Psychotherapists’ Altered States of Consciousness: A Study of Counsellors’ and Psychotherapists’ Experiences of Altered States of Consciousness Whilst Conducting Therapy

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The majority of research that has been conducted around counselling and psychotherapy has been directed towards the evaluation of client outcome and client experience. Studies concentrated solely on therapist experience during the therapeutic encounter are largely in the minority. The purpose of this study was to explicate a deeper understanding of the unusual and unforgettable events that led to dramatic shifts in consciousness experienced by some counsellors and psychotherapists during the therapeutic hour. A study group of six participants was assembled via open invitation. The group comprised of three student counsellors nearing the end of their studies and three qualified therapists of varying degrees of experience. A semi-structured interview process provided transcriptions of the participant experiences, and an interpretative phenomenological analysis was conducted. This study found that the willingness to be open to the presence and essence of another, on both sides of the therapeutic dyad, had the potential to contribute to the intense, powerful and profound experiences arising in the therapist. In all cases, the unusual events and altered states led to the deepening of the healing potential within the therapy whilst simultaneously providing developmental propulsion for each practitioner.

Keywords: altered states of consciousness, psychotherapy, intersubjectivity, connection, Rogerian principle

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The relevance of this study rested upon the felt experience of counsellors’ altered states of consciousness (ASCs) during therapy being a correlative or causative factor in beneficial therapeutic outcomes (Shalit, 2012; Simões, 2002). Additionally, a personal experience of consciousness being intersubjectively altered whilst conducting therapy gave momentum to the attempt to explicate an understanding of this phenomenon.

A further impetus to the rationale of this project lay in the hope that the previously unchartered regions of intersubjective consciousness within the therapeutic dyad could be mapped and used as references in the training of student counsellors, and the development of qualified practitioners.

The stigma previously attached to ASCs within mainstream counselling and psychotherapy has seen a steady decline in recent years (Poole Heller, 2019; Wallin, 2015). Previous exclusion of ASCs in therapeutic processes may in part have been driven by Freud’s view on religious or spiritual ecstasies as being a regression to an earlier childlike or oceanic state, with the connotations of ASCs being linked to psychosis (Kasprow & Scotton, 1999; Simões, 2002). Historically, from a Western world view, the credence given to states of consciousness, other than ordinary wakeful states, has diminished in tandem with the expansion of the modern scientific mindset (Bourguignon, 1973). Interventions such as hypnotherapy, focusing, mindfulness, guided meditation and alterations in breathing patterns have gained a greater acceptance amongst clinicians. These therapeutic interventions intentionally allow clients to experience ASCs as a directed and pre-meditated factor in treatment (DeYoung, 2015; Nardini-Bubols et al., 2019; Wallin, 2015; Welwood, 2002). However, the focus of this study examined therapists’ personal experiences of sudden, substantial, spontaneous, uninvited, unexpected and unsolicited ASCs whilst conducting therapy.

The basis for conscious states, according to Tart (1986), lies in the interplay between exteroception and interoception, that is, feedback from the external world and from the body. Representations of consciousness gain their subtle hues by being blended from an internal palette made up of such colourants as memory, emotions, proprioception, awareness, sense of identity, evaluation, subconscious, sense of space and time, body image and input processing. A radical departure from ordinary states of consciousness to altered states is seen as being “qualitatively as well as quantitatively different” (Tart, 1986, p. 164).

A brief outline of Rogerian principle is offered below. It is hoped that the reader may get an understanding of the core conditions and attitudes that were made present and projected into the atmospheres of each therapeutic encounter in which altered states were experienced. It is suggested that the relational vehicle that transported each participant to their altered state was of a Rogerian marque or at least fuelled in part by an adherence to Rogerian core principles.
Writing on the foundations of the person-centred approach toward the end of his life, Carl Rogers included a section on altered states and the healing potential held therein:

I find that when I am closest to my inner, intuitive self, when I am somehow in touch with the unknown in me, when perhaps I am in a slightly altered state of consciousness, then whatever I do seems to be full of healing. Then, simply my presence is releasing and helpful to the other... Our relationship transcends itself and becomes a part of something larger. Profound growth and healing and energy are present (Rogers, 1979, p.6).

Similarly, Yalom (2010) proposes that an expansion of consciousness is a by-product in the undertaking of focused attention, active listening, engagement in the here and now of somatic and cognitive processes, and the extension of unconditional positive regard.

The inclusion of Carl Rogers’ core conditions of empathy, congruence and unconditional positive regard is woven through the fabric of counselling modalities other than his client-centred model and are much more widespread than currently acknowledged (Hazler & Barwick, 2001; Thorne & Sanders, 2012). A counselling relationship based on Rogers’ core conditions is, at its best, unique to most other human relationships in that:

- The context for engagement is based on the understanding that the counsellor’s participation involves a stance of highly focused attention and active listening.
- The focus of the counsellor’s conscious intention rests on a platform of deep empathy.
- An atmosphere of non-judgemental unconditional positive regard is conveyed towards the client.
- The therapeutic encounter is contained and confined to a pre-arranged duration within a specific time frame where the locus of intention is toward a reparative outcome.
- No third party commonality is privy to in vivo session content within the therapeutic space.

As such, the psychic architecture of the therapeutic relationship is free-floating, contained in a space that is insulated from the outside world, a dyadic microcosm of consciousness in which each participant has the freedom and capacity to advance or retreat: “The You confronts me. But I enter into a direct relationship to it. Thus the relationship is at once being chosen and choosing, passive and active” (Buber, 1996, p. 124). In short, Rogers’ core conditions applied to the dialectic and ontological exchange within the atmosphere of therapy can offer consciousness studies, psychological inquiry and spirituality a laboratorial snapshot of human experience that lies beyond the pale of everyday existence.
Method

An interpretive phenomenological analysis (IPA) was employed by this study in an attempt to illuminate how extraordinary events and altered states of consciousness gained by counsellors whilst conducting therapy could be understood. IPA stems from the capacity phenomenological research holds for facilitating the emergence of an interpreted meaning which can be harvested from the descriptive accounts of participant’s experiences (Creswell, 2013; Moustakas, 1994). The central qualification for inclusion in the study stipulated that only those who had a direct experience of an expansive shift in consciousness or experienced an unforgettable or unexplainable event during a counselling session that was difficult to describe would be deemed eligible. In order to negate bias in the findings, the author’s personal experience of a dramatic shift in consciousness whilst conducting therapy was bracketed in accordance with IPA methodology. The process of bracketing, whereby personal experiences, understandings and concepts are disenfranchised from awareness during data collection is an essential component of IPA and as such was seen to be ideally matched to the needs of this research (Moustakas, 1994).

Participants

Prior to commencing this project, approval was obtained from the university ethics committee. This included the use of pseudonyms to protect the identities of the participants in data collection, discussion and analysis. Half of the participants arrived through invitations that were sent to counselling charities and half by word of mouth. In writing a carefully worded open invitation to attract participants, particular attention was paid to the omission of any reference to a spiritual or transpersonal context being suggested in relation to the experiences to be studied. This was felt to be necessary to gain access to the raw experience of participants without a pre-conceived basis for inquiry, and also importantly bracketing the researcher’s own experience. The six co-researchers recruited for this study were all female, between the ages of 39 and 55 years old. Four of the six participants identified their therapeutic modality as being person-centred, one was trained in the relational approach and one used a cognitive behavioural therapy (CBT) model but had initially trained as a person-centred practitioner. All were Rogerian based. The therapeutic experience of the study group ranged from three students having almost completed their studies, and three qualified therapists with two, five and ten years’ experience, respectively.

Data collection

A semi-structured interview protocol was prepared prior to conducting an hour-long face-to-face interview with each participant. By guiding participants through the time, the environment, and the location in which the ASC took place it was felt that the powers of recollecting their altered state experiences would increase. Interview questions focused on feelings, thoughts, intuitions and sensations based internally and externally. Towards the end of the interview, questions were directed towards the
efficacy of subsequent therapy after the altered state event, and finally, as to how such occurrences came to arise and if any meaning could be attributed to them.

Interviews were transcribed immediately upon completion, which enabled a reflexive approach to updating and informing the interview protocol for subsequent interviews (Smith et al., 1999). Once completed, individual transcriptions were sent to each interviewee with a request to verify and expand if necessary.

Discussing the adequacy of IPA, Brocki and Weardon (2006), examined the relationship the researcher has with the findings and interpretation both during and after interviews. Concluding that the same phenomenon can be construed in different ways, research interviews were seen to be directive if closed questions, prompts and shared interpretations were included during data collection (Brocki & Weardon, 2006). An ideal interview would have produced an exemplary account of the phenomenon being explored with minimal input from the researcher, however, the difficulty in describing their experiences saw the participants being offered nouns, verbs and adjectives which were tentatively tested for validity within the context of the question. By failing to bring the researcher’s voice into the inquiry, important relational information may have remained hidden (McVey et al., 2015; Stern, 2004). Paradoxically, each reference to the difficulty in gaining a verbal grip on description by participants, and interviewer, increased the richness of the accounts.

Data analysis
In adhering to IPA methodology, the participants’ experiences were observed through the “bracketing” process in a manner that excluded, in as far as was possible, the researcher’s ego-based viewpoint (Moustakas, 1994). Bracketing gradually faded as the analysis advanced, increasingly giving way to the interpretive aspect to come to the fore (Biggerstaff & Thompson, 2008). A process of phenomenological reduction followed, also known as transcendental phenomenological reduction, which facilitated a space into which naturally related themes and clusters of meaning could emerge (Moustakas, 1994).

This process continued over a series of months, with further notes being written with each reading. A series of rough sketches were made to depict how each participant experienced the altered state of consciousness during their session. A period of three weeks was spent in separation from the data before eventually returning once more to reading and note-taking. Keywords and phrases from each transcription were entered into the search facility of a Word document and a table of frequency was compiled to reflect each participant’s predominant words and phrases, eventually leading to an overall table of frequency for each theme. Recurrent themes were identified and cross-referenced across all transcriptions and the themes were written on separate slips of paper and arranged in various patterns in an attempt to garner a clearer depiction of the processes at work and their deeper meaning. The patterns that emerged through
arranging and ordering the predominant themes gave rise to a depiction of the integral components of individual phenomena now seen in panoramic perspective.

**Results**

A total of 18 themes emerged and were divided into two groups in order to designate their significance as either being relevant to the experience as it unfolded for each participant during the event, or how the theme was relevant after the event. For example, the descriptions of how *connection* was experienced between therapist and client were deemed to belong to the *during-event* category, and the theme of *difficulty in describing* the altered state belonging in the *post-event* category. The 18 themes were evenly split to represent *during* and *post-event* categories. Tables were constructed to represent the total number of appearances of each theme throughout all the data, and the total numbers of themes for each participant belonging to the *during* or *post-event* categories.

Listed below is a brief overview of the themes in Table 1 which represent the *during event* categories. Themes are presented in a descending order of appearance beginning with the most common. The theme of *connection* refers to the quality and depth of relational immediacy that participants experienced with their clients. For example, Linda said, “this kind of suspended state... between us of... of this the only thing that matters and the only thing that exists at that point was actually the connection between us”. The frequency and extent to which an emotional presence was felt by participants and the related awareness to the emotionality as it occurred was represented by the next most common theme *emotional value/awareness*. To quote Isobelle, “... and that emotion was even bigger than we were... and what was going on”, and Evie referred to losing “all sense of my own emotions”.

Pointing to the sense and awareness of an altered consciousness, a loss of time, a loss of dimensional space and a perception of an alteration in cognitive function, the *altered state* theme can be illuminated by Kay who told us, “nothing else was, nothing... there was no awareness of anything...time, place, nothing... it was just nothing... it was just there”. Evie added, “I didn’t realise until afterwards that... I don’t think I was consciously in the therapy room anymore”. The theme of *felt right* conveyed a sense of being on the right track, or, of feeling good without the need for explanation or internal validation. Linda spoke of it being “right to stay in that... to stay in that place... where actually there wasn’t any requirement to think or to... to do anything it was... quite a... (sighs)... quite a nice place to be”.

The sense of losing or having lost time, experienced both externally as the session progressed, and internally as in being outside of, or removed from time, gave rise to the theme of *time distortion*. Evie’s voice softened as she concluded “I lost time”, and
for Jennifer, “my sense of it now is that time was suspended”. The degree to which the strength and depth of the intersubjective event was experienced by participants as a felt sense was designated by the theme of powerful/intense, which almost all participants brought attention to on numerous occasions. In attempting to describe and attribute meaning, all participants gave reference to the theme heart and soul. The feeling of boundaries of self being lowered or removed was portrayed by the as one/fused theme. Isobelle spoke of “just that feeling of that (emphasis) massively strong feeling again it felt like a flow between us of energy... and being almost... it is almost as being one in that moment”. Finally, related to the felt right theme, no need to do, designated the experience of being comfortable in not taking any action in the duration of the altered state event.

### Table 1

**During-event themes**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Evie</th>
<th>Linda</th>
<th>Becky</th>
<th>Jennifer</th>
<th>Kay</th>
<th>Isobelle</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connection</td>
<td>6</td>
<td>28</td>
<td>5</td>
<td>9</td>
<td>2</td>
<td>9</td>
<td>59</td>
</tr>
<tr>
<td>Emotional value/ awareness</td>
<td>8</td>
<td>26</td>
<td>8</td>
<td>2</td>
<td>3</td>
<td>12</td>
<td>59</td>
</tr>
<tr>
<td>Altered state</td>
<td>13</td>
<td>11</td>
<td>0</td>
<td>4</td>
<td>11</td>
<td>2</td>
<td>41</td>
</tr>
<tr>
<td>Felt right</td>
<td>4</td>
<td>1</td>
<td>15</td>
<td>3</td>
<td>0</td>
<td>7</td>
<td>31</td>
</tr>
<tr>
<td>Time distortion</td>
<td>11</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>6</td>
<td>4</td>
<td>30</td>
</tr>
<tr>
<td>Powerful/intense</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>1</td>
<td>5</td>
<td>10</td>
<td>28</td>
</tr>
<tr>
<td>Heart/soul</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>7</td>
<td>1</td>
<td>6</td>
<td>23</td>
</tr>
<tr>
<td>As one/fused</td>
<td>0</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>No need to do</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
</table>

A brief overview of the themes contained in Table 2 dealing with the post-event categories is presented below, beginning with the most frequently referenced. Depicting how each participant experienced a loss of verbal traction, difficulty in describing featured across all transcriptions. Isobelle said, “it’s so hard to describe... it’s just like a feeling like kind of took over...” and Becky concurred, “something I’ve not experienced before or since... but there was something... (8 seconds)... I don’t have the words for it”. For Kay, “I don’t know how to describe it... it’s really difficult to describe... Almost like a sort of unconscious state that maybe you’ve experienced that maybe taking drugs and going on to another sort of an another state”.

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The sense of security that was felt to be present between client and therapist gave rise to the theme of trust/safety. This was illustrated by Evie who said, “and I think that’s probably why I lost myself in the moment because this woman was trusting me”, and Linda, “I mean there’s obviously it takes a while to build the trust so I did feel that we had trust before this moment but it’s almost like a ... different level of trust now”.

Spiritual/cosmic pointed to the instances of reference to a universal or existential perspective that were used to garner description. Linda, “I think it... the meaning for me was ... it was a spiritual connection...” and Becky, “I feel that the universe works in a way... that brings people together for a reason”.

The use of metaphor and analogy in attempting to explicate a greater understanding was seen as abstract depiction. Kay intoned, “like we were inside a little globe or something like a snow-globe or something”, and Jennifer, “I’m sort of thinking about... about a solar eclipse”. The sense of being granted a special, beneficial and unique experience is represented by the theme privileged. Isobelle, “I’m going back to that privileged thing again and that massive sense of peace and the client... in that moment”. Becky, “but it’s with joy I think about [client] and our experience and how... really lucky and privileged I have been to experience that”.

The final four themes are not expressed in a numerical fashion, but rather as appearing, or not appearing, in the data collection interviews. The theme of emotional residue corresponds to the powerful resurgence of the initial emotional impact of the altered state event being re-experienced during the data collection interview as four of the participants shed tears whilst reflecting upon their experience. Each participant’s understanding of how their altered state event enhanced them as therapists was seen in the theme of developmentally beneficial. Becky reflected that “it was almost as if I’d turned a corner in my professional... in my development” and Jennifer concluded that “using her as a case study really helped me developmentally as a therapist.” The theme of therapeutically beneficial represented the participants’ appraisals of the implications of the altered state to therapeutic outcome. Linda saw it as “useful, and it was what it was, and that connection actually was more useful to this client than anything else...” Jennifer reflected, “it was as if... from that moment forward... something had fallen away for her...[client]”.

Finally, the attempts to explain participant experience spiritually, psychologically or any other way was seen in the theme of explanation. Three participants attempted to explain their experience as a spiritual encounter. Isobelle said, “dare I say spiritual... it feels spiritual... em... something I suppose... em... oh I don’t know I’m generalizing here but I would have thought people would want to strive towards feeling at some point in their lives...” and Jennifer, “well I’d have to go to my spiritual beliefs... and... that in essence we are the same... em... and that’s just... and that was a moment when we were able to acknowledge it... both of us...”
The themes of this inquiry populated a shared view of the participants’ experiences that were perceived in accordance with individual cosmologies and beliefs around professional boundaries and altered states. In short, the thematic content of this study represented a profoundly connective encounter with a realm of transpersonal consciousness hitherto unknown to the participants.

As the purpose of this study was to inquire as to how altered states were experienced by the participants, what conditions were seen to be necessary for their appearance, and what meaning, if any, could be attributed to the events that took place, it was felt that the connective and relational quality to each of the participants’ experiences could be brought into sharper focus when viewed through the lenses of emotional contagion (Rothschild, 2006), transference and countertransference (Jung, 1989), relational depth (Mearns & Cooper, 2012), and peak-experience (Maslow, 1976).

A mandatory inclusion of the unconscious processes of emotional contagion and transferential phenomena were deemed necessary to gain a deeper understanding of the altered state phenomena of this study. The conditions for emotional contagion and transference within the microcosm of the therapy room are quite unique in the

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**Table 2**

*Post-event themes*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Evie</th>
<th>Linda</th>
<th>Becky</th>
<th>Jennifer</th>
<th>Kay</th>
<th>Isobelle</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty in describing</td>
<td>6</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>11</td>
<td>9</td>
<td>36</td>
</tr>
<tr>
<td>Trust/safety</td>
<td>8</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>14</td>
<td>32</td>
</tr>
<tr>
<td>Spiritual/cosmic</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Abstract depiction</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Privileged</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Emotional residue during interview</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes (4) No (2)</td>
</tr>
<tr>
<td>Developmentally beneficial</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (6)</td>
</tr>
<tr>
<td>Therapeutically beneficial</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (6)</td>
</tr>
<tr>
<td>Explanation</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes (4) No (2)</td>
</tr>
</tbody>
</table>

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**Discussion**

The themes of this inquiry populated a shared view of the participants’ experiences that were perceived in accordance with individual cosmologies and beliefs around professional boundaries and altered states. In short, the thematic content of this study represented a profoundly connective encounter with a realm of transpersonal consciousness hitherto unknown to the participants.
panoply of conscious experience (DeYoung, 2015; Jung, 1989; Rogers, 2003; Wiener, 2009). Unlike the emotional peaks and troughs experienced outside of the therapeutic dyad, it seems that from the accounts given by the participants of this study that the intensity of therapeutic intent, coupled with the potency of emotional content delivered by the client, led to the powerful experience of a transpersonal, deeply connected, intersubjective consciousness (de Quincy, 2000; Geldenhuys & Dängeli, 2018).

Using the term embodied countertransference, Soth (2005) suggests that the phenomenon of transference consists of a conglomerate of emotional, physical, imaginal and mental objects, and as such, can never be fully experienced in a congruent and coherent manner by the therapist. Experiencing the client’s inner world as a parallel process, embodied countertransference sees the therapist hold the conflicting aspects of her own experience as a professional and as a person whilst simultaneously being subjected to the client’s transference (Soth, 2005). The difficulty that each participant had in describing their experiences was seen to point towards the fragmentary nature of the transference within the mysterious and mercurial nature of the unconscious. Martin-Vallas (2015) may lend some clarity to the undefinable matrix of participation experienced during transference as he symbolizes the concept of the participation mystique using the Greek mythological beast of the chimera: a goat’s body with a lion’s head and snake’s tail, a fire breathing monster that consumes humans. Martin-Vallas (2015) suggests the transferential chimera is biologically inherent, and,

...that the encounter between the analyst and the analysand may in fact be the basis of an emergent psychical neo-reality, with its own logic, its own evolution and its own way of functioning relatively independently of the two protagonists involved in the treatment (Martin-Vallas, 2015, p. 187).

Moving forward to the concept of relational depth in counselling and psychotherapy, Mearns and Cooper (2011) suggest that therapists can experience “something of an altered state of consciousness... to being in a stupor... feeling physically lighter... changes in their perception of time”. Positioning themselves in opposition to the above theorists of a psychoanalytic bent, Mearns and Cooper (2012) align with the views that Rogers (2003) held in relation to the phenomenon of transference, that in a purely client-centred setting, in the absence of moral judgement extending from counsellor to client, “there is nothing upon which this projection can hang” (Rogers, 2003, p. 203) and that there is, “absolutely no transference phenomena at this level of continuing connection” (Mearns & Cooper, 2012, p. 53). Could the model of Mearns and Cooper’s (2012) relational depth be compared to the explanation forwarded by Martin-Vallas (2015) that the “emergent psychical neo-reality... function[s] relatively independently of the two protagonists” (p.187)? Cooper’s (2005) view that “the client’s presence to the therapist’s presence, or the therapist’s flow in response to the client’s flow, creates a synergistic encounter that may not be reducible to the sum of its individual parts” (p. 93) resonates strongly with the neo-psychical reality as forwarded by Martin-Vallas (2015).
The data and findings from this study suggest the participants’ experiences may be defined as *moments of meeting* (Stern et al., 1998), *dyadic state of consciousness* (Tronick, 2003), *emergent psychical neo-reality* (Martin-Vallas, 2015), *relational depth* (Mearns & Cooper, 2012) and *inter-brain neural synchronization* (Valencia & Froese, 2020), and are seen as facets of the same diamond of intersubjective consciousness observed through the different lenses of therapeutic orientation. The role of the unconscious, or indeed its acceptance as a vital part of intersubjective communication and consciousness in the therapy room is central to this discussion.

Neuroscience and cognitive psychology now recognise the importance of the unconscious in conscious experience, with recent studies using functional magnetic resonance imaging (fMRI) providing evidence that unconscious processes take place hundreds of milliseconds prior to conscious awareness (Hassin et al., 2005). Additionally, inter-brain neural synchronization, connectivity and “self-other merging” are increasingly garnering attention and challenging theories of consciousness within neuroscience (Valencia & Froese, 2020). Emotions, intuitions, feelings and relationship patterns emerge as a result of unconscious processes in the depth of being. Would it be true to assume that Mearns and Cooper’s (2012) relational depth was exempt from unconscious influence? To give a definitive answer to this question would ultimately hinge on the observer’s position in relation to the unconscious and consciousness, but, in the light of the recent discoveries of cognitive neuroscience, it would seem that the answer would not be in the affirmative.

As will be discussed below, the deep intersubjective encounter of altered state events during therapy had beneficial outcomes for the client, the therapist and the therapeutic relationship, but did they qualify for *peak experiences* (Maslow, 1976)?

In the peak experience there is a very characteristic disorientation in time and space. Or even a lack of consciousness of time and space. Phrased positively, this is like experiencing universality and eternity. Certainly we have here, in a very operational sense, a real and scientific meaning of “under the aspect of eternity”. This kind of timelessness contrasts sharply with normal experience (Maslow, 1976, p. 63).

From the results of this study, it would seem that each participant did have a peak experience according to Maslow’s (1976) description given above. However, the interpretation of the peak experience was filtered through the lens of each participant’s personality and individual cosmology (Ferrer, 2002). Having become so deeply immersed in the personalities and therapeutic background of each participant during the transcription and research process, it became clear that those who reported their experiences in a positive light were already comfortable with an expansion in consciousness gained through natural causes unaided by external substances.
Therefore, the concept of peak experience would have been known to four of the participants, but not necessarily the work of Maslow or even the term “peak experience”.

**Conclusion**

The aims of this research sought to explicate a deeper understanding of how altered states arise during therapy and what conditions are necessary for their appearance. The altered states reported by the participants can find no other physical or psychic cause than the exchange of words, the proximity of neurological systems and Rogerian therapeutic intent. Ideally populated, Roger’s client-centred approach would include active listening, deep unconditional positive regard, empathic attunement, congruent mirroring and a benevolent sustained eye contact. An assemblage of all of the above, in perfect alignment, can be seen as a highly focussed, concentrative and meditative encounter in which the arising of a second person perspective and heightened intersubjective consciousness had the potential to emerge.

Metaphorically, the hand of Rogerian theory was in command of the dimmer switch of intersubjective consciousness contained in the therapeutic dyad; a gradual brightening of intersubjectivity became apparent within the mind(s) of the participant(s). The essence of the participant’s experience can be seen as a subtle and gradual crescendo of co-existence; a transpersonal co-presence in which boundaries of subjectivity lost definition.

**Implications**

All those who took part in this study displayed a high degree of puzzlement as to how the altered states that they experienced could be explained. Of the three students who took part in this study, two were uncertain if they had conducted themselves correctly or transgressed a therapeutic boundary. Subsequent inquiry through individual supervision delivered no resolution of puzzlement. Future research into this area may benefit from sampling a larger and more diverse catchment of volunteers.

The requirement of those adopting the role of a therapeutic helper should be an understanding that the Rogerian technique is essentially a concentrative meditational procedure, and that when in perfect alignment with emotional contagion, empathic attunement and transferential content, it can have the potential to manifest profound alterations in consciousness. Considering the safeguarding implications and development of students and practitioners of Rogerian based psychotherapy and counselling, it is suggested that the power, beneficence, and healing potential contained within the altered states of this inquiry be permitted entry to future curricula.
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Colin Agnew worked as a construction worker for 25 years before becoming involved in psychotherapy, transpersonal psychology, spirituality and philosophy. Currently working in private practice as an integrative psychotherapist in Wakefield, England, he describes himself as a person-centred Jungian.