From Fragmentation to Coherence: A Conceptual Framework for Transpersonal Symbolic Hypnosis During Life Transitions

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Abstract

Psychological distress arising during periods of significant life transition may challenge approaches that focus primarily on symptom reduction. Changes in relationships, professional roles, health, identity, or existential orientation can disrupt previously stable ways of understanding oneself and may bring previously implicit beliefs, emotional patterns, bodily responses, and questions of meaning into awareness. A transpersonal perspective does not require such experiences to be interpreted as inherently spiritual, nor does it imply that symptoms possess a predetermined symbolic meaning. Rather, it invites examination of the ways in which cognitive, emotional, somatic, relational, and existential dimensions of experience may interact during periods of reorganization.

This article proposes a conceptual framework for **transpersonal symbolic hypnosis** organized around three sequential but recursive processes: generative listening, multidimensional formulation, and symbolic-hypnotic intervention. The first stage draws on Otto Scharmer's concept of generative listening and adapts it to therapeutic inquiry, emphasizing an openness to what may emerge rather than premature interpretation. The second stage integrates personal history, current context, beliefs, emotional and behavioral patterns, somatic experience, relational systems, and questions of meaning into a provisional formulation. The third stage uses therapeutic metaphor, imagery, narrative, and hypnosis as experiential means through which alternative perspectives and forms of psychological organization may be explored. The framework also incorporates a four-intelligence model involving cognitive, emotional, somatic, and spiritual dimensions of functioning. Spiritual intelligence is conceptualized cautiously as an orientation toward meaning, values, purpose, and coherence rather than as a supernatural faculty.

The article distinguishes theoretical propositions from established empirical findings and identifies potential directions for future research.

Keywords: transpersonal psychology, hypnosis, therapeutic metaphor, generative listening, spiritual intelligence, life transitions, embodiment, meaning, psychological coherence

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Introduction: From Symptom Reduction to Meaning-Oriented Inquiry

Psychological difficulties frequently become particularly salient when an individual's established way of organizing experience is disrupted. A separation, bereavement, professional transition, change in health, retirement, or profound shift in values may alter not only external circumstances but also the assumptions through which a person has understood identity, relationships, competence, security, and purpose. Such periods are not inherently pathological. Nevertheless, they may be accompanied by anxiety, sadness, somatic discomfort, confusion, loss of motivation, or a sense that previously effective ways of living no longer provide an adequate response to the present situation. Developmental and psychosocial theories have long recognized that transitions can involve processes of reorganization in which previously established identities and meanings are reconsidered (Erikson, 1959).

A transpersonal approach introduces an additional question into this context: whether psychological distress can sometimes be understood not only in terms of what is wrong, but also in terms of what the experience is asking the person to reconsider. This question should not be confused with the claim that every symptom conceals a spiritual message, or that physical or psychological symptoms should be interpreted symbolically instead of receiving appropriate clinical assessment. Such assumptions would risk replacing one reductionism with another. A meaning-oriented approach is most useful when it remains capable of holding several explanatory levels simultaneously and when symbolic interpretations remain provisional rather than being treated as established facts.

The framework proposed in this article emerged from a broader model of human functioning in which cognition, emotion, bodily experience, and spiritual orientation are understood as interdependent dimensions of psychological life. In *Awakening the Spiritual Mind*, Carrio conceptualizes these dimensions as four forms of intelligence—cognitive, emotional, physical or somatic, and spiritual—and proposes that psychological coherence depends less on the dominance of any one dimension than on their capacity to remain in dialogue (Carrio, in press). This proposition provides the conceptual basis for the therapeutic model developed here.

The central argument is that symbolic hypnosis may be particularly relevant during periods of transition when conventional explanations no longer fully organize a person's experience. However, the hypnotic intervention should not be considered the starting point of the process. Before a metaphor is constructed or an altered state is facilitated, the therapist needs to understand how the person describes the difficulty, what circumstances surround it, what beliefs and emotional patterns may be involved, how the experience is embodied, and what the person is actually seeking from therapy. The proposed model therefore places **listening before interpretation and formulation before intervention**.

Life Transitions and the Reorganisation of Identity

Transitions are psychologically significant partly because they can destabilize the relationship between identity and context. A role that previously provided coherence may cease to do so: an individual may no longer identify primarily as a partner, parent, professional, caregiver, or high achiever, while not yet having developed an alternative organization of self. Jung's concept of individuation provides one theoretical language for understanding such processes. From a Jungian perspective, psychological development may involve a progressive

differentiation of the individual from socially prescribed identities and an integration of aspects of experience that have remained insufficiently acknowledged (Jung, 1953/1966).

Carrio's distinction between *persona* and *essence* develops a related idea. The persona is understood as an adaptive social organization through which individuals meet the expectations of their environment; it becomes problematic not because social roles are intrinsically false, but when identification with those roles becomes so extensive that other dimensions of the person are excluded. The question "Who am I when I am no longer performing this role?" consequently becomes relevant during periods in which an established identity loses its organizing power.

This perspective changes the way a therapist might approach a client presenting with distress during transition. Rather than assuming that the transition itself is the pathology, the therapist can examine the relationship between the external change and the person's existing psychological organization. The clinically relevant question becomes not simply whether the person is experiencing anxiety or loss, but how the transition interacts with the assumptions, expectations, relationships, behaviours, and embodied responses through which that person has previously maintained stability.

Such an approach also requires restraint. A transition can be meaningful without being transformative, and an existential crisis can coexist with a psychiatric disorder, a medical condition, or a social problem requiring concrete intervention. Transpersonal psychology is therefore most useful when it enlarges the field of inquiry without claiming exclusive explanatory authority.

Beliefs, Emotional Patterns, and Embodied Experience

One of the central propositions underlying the present framework is that recurring psychological patterns can be examined as dynamic relationships among emotion, thought,

belief, behaviour, and identity. Carrio represents this process as a cycle in which emotion influences thought, thought becomes organized into belief, beliefs influence behaviour, and repeated behaviours contribute to the consolidation of identity. The model is compatible in broad terms with cognitive approaches emphasizing schemas and core beliefs, although it should not be treated as identical to established cognitive-behavioural formulations.

Beck's cognitive theory, for example, proposes that schemas influence the interpretation of experience and may become relatively stable patterns through which subsequent events are understood (Beck, 1976). The importance of such schemas does not lie in their being objectively true or false in every circumstance, but in the fact that they organize attention, interpretation, expectation, and response. A person who has repeatedly learned that expressing a need results in rejection may subsequently experience interpersonal situations through this expectation even when the present context differs substantially from the original one.

The proposed framework extends this formulation by examining how such patterns may also be experienced somatically. Carrio's model describes beliefs not simply as propositions held consciously but as patterns that may be expressed through posture, breathing, tension, avoidance, and nervous-system reactivity. This should not be interpreted as evidence that beliefs are literally stored in particular bodily locations. Rather, it points toward a clinically relevant distinction between *knowing* a belief intellectually and observing how an established pattern is enacted in perception, emotion, movement, and behaviour.

This distinction is important because therapeutic change does not necessarily follow from intellectual insight alone. A person may understand that a particular fear is disproportionate and nevertheless experience a rapid physiological response when confronted with the situation associated with it. Research on emotion, interoception, and embodied cognition provides grounds

for treating bodily experience as relevant to psychological processing, although the precise mechanisms remain an active area of investigation (Damasio, 1999; Mehling et al., 2012). The present model consequently treats somatic experience as one source of clinical information rather than as an infallible diagnostic instrument.

The Four Intelligences and Psychological Coherence

The four-intelligence model developed in *Awakening the Spiritual Mind* provides a multidimensional map for this process. Cognitive intelligence concerns analysis, discrimination, and clarity; emotional intelligence concerns emotional awareness, regulation, and interpersonal responsiveness; physical or somatic intelligence concerns awareness of bodily states and regulation; and spiritual intelligence concerns meaning, purpose, values, and orientation. The model is explicitly conceived as an ecosystem rather than as four independent faculties.

The first three dimensions have clear relationships with established areas of psychological research, although the terminology used in the model is broader than any single scientific construct. Emotional intelligence, for example, has been developed through several competing models and measures rather than representing one universally agreed psychological capacity, despite its wide popularization (Goleman, 1995; Mayer et al., 2004). Similarly, somatic awareness has been studied through constructs such as interoceptive awareness and body awareness, but these should not automatically be equated with a generalized "bodily wisdom."

The fourth dimension, spiritual intelligence, requires particular epistemological caution. Zohar and Marshall (2000) popularized the term as a form of intelligence concerned with meaning and values, while other scholars have conceptualized spirituality through constructs such as purpose, transcendence, existential meaning, or spiritual well-being. The existence of a distinct form of "intelligence" remains theoretically contested, and the present article therefore

does not assume that spiritual intelligence constitutes a discrete cognitive faculty comparable to conventional measures of intelligence.

Within this framework, spiritual intelligence is more usefully treated as a **functional orientation toward meaning and coherence**. Carrio describes it as a capacity that connects a person with deeper values and provides direction when experience becomes ambiguous or fragmented. This formulation makes the construct potentially relevant to psychotherapy without requiring the therapist to adopt a particular religious or metaphysical worldview. It also allows spiritual questions to be explored without presupposing their answers.

Psychological coherence, in this context, does not mean that cognition, emotion, bodily responses, and values must always agree. Human experience is inherently characterized by ambivalence and contradiction. Coherence instead refers to an increased capacity to recognize these different dimensions and to relate them without one systematically silencing the others. Carrio's formulation explicitly defines alignment as an ongoing lived relationship among mental, emotional, somatic, and spiritual dimensions rather than as a state of perfection.

Generative Listening as the First Stage of Therapeutic Inquiry

The first stage of the proposed framework is **generative listening**. The concept is adapted from Otto Scharmer's Theory U, which distinguishes four levels of listening: habitual or downloading, factual, empathic, and generative listening. At the first level, attention is filtered through established assumptions; at the factual level, the listener becomes attentive to information that differs from prior expectations; empathic listening involves greater attention to the other's subjective experience; and generative listening concerns what may emerge through a sufficiently open and receptive form of attention (Scharmer, 2009, 2018).

Scharmer developed this model primarily in the context of organizational and social transformation rather than psychotherapy. Its use in the present framework is therefore an adaptation rather than an assertion that generative listening constitutes an empirically established psychotherapeutic technique. This distinction matters because the clinical value of the concept remains to be tested. Nevertheless, the model offers a useful language for describing a particular therapeutic stance: the therapist attempts to avoid filling gaps in the client's narrative with familiar explanations and instead remains attentive to information that might challenge the initial formulation.

In practice, this form of listening begins with the client's stated difficulty but does not assume that the first formulation is necessarily the final one. A client may present with insomnia, for example, while describing at the same time a recent promotion, increasing difficulty tolerating responsibility, a sense of having lost contact with personal interests, and a recurring feeling of being trapped. The therapist's task is not to decide immediately that the insomnia "symbolizes" a conflict with ambition. Rather, the therapist explores the different dimensions of the experience and allows the relationship among them to become clearer.

This is also where the therapist's own internal state becomes relevant. Generative listening requires attention not only to what the client says but to the therapist's tendency to anticipate, interpret, diagnose, rescue, reassure, or direct. A therapist who has already decided that a particular symptom represents unresolved trauma, a spiritual awakening, an attachment pattern, or a somatic block may hear only the information that confirms that hypothesis. Generative listening therefore has an epistemological function: it creates a temporary suspension of interpretive certainty.

The purpose is not to discover a hidden "true request" that exists independently of the client's awareness. Such a formulation would introduce an unwarranted hierarchy in which the therapist becomes the possessor of a deeper truth. It is more appropriate to speak of an **emerging therapeutic aim**: through dialogue, the client and therapist may gradually identify what the person is actually seeking help with, and this aim may evolve as understanding develops.

Multidimensional Formulation: From Narrative to Working Hypothesis

Once sufficient information has been gathered, the second stage consists of developing a multidimensional formulation. The purpose is not to produce a definitive interpretation but to organize observations into a working hypothesis that can subsequently be tested and revised in collaboration with the client.

The formulation considers several levels simultaneously. These include the person's history and current circumstances, the transition or disruption that brought the difficulty into focus, relevant beliefs and expectations, emotional responses, behavioural strategies, bodily experience, relational and social systems, and the person's values and questions of meaning. Dreams, spontaneous metaphors, recurring images, and symbolic language may also become relevant when they arise naturally in the client's account. They are treated as forms of subjective material rather than as objective messages requiring a predetermined decoding system.

This distinction is particularly important when working with symbolic material. Jung's analytical psychology offers a substantial theoretical tradition in which dreams, myths, and archetypal images can be understood as meaningful expressions of psychological processes (Jung, 1959). Yet the existence of a symbolic tradition does not establish that a particular image possesses one universal meaning. The same image may signify different things for different people, depending on biography, culture, developmental stage, and current context.

The therapist therefore moves from **symbolic interpretation** toward **symbolic inquiry**. Rather than telling a client what a snake, a house, a forest, or a bodily sensation means, the therapist can explore the client's associations with the image and examine how those associations relate to the current situation. In this sense, the symbol becomes an intermediary object through which different dimensions of experience can enter into dialogue.

This approach also provides a place for symbolic traditions such as the work of Annick de Souzenelle (1991) and Michel Odoul (1994), whose writings explore relationships between bodily experience and symbolic meaning. Such approaches can contribute to a transpersonal hermeneutic vocabulary, but their symbolic correspondences should not be presented as established physiological or medical facts. Their appropriate role within the present model is interpretive and exploratory rather than diagnostic.

Therapeutic Metaphor and the Symbolic Function

The third stage begins when the therapist has developed a sufficiently nuanced understanding of the client's experience to construct or select a therapeutic metaphor. Metaphor is particularly relevant to hypnosis because it can allow complex psychological material to be represented through an image, narrative, spatial relationship, or experiential sequence rather than through explicit conceptual explanation. Milton H. Erickson and later Ericksonian practitioners made extensive use of stories, metaphors, indirect suggestion, and utilization as forms of therapeutic communication (Erickson & Rossi, 1979). Contemporary literature on therapeutic metaphor similarly considers narrative and figurative language as potentially useful means of engaging experiential and imaginative processes in psychotherapy and hypnosis.

The critical point, however, is that metaphor should emerge from the client's material rather than being imposed as an interpretive solution. If a client repeatedly describes an

experience as being "between two worlds," for example, the therapist might develop a metaphor involving a bridge, a threshold, or a landscape undergoing seasonal change. The metaphor is not presented as evidence that the client is undergoing a particular archetypal process. Instead, it provides a symbolic environment in which the client's experience can be explored from a different perspective.

The distinction is subtle but consequential. An imposed interpretation closes meaning by telling the client what the experience means. A therapeutic metaphor can leave meaning open while nevertheless introducing new relationships among elements of experience. The client may discover that the bridge represents danger, possibility, grief, autonomy, or something entirely different. The therapeutic value, if any, lies partly in this capacity for personal elaboration.

The metaphor may also incorporate archetypal structures when these are relevant to the client's own symbolic language. Jung's concepts of the shadow, the journey, death and rebirth, the wise figure, or the encounter with an unknown aspect of the self can provide useful cultural and psychological motifs. They should nevertheless be introduced as symbolic possibilities rather than as universal explanations of the client's condition.

Hypnosis as an Experiential Process

Within the proposed framework, hypnosis follows rather than precedes listening and formulation. This sequencing reflects the assumption that hypnosis is most appropriately used when the therapist has developed a sufficiently grounded understanding of the client's context and therapeutic aim. The hypnotic process then becomes an experiential setting in which the metaphor can be explored rather than a mechanism for delivering an interpretation.

This distinction is especially relevant in transpersonal work because altered states of consciousness can be experienced as highly meaningful. A client may encounter vivid imagery,

strong emotions, bodily sensations, memories, or a sense of connection with something larger than the ordinary self. Such experiences can be psychologically significant without establishing the literal truth of the images or interpretations that accompany them. Transpersonal literature has long discussed hypnosis and other altered states in relation to imagery and consciousness, while also recognizing the need for caution concerning literal interpretations of extraordinary experiences (Kasprow & Scotton, 1999).

The hypnotic intervention proposed here therefore emphasizes experiential exploration rather than the implantation of a preferred belief. The therapist might invite the client to enter a metaphorical landscape, encounter an obstacle, observe a transformation in the environment, or imagine a future situation from a different position of awareness. The intervention can include suggestions for curiosity, flexibility, self-observation, or integration, but its structure remains open enough for the client's own associations to participate in the process.

This conception also distinguishes symbolic hypnosis from approaches based primarily on positive suggestion. The objective is not necessarily to replace an "old negative belief" with a predetermined positive one. Instead, hypnosis may provide an opportunity to experience the relationship among emotion, body, belief, identity, and possibility differently. A person who has always experienced rest as dangerous, for example, may discover during an imaginal exercise that stillness can be represented not as abandonment of responsibility but as a different form of activity. Whether such an experience produces durable change is an empirical question; the theoretical proposition is that experiential reorganization may complement intellectual insight.

The Therapist's Four Intelligences

The framework also proposes that the therapist's own functioning is relevant to the process. If the therapeutic model assumes that human experience involves cognitive, emotional,

somatic, and spiritual dimensions, the therapist's capacity to remain attentive across these dimensions becomes part of the clinical setting.

Cognitive intelligence supports discrimination and prevents symbolic thinking from becoming indiscriminate association. Emotional intelligence allows the therapist to recognize and regulate emotional responses within the therapeutic relationship. Somatic awareness can help the therapist notice changes in tension, breathing, activation, or presence without treating these observations as objective information about the client's unconscious state. Spiritual intelligence, as defined within this framework, concerns the capacity to remain oriented toward meaning, values, humility, and coherence when the therapeutic situation cannot be reduced to a straightforward technical problem.

The last dimension is particularly important because it carries an ethical risk. If spiritual intelligence is interpreted as access to a higher or more authoritative form of knowledge, the therapist may inadvertently assume interpretive superiority. The therapist might then attribute spiritual meaning to a client's suffering without sufficient evidence or encourage a particular worldview. This would contradict the epistemic humility required by the proposed model.

Spiritual intelligence is therefore most defensible within this framework when understood as a capacity for **holding questions of meaning without prematurely resolving them**. Carrio's model explicitly describes spiritual intelligence as providing direction rather than certainty and as helping an individual remain oriented within ambiguity. In therapeutic practice, this orientation may allow the therapist to remain receptive to existential questions while respecting the client's autonomy regarding their interpretation.

From Symbolic Meaning to Psychological Coherence

The three stages can now be understood as parts of a single process. Generative listening prevents premature closure; multidimensional formulation organizes the material without reducing it to one explanatory level; and symbolic hypnosis creates an experiential context in which alternative relationships among the elements of that formulation can be explored.

The underlying movement is therefore not simply from symptom to cure. It is from **fragmented experience toward greater coherence**. A person may arrive describing anxiety, fatigue, indecision, or a bodily discomfort, while gradually recognizing that these experiences are connected to a transition in identity, an inherited expectation, a recurring emotional pattern, and an unresolved question concerning values or direction. The therapeutic process does not establish that these dimensions have one common cause. Rather, it enables them to be considered together.

This distinction offers a potentially useful way of understanding the role of symbolism in psychotherapy. The symbol may function as a **boundary object between dimensions of experience**: something concrete enough to be imagined and experienced, yet sufficiently open to allow cognitive, emotional, bodily, relational, and existential meanings to coexist. A metaphorical image of a threshold, for example, can simultaneously evoke a physical sensation, an emotional state, a relational decision, an identity transition, and a question about the future. No single interpretation is required for the image to organize experience.

This may represent one of the more distinctive propositions of the framework. Symbolic work need not depend on the assumption that symbols contain fixed messages waiting to be decoded. Their therapeutic relevance may instead lie in their capacity to connect modes of experience that ordinary propositional language tends to separate. From this perspective, the

symbol is not primarily a message from an unconscious authority but a medium through which meaning can be explored.

Ethical and Epistemological Boundaries

A transpersonal framework requires particularly explicit boundaries because the concepts of spirituality, symbolism, altered states, intuition, and meaning can easily acquire an authority that exceeds the available evidence. The present model consequently rejects the assumption that psychological symptoms necessarily encode spiritual truths. A physical symptom remains a physical symptom requiring appropriate assessment; symbolic exploration does not substitute for medical investigation. Similarly, experiences involving severe disorganization, psychosis, mania, suicidality, substance-related impairment, or other significant clinical concerns require appropriate assessment and referral rather than being automatically reframed as spiritual transformation.

The same caution applies to the interpretation of bodily experience. Although embodied processes are relevant to psychological functioning, it would be inappropriate to infer a specific psychological cause from a particular bodily sensation without adequate evidence. The symbolic association between a bodily location and an emotional theme may be therapeutically meaningful for a particular client while remaining neither medically nor universally valid.

The concept of spiritual bypassing provides another important safeguard. Carrio's model defines spiritual bypassing as the use of spiritual language or practices to avoid unresolved emotional, relational, or traumatic material. A transpersonal approach therefore cannot simply add spiritual language to conventional therapeutic problems and consider the work complete. Meaning becomes clinically relevant precisely when it can coexist with psychological reality rather than replacing it.

Finally, the therapist's interpretive authority must remain limited. A metaphor can suggest a possibility, but it cannot establish a fact. A dream can be explored without being treated as prophecy. An altered-state experience can be meaningful without being treated as evidence of a supernatural event. Spiritual language can be welcomed without imposing a particular metaphysical interpretation. These distinctions are not peripheral ethical considerations; they determine whether symbolic work remains a form of collaborative inquiry or becomes a system of suggestion in which the therapist defines reality for the client.

A Conceptual Model for Future Research

The framework presented here should be understood as a theoretical model rather than an empirically validated treatment protocol. Its principal contribution is to propose a sequence through which transpersonal and symbolic elements might be integrated into hypnotic practice while preserving a distinction between observation, interpretation, and intervention.

Several aspects of the model are amenable to empirical investigation. Future research could examine whether clients who experience a form of generative listening report greater perceived therapeutic attunement or alliance than clients receiving more conventional forms of structured inquiry. Research could also examine whether a multidimensional formulation that includes cognitive, emotional, somatic, relational, and existential dimensions identifies clinically relevant material that would not emerge through symptom-focused assessment alone.

A second line of investigation could examine the effects of symbolic-hypnotic interventions on variables such as perceived coherence, meaning in life, psychological flexibility, emotional regulation, or symptom distress. Such research would be particularly valuable if it distinguished immediate experiential effects from durable therapeutic outcomes. Qualitative methodologies may also be appropriate for investigating how clients themselves understand

metaphors and symbolic experiences, particularly because the proposed model does not assume that identical symbols carry identical meanings across individuals.

Finally, the role of the therapist deserves investigation. If generative listening depends partly on the therapist's capacity to suspend premature interpretation, then therapist characteristics such as reflective functioning, emotional regulation, tolerance of ambiguity, and orientation toward meaning may influence the quality of the intervention. Whether the proposed construct of spiritual intelligence contributes explanatory value beyond existing constructs such as meaning orientation, mindfulness, therapeutic presence, or existential competence remains an open empirical question.

Conclusion

The framework proposed in this article begins with a relatively simple but consequential shift in therapeutic perspective: before asking what a symptom means, it may be more useful to understand **how the person is experiencing it, what has changed in their life, what patterns organize their response, and what they are seeking from the therapeutic encounter**. This shift does not reject symptom-focused or evidence-based approaches. Rather, it adds a level of inquiry concerned with the relationship among experience, identity, embodiment, meaning, and transition.

Generative listening, multidimensional formulation, and symbolic hypnosis consequently represent three stages of a single therapeutic logic. Listening creates the conditions for understanding without premature closure; formulation connects apparently separate dimensions of experience without reducing them to one cause; and hypnosis provides an experiential space in which alternative relationships among those dimensions may be explored. Within this process, spiritual intelligence is not treated as a supernatural faculty or a source of privileged knowledge,

but as a proposed orientation toward meaning, values, coherence, and the capacity to remain open in the presence of uncertainty.

The model ultimately suggests that symbolic work may be most valuable not when it claims to reveal what an experience objectively means, but when it helps a person establish a new relationship with what they are experiencing. The distinction is important. Interpretation seeks to explain the symbol; therapeutic symbolism may instead create a space in which the person can discover what the symbol becomes in relation to their own history, present circumstances, and emerging possibilities. Whether such a process produces measurable therapeutic benefits remains to be established. What can be proposed at this stage is a conceptual framework in which the movement from fragmentation toward coherence becomes an empirical question rather than an assumed therapeutic outcome.

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