke announces the promise: "But as soon as we acknowledge its dreadfulness (not as opponents: what kind of match could we be for it?), but somehow with a confidence that this very dreadfulness may be something completely *ours*, though something that is just now too great, too vast, too incomprehensible for our learning hearts —: as soon as we accept life's most terrifying dreadfulness, at the risk of perishing from it . . . then an intuition of blessedness will open up for us and, at this cost, will be ours." (1923. p. 162)

In fact, pain and illumination are inextricably bound. Our bodies tell us so, in bearing the greatest concentration of pain sensitive nerves at the focal point of the retina. And therapy has evolved, somewhat like the eye, by directing the search for inner illumination into the heart of human agony.

Giving "joyous consent" to the dreadful is not to be confused with acquiescence to or collusion with evil. Nor will any other one-sided formula dictate the way of therapy, which, in the beginning, middle, and end, is a matter of cultivating and balancing timeless virtues: autonomy and affinity, fierce honesty and kindness, courage and compassion, commitment and care, and a good deal more.

## CONCLUSION

This writing is intended to aid readers in hearing people through their pain. If it has any value, you will find it in your responses to people who now ask for help.

Hopefully, those exchanges will also point the way to revising or extending what is written here, to do more justice to the cause of hearing pain. Certainly we can usefully discern many more levels and aspects than four. And however we count, they interact in myriad, complex ways not even hinted at here.

Whatever else we say about it, hearing people through their pain is most of all a privilege. On the way, we may fall into self-inflation ("Look at what *I* can do!") or skirt the challenge out of fear ("I can't bear this!"), callousness ("Better him than me!"), counterphobia ("What a wonderful challenge!"), guilt ("How awful of me to get off on someone else's suffering!"), and the various ways of erring by blurring, as in merging ("He is me!"), rescuing ("She *needs* me"), and romantic or pseudospiritual fusion

("We are one, and our love is all"). But what path to the sublime is not paved with pitfalls?

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