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THE UBIQUITY OF SUFFERING: ROLE OF DICHOTOMY IN PSYCHOLOGY'S FORCES AND POPULATIONS

BY

KATHLEEN ELIZABETH KELAVA

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Submitted by

Kathleen Kelava

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The thesis examination committee certifies that the thesis
and the oral examination is approved

Supervisor:

Dr. Paul Jerry
Athabasca University

Committee members:

Dr. Sharon Moore
Athabasca University

Dr. Beth Perry
Athabasca University

April 26, 2016

1 University Drive, Athabasca, AB, T9S 3A3 Canada
P: 780.509-7536 | Toll-free (CAN/U.S.) 1.800.788.9041 (7536)
fgs@athabascau.ca | fgs.athabascau.ca | athabascau.ca

Dedication

This thesis is dedicated to each and every individual, group, and experience I have had thus far. Each of the aforementioned has been a teacher, and has contributed to my experiences both of despair and of enlightenment. I would omit none. My parents (Betsy and Ken) and family of origin (siblings Kenneth and Linda) provided me with a platform upon which I was free to reflect and to question. My current family has unequivocally provided me with the drive to immerse myself in this project, in the hopes it could better their experiences and their world. The journey has undeniably not been without sacrifice for them, and I am grateful for each hug, kiss, look, and word that has enabled me to persevere during the challenges and rejoice during the triumphs. Peter, Jona, Niko, and Logan – thank you profusely, and I love you infinitely. You are more amazing than anything I could imagine.

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Abstract

Suffering is arguably the ubiquitous human experience and is potentially related to the tendency toward dichotomy. The field of psychology has evolved across the four forces, which are a variety of zeitgeists from which human behaviour is explored and understood. The common thread across this evolution stems largely from dichotomy, particularly as related to client populations who are highly inherently dichotomous. This research explores the following question: What is the role of dichotomy in the experience of suffering, specifically with respect to highly inherently dichotomous client populations, as viewed across the four forces of Western psychology? Analytic induction (AI) is used to explore this question, and to craft a seminal and comprehensive metatheory. The final hypothesis, amended according to the continual accommodation of exceptional data, demonstrates the manner by which the field of psychology views suffering, dichotomy, and the experiences of clients hailing from highly dichotomous populations.

Keywords: suffering, clinician, psychology, four forces, dichotomy, human behaviour, analytic induction

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The Ubiquity of Suffering: Role of Dichotomy in Psychology's Forces and Populations

Chapter 1: Introduction

"Figure and ground are therefore '*different' but not separable*, expressing unity in diversity and diversity in unity" (Wilber, 1993, p. 61). Suffering is arguably the ubiquitous human experience, one that transcends all apparent external boundaries, such as socioeconomic class, ethnicity, and creed. Illuminating the individual manifestation of this experience, within that shared by the collective, serves to annihilate apparent divisive and illusory duality. The human experience of indelible suffering is inextricably holistic. Ergo, to dismember one facet of human experience from others is to effectively foster a major disservice to those attempting to understand and to transcend their individual and subjective journeys of suffering, which invariably stem from the collective experience of what it means to navigate life.

In this thesis document, I offer a comprehensive overview of all components of this project. I first outline definitions of key terms I use throughout this paper. I then set the stage for my inquiry, which is essentially a high-level view of how this research query is structured. Next, I transition into an in-depth exploration of my chosen research methodology, analytic induction (AI), examining its philosophical and theoretical constructs, as well as its specific tactics (primarily as related to this project). I then review the literature related to suffering and dichotomy, and the dichotomies that transcend theoretical compartmentalization. What follows is an extensive discussion on the philosophical and theoretical framework upon which this research endeavour is based, including the key dichotomies present in psychological force and theory, and an examination of the client populations who are highly inherently dichotomous, by virtue of state and/or diagnoses. Finally, I outline the implications for the helping profession as a unified entity, and offer some concluding remarks, to illuminate the congruence between my overarching research vision, my research question, and my research methodology. The result is a modified hypothesis (which stems from the incorporation of exceptions, which is the core tenet of AI)

regarding the nature of suffering, of dichotomy, and of these constructs in highly inherently dichotomous client populations.

Definition of Terms

A few terms (as I have defined them, for the purposes of this project) I use frequently throughout this document warrant explicit definition:

- Clinician: An individual involved in a helping profession (including psychology, social work, nursing, psychiatry, and counselling), who works with a client to help him/her navigate a personal journey, a journey often involving the experience of suffering.
- Suffering: The experience of challenge, often beyond what individuals feel they can successfully transcend with the current tools (intrinsic and extrinsic) at their disposal. This state *may* lead to reaching out for help, possibly of a professional genre (i.e. from a clinician). The factors from which this experience of suffering can stem are unlimited.
- Dichotomy: A chasm between two states/experiences/phenomena (etc.) that is obviously marked, resulting in a dialectical tension between the two extremes, which may promote suffering. Oft-interchangeable words include polarity, dialectic, segregation, separateness, alienation, duality, demarcation, categorization, chasm, and the like. Its antonym is *nonduality,* and other similar terms, such as connection and union.
- Metatheory: A seminal theoretical stance, which is inclusive and comprehensive in nature. Its overarching tenets can transcend the boundaries of, and are inclusive of, the multitude of theories available to clinicians, specifically with respect to human experience and behaviour. Its goal is widespread applicability, from which individual situations can be explored and managed as is appropriate.
- Highly inherently dichotomous client populations: Include, but not limited to, common clinically presenting client states and/or diagnoses of mystical/psychotic, bipolar, borderline, and gifted/learning-disabled.

Setting the Stage

An empathic union. Clinicians in the field of counselling psychology are ultimately tasked with accompanying clients along their respective subjective journeys. If these journeys, in their idiosyncratic manifestations, are not fundamentally stemming from a congruent and common essence, then how can those in the helping profession endeavour to enact the core construct of empathy (Rogers, 1961) within the therapeutic encounter? It is incumbent upon the clinicians in the field of counselling psychology to attain a state of holistic understanding of the essence of humanity, stemming from commonality of suffering, in order to effectively implement any of the tactics available amongst the myriad of helping strategies clinicians have in their repertoires. This is why I have chosen to explore the field of psychology across its four forces, in order to illustrate that though different forces, theories, and theorists may espouse a variety of therapeutic recipes, a core theme of suffering and of dichotomy runs through this evolution. This way, even though clinicians may not have lived a markedly dichotomous experience, they can draw on their own experiences of suffering and of dichotomy. Empathy is the catalyst for, and the result of, this union.

Theoretical platform. The overarching theoretical platform I am constructing, is a comprehensive elucidation of the ubiquitous experience of human suffering, as related to dichotomy. I am exploring this initially across the four forces of Western psychology. From this platform, I explore a more specific facet of suffering: Populations who experience extreme oscillations (dichotomies) in experiential reality, including mystical/psychotic, bipolar, borderline, gifted/learning-disabled states and/or diagnoses. Due to the intense nature of their experiences, these clients may have a difficult time moving from their current to their preferred states, which is a core goal of therapy (see Pare, 2013). They may suffer deeply, and often silently, due to stigma and shame. However, if clinicians are human, and have suffered, and have thus experienced some form of dichotomy, they may be able to extrapolate their experiences to

assist a client whose experience they might not otherwise understand. Very basically – a clinician need not be a part of a highly inherently dichotomous population, nor have suffered and/or experienced precisely that which the client has, in order to connect with a client. Clinicians "get it" – not because they have lived clients' experiences, but because they have lived the common essence (suffering) and its arguable causes (dichotomy).

Research question, hypothesis, and tactical vision. There is a significant embedded role of dichotomy in each of the aforementioned populations, as well as at the heart of each of the four forces of psychological theory, and I aspire to ascertain the role of dichotomy in the experience of suffering. My inquiry has flowed in this manner: If suffering is the common human experience, and if dichotomy (and its synonyms) is its primary cause, then what is suffering like for populations who *are* highly inherently dichotomous? Explicitly, my research question is: What is the role of dichotomy in the experience of suffering, specifically with respect to highly inherently dichotomous client populations, as viewed across the four forces of Western psychology? My research hypothesis is: Highly inherently dichotomous client populations (such as mystical/psychotic, bipolar, borderline, and/or gifted/learning-disabled states and/or diagnoses) arguably experience a heightened and/or nuanced form of suffering, due to the extreme and oscillating nature of their realities. The idea is to encapsulate the collective experience (suffering) as related to the individual journey (individual in the literal sense, as well as individually specific populations). From this inquiry will hail a unique theoretical platform upon which suffering has been, and will ideally continue to be, explored.

The four forces. In this thesis document, I endeavour to illuminate the theory, the method, and the tactical means by which I explore the aforementioned research question: What is the role of dichotomy in the experience of suffering, specifically with respect to highly inherently dichotomous client populations, as viewed across the four forces of Western psychology? I first offer a literature review and discussion regarding the nature of suffering, with

respect to spirituality, the role of dichotomy, and transcendence. Next, I both dissect and synthesize select theoretical orientations, representative of each of the four major forces (psychoanalytic, behavioural, humanistic, and systemic; respectively) of Western psychology. Initially, I explore (in the form of hypothetical theoretical conversation) Ken Wilber's integral psychotherapy and transpersonal theory, which serves as a platform on which to explicate the nature of duality. Nonduality is at the heart of transpersonal theory specifically; however, each of the select theoretical orientations I discuss has also, at its core, a construct of duality. The reconciliation of these dualities is potentially the means by which one can transcend human suffering, under each unique encapsulating theoretical orientation. This construct is perhaps irrespective of psychopathology, and more a function of the human journey…yet *possibly* heightened and/or nuanced in highly inherently dichotomous populations. Again, this is my research hypothesis (subject to modification, based on the AI protocol): Highly inherently dichotomous client populations (such as mystical/psychotic, bipolar, borderline, and/or gifted/learning-disabled states and/or diagnoses) arguably experience a heightened and/or nuanced form of suffering, due to the extreme and oscillating nature of their realities.

Theoretical conversations: Theories and theorists. The theoretical orientations I discuss include psychoanalytic intersubjective-systems theory (in the voice of Robert Stolorow), dialectical behaviour therapy (DBT) (in the voice of Marsha Linehan), existentialism (in the voice of Viktor Frankl) and postmodernism (in the voice of David Pare). These hypothetical theoretical conversations serve to enliven the selected theorists' fundamental views on human suffering, and the means by which these theorists suggest one can transcend this common experience of struggle, specifically as related to constructs of dichotomy. These discussions depict the progression of the field of psychology across the four forces, specifically as related to views on suffering and of dichotomy. Please note, that when I refer to reflecting the voices of theorists, I aspire to illustrate that the ensuing dialogues are not transcripts of actual

conversations I have had with these theorists (if only I were to be so fortunate!). In actuality, my writing is an active dialogue in which I endeavour to interpret and irradiate these theorists' core views, particularly in the areas of human suffering, of dichotomy, and of how suffering is ultimately transcended. Effectively, their works and my interpretation/analysis thereof, are my research units (which is analogous to the use of participant questions). It is from the critical reading and reflection of my research units that my original hypothesis is amended, according to these data, and allowing for exceptions identified during the analysis.

Concluding remarks. I have now offered a comprehensive overview of my research vision, including thoughts on therapeutic empathy, theoretical concepts, research and tactical visions, the four forces, and theoretical conversation use. A discussion on the constructs of my chosen methodology, AI, follows next.

Chapter II: Methods

Analytic Induction: General Theoretical Considerations

Hailing from the field of sociology, AI is a stand-alone research method. Tacq (2007, p. 189) described Znaniecki's AI as "a method in which research units are examined one by one and in which theoretical insights are adjusted to each observation . . . [until] theoretical saturation takes place". Similarly, Katz (2001, p. 1) defined AI as the "progressive redefinition of the phenomenon to be explained (the explanadum) and of explanatory factors (the explanans), such that a perfect (sometimes called 'universal') relationship is maintained". In my research, the explanadum is the experience of suffering, and the hypothesized explanans is dichotomy (and its synonyms), specifically as found in highly inherently dichotomous client populations. My research units are the texts/works/views of select major theorists, of which I have done an extensive critical reading in order to identify the exceptions to my original hypothesis, sequentially reworking the emerging revised hypothesis to allow for these exceptions.

Katz (2001, pp. 3-4) stressed that AI, as a comprehensive research methodology, is amenable to study of macro-, meso-, and micro-level phenomena. He added that it explores the development of experiences that transcend sociocultural silos, all while honouring the manner in which these universal experiences are lived subjectively (Katz, 2001, p. 3). Katz (2001, p. 5) postulated that "perhaps the most ambitious long-term objective of AI is to develop the most economical set of inquiries capable of unveiling the distinctive processes that constitute any experienced moment". This sentiment suggests the possibility and goal of streamlining universal experiences. Furthermore, Tacq (2007, p. 191) stressed that the journey of inductive researchers is inherently challenging, because they is continuously forced to extract data that is contraindicated (known as *deviant cases*) to original insights, thus arriving at an arguably universal theory. The essence is that which remains. Tacq (2007) asserted "the power of analytic induction as a research method is exactly the attention for exceptions . . . exceptions stimulate modification of the rule" (pp. 191-192).

In my research, the hypothesis is that suffering is inextricably linked to some form of dichotomy, and that this suffering is perhaps experienced in heightened and/or nuanced fashion in client populations who experience highly inherently dichotomous inner realities. My research units – the texts from select theorists representing the evolution of the field of psychology and of its four forces – will be examined sequentially, in order to ascertain the data that do not align with my hypothesis. Thus, my original research hypothesis will be altered as the data suggests, eventually leading to a response to my original research question: What is the role of dichotomy in the experience of suffering, specifically with respect to highly inherently dichotomous client populations, as viewed across the four forces of Western psychology?

Znaniecki (1934, p. 249) differentiated between *enumerative induction* (his term for the traditional scientific method, which is ironically *deductive* in nature) and AI. He revealed that "in enumerative induction . . . a certain logical class is defined, and the problem is to find characters

common to and distinctive of the particular objects belonging within this class which were not explicitly or implicitly included in the definition". Conversely, AI seeks to ascertain the logical classes to which selected items belong, and which have been subjected to exhaustive analysis (Znaniecki, 1934, p. 249). The former "abstracts by generalizing", whereas the latter "generalizes by abstracting" (Znaniecki, 1934, p. 251). Regardless, the aim is to attain classification of one portion of experience as it relates to the whole (Znaniecki, 1934, p. 253). Znaniecki (1934, p. 250) believed that enumerative induction is effectively unnecessary should AI achieve its purpose. He added that AI enables the researcher to identify new knowledge, which invariably stems from, and is related to, a class previously identified and explored (Znaniecki, 1934, p. 250).

Znaniecki (1934, pp. 269-270) described *the principle of structural dependence*, which he identified as *static laws*, as essentially allowing for the gradation (degree of importance) in components comprised in a given system or phenomenon. Znaniecki (1934, pp. 275-295) also discussed the nature of ontogenetic (evolution of an organism) and phylogenetic (evolution of a group) analyses, which is analogous to my discussion on the individual within the collective. In terms of *causation*, which he identified as *dynamic laws*, Znaniecki (1934, p. 297) noted that individual inputs into a system cannot change without altering the essence of the system, and vice versa. It is a dynamic and evolving process.

Relationship to Grounded Theory and Phenomenology

Hammersley (2010a) discussed the relationship between AI and the grounded theory (GT) of Glaser and Strauss, revealing primarily AI's use of a more open/intuitive stance (versus systemic use of formal coding, in GT), and AI's requirement of theoretical reformulation as data are analyzed (versus an allowance of differences or exceptions, in GT). Furthermore, Znaniecki (1934, p. 220) offered his views on the differences between AI and phenomenological inquiry; the former uses, but does not rely solely upon, intuitive processes. Additionally, Katz (2001, p.

2) likened AI, as it is practiced contemporarily, to what Znaniecki sought in 1928 in terms of a "phenomenologically grounded sociology".

The aforementioned is curious for this research project in particular. I mused at the outset that what I appeared to want to use as a methodology was a combination of grounded theory (with its theory generation) and phenomenology (with its extraction of essence and meaning). At the time, I was not aware that what I wanted to do actually had a legitimate and wholesome methodology! Because I have engaged in considerable reading, research, and reflection on both GT and phenomenology, I am confident that AI allows me to incorporate the elements of GT and phenomenology that initially appealed to me, while attaining methodological congruence in the use of pure AI to explore my research question.

Role of Dichotomy

Tacq (2007, p. 187) reflected that "the opposition between qualitative and quantitative methodology in social-scientific research is an old sore which still is – and most certainly will remain – the subject of much discussion". Miller (1982, p. 281) echoed this sentiment, noting that the qualitative and quantitative schools hail from dichotomous stances, each purporting that the other is inadequate and unscientific, respectively. He suggested that AI potentially serves to bridge the chasm between these regimes (Miller, 1982, p. 285). Miller (1982, p. 284) added that even though two theoretical stances may appear to be fundamentally in opposition, it is possible for them to be married in order to arrive at a comprehensive understanding of the phenomenon at hand. He reflected that this notion is akin to "triangulation by theory" (Miller, 1982, p. 284). Tacq (2007, p. 188) noted that this chasm stems from a multitude of apparently superficial differences. These tensions are largely congruent with what I have discussed with respect to the individual/collective, modern/postmodern, and objective/subjective (essentially, any dichotomous) debates. Znaniecki (1934, p. 158) identified the commonly alleged duality in external (sensual) versus internal (psychological) reality, noting that these are not two separate

types of experience. He also reflected that the researchers' own immersion in the research process, including their experiences, is equally as scientifically valid as the methodological observations of those hailing from the modernist camp (Znaniecki, 1934, p. 158).

Role of Researcher Reflexivity

Znaniecki (1934, p. 159) stressed that "in order to turn any of our experiences into knowledge we must 'reflect' about them, that is, analyze that which is experienced and reconstruct it theoretically". He added "verifying the description of certain data based on somebody else's experience by comparing this description with the results of a theoretic reflection about one's own experience" is that manner by which a researcher can test experience (p. 164). Miller (1982, p. 292) highlighted the importance of researcher awareness of, and immersion in, the research process itself. Tacq (2007, p. 202) suggested that the constant search for new cases, in order to keep shifting and crafting theory, promotes continuous reflexivity on the part of the researcher, due to the fluid evolution of the endeavour. This is the means by which the researcher ensures that the final theoretical stance stems not from researcher musings and conjecture, because the original percolations are tested against the data gleaned from the research units. In the case of this research project, personal experience, observation, and an extensive review of the literature (in many, many realms) led to the formulation of my research hypothesis and question. The study of research units, and the elimination of deviant cases, will help to attain the theoretical essence of the query. What remains is a pure analytic induction of the experience of suffering and of dichotomy, as applied in working with client populations who are highly inherently dichotomous. It is the transformation of thinking, resulting through this reflexive process, that leads to the alteration of the original research hypothesis and an answer to the research question.

Znaniecki (1934, p. 169) identified the challenge of those seeking to understand populations whose experiences to which they are not directly privy. He added that the ability to

understand is not synonymous with the ability to merely observe (Znaniecki, 1934, p. 169), and that true understanding "may lead us to an actual, genuine experience of these feelings" (Znaniecki, 1934, p. 170). This sentiment is congruent with Rogers' (1961) discussion of the construct of empathy, in terms of attaining therapeutic connection. Furthermore, Znaniecki (1934, p. 172) briefly discussed the tension between the Husserlian and Heideggerian schools of thought (though he does not appear to explicitly name the latter), noting that in either case, observation is inherently comprised of the observer's immersion in said observation. The experience and its observation simply would not be available, so to speak, to the observers, if they "had not had practical contact with a reality of the same or a similar kind" (Znaniecki, 1934, p. 172). Additionally, Znaniecki (1934, p. 195) mused that "personal experience and observation are the ultimate bases of all knowledge, the final criteria of validity of all general concepts and laws". Thus, a clinician need not have experienced exactly that which a client has – having experienced the essence will more than suffice.

Metatheoretical Possibilities

In a similar fashion to my views, Znaniecki (1934, p. 261) appeared both amused about, and intolerant of, the infighting amongst various theories and theorists, noting that the best-case scenario is to "exercise complete mutual tolerance". Znaniecki (1934, pp. 5-6) illuminated that "the attainment of a practical end requires in most cases a great variety of information which cannot possibly be included within the limits of one theoretical science, but must be dealt with by several special sciences". He added that in order to ascertain the essential elements in a given system, the researcher must uncover the interconnectedness (Znaniecki, 1934, pp. 13-14). In exploring suffering and dichotomy across the four forces, as well as across specific client populations, this is precisely that which I am endeavouring to accomplish. Znaniecki (1934, p. 290) offered a sociological sentiment congruent with the evolution of the four forces of psychology, noting the role of differentiation and integration inherent in said evolution. He also

itemized certain phenomena that tend to transcend evolutionary change; he named communication, relationships, and struggle (amongst many), and I would add suffering to this list.

Universality and Sociocultural Considerations

Znaniecki (1934, pp. 265-266) also believed that the collective is more than simply the sum of its individual elements, and that though certain elements may present differently in different cultural systems, their essence remains nonetheless the same. Hammersley (2011, p. 563) reflected "whether the concern is with outcomes that would happen to any human being irrespective of sociocultural circumstances or with outcomes produced by particular types of social situation". Similarly, Katz (2004, p. 304) noted that "community is sought . . . in a sensitivity to the universalities of social process . . . debunking the claims of authentic boundary . . . offering the liberating perspective of commonalities found across formally segregated sites". Katz (2001, p. 13) astutely observed that AI has the ability to unearth the cultural tensions between those inside of and outside of a given cultural group, which is an excellent foray into the role of power differentials. Znaniecki (1934, pp. 199-200) also discussed the nature of duality and of norms in the realms of psychology and of societal expectations and norms. Znaniecki (1934) believes these notions are important because of their relation to the subject and the cultural milieu, or what I have described as the individual within the collective, as well as the nature of psychopathology.

Validity and Potential Limitations

Tacq (2007, p. 192) explained that the results of AI are not of an *a priori* nature; rather, they are a "valid conceptualization of reality". Katz (2001, p. 11) addressed the validity of AI, noting that "as the explanation is redefined, it becomes both more nuanced and more wide-ranging in demonstrated validity. External validity depends on internal variety, not on the quantity and logically pre-derived uniformity of the data set". This means that the validity stems

from the progressive refinement of the hypothesis, so that the arguable essence remains; the data set is not necessarily uniform at the outset, thus the use of deviant cases during the refinement process. Goldenberg (1993, p. 172) noted that "generalizability of any such claim is limited to the universe studied to that point in time, or *until the next negative case appears*, since at this point it would require redefinition". He questions whether AI is thus capable of promoting a truly universal claim, given this qualitative genre of what the quantitative camp identifies as confidence intervals. Furthermore, valid generalizations are realized when discrete cases are analyzed and then subjected to AI as a means to generate *espoused* essential truths from data. This process ensues from the methodological tactics of AI, outlined as follows.

Methodological Tactics

Tacq (2007, p. 193) explained that, in contrast to the scientific method (or what Znaniecki appears to describe as enumerative induction – which, again, is fundamentally a misnomer, because its essence is deductive), AI "*generalizes by abstracting*". Essentially, this refers to extracting the essence from the data in order to extrapolate said essence in a general and panoramic sense. He added AI places emphasis on a relatively small number of cases to refine initial insight and to craft theory.

In the current project, the works of key theorists (spanning the evolution of the field of psychology) are the research units I have utilized. In addition, Hammersley (2010b, p. 406) discussed the points of view of Znaniecki, Lindesmith, and Cressey (key AI theorists and researchers), noting that they all appeared to believe that "concepts and theories . . . perhaps can only be produced, through the intensive study of particular cases under the guidance of analytic thought, rather than through seeking to generalise [*sic*] from relatively superficial study of a large number of cases". This is what I have done as a result of my in-depth and panoramic readings and reflections of my research units.

Robinson (1951, p. 813) noted that “analytic induction formalizes and systematizes the method of the working hypothesis . . . performs an important service in emphasizing the need for study of deviant cases in a situation in which the explanation is not complete”. Essentially, what occurs is theoretical streamlining and decluttering. Ratcliff (2008, p. 129) described AI as a method promoting the “recursive formulations of hypotheses”. Znaniecki (1934, p. 279) explained that individual cases are the means by which a researcher identifies the deviant cases, from which the theory is protracted from its universality, or from which the theory is adjusted to include said cases. This is the process by which I have reflexively revised my research hypothesis and arrived at an analytically-induced metatheory regarding the nature of suffering, or dichotomy, and of highly inherently dichotomous client populations. Tacq (2007, p. 193) explicated that the researcher’s theoretical insights must be held as “tentative and provisional” during the research process, and that they are subject to revision based on that which stems from the analysis. This is obviously where the need for researcher reflexivity is paramount. Indeed, additional cases are dissected and potentially incorporated into the developing theory; thus, the readjustment of the theory ensures the essential and connective elements are what remain (Tacq, 2007, p. 202). The analysis of my data will allow me to rework my metatheory until its universal essence remains, and from which its qualitative notion of confidence intervals can be assuredly applied.

Znaniecki (1934, pp. 259-260) distilled AI into four steps: (1) discover the more and less essential elements (data) of the phenomenon under study; (2) abstract these elements under the assumption that the more essential, or general, will appear in a greater variety of realms; (3) test the hypothesis by investigating realms in which said elements are present to varying degrees; and (4) create a comprehensive system of classification in which elements are graded according to their importance, or essentiality.

Due to the nature of my inquiry, the first two steps have effectively been completed, primarily as a result of extensive reading across diverse subject and theoretical matter – I tentatively identified suffering as the ubiquitous human experience (first step). Then, as a result of the same process (more reading, observing, and reflecting), I tentatively identified the role of dichotomy (particularly as experienced in highly inherently dichotomous client populations) in the creation and promotion of this ubiquitous suffering (second step). Therefore, my research units offered me valuable information with respect to the experience of suffering, as related to highly inherently dichotomous client populations (third step). Finally, the analysis of these data enabled me to rework my metatheoretical hypothesis, as related to suffering and to dichotomy, particularly as is related to the aforementioned client populations (fourth step). Fundamentally, I am applying AI by means of a critical reading and reflection of my research units.

Tacq (2007, p. 194) explained that essentiality is determined according to Znaniecki's discussion on the principles of structural dependence and of causality, as I described above. As a result of each case-by-case analysis, the cases (in this instance, the reflections of major theorists) considered to be deviant (and thus not leading to the rejection of the null hypothesis), force the researcher to shift either the research population (to let go of this deviance), or to alter the original hypothesis (to account for this deviance) (Tacq, 2007, p. 199). I have thus altered my research hypothesis after each theoretical conversation, so as to evolve congruently with the research units/data. Specifically, I posed my original hypothesis as juxtaposed against the first theorist, and revised the hypothesis. I then posed the revised hypothesis against the second theorist, and revised the first revised hypothesis against the second theorist. I repeated this process, revising the hypothesis each time, according to the exceptions found in my critical reading of each theorist's work and views. Finally, I examined both the original and final revised hypotheses against my four chosen client populations, in order to reflect on how each hypothesis might apply, and help clinicians in their work with these client populations.

Znaniecki (1934, p. 257) believed that conscientiousness, insight, reflexivity, persistence, creativity, and intellect were prerequisites for thorough analysis. He added that the ultimate aim is to generate a comprehensive, streamlined, and intrepid enough theory that serves to illuminate the nature of the whole experience under analysis (Znaniecki, 1934, p. 257). Znaniecki (1934, p. 256) conceded that no analysis is ever fully complete, due to the richness, complexity, and ever-evolving nature of human experience. This is my hope for future research possibilities: I aspire to have this research project, and the resulting metatheory, create a platform upon which other client populations and experiences can be explored.

Shift in Methodological Tactics

It should be noted that there have been some shifts in methodological tactics throughout this project, stemming primarily from deep critique and reflexivity, on my supervisor's (Dr. Paul Jerry), my committee member's (Dr. Sharon Moore), and my part, as well as some logistical challenges. We initially selected hermeneutic phenomenology, due to its rich exploration of the lived experiences of select individuals. However, it became clear that it was a more *systemic* in-depth exploration I was seeking to acquire (particularly as related to theory development); thus, AI became the optimal choice. This choice proved to be an exceedingly difficult one to enact (initially), given the magnitude and aspirations of this query. After more than a month of recruitment, we had yet to acquire a satisfactory participant base. Thus, a shift toward using the key works of theorists as my research units was explored, and ultimately proved to be the most effective and legitimate means to conduct this type of research. I am very grateful for the progression I have described here, since it provided me with an opportunity to learn about a variety of research methodologies, and to truly reflect upon precisely that which I was endeavouring to explore. A perfect fit ensued!

Concluding Remarks

Tacq (2007) cautioned “it goes without saying that this process of reflection does not have to come to an end after one investigation” (p. 204). My ultimate aim is to catalyze a rich dialogue within the helping profession (i.e. beyond those directly involved in this portion – my thesis project – of the larger research platform I hope to generate), regarding the nature of human suffering, particularly as related to dichotomy and highly inherently dichotomous populations. This task does not end with the eventual successful defense of this thesis project! I anticipate that what is generated from this research and metatheoretical development will serve to identify remaining gaps in the helping sector, which can then be addressed in subsequent training and research endeavours. Indeed, Ratcliff (2008, p. 121) observed that “it is a problem of a fertile mind that is highly inquisitive and constantly finding new and interesting aspects of the groups he chose to consider that are worthy of study. Only the arbitrary deadline for completing his degree was able to curtail his efforts”. I now transition into a review of the literature, as related to suffering, dichotomy, transcendence, and offer a critique of these elements.

Chapter III: Review of the Literature

Suffering

“Since the time I found my true home, I don’t suffer anymore” (Hanh, 2010, p. 13).

Buddha and beyond. “What the Buddha meant when he said that the first noble truth is that life is suffering [is that it is] . . . part of the human condition” (Chodron, 1991, p. 60). Stace (1960, p. 335) explained suffering as related to Buddhist tenets, focusing on the illusion of separateness amongst fellow humans as its catalyst. Therefore, it is possible that the transcendence of ubiquitous and inevitable suffering is achieved by reconciling any notions of divisiveness, including dichotomy. Dass and Gorman (1985) observed, “Separateness and unity. How interesting that these root causes, revealed in the experience of helping, turn out to be what most spiritual traditions define as the fundamental issue of life itself” (pp. 223-224). Though one

may typically associate tenets of suffering and transcendence with Buddhism, they are found at the very core of many, if not most, spiritual nests. For instance, Hanh (2010, p. 59) described the opportunity to see "the teachings of inter-being", as well as the wonderful and fundamentally congruent elements inherent to a plethora of spiritual and religious traditions. Suffice it to say that a discussion of religion, as well as both its historical and contemporary unfortunate role in world conflict, is well beyond the scope of, and perhaps irrelevant to, this project. However, the idea is to hold onto the core notion of common spirituality and interconnectedness amidst most (or all) spiritual traditions, and perhaps even along the fully secular journey.

Suffering as Related to Dichotomy. "Birth and death are two of the innumerable pairs of opposites experienced in the phenomenal world. All opposites are illusions" (Rama, 1985/1996, p. 57). Kant (1930/1963, p. 78) asserted that *appearance* and *illusion* are synonymous entities, and are the antonyms of *truth*. Kant (1930/1963, p. 145) added that comparison to others invariably leads to notions of either superiority or inferiority, both of which are indelibly divisive and therefore promote suffering. In a parallel fashion, Hanh (2010, p. 62) discussed the role of complexes in suffering, noting that concepts of superiority, inferiority, and even equality can lead to the illusion of separateness. He added that one need not abandon one's heritage or other delineating factors; rather, one can celebrate without being conricted by the limitations of these demarcating ideas. Carter and Palihawadana (1987/2000, p. 42) highlighted the impossibility of absolute failure nor absolute success; all occurrences invariably fall somewhere in between these two extremes. In his discussion of Patanjali's Yogasutras, Baba (1976/2010a, p. 1) explained "Viksipta means specially engaged . . . it works between two ends, - either failure or success . . . his mind is not one-pointed. This is called the Oscillating mind". This experience of internal agitation is a direct function of swaying between dichotomous states.

Rama (1985/1996) noted, "Each experience that one has in the phenomenal world has its opposite, and each experience exists only because its opposite exists" (p. 57). Chodron (1991, p.

21) described well-being and suffering as being derived from the same essence, and as being a basic part of the human reality. She cautioned “the problem is that the desire to change is fundamentally a form of aggression toward yourself. The other problem is that our hang-ups, unfortunately or fortunately, contain our wealth” (Chodron, 1991, p. 14). Rama (1985/1996, p. 71) reflected that punishment by extraneous forces is not the core consequence of neglecting to act with love; rather, in doing so, one has created a severance of the unity inherent in life. Suffering, he concluded, is both the result *and* the punishment. Hanh (2010, p. 85) elaborated on the interplay between suffering and well-being, noting the ability for the former to convert into the latter. Hanh (2010, p. 85) stressed that this is the fundamental teaching of the Buddha, with respect to nonduality.

Enactment of empathy is a primary means by which to access common humanity and resonance (Rogers, 1961). If people cannot connect with another, it is because they has abandoned their fundamental humanity and has succumbed to “the insulation of a separate self and delimited world . . . creating a habitable world that is – within its constructs – comprehensible and sane” (Bradford, 2012, p. 231). Bradford (2012, p. 232) added that the term *subjectivity* is effectively a misnomer – it ought to include the prefix *inter*. Kant (1930/1963, p. 205) reflected “if we can free ourselves . . . if we can unburden our heart to another, we achieve complete communion”.

Transcendence. “Thence, the cessation of disturbance from the pairs of opposites” (Baba, 1976/2010b, p. 62). Rama (1985/1996, p. 74) suggested that individuals must aspire to see beyond “identification with . . . all the pairs of opposites”. Dass (1971) reflected how close each individual truly is to the transcendence of suffering, stating that the chasm between one’s true and deep self is effectively minute. Hanh (2010, p. 13) pondered the relationship between past, present, and future. He suggested that by living in the present moment, which is truly all one has, one can, by default, access both the past and the future. Hanh (2010, p. 13) added that

this is the means by which one can heal the inner leprosy of the past. “Wise is he who has learned to discriminate truth from untruth and who is not disturbed by the past or by what he imagines will occur in the future” (Rama, 1985/1996, p. 53).

Dass and Gorman (1985, p.74) stressed that how one reacts to circumstances is in direct correlation with how much one suffers. Frankl (1959/1962/1984/1992/2006) echoed this sentiment, also noting that the proverbial size of the suffering is irrelevant; it is one’s reality and one’s interpretation that matters most. “A person who has severed all attachments and has thus become one with Consciousness is said to be in *SAT CHIT ANANDA*: total existence, total knowledge, total bliss” (Dass, 1971, p. 39). Kabat-Zinn (1994, p. 227) concluded that when one recognizes inner completeness, one has *arrived* and can choose one’s path. This inner completeness perhaps both honours and marries otherwise violent dichotomous experience. May (1958a) postulated that individuals achieve freedom when they successfully navigate and move beyond that which is transpiring in front of them. Wolff (1950) added that when individuals recognize and accept the inevitability of death, an epiphenal moment ensues, in which they can shape their lives congruently. “As we loosen the hold of each identity so that we don’t get completely lost in it . . . we don’t have to be anybody in particular. We don’t have to be ‘this’ or ‘that.’ We are free simply to *be*” (Dass & Gorman, 1985, p. 32).

Stace (1960, p. 330) explained the enlightenment process, noting that the perception of separateness dissolves, and what were once latent truth and actualization sprout in its place. “The control over the extremity of the smallest minuteness and of the highest expansiveness comes to him” (Baba, 1976/2000a, p. 20). Kabat-Zinn (1994, pp. 93-94) revealed that continual awareness is the key to transcendence of the illusion of separation; through this awareness, one comes to realize that the fragmentation itself is illusory and can simply sit with it. “But actually, nothing is ever isolated and needs reconnecting. It’s our way of seeing which creates and maintains separation” (Kabat-Zinn, 1994, p. 215).

Critique of literature. A major critique of the literature I have discussed in the previous section is that the principles stem primarily from Eastern tenets and philosophies, and my research is exploring the constructs of Western psychology (across its four forces). This is obviously another dichotomy, and one that must be acknowledged. I have already noted the challenge of the potential for religious undertones in this process. Furthermore, to many marginalized populations, the suggestion that one can achieve an unencumbered existence, irrespective of a variety of personal and systemic factors, could be viewed as disrespectful, arrogant, and ludicrous. To some, it could appear as though the seeming liberation associated with be mindful and nonreactive, for instance, is reserved for only the elite, the special, and the ethereal. In addition, diagnostic criteria for mental health concerns often stem from Western views and systems (i.e. my chosen client populations). Thus, though the principle of nonduality (which I discuss shortly) is chiefly an Eastern notion, its reciprocal is obviously dichotomy (and its synonyms), which is clearly at the heart of my query. In order to account for specific human/client experiences, it is important to consider both stances (Eastern and Western) in order to craft a comprehensive understanding of the entire spectrum.

Concluding Remarks. This section has addressed the constructs of suffering, including its propagation beyond Buddhist tenets, its relationship to dichotomy, its transcendence, and a critique of these doctrines. Next, I move into a discussion on the dichotomous reflections I encountered as I contemplated the nature of suffering and the role of dichotomy, and of specific client populations.

Overarching Trans-theoretical Dichotomies

In this section, I describe the high-level personal and theoretical observations and reflections that have paved the way to my current research project. This includes the original curiosities I encountered during my police work, my reflections on individuals' concurrent (and complementary) similarity and uniqueness, my quasi-exasperation at the seeming incessant and

unnecessary in-fighting amongst various psychological schools regarding theories of change, and my curiosity and hypothesis regarding specific client populations.

The percolation: Despair versus enlightenment…as synonymous? "We can stop thinking that good practice is when it's smooth and calm, and bad practice is when it's rough and dark. If we can hold it all in our hearts, then we can make a proper cup of tea" (Chodron, 1991, p. 81). My initial musings on suffering and human connection stemmed from my police work. I had the privilege to interact with individuals and groups from virtually all external markers which differed from mine, and I (perhaps paradoxically) noted the consistent ability to attain depth of connection. This commonality appeared to stem from the core and common experience of struggle, and was irrespective of the myriad of presentations, as well as of the defining characteristics (socioeconomic class, ethnicity, creed, gender, etc.) of the individual(s). Suffering appeared to be both an equal-opportunity oppressor and liberator. Suffering also appeared to be synonymous with transient (yet deep, at times) despair, and was often a precursor to varying degrees of enlightenment (i.e.: an individual who profusely thanked me for arresting her).

This percolation then transferred into my graduate studies. My initial research query involved what is arguably the core experiential dichotomy individuals must traverse: Despair versus enlightenment (two ends of a continuum, which include other constructs, such as doubt and hope). This was the natural progression from the aforementioned sentiment regarding suffering as being both oppressive and liberating. My first formal academic foray in this realm involved the mysticism-psychosis continuum, in which I queried whether these states were synonymous, or simply varying shades of the same essence. I concluded that these states were, in fact, largely congruent, and that their differentiators consisted mainly of the degree of stigma and the degree of debilitation (Kelava, 2013).

I transitioned back into an exploration of suffering as the core human experience, though I recognized the need to take this beyond traditional Buddhist tenets alone, primarily to promote

inclusivity and circumvent religious myopia. As I began to deconstruct the role of separateness (and its endless list of synonyms), I identified the role of dichotomy (and its endless list of synonyms) as a (the?) key factor in the promotion of suffering. I focused on Ken Wilber's transpersonal theory and Viktor Frankl's existentialism as a means to elucidate both dichotomy and meaning, all under the umbrella of human suffering. I then started to realize the dichotomy inherent in many theoretical orientations, and I reflected on the evolution of psychology, particularly as it has led to acute specialization and diagnosis, largely stemming from contemporary third-party provider requirements. An uneasy discord began to fester, as I wondered if the field of psychology (and perhaps other helping professions), in the quest for specialization, has perhaps fragmented (dichotomized) itself so greatly, that the common and overarching threads have perhaps been pulled…and forgotten. I sat with this for a while, reading and writing and reflecting…ad infinitum, it seemed.

The final component to solidify was the practical aspect of this research. Its importance and my passion for it were unequivocal to this point – I needed tactics. As a result of some personal experiences, as well as an upcoming practicum placement, I had an epiphenal moment in regards to practical application. I now aspire to highlight the common human experience of suffering, particularly as related to and caused by dichotomy (and its synonyms), but then with a focus on client populations whose inner worlds are specifically dichotomous, due to their extreme experiential nature. Therefore, though the overarching tenets of suffering and dichotomy apply to virtually any population which clinicians are likely to encounter, these constructs are arguably particularly relevant for the populations I have chosen to address in my research (mystical/psychotic, bipolar, borderline, and gifted/learning-disabled states and/or diagnoses). Is the nature and magnitude of suffering any different for these client populations, versus for others?

Individual immersed in the collective. "What is true of already specialized feelings will be even more so of emotions basically as indeterminate, simultaneously as vague and as 'definite,' as remote and as 'present' as those furnished us by beauty or aroused by absurdity" (Camus, 1955/1983/1991, p. 10). All of existence is a conglomerate of interrelated vacuums; life is a common journey with no commonly manufactured thread. The "answer" is found in the compilation of all ripostes traversed along the journey – engagement earns full marks, yet no rubric exists. Siegel (2010, p. 141) reflected, "Complex systems – such as our minds, our brains, and our relationships – have a natural tendency toward maximizing complexity . . . when unimpeded, tends to have elements of the system differentiate, to become specialized, and then to link together". A natural tango ensues, and it is one in which individuals may have infinite experiential partners and learn the subtle nuances of the fluidity in each…but in which they are ultimately stepping to their unique fingerprints of a beat. This is the journey of the individual immersed in the collective.

Siegel (2010, p. 56) explained that the helping relationship is "an intimate communion of the essence of who we are as individuals yet truly interconnected with one another . . . resonance reveals the deep reality that we are part of a larger whole". Carter and Palihawadana (1987/2000) offered a translation of *The Dhammapada*, which embodies the sayings of the Buddha. Their interpretation suggested solitude as a means to achieve union. Kabat-Zinn (1994, p. 214) astutely observed "so we see the futility and danger of letting our thinking make any thing or circumstance into an absolutely separate existence without being mindful of interconnectedness and flux". Finally, Friedman (2000) described contemporary existential thinking, stating that the intersubjectivity of human experience is a key component of the human journey.

Modernism versus postmodernism. "In professions we defend schools of thought. Helping often slips through the cracks" (Dass & Gorman, 1985, p. 131). Humanity, in its quest for knowledge and comprehension, precludes itself from any singular knowing, as the search can

appear to generate infinite truths. Postmodernism, in its deconstruction of elusive certitude, effectively concludes the absence of a singular truth. In its assertion of multiple truths, postmodernism has arguably disbarred human interrelatedness. A paradox, no? Ultimately, what are the global parameters by which humanity is bound? The answer could be as simplistic as each individual suffers, but in a subtly unique manner. Each individual's strongholds differ, but each has them. As previously discussed, this is the individualism found in collectivism, or the postmodern found in the modern. Both exist, and both matter.

The aforementioned reflection illuminates the ongoing tensions exhibited by the modernist versus postmodernist camps, in which are subsumed a myriad of theoretical orientations. However, the potential for harmony exits. For instance, Siegel (2010) cautioned that one need not abandon circumscribed and empirical approaches and applications. Rather, one needs to envision the overarching picture of human landscape in order to ascertain the goodness of fit between clinician and client worldview, and the subsequent theory and applications. Siegel (2010) endorsed deconstruction leading to re-synthesis, a sentiment marrying modernist (scientific method) and postmodernist (plurality of experience) constructs. Essentially, one can take what is old, explore it in a methodical and detailed fashion, and extrapolate the results to achieve new meaning. The original genes are retained, but something new and meaningful has emerged. This sentiment runs parallel to Wilber's (2000) discussion regarding holons. Wilber (2000, p. 19) described holons essentially as parts of other parts, and "every holon has its own agency as a whole, it also has to fit with its communions as part of other wholes". The parts matter, but particularly as they relate to the greater picture. Finally, the research methodology I have chosen to use in this project (AI), is wholly suited to theoretical development and the emergence of new nuances of meaning. I discuss AI in depth shortly.

It is also important to recognize the concert of modernist and postmodernist tenets, in terms of the therapeutic encounter. Clinician are likely to use both, even if they espouse affinity

for one or the other. For instance, in conducting a psychological assessment – clinicians will use any one (or more) tool(s), most of which are based largely on the traditional and modernist scientific method, in determining and defining the client "problem". However, these tools have varying degrees of reliability and validity, and the paramount barometer of validity is arguably the degree of resonance with the client him/herself. This is obviously the postmodern/subjective slant. Interpretation and bias have the potential and likelihood of permeating the "clean lines" of empirical assessment – clinician and/or researcher reflexivity is key (Doyle, 2013).

Concluding remarks

This section has addressed the high-level process by which I worked through my observations and questions regarding the nature of suffering, the relationship between the individual and the collective experiences, the tensions between the modernist and postmodernist camps, and the literature regarding specific client populations. I now transition into a discussion on the four forces, select theoretical orientations and theorists from each, and the embedded role of dichotomy in each. It is from these theoretical conversations, which span the evolution and the field of psychology, that the reflexive process will lead to a revision of the research hypothesis: Highly inherently dichotomous client populations (such as mystical/psychotic, bipolar, borderline, and/or gifted/learning-disabled states and/or diagnoses) arguably experience a heightened and/or nuanced form of suffering, due to the extreme and oscillating nature of their realities. In using AI protocol, I will be able to answer my research question: What is the role of dichotomy in the experience of suffering, specifically with respect to highly inherently dichotomous client populations, as viewed across the four forces of Western psychology?

Chapter IV: Philosophical and Theoretical Framework

Specific Force and Theoretical Dichotomies

In this section, I discuss the theories and theorists I have chosen to highlight the role and evolution of dichotomy, in the construct of suffering, across the four forces of Western

psychology. In this section, I adopt a theoretical conversation framework. A quick reminder that these conversations are hypothetical (*not* transcripts), and simply serve to enliven the discussion, as I have interpreted these theorists' works (research units). I begin with a discussion of my overarching platform of nonduality, the antithesis of dichotomy. It is from this discussion that the specific material related to the four forces stems. Ultimately, based on AI protocol, a revision of the research hypothesis regarding the nature of suffering, of dichotomy, and of highly inherently dichotomous client populations ensues. I have revised the working hypothesis at the end of each case (research unit) to accommodate for exceptions.

Overarching construct: Nonduality. Along this journey, I have mused whether polarity and dialectics are arguably the most vehement manners by which experience is severed, thus leading to a disjointed and alienated sense of reality. By reconciling apparent polarity within and across the four forces of psychology, one can elucidate the means by which the commonality of suffering can be lessened – though, as a fundamental human experience, never circumvented. A discussion of the core tenets of Ken Wilber's integral psychotherapy and transpersonal theory provides a platform upon which the core dualities of the four forces of psychology can tango. What follows is a theoretical conversation I have created with Dr. Wilber, based on my interpretations of his theoretical tenets. This opening dialogue precedes additional theoretical conversations with the four theorists I have chosen as representative of the four forces of psychology.

Kathleen Kelava (to which I will refer hereinafter as "KK"). Hi, Dr. Wilber. You are arguably the king of transpersonal theory and integral psychotherapy. At the core of your work is the concept of nonduality. I would like to explore this central tenet with you, focusing on its role in the manifestation and alleviation of human suffering. Is this okay?

Ken Wilber (to which I will refer hereinafter as "KW"). Without a doubt.

KK. Fantastic. In what manner is nonduality related to the experience of the *observer* and that of the *observed*, a seeming – at least according to modernist and mainstream Western principles – dichotomy?

KW. In my book, *The Spectrum of Consciousness* (1993), I discussed the manner by which physicists have discovered that by being immersed in the universe, one is effectively *not* separate from it, and therefore any subsequently alleged objective observation is inextricably imbued with the effects of the observer.

KK. This is reminiscent of Husserl's (1906/07) and Heidegger's (2010) views on bracketing, or its arguable impossibility.

KW. Precisely. I would say that Heidegger's views on the inability to bracket coincide with my ideas as to precisely why one cannot do it – because, as a researcher, a clinician, or even just any person, one invariably brings his or her worldviews and experiences to the table. It is virtually impossible to remove these biases. They can be accounted for, but not eradicated.

KK. And how does this relate to your stance on symbolic map knowledge?

KW. Well, as I discussed in the aforementioned book, as well as another one of my books, *A Brief History of Everything* (2000), we run into trouble when we confound the mapmaker and the map itself. Maps are undeniably fantastic tools to assist in guiding experience, but they are not the essence of the experiences themselves. This means that others' experiential maps cannot be relied upon exclusively – one must experience for him or herself.

KK. This would be similar to how you described the need for *both* the map and the mapmaker, which I would suggest is analogous to discussions on modernism/postmodernism, and a variety of other apparent dichotomies that continue to baffle us and keep us divided. It's all important in its own right, no?

KW. Absolutely. And this is where I landed with my *AQAL* (all-quadrant, all-level) approach, which is basically the essence of integral psychotherapy. In reference to that which we

are discussing here, the right side of the equation is the external reality (upper being individual, lower being collective), and the left side is the internal reality (again, upper being individual, and lower being collective). As the modern Western scientific method is amenable to direct observation, it falls on the right-hand side. Conversely, the subjective and phenomenological experience falls on the left-hand side. None of the quadrants takes precedence – they are all integral to the whole picture, as they each contain their own versions of "the truth".

KK. What I am attempting to elucidate in my work, similar to you, is that duality (and its various forms, such as segregation, division, alienation, separation, and so forth) ultimately leads to a disjointed experience (and essentially suffering). I wonder whether in order to transcend a sense of disconnection, one must reconcile seeming polarity (which seems to present itself everywhere), so as to honour one's subjectively individual experience as immersed in that of the collective. I have identified a theoretical orientation from each of the four forces of psychology, in order to highlight the core duality, the duality's role in suffering, and how this suffering might be transcended. What would you say about the myriad of theoretical orientations available to helping professionals?

KW. Well, similar to my explanation as to how each quadrant has its value and truth, each therapeutic orientation has its merit as well. In 2008, Andre Marquis and I described the integral psychotherapeutic approach as one that will "thus rescue those approaches that have been marginalized despite their utility with certain populations" (p. 351). So, similar to my views on how the modern scientific method is certainly useful, but not the entire picture, most therapeutic orientations definitely have their merits and purposes. However, I believe these orientations could become more robust and helpful, if one applies a more global, or integral, approach. This could absolutely help clinicians to better understand and treat presentations of human suffering.

KK. What about the role of holons? And their relation to what I like to call *the individual immersed within the collective*?

KW. In *A Brief History of Everything* (2000), I described how Arthur Koestler used this term (holon) to describe something that is both its own entity, as well as part of a greater whole. The search for "wholes" is infinite, because we will never reach something that is not simultaneously comprised of other wholes as well as part of a bigger whole. I suppose this is, in fact, analogous to your query about the individual in relation to the collective experience.

KK. So, though we are individuals, with our own experiences, we are comprised of many smaller elements, as well as part of a greater system – all of which is interconnected.

KW. Yes, that is entirely accurate.

KK. Thank you for your insights, Dr. Wilber.

KW. You are entirely welcome.

Discussion regarding revision of hypothesis. The original research hypothesis is: Highly inherently dichotomous client populations (such as mystical/psychotic, bipolar, borderline, and/or gifted/learning-disabled states and/or diagnoses) arguably experience a heightened and/or nuanced form of suffering, due to the extreme and oscillating nature of their realities. However, in the above hypothetical theoretical conversation, Dr. Wilber appears to offer an exception to this hypothesis, specifically with respect to the *need* for dichotomy (and its synonyms) in order to transcend suffering. Thus, perhaps dichotomy is a prerequisite to, and abettor of, the transcendence of suffering, and highly inherently dichotomous client populations are potentially in a position of *greater* strength as a result of their extreme and oscillating experiences. With this shifted hypothesis in mind, I shall transition into the next hypothetical theoretical discussion, this time with Robert Stolorow.

First force: Psychoanalysis.

Kathleen Kelava (to which I will refer hereinafter as "KK"). Hi, Dr. Stolorow. You have taken historical psychoanalysis from its roots as a depth psychology – keeping its central tenets – but have tailored it, specifically in the area of trauma, to be more intersubjective and contextual. This is the crux of your intersubjective systems theory. What I would like to do is to focus in on your views on human suffering, particularly as related to your identified dialectic between the *isolated Cartesian mind versus the integrated whole* of a human being. Would you be amenable to this?

Robert Stolorow (to which I will refer hereinafter as "RS"). Absolutely.

KK. Thank you. In your book, *Trauma and Human Existence* (2007), you asserted that "nowhere is the Cartesian doctrine of the isolated mind more deleterious than in the conceptualization of trauma" (p. 11). Would it be accurate, then, to say that severing one person's existence and experience from the context in which it originates is a fairly sure recipe for suffering?

RS. Yes. Also, in 2012, I noted that by failing to honour the phenomenological context in which one experiences trauma, or suffering, we miss out on the interactive and mutually influential nature of emotional experience. Furthermore, as I explored in 2002 with my colleagues George Atwood and Donna Orange, because we are not restricted to the objective enumeration, if you will, of distinct and often tangible entities, we are free to explore that which is beyond measure in its traditional sense.

KK. Great. So given this intersubjective interplay, in what way would you say (or not) that trauma and/or suffering are an inextricable part of human experience?

RS. Well, as I explored in 2014, particularly in a post-Cartesian framework, we are able to highlight our common humanity, which includes both finitude and existential vulnerability. When we incorporate contextuality into our explorations, we can then see that, albeit manifesting in different external circumstances perhaps, suffering is arguably built into the very fabric from

which we are made. In fact, because I see this idea as so very central to my theory, I chose to highlight this notion in the preface to my book you mentioned.

KK. So then how does trauma, or suffering, come to be? You mentioned, on the third page of your book, that "developmental trauma is viewed not as an instinctual flooding of an ill-equipped Cartesian container, but as an experience of unbearable effect". This, to me, seems analogous to Marsha Linehan's views on how emotional dysregulation can stem from what could be viewed as an invalidating environment (her term), or what one might coin as a *poorly constructed emotional holding environment*. Could you comment on this, please?

RS. For sure. You mention holding environments. In my book, I have noted that in the absence of one of these, an individual may begin to dissociate the pain of experience from the experience itself. This can lead to a severance between what the individual experiences subjectively in the mind and in the body. Essentially, incongruence at its finest. What happens after is that these incongruences, sometimes viewed even as delusions, then create what George Atwood, Donna Orange, and I termed in our 2002 article "a war of worlds constituted by mutual misunderstanding and mutual invalidation" (p. 290).

KK. What a poetic way of describing the intercontextuality of mutual symbiosis gone rogue.

RS. Thank you. And that's precisely it. What occurs then, is that the individual feels a sense of fundamental defect – which translates into the usual suspects of isolation and self-deprecation. What's worse, is that the individual also begins to doubt his or her ability to accurately assess what's really going on. I discussed this disconnection at length in my book, as well.

KK. Got it. So what about pathology?

RS. First and foremost, I would like to reiterate a quote from *Trauma and Human Existence* (2007): "Pain is not pathology" (p. 10). As George Atwood, Donna Orange, and I

explored in 2002, with a post-Cartesian stance, one can explore psychopathology from a phenomenological and contextual stance, and ultimately one that very well might make sense, given the circumstances in which it emerged. We found that it really is fundamentally problematic to try to differentiate between states, say, such as neurosis and psychosis, when the entirety of the assessment is found in the ascertainment of an individual's contact with reality. Who is to say what is real? This, of course, is a modernist/postmodernist argument well beyond the scope of this dialogue, but you can see the inherent issue here.

KK. Of course. How, then, does one aspire to move beyond the inevitability of suffering, or as you term it, emotional trauma?

RS. Sure. In terms of the therapeutic encounter, a few things need to happen, which you can review in depth in my book. First, the therapeutic alliance must be strong enough to navigate the ebb and flow, as it were, of destabilization and reorganization. This will lend to the construction of a secure holding environment, which is, of course, intersubjective and contextual. In addition, in my 2014 article, I suggested that the clinician is tasked with acknowledging and even incorporating his or her own existential vulnerabilities, as well as ontological and epistemological views on humanity and suffering. Furthermore, true empathic understanding stems from dialogue, and this sentiment effectively revokes any privilege to the notion of an isolated mind, or even experience.

KK. It sounds as though the resolution of suffering stems from an interpersonal encounter, which is similar to what Rogers described in his seminal work?

RS. Yes. I have, in my reflections on my own experiences of suffering, identified that healing comes from finding another individual who has experienced the same core – not necessarily specific – struggle. Because suffering is indeed a fundamental component of reality, we effectively seek out others; in my book, I have coined this ubiquitous propensity as *twinship longings*.

KK. Then, would it be safe to say that within this intersubjective and contextual encounter, suffering finds meaning, and that this leads to its resolution? I am sensing some Frankl flavourings here, too.

RS. Absolutely. As George Atwood, Donna Orange, and I noted in the 2002 article, within the therapeutic encounter, the individual can rework his or her own experiences, from which a core sense of self – a seeming reunion of previously fragmented parts of experienced reality – can emerge. This basically unites the individual and universal experiences.

KK. Thank you, Dr. Stolorow, for your wonderful input.

RS. You're certainly welcome.

Discussion regarding revision of hypothesis. The standing revised hypothesis is: Perhaps dichotomy is a prerequisite to, and abettor of, the transcendence of suffering, and highly inherently dichotomous client populations are potentially in a position of *greater* strength as a result of their extreme and oscillating experiences. In the above hypothetical theoretical conversation, Dr. Stolorow appears to highlight that the validation of the experience of suffering hails from what he terms twinship longings (essentially, an empathic union with another person), and that suffering need not stem from a position of psychopathology to be legitimate. At this juncture, the revised hypothesis (accommodating for this exception) is thus: Irrespective of psychopathology, each of us is capable of both experiencing suffering and of recognizing and validating this experience in another individual. It is this validation, despite particulars such as parameters of experience and/or psychopathology, that leads to the transcendence of suffering. With this shifted hypothesis in mind, I shall transition into the next hypothetical theoretical discussion, this time with Marsha Linehan.

Second force: Behavioural.

Kathleen Kelava (to which I will refer hereinafter as "KK"). Hi, Dr. Linehan. As the founder of dialectical behaviour therapy (DBT), you have crafted a comprehensive approach to

treating not only borderline personality disorder (BPD), but arguably a myriad of other experiences that could benefit from this more mindful slant on the traditional cognitive-behavioural approach. I'd like to explore your views on human suffering, particularly with respect to the core dialectic at the heart of DBT, that of *acceptance versus change*, if you would like to join in.

Marsha Linehan (to which I will refer hereinafter as "ML"). That seems like a good plan.

KK. Wonderful. I'd like to start with a quote from your book, *Cognitive-behavioral Treatment of Borderline Personality Disorder* (1993), in which you write, "The resolution of conflict requires first the recognition of the polarities and then the ability to rise above them, so to speak, seeing the apparent paradoxical reality of both and neither" (p. 36). How does suffering come to be, in your opinion, and what is the role of polarity in its development?

ML. Well, I have largely worked with those struggling with borderline personality disorder (BPD). Briefly, in terms of etiology, BPD is found in those individuals, typically women, who hail from what I have called an invalidating environment. Essentially, this is a childhood experience in which the child's inner world (thoughts, feelings) and the resultant reactions/behaviours are met with inconsistent and maladaptive responses, primarily from the caregiver(s). It is important to note that malice is not always, or even often, the case on the caregiver's part – sometimes the temperamental fit between child and caregiver is a strain in and of itself. So, the emotional dysregulation at the heart of BPD stems from the child essentially learning incongruence across these feeling-behaviour (etc.) realms, which results basically in unskillful tactics as an ineffective attempt to cope.

KK. So, though the behaviours and reactions that someone with BPD might display seem, perhaps, extravagant and inappropriate, they fundamentally "make sense" in terms of what the person is trying to accomplish, though may not have the skill set to do so effectively?

ML. Yes. The individual is basically looking for validation, which is a major part of DBT and the therapeutic relationship, among other key tenets.

KK. Speaking of key tenets, I'd like to discuss the role of dialectic, or polarity, in DBT.

ML. Sure. We can see a lot of the struggle, such as isolation and alienation, these individuals experience as coming from what I have described as a self-other opposition. In a dialectical model, the idea, in terms of healing, is to honour the interplay between the individual and the environment, and to develop the skills to properly navigate this reciprocity, which is continuously in a state of change. Change is produced by the tension found in dialectical forces (i.e. good versus bad, child versus parent, clinician versus client). The transition between stages of dialectics can be painful, and the clinician is supportive of both the reluctance to, and the desire to, change. The clinician's goal is to help elicit the opposites in the patient's life, in order to rework the dialectic into some form of synthesis.

KK. And what about the core DBT construct of acceptance versus change?

ML. This is where the therapeutic relationship comes into play as a major factor in the healing process. First, the clinician must accept the patient exactly as she is in the moment (which includes seeing the manner in which the patient's behaviours make sense), while promoting an environment in which the patient is encouraged and expected to make positive changes. There is, of course, a large mindfulness component to DBT, which is one of the core skills that patients are taught in the skills training sessions.

KK. Obviously, mindfulness is a core component of Eastern spiritual practices. Would you say, then, that DBT endeavours to unite collective Eastern principles, such as mindfulness, with the more traditional and individual Western cognitive styles of reflection and of therapy? Perhaps the best of both worlds?

ML. Yes, that is precisely that which I have attempted to reconcile in my work.

KK. Thank you so much for your input, Dr. Linehan.

ML. Not a problem whatsoever.

Discussion regarding revision of hypothesis. The standing revised hypothesis is: Irrespective of psychopathology, each of us is capable of both experiencing suffering and of recognizing and validating this experience in another individual. It is this validation, despite particulars such as parameters of experience and/or psychopathology, that leads to the transcendence of suffering. In the above hypothetical theoretical conversation, Dr. Linehan maintains the stance of validation, and highlights the importance of temperamental fit and reciprocity, as well as replacing judgment with acceptance, in the therapeutic encounter. Thus, at this juncture, the revised hypothesis (allowing for the exception of the need for acceptance, versus simply experiencing a commonality) is: Irrespective of experience and/or common psychopathology, a resonance in which not an objective evaluation of, but a subjective acceptance of, another's experience of suffering, is what leads to its transcendence. With this shifted hypothesis in mind, I shall transition into the next hypothetical theoretical discussion, this time with Viktor Frankl.

Third force: Humanistic.

Kathleen Kelava (to which I will refer hereinafter as "KK"). Hi, Dr. Frankl. You have had so many rich experiences, educational and personal, that have led to your crafting of existential theory and logotherapy. I would like to specifically discuss with you the dialectic of *freedom versus responsibility*, as is central to your views on human suffering and its transcendence, if you would be so kind.

Viktor Frankl (to which I will refer hereinafter as "VF"). That sounds magnificent.

KK. Super; thanks. There are two branches I would like to explore: The first is that of your views on how human suffering fundamentally occurs, and the second is that of your ideas on how it can be transcended, though I suspect you would say not avoided. This is largely

explicated in your beautiful book, *Man's Search for Meaning* (1959/1962/1984/1992/2006), as well as a few key articles you've written, particularly those from 1967 and 1990.

VF. Sure. You are correct – my view is that suffering is inextricably linked to the experience of being human. Though we are invariably presented with external circumstances that can lead to suffering, in its denotative sense, we are ultimately tasked with choosing the manner by which we will navigate its inevitability. Though we may be externally heavily burdened, we can choose to be spiritually free – this is what gives life its meaning.

KK. So, suffering is a ubiquitous human experience, though its external causes may differ. Does this mean that some people suffer more than others as a result of said external experiences?

VF. Not at all. Suffering, though ubiquitous, is an entirely subjective experience. This means that when one truly suffers, the entirety of the experience is all-encompassing. The external trigger can arguably be minor or severe, but this "size" is not necessarily indicative of the magnitude of the felt experience of suffering.

KK. So what do mean when you speak of the freedom to choose and the obligation to take responsibility, the core dialectic in your work?

VF. Because we are ultimately free people, fundamentally in a spiritual sense (though our external circumstances may appear to dictate otherwise), we can choose the attitude with which we approach our lives and circumstances. However, the associated burden of this freedom, if you will, is that we are effectively responsible for the choices we make, and ultimately, if we choose to suffer or choose to go beyond it.

KK. What you have highlighted seems to be a great liberation and an encumbrance, no?

VF. Absolutely.

KK. Ok. Then if suffering is inevitable, but transcendable, how does one go from encumbrance to liberation?

VF. Suffering is transcended by, yes, honouring the freedom to choose and taking subsequent responsibility…but also by finding meaning in one's life. This means that life constantly provides us with opportunities to learn, grow, and actualize. When we seize these instances as opportunities to find meaning – and this will differ for everyone – we achieve congruence amongst what might seem to be direly contradictory circumstances and felt experiences. Conversely, we fall into despair when we suffer, but fail to find its inherent meaning. This is what I highlighted in the 1990 article you mentioned. Meaning, according to logotherapy, which I fleshed out in my book, can be found in work, in experience, and in attitude.

KK. Then do you view suffering as being pathological?

VF. Not resolutely. Of course, as a Holocaust survivor, a medical doctor, and a psychoclinician, I have seen varying degrees of suffering and of pathology. In fact, I have noted in my book that patients are seeking help with the core challenges of *being human*, versus for truly neurotic symptoms. Suffering is decidedly not pathological if its presentation and purpose is to move beyond existential frustration – which is part and parcel of living authentically. What I have termed as existential distress is not synonymous with a mental disease, and to literally tranquilize patients in this situation is to effectively rob them of their opportunities to self-transcend, and to eventually self-actualize. Furthermore, when clinicians promote the view that humans are nothing other than a product of biological, psychological, and social circumstances, they effectively strip patients of their freedom, and this lends to a view of what I call neurotic fatalism. Yes, we are enmeshed in a web of, let's call them, factors – the intertwined nature of life and of living – but we are not victims.

KK. Is man's journey, at its core, not fundamentally alone?

VF. Kind of. Man is alone, in a sense, and is tasked with finding his own way. However, it would be erroneous to assume that man lives in a vacuum; on the contrary, man lives in an

open system, in which meaning is discovered not only in his mind, but out in the world. This common journey is what I like to call “the self-transcendence of human existence”, a concept I described in my book on page 110. Also, meaning is found not in the length of one’s life, but more so in its height (in terms of spiritual development) and breadth (in terms of social development). This last point was another key element of the work from 1990.

KK. What can a helping professional (doctor, psychotherapist, etc.) do to help patients successfully navigate their journeys of suffering?

VF. This self-transcendence of which I speak is not achieved through techniques, surely. It stems from the human and existential encounter between two people – in this situation, between helper and patient. Essentially, I have found therapeutic success in highlighting patients’ true natures of being both free and responsible. I assuredly do not offer an easy way out of this reality by viewing my patients as victims of internal and external factors; I focused on this idea in the 1967 article in particular. Through the therapeutic relationship, I help patients confront the inevitability of human suffering.

KK. It would seem as though this stance would honour both the individual experience (i.e. a given person’s factors that have led to the experience of suffering) and the collective experience (in terms of honouring human suffering as a ubiquitous human condition). Is this correct?

VF. Absolutely.

KK. Do you think your therapeutic views and theories are pancultural?

VF. For sure. A sense of emptiness and a search for meaning can be found in all people and in all cultures. In our day and age, what I have termed as mass neurosis presents itself as conformism in the West and totalitarianism in the East – essentially doing what others do or what others tell one to do. Either way, one circumvents confronting the existential vacuum, as well as

finding meaning, to which the 1967 article spoke as well. Therefore, though suffering is a subjective experience, its central tenets are fundamentally universal.

KK. Thank you for this rich discussion on meaning, Dr. Frankl.

VF. My pleasure.

Discussion regarding revision of hypothesis. The standing hypothesis is: Irrespective of experience and/or common psychopathology, a resonance in which not an objective evaluation of, but a subjective acceptance of, another's experience of suffering, is what leads to its transcendence. In the above hypothetical theoretical conversation, Dr. Frankl notes that the size of the suffering is irrelevant, and that it is in the ability to seize (versus circumvent) the experience of suffering that one is able to transcend it. Therefore, the revised hypothesis, accommodating for the need to confront (versus avoid) is: It is not in the objective parameters (i.e. circumstance, psychopathology, duration, amount, nature) that is found the degree of suffering, but in the subjective parameters, which lead to accepting, confronting, and ultimately transcending suffering. With this shifted hypothesis in mind, I shall transition into the next hypothetical theoretical discussion, this time with David Pare.

Fourth force: Systemic.

Kathleen Kelava (to which I will refer hereinafter as "KK"). Hi, Dr. Pare. I'd like to discuss your views on a key dialectic in the modern versus postmodern debate. This dialectic is that of *objectivity versus subjectivity*. I would also like to tap into your views on human suffering. Would you be interested?

David Pare (to which I will refer hereinafter as "DP"). I would be pleased to.

KK. Thank you. How do you broadly define postmodernism?

DP. In our 2006 work, Margarita Tarragona and I chose to highlight the more recent trend in therapy that challenges the more traditional (objective) notion of the expert stance of the

clinician, as well as the suggestion of universal truth. It is, of course, an irony to define a term when the term is effectively an umbrella term for the absence of singular truth!

KK. Got it. Describe another irony you've identified – that of the expert stance in terms of therapeutic pedagogics.

DP. Yes. Margarita Tarragona and I also noted in our 2006 article that the imparting of wisdom, shall we say, as well as the evaluative process of students by instructors, is fundamentally a privilege of instructors' views. So it is important to be aware of power differentials both in the therapeutic and in the teaching relationship.

KK. And what is the solution, if there is one?

DP. We mentioned that reflexivity is of paramount importance in the postmodern approaches. That is, openness to reflecting and a high degree of critical thinking skills. It's a challenging of the status quo.

KK. How have your collaborative practice groups, which you discussed in your 2009 article, helped to reconcile the dichotomy between the modern (objective) and the postmodern (subjective) approaches?

DP. Well, these collaborative groups came to be as a result of supervision group that felt kind of stale. My colleagues and I realized that we were inadvertently falling into a bit of a modernist (objective) trap in what presented in forms of insidious advice-giving. By asking each other if we had tried a variety of other options (in a given therapeutic situation), we were failing to honour the postmodern notion of multiples possibilities. It seemed contraindicated to that in which we believed theoretically and practically. We then sought to broaden our group to include both public and private practitioners, recent graduates, and so forth. What happened, is that under the collective umbrella of postmodern or collaborative approaches, we were able to highlight diverse experiences and skill sets.

KK. So, though you are fully postmodern, with all of the multiple truths this encompasses, you were able to retain a collective flavour, in terms of a common vision within your group?

DP. Yes. Though it differs significantly from the traditional evidence-based practice movement, which I described in the 2009 article as something that "privileges statistically massaged data from trials conducted in remote contexts and seeks generalized conclusions" (p. 98). There is something to be said for a given individual immersed in a given context; this is not necessarily replicable, even given the supposedly exact same conditions.

KK. What are your views on human suffering, from a postmodern stance?

DP. In our 2008 article, Diane Gehart and I discussed suffering, postmodernism, and the role of Buddhist philosophy. We noted that though some sources of typical suffering are inevitable (such as loss and death), others are a product of our expectations and attachments.

KK. What you seem to have done, with this Buddhist perspective, is similar to what Marsha Linehan has done with dialectical behaviour therapy – marry Eastern and Western tenets, paired with some of Frankl's thoughts on our stances toward our suffering and on finding meaning. What is the role of the clinician in this regard?

DP. We reflected that we clinicians would do well to explore whether we are helping to strengthen clients in their relationships with suffering…or if we are "helping" them to avoid it. Since we viewed suffering as an inevitable part of living, this reflection begged the question: By fostering the avoidance of an inevitable part of life, are we also fostering an inauthentic existence? A core Buddhist tenet is to learn to be open to suffering, as well as to seeming contradiction. So there is a propensity toward reconciling dichotomy there, as well. Furthermore, since attachment is another Buddhist construct, we can, in a postmodern sense, try to view the *attachment to* the suffering, versus the suffering per se, as the "problem". It's a subtle, but important, shift. This is also key for instances where a client is immersed in a situation in which

a preferred outcome is not possible or probable – one can be open and "sit with" that which is, from a nonjudgmental and unattached perspective. So, yes, Linehan and Frankl flavours, for sure.

KK. What about the interplay of skill and relation?

DP. This is what I have discussed in my book, *The Practice of Collaborative Counseling and Psychotherapy* (2013). I underscored a seeming contradiction between using skills (which often stem from evidence-based practice) and being responsive and present (which is a fluid and immeasurable endeavour). It is possible to do and have both; I call this response-ability.

KK. I'm noticing another tension in our key dialectic here…is the notion of inescapable and universal (objective) human suffering not contraindicated with the postmodern idea of multiple realities (subjective)?

DP. Excellent question. Diane Gehart and I discussed this tension as well in our 2008 research, noting that by being so immersed in constructing a given individual's reality, the clinician and client might accidentally miss the opportunity to learn to navigate what is likely a core life process – suffering (and managing "problems"). The idea, then is to honour both aspects: We learn to respond skillfully to life's challenges, to immerse ourselves in a sense of community, and to retain a sense of universality (and therefore inevitability) to life suffering (whatever its form).

KK. To go back to our initial comments regarding the notion of "truth(s)". From a Buddhist postmodern perspective, what is truth?

DP. Diane Gehart and I described truth, in the 2008 article, in Buddhist terms, as "a fully conscious and openhearted embracing of what is" (p. 314). So, essentially, "what is" will differ for everyone, as related to not only their unique external circumstances, but also their subjective inner worlds.

KK. So, then, is the idea to learn to skillfully navigate one's unique experience, while keeping in mind the core journey upon which we all embark?

DP. Yes, that is definitely the idea.

KK. Thank you kindly for your engagement here, Dr. Pare.

DP. Thank you for having me.

Discussion regarding revision of hypothesis. The standing hypothesis is: It is not in the objective parameters (i.e. circumstance, psychopathology, duration, amount, nature) that is found the degree of suffering, but in the subjective parameters, which lead to accepting, confronting, and ultimately transcending suffering. In the above hypothetical theoretical conversation, Dr. Pare notes the importance of utilizing reflexivity and critical thinking skills to challenge the status quo. He adds that in widening one's stance and perspective, with the incorporation of a variety of inputs from other stakeholders, people can loosen their attachment to the specifics of their experiences.

Therefore, the revised (and final, accommodating for exceptions found in the AI analysis of research units) hypothesis, to allow for a more systemic stance, is: It is through acceptance and connection that the objective parameters of suffering are overcome, the subjective experience is honoured, and one can confront the experience *and* challenge the evolving status quo in order to accommodate new inputs and experiences. Thus, each individual's experience of suffering has its own particulars (such as history, psychopathology, and current circumstances), but the size/nature of these inputs is irrelevant. Transcendence comes from the amassing of others' perspectives and experiences, thus loosening the attachment to the suffering, and therefore its impact. In this vein, it would appear as though the experience of suffering is continuously redefining itself – a la bona fide AI!

Concluding remarks. In the preceding section, I offered reflections from five theorists, with regards to the role of nonduality and dialectic, in relation to the experience of human

suffering, as seen across the four forces of Western psychology. Ken Wilber provided an overarching framework on nonduality, based on which the four forces and their representative theorists offered explanations related to human suffering and its relief. As a result of these hypothetical theoretical conversations, one now has a fairly comprehensive notion as to how human suffering can be viewed, irrespective of the theoretical orientation from which any clinician may hail. A revision of the working hypothesis, as applied in my chosen client populations, is to be discussed as follows.

Specific Client Populations: Heightened Dichotomy

"Real freedom is attained only when one is no longer a slave of his emotions and mental life" (Rama, 1985/1996, p. 99). I have chosen to focus on four client populations that *may* live a heightened and/or nuanced experience of suffering, due to the extreme nature of their realities. These populations include mystical/psychotic, bipolar, borderline, and gifted/learning-disabled states and/or diagnoses. These populations perhaps experience life as hyperbole, and it might be difficult for them to attain a sustainable state of moderation. Furthermore, as Erford (2013, p. 218) noted, "client states are important for professional counselors to understand. They are often relevant to clinical diagnosis and frequently serve as the impetus for clients to actually seek counseling services". This sentiment is particularly relevant for clinicians working with clients who have inwardly volatile experiences, such as the aforementioned. Siegel (2010, p. 208) explained "notice how nothing is permanent; everything shifts and changes". This reflection applies to all individuals, but it has the potential to be oppressive to the above populations, due to the roller-coaster ride inherent in the extreme oscillations.

This inner volatility, once accepted and honoured, can then be transcended. Indeed, Carter and Palihawadana (1987/2000, p. 49) noted "detachment is the best of dhammas". However, detachment does not mean that the core essence of the individual has been lost. For instance, May (1950) noted the dialectical tension between an individual's natural creativity and

tendency toward anxiety. However, once one learns skillful navigation, “we still see and hear the water, but we are out of the torrent” (Kabat-Zinn, 1994, p. 94). Similarly, Dass (1971, p. 85) stated “if you sense the limitations of a specific tool you do not necessarily throw the tool away. You first explore whether there is a way of using this very powerful tool in such a way to develop a better tool or vehicle”. By enacting concentration, equanimity, and non-doing, one can learn to ride with the flux and to quell the intensity of the ride (Kabat-Zinn, 1994, p. 221).

In the next section, I briefly describe the core dichotomy of each of my chosen populations. Please note that these are decidedly protracted and high-level discussions; they are illustrative versus exhaustive. I am attempting only to highlight the core tension in these states and/or diagnoses, which, due to the extreme nature, may promote a heightened and/or nuanced experience of suffering. I then revisit each of my hypotheses (original and final revised), as viewed from the lens of each of my chosen client populations, so that clinicians may have a better understanding of the experiences and realities of their clients.

Mysticism and psychosis (altered states of consciousness). “It has been said, quite accurately, that a psychotic person is drowning in the very same things that a mystic swims in” (Chodron, 1991, p. 76). Torn (2011, p. 9) contemplated whether mystical and psychotic states are indiscernible, and if they are both perhaps derivatives of the contextual factors in which they are immersed. Grof (2008, p. 47) added that those who experience these states are often misunderstood, which can lead to inappropriate hospitalization, medication, and stigmatization. Hunt (2007, p. 209) identified the chief difference between these two states as being a matter of collective purpose or collective demise, respectively. Goretzki, Thalbourne, and Storm (2009, p. 91) concluded that psychosis and spiritual emergency may simply be varying shades of the same construct. Heriot-Maitland (2008, p. 307) explained that in order to properly explore the mysticism-psychosis continuum, one must believe in a core essence of mystical experience, while allowing for individual subjective manifestations. Finally, Cook (2004, p. 160) promoted

caution in the diagnostic process, noting that even if formal diagnosis is appropriate, spiritual dimensions of the client's experience must be honoured.

In my previous literature review on the mysticism-psychosis continuum, I concluded that the primary differentiators between these states stemmed from the degree of debilitation and the nature of stigma (Kelava, 2013). Regardless of clinician views on these states, it is important for clinicians to recognize that though mysticism and psychosis may appear to be fully dichotomous at first glance, they share many of the same characteristics. Also, clients engulfed by these states might be alarmed and confused by their intensity. A delicate and nonjudgmental therapeutic stance might be key. Based on the *original hypothesis*, it would appear as though clients experiencing mystical/psychotic realities suffer as a result of a myopic focus on the stigmatizing factors, versus the experience itself. The spiritual components are often disregarded, or viewed as delusional, which leads to the invalidation of the client's experience. Based on the *revised hypothesis*, perhaps clients experiencing mystical/psychotic states would fare much better should those around them (including clinicians) access the parts inside of them that have experienced distortion in perception and freedom of connection and oneness. This could lead to the reduction of fear with which these clients are met, and a stronger therapeutic alliance and result.

Mania and depression (bipolar spectrum). "If we have an experience of clarity or bliss, we want to keep it going. That's what a lot of addiction is about, wanting to feel good forever, but it usually ends up not working out" (Chodron, 1991, p. 75). De Assis da Silva et al. (2004) researched the relationship between self-assessment and affective state in bipolar disorder. They discovered that clients' self-assessments were most discrepant from reality during the manic phase, versus the depressive or euthymic states. It is possible that though the manic phase can account for many bona fide accomplishments (for instance, due to increased energy and creativity (see Taylor, Fletcher, & Lobban, 2015)), this ever-fluctuating level of performance

could lead these clients to a perpetually cycling sense of failure if they feel they cannot "summon" this energy at will.

Miklowitz and Johnson (2009) stressed the importance of psychoeducation in the treatment of bipolar clients who struggle with goal dysregulation associated with manic episodes. They broke psychoeducation down into three components: "*Exposure* to didactic information about an illness, *personalizing* that information . . . and *strategic planning*" (p. 471). Miklowitz and Johnson (2009, p. 474) noted the importance of continuing to encourage bipolar clients to use their natural gifts, albeit from a stance of mitigating risk and being realistic. Perich, Manicavasagar, Mitchell, Ball, and Hadzi-Pavlovic (2012, p. 342), in their discussion of mindfulness-based cognitive therapy for bipolar disorder, reflected that the promotion of autonomy associated with mindfulness could help bipolar clients challenge the notion that personal happiness stems from extrinsic, versus intrinsic, factors. Finally, Reilly-Harrington and Knauz (2005) cautioned "mania can be quite seductive and patients new to a bipolar diagnosis may have greater difficulty accepting the premise that mania is harmful" (p. 70). They added that using Socratic dialogue to evaluate pros and cons of mood episodes is likely more effective than lecturing bipolar clients regarding the perils of mania (p. 70).

Therefore, these clients succumb to an experiential ebb-and-flow of accomplishment and failure. Clients who find themselves along this spectrum may present much differently than the states they describe, which may cause confusion for the clinician in ascertaining both the core issue, as well as its severity. This seemingly incongruent presentation could stem from rapidly oscillating states, fear of stigma, or a need to appear pulled-together and "save face". Based on the *original hypothesis*, it would appear as though bipolar clients are at the mercy of these fluctuations, versus having any degree of control of their responses. Based on the *revised hypothesis*, bipolar clients can perhaps find comfort in knowing that every individual experiences ebb and flow, and is tasked with navigating these fluctuations as the rule, versus the exception.

In understanding and accepting the fluctuations – even if they are more marked for bipolar clients – these clients can perhaps weather the more challenging times with less reactivity, less shame, and less cost.

Clinging and aversion (borderline personalities). "A disciplined mind and non-attachment are two important requisites for performing skillful action" (Rama, 1985/1996, p. 87). Linehan (1993) has crafted a robust and comprehensive framework for the experiences and treatment of clients with borderline personality disorder. Linehan (1993) suggested that a core precursor to this condition is a client having lived in an invalidating environment as a child, one in which was learned that it was only by displays of extreme affect that one would be heard. Linehan (1993) explained that the cycle of rejection leads to both clinging and aversion, as the client tries to navigate what appears to be a hostile environment. Because clients have repeatedly learned not to trust their feelings and instincts, largely by authority figures either downplaying or wholly rejecting the clients' experiences, they have learned to cling vehemently to the quest for approval, while protectively and often proactively distancing themselves from the perceived invalidating source.

Linehan (1993) promoted skills training for borderline clients, in order to help them navigate their environments more skillfully, which will subsequently foster trust in themselves and in others. Siegel (2010, p. 233) reflected "with training we are reinforcing how intentionally created states become skillful traits in our lives". Linehan (1993) is adamant that clinicians monitor their reactions, which are often very strong, to borderline clients, lest they inadvertently perpetuate the destructive cycle in which the client is immersed. It is possible that clinicians will encounter both clinging and aversion in the therapeutic encounter, and an understanding of the roots of these manifestations can help clinicians connect with their clients, instead of pushing them away. Linehan (1993) also discussed the importance of clinician self-care, particularly when working with such a high-octane client population.

Based on the *original hypothesis*, it would appear as though the suffering of borderline clients is maintained as a result of cumulative and reciprocal reactivity (between client and various environmental inputs, such as family members and clinicians). Borderline clients have often learned to seek the validation they, (and we all), need, by means of increasingly pronounced behaviours and reactions. Based on the *revised hypothesis*, it is important that borderline clients are understood from a systemic and historical perspective – one that "makes sense", regardless of maladaptive appearances and results. It is of particular importance to recognize that not all borderline clients hail from a "bad" family or environment; a simple lack of connection and understanding can lead to frustration and increasingly intense (and costly) attempts to acquire the validation and acceptance they crave.

Twice-exceptionality (gifted and learning-disabled). Foley-Nicpon and Assouline (2015, p. 202) describe twice-exceptional individuals as those who "possess strengths in one or more talent domains as well as a diagnosed disability or mental health disorder". These authors discussed a few client populations clinicians might encounter, including those along the autistic spectrum (ASD), with attention-deficit/hyperactivity disorder (ADHD), and with specific learning disabilities (SLD). Foley-Nicpon and Assouline (2015, p. 202) noted that although the educational sector has a strong understanding of twice-exceptionality, the field of counselling may be lacking in this regard. Morrison and Rizza (2007, p. 63) suggested that "twice exceptional students will show some form of discrepancy between potential and achievement".

Baldwin, Baum, Pereles, and Hughes (2015) stated that the National Twice-Exceptional Community of Practice (2e COP) began to be developed in 2013. This group is comprised of a variety of stakeholders, including educators and public/private organizations. As identified by Baldwin et al. (2015), the agreed-upon definition of twice-exceptionals that emerged from this joint venture is: "*Twice-exceptional individuals evidence exceptional ability and disability . . . their exceptional ability may dominate, hiding their disability; their disability may dominate,*

hiding their exceptional ability; each may mask the other so that neither is recognized or addressed" (p. 212).

Therefore, the pendulum upon which these individuals are perched is often one of oscillation of seeming genius and deficit. This could be exceedingly frustrating and confusing for these individuals, even more so should a clinician fail to understand the real factors – beyond effort – that lead to this chasm. Misunderstood and improperly guided, these individuals may never live up to their potential. What a great shame for them personally, as well as for the world to which they could otherwise so greatly contribute. Based on the *original hypothesis*, it would appear as though gifted/learning-disabled clients' suffering could originate from expectations, in terms of performance and sustainability. Based on the *revised hypothesis*, gifted/learning-disabled clients may again suffer from constructs of expectations. However, from this revised perspective, a more panoramic and systemic view can be taken, in terms of engaging in self-advocacy and psychoeducation, in concert with realistic mindsets.

Concluding remarks on client populations. "He learns to abandon both good and bad and to witness all of the happenings in the external world, whether they spring from nature or from human society" (Rama, 1985/1996, p. 104). The aforementioned states are common, inclusive, and intense states that clinicians are likely to encounter in therapeutic practice. Pedersen and Karterud (2012) discussed the implications of the subscales inherent in ascertaining a client's Global Assessment of Functioning (GAF), as related to symptom and function dimensions. They noted that these scales are not necessarily always a clean function of each other. Perhaps the oft-ability for clients who experience dichotomous states to appear to function extremely well (during the positive end of the experience – mysticism, mania, affinity, and genius), juxtaposed against the internal reality of making this happen (often related to the negative end- psychosis, depression, aversion, and deficit), can lead to confusion and shame of

not being able to consistently access the positive end, which is subject to the proverbial pendulum.

Because these populations, by default, experience dichotomy – it is the very premise upon which these states and/or diagnoses are perched – and because duality (and its synonyms) is arguably the core cause of suffering, it *might* stand to reason that the aforementioned populations experience a heightened and/or nuanced journey of suffering. This is precisely the research angle I am endeavouring to explore. I reiterate my research question: What is the role of dichotomy in the experience of suffering, specifically with respect to specific highly inherently dichotomous client populations, as viewed across the four forces of Western psychology? I now transition into a discussion, incorporating the results of my AI analysis.

Concluding Remarks

The previous section has helped to elucidate the philosophical and theoretical platform upon which I have conducted my AI analysis, amended my original hypothesis in the incorporation of exceptions derived from the research unit data/analysis, and discussed this project's application in working with client populations who are highly inherently dichotomous. Next, I engage in a discussion involving the implications for the helping profession, and offer some concluding remarks.

Chapter V: Discussion and Conclusion

Implications for the Helping Profession

"Take these ideas, if they suit you, and make them work for you in your own individualized (differentiated) manner . . . as mindful clinicians we are integrators . . . releasing of integration from the entanglement of impediments to differentiation and linkage" (Siegel, 2010, p. 238). The field of psychology has evolved across the four forces. Each subsequent and seminal force was predicated on the notion that its predecessor likely had some merit, but that something was missing. Therefore, in order to have a comprehensive understanding of both the

essence and evolution of the field (and therefore its practical application), it is imperative to extract the common thread that, throughout each force and theoretical orientation, leads clients to therapy. This common thread is arguably the experience of having suffered, which often stems from the tension of dichotomy (duality – illusion of separateness). Clients are likely to seek therapy if what is, is no longer tenable, or if what is desired (preferred) is deemed inaccessible. This can stem from a combination of individual and/or collective (systemic) factors.

Normalcy versus pathology: According to whom? Sommers-Flanagan and Sommers-Flanagan (2007, pp. 209-210) postulated "*we all carry, with unconscious terror, the secret of our own 'abnormalities' . . . a compassionate response to the confusion and pain of deformities, mental illness, or other abnormalities might be liberating for both persons*". The normalcy-versus-pathology continuum is arguably the gulf, in the fields of psychiatry and psychology (and other helping professions), that delineates *us versus them*. The tension (dichotomy) between what is and what is desired, which can stem from infinite internal and external circumstances, is fundamentally what brings clients to therapy. This reality is irrespective of degree of normalcy or degree of psychopathology. This sentiment became apparent during the analysis and creation of the final hypothesis.

Spiegel (2005) described the inception and evolution of the diagnostic system, reflected primarily in the *Diagnostic and Statistical Manual of Mental Disorders* (across its five revisions to date), and how inherently flawed it fundamentally is. Bradford (2012, p. 224) noted "a spectrum of diagnostic approaches, from 'conventional empiricism (DSM)' through transpersonal and mindfulness-informed inquiry to a radical non-dualistic approach, the latter of which . . . allows for the most thorough (*dia*) knowing (*gnosis*) of an Other's mind". Bradford (2012, p. 225) highlighted the disparity, in the field of psychology, with respect to definitions as to *what reality actually is*. Spiegel (2005) reflected that diagnoses can be both liberating and

restrictive. Finally, Davtian and Chernigovskaya (2003, p. 542) concluded that the diagnosis of mental disorder is simply a function of theoretical conjecture.

Gustafson (1999a, pp. 256-257) cautioned “farness is the best defense against fellow human beings, but it leaves you at the mercy of your own introjected aggressors, in the form of persecuting voices”. He added that the practice of pathologizing may strip an individual of the opportunity and responsibility of dealing with reality, due to its invalidating nuance (p. 261). Gustafson (1999b, p. 277) added that patients are often tasked with choosing between the inner or outer planes, thus creating a tension based on which is “more intolerable or preferable than the other”. Gustafson (1999b, p. 279) suggested that it is important to deconstruct both the harmful and helpful aspects of one’s environment, so as to hold onto, and build upon, one’s authentic identity. Finally, McWilliams (2005, p. 147) suggested that the medical model of disease effectively concludes that suffering is inconvenient to the masses at large, and that this natural and common experience is often forcibly corrected and controlled. Given that my original working hypothesis was related to psychopathology, the aforementioned is congruent with this discussion on degree of “normalcy”.

Authenticity versus survival: The role of stigma. “Orderliness of everyday sanity is a social construct that maintains the status quo . . . at the expense of the authentic . . . to deviate from a culture’s definition of sanity is to court madness within that culture” (Bradford, 2012, pp. 226-227). Aho and Guignon (2011) explored the sociopolitical considerations in the medical model of psychiatry. They stressed the importance of accounting for the interplay between context and (possibly arguable) illness. Similarly, Sloan and Bowe (2013, p. 1292) highlighted the need to enliven and “give voice” to participants’ realities. As a result of marginalization, cultural considerations, and medical tenets of disease, and so forth, stigma and shame may engulf those who suffer, thus precluding them from seeking and benefiting from therapeutic assistance.

With respect to clinician role, Zerubavel and O'Dougherty (2012) discussed the *dilemma of the wounded healer*, particularly as related to clinician self-disclosure and self-stigma. Though clinician self-disclosure is a function of benefit to the client, ethical and cultural considerations must also be integrated. Cormier, Nurius, and Osborn (2013, p. 162) itemized the benefits of clinician self-disclosure, which included fostering authenticity, highlighting universality, and nurturing trust. It is possible that clinicians will, much like their clients, oscillate between the need to be authentic (and to be validated) and the need to survive (and protect themselves from the aforementioned stigma and shame). Yet another potentially massively destructive dichotomy.

Empathy and connection: The quest for the universal. It is plausible that a rupture in therapeutic encounter can stem from two primary tensions. First, there could be a mismatch between theory/application and the essence of the problem. Second, there could be an *apparent* lack of resonance between clinician and client. Does it then follow that if theory and tactics, or clinician personal experiences, do not mesh with the presenting issue, clinicians are thus precluded from helping the client? Not at all; however, a widening of what might be a myopic view could be sought. This could feel precarious and uncomfortable, especially initially. Hanh (2010, p. 80) offered a poignant reflection on the ubiquity of suffering, explicating how "thanks to suffering, thanks to understanding the nature of suffering, we have a chance to cultivate our understanding and our compassion". This is perhaps the manner by which clinicians can maximize both empathy and connection with their clients, irrespective of psychopathology.

Connection, not absorption: The role of clinician. "The shadow, when viewed from the angle of the therapeutic journey, is no longer a source of discomfort or terror…it is through its contrast to light that one may eventually be granted the opportunity to see the light that is life" (Kelava, 2012, p. 17). Frankl (1967) reflected that the clinician's task is to equip clients to derive and define their *own* meaning, versus handing it to them on a predetermined existential platter. Frankl (2006, p. 103) differentiated despair and distress from constructs of disease, stressing that

the clinician's role is not to "bury his patient's existential despair under a heap of tranquilizing drugs…rather, to pilot the patient through his existential crises of growth and development". Frankl (2006) explained the importance of the clinician promoting enough tension to catalyze the client's reorientation toward meaning. Therefore, clinicians can join clients' journeys due to the common experience of having suffered, yet the reins remain in the clients' hands as to how they will navigate the presenting customized terrain.

May (1958b) defined the role of the clinician as one that helps the client emerge from "compartmentalization and dehumanization" (p. 14) that can result from contemporary societal constructs. This systemic flavour is subsumed in the revised and final hypothesis. Dass and Gorman (1985, p. 62) demarcated the line between compassion and pity, noting that the former fosters a sharing of suffering through union, whereas the latter promotes separateness in its sterility and rigidity. They noted the ensuing potential fragility, stating "from this body of common experience, much caring is born . . . [however] the quality of our helping sometimes suffers from the hold our sense of separateness might have on us" (Dass & Gorman, 1985, p. 22). Nevertheless, they concluded that if clinicians can rise above the insidious nuances of separateness, they truly can meet with their clients. "This is the final act of service: to acknowledge and honor the integrity of another being as they, like us, pass though the beauty and the pain of a human birth" (Dass & Gorman, 1985, p. 210). Rama (1985/1996, p. 52) stressed the importance of a clinician attaining a state of empathy, without becoming engulfed by the struggle.

Evolution of Research Question and Hypothesis

I opened this project with a quote from Ken Wilber: "Figure and ground are therefore *'different' but not separable,* expressing unity in diversity and diversity in unity" (1993, p. 61). After having engaged in the AI process, which has enabled me to shift my hypothesis and thus answer my research question, I believe this quote still holds true – *despite* the shift that has

occurred. I initially sought the answer to the following research question: What is the role of dichotomy in the experience of suffering, specifically with respect to highly inherently dichotomous client populations, as viewed across the four forces of Western psychology? My original hypothesis postulated that suffering was of a heightened and/or nuanced degree in these client populations, due to the marked degree of dichotomy these individuals experience as a result of their states and/or diagnoses.

As a result of the AI analysis of my research units, the following hypothesis emerged: It is through acceptance and connection that the objective parameters of suffering are overcome, the subjective experience is honoured, and one can confront the experience *and* challenge the evolving status quo in order to accommodate new inputs and experiences. Thus, each individual's experience of suffering has its own particulars (such as history, psychopathology, and current circumstances), but the size/nature of these inputs is irrelevant. Transcendence comes from the amassing of others' perspectives and experiences, thus loosening the attachment to the suffering, and therefore its impact. Thus, I am able to reject one part of the original hypothesis (suffering is not necessarily heightened for clients hailing from highly inherently dichotomous states and/or diagnoses), but I can maintain the other part (suffering appears to be nuanced for these clients – but only in the same manner it is nuanced for every individual, based on each person's unique parameters of experience). Fundamentally, nobody "wins" the suffering competition.

Thus, I am now equipped to provide an answer to my research question. I believe the answer is found in the emerged tenet of *connection* (an antonym of dichotomy, as indicated in my original definition of key terms). This is precisely the element that enables clinicians and clients to overcome the objectively-derived barriers (i.e. psychopathology) that could otherwise preclude this connection. Therefore, it is not resolutely the dichotomy inherent in these states and/or diagnoses that poses the challenge – it is the chasm (dichotomy) that ensues when one

does not or cannot access the part inside of him/herself that understands the essence of the struggle. This essence stems from the experience of having suffering in some capacity, and thus is unveiled empathy. It is not the a priori size and/or nature of the experience and suffering that matters, it is an understanding of the nuances interwoven into the experiences that leads to resonance, validation, and acceptance.

Limitations and Opportunities for Future Research

This research endeavour has provided an extensive metatheoretical platform upon which other experiences and client populations can be explored. Because it is metatheoretical, it is possible to test its applicability in an infinite number of settings and circumstances. Therein is found the primary limitation – because the metatheory is so panoramic, it is impossible to determine at this juncture the nature and degree of its applicability. Its limitations are therefore found in the results of future research endeavours. However, the conversation has begun!

In terms of methodology, the use of AI was somewhat of a stretch. AI was beautifully aligned with my desire to explore the lived experience of many (as in phenomenological inquiry) and to develop theory (as in grounded theory inquiry). AI effectively is a combination of these approaches, as previously discussed. This methodology is not typically utilized in the field of psychology, and primarily uses interviews and/or questionnaires to inform the research question. Instead, my research units were the responses of theorists based on their works (versus actual dialogue/transcripts). Nonetheless, I have followed the AI methodology, and believe these stretches are congruent with AI purpose and process.

Final Remarks

"After all, if you were finished, you wouldn't need to begin" (Dass, 1971, p. 12). In this thesis, I have discussed all of the factors that have led to, and that support, my research question: What is the role of dichotomy in the experience of suffering, specifically with respect to highly inherently dichotomous client populations, as viewed across the four forces of Western

psychology? Initially, I defined key terms that are essential to the current inquiry. I then set the stage for this project, discussing the empathic union in the therapeutic relationship, explaining the theoretical platform upon which this research is based, describing the research question and tactical vision, outlining the four forces and select theories and theorists I have chosen from each, and itemizing the specific populations upon which I am focusing.

Next, I explored methodological considerations related specifically to this project, specifically stemming from AI. I discussed general theoretical considerations, links to grounded theory and phenomenology, the roles of dichotomy and of researcher reflexivity, metatheoretical potential, thoughts on universal and sociocultural applicability, validity and limitation considerations, and specific methodological tactics. All of the aforementioned tactics are congruent with the AI methodology, and will lead to the creation of a metatheory with respect to human suffering, particularly as related to dichotomy, and as relevant to highly inherently dichotomous client populations. I then offered a review of the literature on suffering, specifically with regards to the realm beyond Buddhist tenets alone, the role of dichotomy as the potential cause, the possibility of transcendence, and specific client populations. I transitioned into the trans-theoretical dichotomies that helped me to narrow the focus of my inquiry, notably my initial percolation regarding human connection and the despair/enlightenment continuum, my observations on the individual experience immersed in the collective, and my attempt to reconcile the modernist and postmodernist chasm.

At this point, I segued into theoretical conversations with select theorists and theories representing the evolution of the four forces of Western psychology, particularly as related to the role of dichotomy in the promotion of suffering. It was during this process that my original working hypothesis was amended, allowing for the exceptions that emerged as a result of AI analysis of my research units. Next, I delved into the specific populations of focus, which are those who experience highly inherently dichotomous realities (mystical/psychotic, bipolar,

borderline, and gifted/learning-disabled states and/or diagnoses), and explored the manner by which both the original and revised hypotheses could be viewed in working with these client populations. All of the aforementioned helped to set the stage for the core reason any of this matters: Implications for the helping profession as an entity. In this section, I addressed the constructs of normalcy versus pathology, the reality of stigma, the quest for commonality and empathy, and the role of the clinician. A discussion of the evolution of my hypothesis, as well as a suggested answer to my research question, brought the inquiry full-circle – and has set the stage for future inquiry.

The goal of this project is to catalyze a rich dialogue, within the field of psychology, and other helping professions, regarding the nature and role of dichotomy driving the experience of suffering. An understanding of the nature of suffering in these client populations will help clinicians foster empathy in the therapeutic encounter. They may not have lived the client's logistical experience, but they can nonetheless grasp the essence, due to their own experiences of having suffered and of having navigated dichotomy. As a result, clients may have an easier time moving from their current (oppressive) to their preferred (liberated) states, which is the paramount therapeutic goal to which clients and clinicians alike aspire.

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