TRANSPERSONAL PSYCHOTHERAPY WITH INCARCERATED ADOLESCENTS

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ABSTRACT: Approaches to individual psychotherapy with incarcerated adolescents often discuss cognitive-behavioral therapy and solution-focused methods. The intention of this article is to promote a transpersonal approach to working with this population and to equip mental health professionals and interns with diverse psychotherapeutic methods that inform sound clinical practice. A transpersonal approach primarily informed by existential and spiritual theories is presented and two case illustrations exemplify the method. Practical and theoretical implications are discussed.

There is a strong need for diverse approaches for working with incarcerated adolescents in the psychotherapeutic setting. Psychotherapeutic literature on the subject is limited to primarily manualized cognitive-based group interventions (Guerra, Kim, & Boxer, 2008), solution-focused psychotherapy (Corcoran, 1997), motivational interviewing (Ginsburg, Mann, Rotgers, & Weekes, 2002), and multiple system approaches (Schaeffer & Borduin, 2005), most of which maintain empirical support. Despite such literature, interns and new therapists working with incarcerated youth are often left without specific instruction in how to properly engage this population in psychotherapy sessions.

This article presents an approach to psychotherapy with juvenile offenders in which the existential issues of life and death, spirituality, and authenticity can be directly explored. First, the transpersonal approach presented is defined given that writings on what principles constitute transpersonal psychology are numerous. Second, a discussion of the primary foundations of this transpersonal approach is presented with the rationale for using it with incarcerated youth.

Third, two case illustrations are presented to exemplify this approach with two different types of clients, one dealing with constant death and the other with identity issues. Clinical implications and future directions are discussed.

THE CURRENT TRANSPERSONAL APPROACH: AN EXISTENTIAL AND SPIRITUAL PSYCHOTHERAPY

The principles of transpersonal psychotherapy are numerous and thus difficult to define. Some authors suggest that the use of spiritual interventions such as meditation and prayer constitute a major foundation of transpersonal...
psychotherapy (Boorstein, 1996), and others suggest a much more elaborate spiritual framework from which divine inspiration influences therapists’ choice of interventions (O’Grady & Richards, 2010). Because of transpersonal psychology’s ambiguous and unclear consensus on what foundations actually constitute transpersonal psychotherapy, it is often defined in research and literature by its practitioners’ subjective and professional experience of transpersonal theory in action, with this paper being no exception. The approach described herein reflects my personal experience of existential and spiritual psychotherapy, and how they combine for a transpersonal approach to psychotherapy.

The roots of existential psychotherapy can be traced back to the existential philosophy pioneers and thinkers of Soren Kierkegaard, Edmund Husserl, and Martin Heidegger. These pioneers established the foundations of existential philosophy and all defined different variations of the existential givens or truths of existence. These givens influence human pathology, suffering, and growth. Such conditions of human nature and paradigms for psychological and spiritual growth are what ultimately informed existential psychotherapy.

Existential psychotherapy was pioneered by a number of extremely influential psychotherapists. Viktor Frankl, the Viennese psychotherapist who survived the concentration camps of the Holocaust, wrote about his quest for meaning through unavoidable suffering and developed Logotherapy (Frankl, 1959). This is a theoretical orientation based in the given that psychological and spiritual well-being are associated with finding meaning in suffering. The relationship between meaning and suffering was influential in the development of existential psychotherapy since one can argue that finding meaning in each of the existential givens of existence promotes psychological well-being.

Existential psychotherapy was further developed in the United States by Rollo May (1969), Jim Bugental (1965, 1987, 1990), Irving Yalom (1980), and Kirk Schneider (2008). In the transpersonal approach described herein, existential psychotherapy adheres most closely to Bugental’s contributions. His approach was developed within his major literary works (1965, 1987, 1990) and within the training model of the International Institute of Humanistic Studies, an institute founded by Jim Bugental and Myrtle Heery. This model is presently directed by Myrtle Heery through a series of workshops entitled, “Unearthing the Moment.” For a more detailed description and review of the approach see Bugental (1965, 1987, 1990).

Briefly, the tradition is based on four “givens of awareness” that guide pathology, growth, and the clinical treatment plan (Bugental, 1965, 1987). The first is finitude. This is the given that nothing in existence is permanent including the fact the one day all people will die. Resistance to this truth creates suffering and acceptance of it promotes growth. The second given is choice. All human beings have the ability to choose how to relate to their own experience. This is not only taught to clients in this model, but also used as an assessment tool for how clients relate to the idea of choicefulness and autonomy. The third given is that of a part of vs. a part from. A part of describes the connectedness
and interdependence that all human beings have with one another. A part from suggests that although we are connected, there are times in which connections are ruptured and isolation (physically, mentally, or emotionally) occurs. The fourth given is embodiment. This was a later acquisition by Bugental because of the wave of somatic psychotherapies that were emerging and producing positive results (personal communication, M. Heery, February 28, 2011). Embodiment is the given that all human beings are incarnated into a human form and have a body. The body is used in psychotherapy as a medium to explore emotions, patterns, and even by the therapist to be grounded in the present moment. This practice is probably most elaborated in Eugene Gendlin’s Focusing method of psychotherapy (Gendlin, 1996).

Alongside the four givens, each person is equipped with a self-and-world construct system, or as Bugental calls them, “space suits.” These are methods of relating to the external world that define our egos. The major mechanisms in these systems are resistances, or defense structures that both serve and limit human potential. Thus, resistances are not viewed negatively in this model, but rather as necessary mechanisms of the ego that help human beings function in the social world. Growth is facilitated by an authentic therapist-client relationship and the exploration of the resistances (Bugental, 1965, 1987, 1990).

Spiritual psychotherapy is more difficult to define given a larger conceptual framework. Spiritual psychotherapy includes—but is not limited to—the discussion of spiritual topics, issues, and emergencies within traditional theoretical orientations (Richards & Bergin, 1997, 2005; McCullough, 1999; Sperry, 2001), the use of spiritual interventions such as meditation, prayer, scriptural reading and interpretations (O’Grady & Richards, 2010; Richards & Bergin, 1997, 2005), and using divine inspiration—being a vessel for that which is beyond the self—(O’Grady & Richards, 2010) to inform interventions and treatment planning.

Furthermore, the psychotherapeutic tradition of psychoanalysis has produced many authors who have written on topics that heavily relate to and inform a spiritual psychotherapy. For example, Theodor Reik (1948) wrote about concepts and practices of listening with the third ear, free-floating attention, and conscious and unconscious observation. These practices all contribute to the therapist being grounded in the present moment and assessing and accessing knowledge about the client, the therapist him or herself, and their relationship. Alongside Reik’s work is Heinz Kohut’s (1984) contribution of Self Psychology which gave an in-depth analysis of transference and counter transference situations that may arise in the therapy setting due to the notions of the relationship of self vs. self object (the development of and how one views the self in relation to others). Many other authors pioneered this field including the famed Sigmund Freud and Carl Jung. The major contribution of psychoanalysis to spiritual psychotherapy is an advanced awareness of the conscious and unconscious interpersonal dynamics that occur between the client, therapist, and potentially the divine, in the therapy settings.

This discussion of spirituality, spiritual interventions, divine inspiration, and a high awareness of interpersonal dynamics in combination with an authentic
therapist-client relationship, the givens of awareness, and an awareness of resistances makes for the transpersonal psychotherapeutic framework of this paper. The authentic relationship between the therapist and client should be considered as the “ground” from which the psychotherapy can be engaged. There is an oscillation between relationship building and exploration of the resistances. That is, the therapist holds the client and his or her story with acceptance, positive regard, love, and empathy so that when a client employs a resistance the therapist can explore the client’s authenticity or lack thereof. The exploration of the resistance structure is by no means an attack on the client’s personality structure, but rather a questioning that ultimately will allow more autonomy for the client to choose whether or not to employ such a resistance. “How is that way of being serving you in this moment?” is one method to directly explore a resistance. The client will then explore how that resistance serves and does not serve him or her. As the client begins to attain a greater awareness of her or his resistances and that their employment can be a choice, he or she starts to become aware of a larger ego structure that can be skillfully used. For example, an adolescent incarcerated in a juvenile detention center that employs a resistance of humor to mask feelings of stress and anxiety may rightly so begin to use such a resistance consciously to cope with the immense stress and anxiety that the incarcerated context produces. Only in the safe container of individual therapy can this client explore the feelings of stress and anxiety that are masked by the resistance structure. The resistance is therefore honored in therapy as a useful mechanism that plays an integral role in the psychological survival of the client, especially in an environment such as incarceration. He will begin to see how his resistance serves him during the rest of the week (by holding him together psychologically and not breaking down so he does not become marginalized by other inmates) and limits him during therapy where he can express and explore his feelings. The greater the client’s awareness of this resistance structure and the autonomy in choosing whether or not to use it, the greater he becomes aware of and possibly transcends the ego. This would be a consistent practice guided by the therapist and skillful uses of the client’s resistance structures would develop over the course of the therapeutic relationship. This process is by no means linear. Each stage (e.g., relationship building, exploration of resistances) may be returned to many times throughout the therapy process.

Foundations of This Approach and Why It Works with Incarcerated Adolescents

Stance on change. One of the most important reasons a transpersonal approach may be effective for working with incarcerated adolescents is its theoretical stance on behavioral change. According to Ingram (2006), existential psychotherapists understand client change as the choice the client makes, which may or may not be related to the “success” of the psychotherapy. The current approach maintains the existential stance on change. Whether an incarcerated adolescent client has another behavioral outburst, recidivates back into incarceration, or keeps engaging in prior risk-taking behaviors is not the primary concern of the therapist. Rather, the primary concern is to help the client develop a greater self-awareness, an ability to engage in authenticity in the moment, a capacity for exploration of a spiritual worldview, and an engagement
in the therapist-client relationship. This is not to say that no attention is paid to such behaviors that define most solution or problem-focused tasks of psychotherapy. On the contrary, such behaviors may be an avenue to explore a client’s ideas of life and death, her or his resistance structure, and authentic relating. This population is well accustomed to receiving preaching, advice-giving, and top-down teaching from juvenile hall staff and other community-based programs that operate within correctional settings (e.g., Alcoholics Anonymous). My personal experience in both group and individual psychotherapy has been that because they were not forced to change, clients felt more open to the possibility of psychotherapy. A similar stance on change is employed in motivational interviewing and preliminary research suggests effectiveness in reducing drug use among different populations (Miller & Rollnick, 2002). The client is the human being that comes into contact with her or his authenticity with the therapist as the model and guide for that way of being. If the locus of control for client change were located within the therapist (i.e., the therapist put forth more effort than the client did to change), the client, according to this approach, would not gain true autonomy and therefore would not be able to make the conscious choices necessary for change.

The relationship. Another significant reason this approach is conducive to working with incarcerated adolescents is that it is relationship-based. That is, the relationship between the therapist and client takes precedence over any specific technique or intervention. Ingram (2006) suggests that a major tenet of the existential orientation is an authentic personal encounter between therapist and client. Bugental (1965, 1987, 1990) suggests that an authentic therapist-client relationship provides the vessel in which therapeutic growth can occur. Ample effort must be put forth to relate to the client on an authentic and human level. This is not to say that therapists should attempt talking in slang or using language unfamiliar to them in order to connect with clients. Rather, it is to be authentic in the moment with each client and build a true human relationship through which growth can occur. This sets the foundation for the therapist to explore with the client when his or her resistances prevent the emergence of the authentic self. For a more in-depth examination on building authentic relationships with incarcerated adolescents, refer to Himelstein (in press).

Resistance work. The context of the correctional setting is particularly conducive to resistance, or defense work. Correctional settings literally force juvenile offenders’ resistances to the surface. They are detained against their will and must relate to their incarcerated circumstance in some form. Often, such youth will understandably rely on psychological patterns that have served them in their past and/or learn new coping mechanisms from other youth who might be more experienced with incarceration (e.g., use of excessive amounts of humor to mask feelings of stress). Thus, resistances are used in service of awareness and growth and are not viewed negatively. They are honored mechanisms that the incarcerated clients will most definitely use in between therapy sessions for their psychological survival.

Death. Another rather tragic reason for this approach’s effectiveness is this population’s relationship with death. Incarcerated adolescents are significantly
more likely to witness or be victims of violence and murder than their non-incarcerated counterparts (Steiner, Garcia, & Matthews, 1997; Wood, Foy, Layne, Pynoos, & James, 2002). As a result, these youth represent a highly traumatized population in which death awareness not only ruptures supposedly healthy resistances, but also brings it into direct consciousness with existential issues. Yalom (1980) discusses that defenses against death anxiety are healthy and normal. Adolescents commonly defend against death anxiety with invincibility, the belief that high risk-taking behaviors (i.e., substance use, drunk driving, sensation-seeking) are of no threat to them (Yalom, 1980). When working with incarcerated adolescents the issue of death is often brought forth by the client given the large amount of death and murder they may witness. Rather than defending against death, incarcerated youth often understand that their lives can be taken at any anytime under violent circumstances. Thus, the healthy defenses that Yalom contends adolescents employ are not necessarily employed by incarcerated adolescents. The witnessing of constant death influences the direct processing of death, death anxiety or lack thereof, and the worldview it influences.

Worldview. The constant trauma of death (by murder, suicide, and illnesses), or other traumas such as incarceration itself, contributes to an unhealthy relationship to the external world. Bugental’s (1999) “space suits,” as discussed earlier, are the methods in which individuals relate to the external world and construct their personal worldviews. Resistances are the major mechanisms operative within these space suits (Bugental, 1999) and they determine how we relate to ourselves, other people, and the world around us. Consider the following: a young adolescent male from an inner city area continually witnesses death in some form or another (e.g., a friend is murdered, a grandfather dies from cancer, a distant neighbor is murdered). What is the cost of these experiences on the adolescent’s psyche? Traditionally at this time in life, this adolescent may be striving for independence and learning new ways of engaging with the world beyond the care giving unit. He may be struggling with Erickson’s (1968) identity vs. role confusion stage of development and striving to become aware of who he is as a human being let alone what his purpose in life may be. Additionally, Carl Jung’s concept of individuation, in which the adolescent becomes independent from parents’ beliefs and attitudes, may be occurring (Frankl, 2005). Frankl suggests that Jung’s concepts of individuation, the persona, the way in which human beings present themselves to the world, and the shadow, the darker sides of our personalities, all have critical significance in the adolescent stage of development. Consider the adolescent male in the example above. What kind of a message is he getting from constant death? He may begin to believe the world is not a safe place, or that God does not exist or is out to get him (if he believed in God prior). His shadow may begin to dominate his persona and his personal process of individuation may be compromised. The adolescent constantly surrounded by death grows into adulthood with a negative worldview and therefore may be affected psychologically.

This approach’s overt attention to the client’s worldview through the lenses of resistances and cognitive frameworks is yet another reason for its conduciveness to work with incarcerated youth. Present moment awareness and interventions
on the therapist’s part bring greater awareness to the way in which the client relates to the outside world. After continual awareness of the worldview is developed, the therapist may then encourage the client to retain his or her autonomy by choice. How is that worldview serving you? Asking directly about their worldview would be a direct exploration of the client’s worldview.

CASE ILLUSTRATIONS

The following case illustrations are taken directly from my clinical practice working in a juvenile detention center in the greater San Francisco, CA bay area. Each client’s name and identifying information has been changed to maintain confidentiality. Excerpts were taken directly from audio-recorded client transcripts with permission of the clients. The two examples that follow demonstrate two very different cases in which this approach can be applied. At the end of each case illustration is a section entitled “therapist process.” In this section I describe some of the subjective responses and practices I did while working with these clients. These sections provide further insight into the nature of the therapeutic processes that occurred.

The Case of Alex

Alex is a 15-year-old male of ethnic minority descent and was raised in a socio-economic class below the poverty line. I first met Alex while he was incarcerated at a juvenile detention camp and began a therapeutic relationship with him in individual and group psychotherapy. Our therapy at the camp was short term, lasting approximately 3 months, after which he was released back into his community. Despite a relatively short term of therapy, I felt our relationship to be very strong. I felt comfortable with him as a human being, and he engaged my existential, present-moment interventions. Alex often presented in therapy with issues of death, murder, and stress. He often verbalized severe distress related to his home life.

After Alex was released from the juvenile detention camp one month passed with no contact. There was no contract set in place to continue therapy once we terminated at the camp. I then received a phone call with information that Alex had been admitted to the psychiatric ward at the local hospital for 72 hours, had just been released, had been mandated by his probation officer to seek some sort of psychotherapy, and would only talk to me. We then continued our therapeutic relationship.

Upon our first meeting outside of the juvenile detention camp, I learned that Alex’s admittance to the psychiatric ward was triggered by the murder of another friend. Alex had become extremely intoxicated on illegal substances, and in his words his mother, “misinterpreted that I wanted to kill myself.” Thus, he was driven to the hospital.

I sensitively approached his situation with the major goal of rebuilding rapport and facilitating a safe environment in which Alex could express himself. Our rapport was refurbished quickly and Alex was again receptive to my
existential-humanistic interventions. In one session, I noticed myself having the recurring question of whether or not Alex believed in God. I decided that this might be important in how Alex was relating to the world and inquired:

Himelstein: you know man I’ve been having this thought a few times throughout our session. Do you believe in God?

Alex: Yes! I mean, yeah…

Himelstein: It seemed like you trailed off right there. What was that about?

Alex: I mean I do believe in God, but, (short pause) I don’t know it’s just hard to explain.

Himelstein: When you just shared that with me, how’d that feel?

Alex: It was even hard to say that.

Himelstein: That you believe in God?

Alex: Yeah, I mean, He really ain’t done nothing for me lately. Everyone around me is dying!

Himelstein: You raised your voice just there. Was it because you feel angry?

Alex: Yeah. I am angry! Man!

The above interaction led me to a hypothesis that Alex’s belief in God may hold important value in the meaning-making process of the horrific trauma he continually encountered (e.g., death). I began to develop a treatment plan in which I would sensitively explore Alex’s worldview with him (which included the notion of God). This was to help Alex clarify, or even redevelop, his worldview. A clearer or redefined worldview may have provided Alex with a purpose or positive framework for his negative life experiences:

Himelstein: Do you feel like there’s a reason for why all these deaths have been happening around you?

Alex: What do you mean?

Himelstein: Well, do you feel like things happen for a reason?

Alex: Oh! Yeah! I mean, yeah I think it did happen for a reason. Sometimes I just think, “there gotta be some sort of reason for all this.” I mean, maybe God wants me to be strong and able to deal with people dying. Other times I’m just like, “I don’t know why the hell all this stuff is happening and I just want to get high.”

The meaning-making process began with some ambivalence from Alex. The next stages of psychotherapy were to explore his ambivalence and his life
circumstance’s potential meanings. It was not necessary for Alex to complete the meaning-making or worldview-building process before working on other portions of therapy. On the contrary, all of the major phases of Alex’s treatment did, to an extent, take place concurrently.

Continually revisited throughout every stage of Alex’s treatment were his resistances (defenses) that arose during sessions. After gaining a greater awareness of Alex’s relation toward God and the world, and what meaning he derived from his life circumstance, we began to explore areas of his personality patterns that have been protecting him from trauma his whole life. I would observe and name them in the moment and then ultimately explore with him how the resistance served or limited him. An example I typically encounter with this population, of which Alex was no exception, is exemplified in the following:

Alex: Man, screw this …! I’m tired of dealing with this …! People always dying…

Himelstein: You sound really exhausted and angry with all the death around you.

Alex: Yeah! I mean, yeah, that’s just how it is. It’s good though. It’s a way of life around where I’m from.

Himelstein: I hear it’s a way of being where you live, and you just said it’s good, after expressing how tired you were of the murders.

Alex: I mean yeah, you know I’m tired of it, but it’s all good though.

Himelstein: Is it really all good? Is it okay that people are getting murdered around you?

Alex: I mean no, it’s not good like that, but it’s like it’s good. I don’t know how to explain it.

Himelstein: Let’s just take a moment and take a few breaths and really think about this (long pause and silence). Does it make you feel better when you end your sentences with “it’s good”?

Alex: (pauses a moment) I think so. I think it’s something to tell myself and to deal with it.

Above, I explored with Alex what I perceived at the time to be denial. He showed awareness and expressed one way in which his resistance served him. It made him feel better to employ a way of talking that would mask his painful feelings. This resistance work, alongside the meaning-making process, influenced a transpersonal psychotherapeutic process.

Therapist process. As one might imagine, working with Alex was at times difficult because of the traumatic events he was constantly experiencing. While
listening to his story I found myself oscillating between holding his story with reverence and compassion and exploring therapeutically his resistances and worldview. I would often find myself taking deep breaths to ground myself, connecting to my bodily sensations, and feeling immense amounts of compassion for him. I strongly believe my mindfulness of my own experience and compassion for him contributed to our authentic relationship and kept me centered enough to still engage and explore his trauma. At other times I noticed myself sharing his worldview of an unjust and unfair world. Through my relationship with Alex there began a parallel process in which I took on some of his stressful feelings; I had recently lost friends to death as well. Only through my own self-care, mindfulness practice, and seeking of professional consultation did I ground myself and accept the truth that suffering and tragedy do occur, and that I can still maintain a positive worldview in lieu of it. This parallel process, inherent in most transpersonal psychotherapeutic processes, also helped Alex’s worldview to slowly shift in a more positive direction as well.

**The Case of Jeremy**

Jeremy is a 17-year-old, biracial male in the same juvenile detention camp described above, and with whom I also began a therapeutic relationship in individual and group psychotherapy. Unlike Alex, Jeremy was not a hard-nosed adolescent who came from a family system struggling from below the poverty line, but rather was from a middle class family of lawyers and doctors. He did not present with symptoms of trauma and was much more sheltered toward issues of death and dying.

Early in our work, it was clear that Jeremy and I had a strong rapport and that he was willing to engage my explorations in the present moment. As our relationship grew, so did the depth of our therapy sessions. He began to ask me if we could meditate in the beginning of sessions and I enthusiastically agreed. After each meditation session, which usually lasted around 5 to 10 minutes, we always processed his experience:

**Himelstein:** What was that like for you?

**Jeremy:** The meditation calms me down a lot.

**Himelstein:** Yeah I felt relaxed meditating with you.

**Jeremy:** And I also felt, like, like bound to you or something like that.

**Himelstein:** Could you tell me more about this feeling of being bound to me?

**Jeremy:** Yeah, I don’t know I just felt like bound, like connected or something like that when we meditate.

**Himelstein:** That’s really interesting, because as you say that it really feels right for me too. I feel connected to you too when we meditate like that.
(Paused for a few moments) What’s that like for you when I tell you I feel connected to you too when we meditate?

Jeremy: It makes me feel really good.

In the transcript above, both Jeremy and I are realizing that meditation brings us closer together in the moment. It may be that the constant practice of meditation, or sitting together quietly and becoming aware of what is beneath the mind chatter, enhanced our therapeutic relationship. This may be a point of debate as of now, but it is worthy of future research.

As our relationship evolved Jeremy began to become more receptive to my present moment interventions and personal feedback. He began to feel comfortable enough to disclose personal and sensitive information that he never shared with another man before:

Jeremy: Man, I just thought I should tell you that I’m bisexual. I’ve been thinking about this a lot and it’s just something about myself I feel like I can share with you now.

(Pause of silence)

Himelstein: Wow. (Pause) I’m so honored you feel comfortable enough to share that with me (Long pause of silence). What was that like to share that with me?

Jeremy: Difficult.

Jeremy’s authenticity brought our therapeutic relationship to an even deeper level. At this point in our meetings (around the 20th session) Jeremy was talking openly about his sexuality and engaging my interventions. I was able to directly explore with him his resistances around being fully out with this sexuality:

Himelstein: How is it for you to be talking about your sexuality right now?

Jeremy: I mean, (short pause) it’s good.

Himelstein: That’s great that you feel it’s good to talk about it. And now that we’ve been openly talking about it for a few sessions, do you feel any differently about yourself?

Jeremy: Yeah I mean, sometimes I still have negative thoughts, like I should only like women. There’s hella gay people though that are famous. Elton John, the singer from...

Himelstein: Jeremy, I noticed that right after you said that at times you have thoughts that you should only like women, you generalized the subject and starting searching for famous people that may share similar sexual feelings. Did you notice that?
Jeremy: Oh yeah.

Himelstein: Is that because on some level you’re trying to convince yourself that it is okay to be bisexual?

Above, I am exploring a pattern I began to see of Jeremy continually searching for reasons why it is okay to be anything other than heterosexual. This led our therapy to a fruitful place of Jeremy beginning to become aware of instances where he was trying to “justify,” in his words, his sexuality. We came to a point of agreement that there would be times he would accept himself, and at other times harbor feelings of self-criticism. This brought him deeper into his authentic self and acceptance of his sexuality.

Alongside working resistances, Jeremy and I also directly discussed his spirituality. We had often discussed his spirituality and what he believed to be his life purpose before he shared his sexuality with me. He discussed his “spirit” as feeling more fully alive after sharing his sexuality with me:

Himelstein: How do you feel about your spirituality after sharing your sexuality with me?

Jeremy: I feel much more alive! I mean, I feel like my spirit is more jolly! It just feels right. I really accept myself and believe that God will accept me too, as long as I keep it real.

Himelstein: I believe that too.

The above was a moment in which Jeremy felt accepting toward himself. There would be many times to come when a discussion of spirituality would lead to the most outstanding resistances and defense mechanisms he could employ. Our primary work together evolved into a continual exploration of his sexuality, spirituality, and how they related to his authentic self. His feeling of self-hatred and acceptance of his sexuality were held with reverence and positive regard. Resistances were observed, named, and explored in the moment to bring Jeremy further into authenticity, or what he called his “spirit.”

Therapist process. As mentioned above, I became fond of Jeremy very fast. I enthusiastically practiced formal meditation with him and do feel it brought us closer to therapy. I began to sense at times that Jeremy was healthily begging to attach to me. Kohut (1984) describes the idealizing transference that occurs at times from client to therapist. Given that Jeremy was an adolescent and I am a young adult in my late 20s, I believe this notion to be accurate. Jeremy also discussed many times wanting to be a counselor like me or seeing himself doing something like that. This made me feel honored and contributed to the symbolism I hold for myself in this work as a guiding mentor helping to facilitate a rite of passage through the sometimes hellish experience of adolescence. When he first exposed himself as bisexual to me, I first experienced shock. What I did was ground myself in the present moment by

46  The Journal of Transpersonal Psychology, 2011, Vol. 43, No. 1
taking a few deep breaths and noticed my body being supported by the chair I was sitting in. Then I experienced a deep gratitude and told Jeremy how honored I felt. I had always wondered the extent to which youth in this population would become sensitive with me. I have seen young men cry and get extremely vulnerable, but I see the majority of my strength being in an archetypal and symbolic relationship described earlier of a warrior mentor to a warrior mentee who is trying to navigate through an extremely exploited and plagued world. When Jeremy shared part of his authentic sexuality to me I was floored. I thought, “this young man really just let me in and took a courageous risk!” This brought us closer together and no doubt contributed to the fruitful therapeutic work we did together.

CONCLUSION

The above two cases represent very different demonstrations of how transpersonal psychotherapy can be applied to incarcerated adolescents. The first example, unfortunately much more common, discussed an adolescent whose worldview was in question and who was traumatized by the continual experience of death. Much of our work involved the exploration of his worldview, the witnessing and holding of his trauma and minimal resistance exploration. The second example, much less common, described a person coming further into authenticity by way of an authentic therapy relationship and the inquiring of his resistance structure. He was more able to become aware of his larger ego structure and transcend it some moments during the psychotherapy process.

The above process exemplifies one approach to working with the serious issues of death, spirituality, and life with incarcerated and at-risk youth from a transpersonal perspective. There may be multiple methods in engaging incarcerated youth in existential and spiritual issues. This article’s purpose is to serve as a starting point in opening a dialogue among mental health practitioners in the field working with incarcerated youth. Further, it is a deviation from the norm in therapy approaches for this population and is therefore meant to contribute to a richer more diverse set of orientations from which mental health clinicians and interns can be influenced.

Adolescence has been a time of growth and rites of passage for many cultures throughout the world. Transpersonal psychotherapy adds the spiritual focus on thought patterns, scaling questions, and cognitive forms of therapy that are generally used with this population. This addition allows the adolescent a natural expansion into adulthood; an expansion traditionally rich with spiritual experiences and teachings. A skilled guide in life, in engaging his or her authentic self, can help facilitate authentic experience, growth, healing, and even meaning making in a population often untreated or whose treatment is labeled as a failed treatment. An authentic human encounter with an adult, another person with faults and vulnerabilities as well as a willingness to stay in their authentic experience, may be the type of experience that at the very least orients the youth further toward therapy and sparks a personal process.
invaluable and immeasurable by dominant paradigm research constructs. In the end, the individual in the “incarcerated youth” population deserves the founding constructs of Roger’s (1961) humanistic and ultimately spiritual, psychotherapy: unconditional positive regard, authenticity, and empathy. This will build the foundation of an authentic human relationship, a feat commendable in and of itself for any human being.

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