

## **INDIVIDUATION IN A VOYEUR RECIDIVIST**

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Using Wilber's "Spectrum of Consciousness" as a model, the author describes an eclectic approach in the psychotherapy of a case of voyeurism in a prison setting. Jungian and Gestalt dreamwork, hypnosis, meditation, cognitive, and behavioural methods are utilised as complements. A natural history of the therapeutic alliance is provided session by session.

Voyeurism is defined in the DSM III (American Psychiatric Association, 1980) as "the repeated observation of unsuspecting persons who are naked, undressing, or engaged in sexual activity." Dwyer (1980) reports that it is generally believed that almost all voyeurs are male and that no attempt is made to form a relationship with the victim. Various explanations of the causes and treatments of voyeurism have been postulated, including those within the models of psychoanalytic theory and structural theory of automata (Spencer Smith, 1976).

Although there is a relative lack of material in print, a recent report (Dwyer, 1980) advocates that the treatment of voyeurism needs to be multi-dimensional. Multimodal therapy (see Kee, Deuivenvoorden, Trijsburg, & Thiel, 1986-1987) approaches behavioural dysfunction through a broad spectrum of interventions with empirically proven techniques, for which effectiveness can be explained in terms of social learning. This, however, may be limiting. Dennerstein and Burrows (1979) comment that where an underlying cause is present, or where intrapsychic conflict persists, behavioural techniques alone may be ineffective for treating sexual problems.

The University of Minnesota Sexual Offender Treatment Program for voyeurism/exhibitionism (Dwyer, 1980) outlines 16 goals of treatment, including the understanding and integration of sexuality into the intellectual, social, and spiritual self: "In order to accomplish these goals numerous therapy modalities are used, including psychoanalytic theory, structural and strategic family therapy, social skills modalities, behavioural techniques, and cognitive restructuring to name but a few. Always an eclectic approach is maintained" (p. 111).

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Patterson (1989), in reference to eclecticism in psychotherapy, comments on two different views of human beings giving rise to two different kinds of therapists: the manipulators and the enablers. He reports that current eclectic approaches and attempts of integration in psychotherapy have not been successful because of an irreconcilable difference in paradigms of human and emotional disturbance.

The enabling approach is central to the treatment program discussed in this paper, in that its underlying philosophy is consistent with that of Jung (1972), for whom the core of psychotherapy is regarded as work which facilitates the individuation process. Jung (1972) states that "the natural process of individuation served both as a model and guiding principle for my method of treatment" (p. 110). The process is directed by the unconscious, mainly as expressed in dream images. Jung believed that the unconscious compensation as revealed in these images could effectively correct the one-sidedness of the conscious mind if understood and integrated. Individuation, then, is defined by Jung (1972) as "coming to selfhood" (p. 173). This is a holistic notion in which there is a recognition of an autonomous centre in the psyche which is goal-directed towards a sense of personal completeness, connectedness, and harmony.

It is the author's contention that the self-respect, thus induced, translates into a capacity for more socially responsible behaviour even in recidivist clients. This process can be supported and empowered by an eclectic approach that includes a range of other therapeutic modalities including more manipulative strategies.

Wilber (1982) provides a model which is helpful in directing a coherent multidimensional eclecticism in psychotherapy. He outlines a model of consciousness in which there are different levels of awareness, each potentially productive of a certain type of alienation from oneself. He contends that each of the major but differing schools of psychotherapy is simply addressing a different level of the spectrum of consciousness. Wilber defines the bands of consciousness in terms of *Senses, Shadow, Existential, Transpersonal* and *Mind*. He maintains that a true synthesis of therapies is one that can allow approaches leading to a sense of

successively higher-order unities and integrations and hence target the whole person. Multimodal (or eclectic) therapies do not meet this aim if they do not address different levels within the "Spectrum of Consciousness."

Many authors describe therapy in terms of models, without giving a sense of the flow of material in the natural history of a therapeutic alliance. In what follows, a broad spectrum therapeutic process is described in a case of voyeurism. It purports to illustrate the use of different but complementary approaches to facilitate the unfolding of a particular individuation process underlying the resolution of a number of problem behaviours. In the discussion following the case history, the therapeutic strategies utilised are related to the definition of the different bands making up Wilber's "Spectrum of Consciousness."

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### **CASE STUDY Background of Client**

The client was a 27-year-old male prisoner. Before the commencement of therapy the client, "John", presented as dishevelled and worn in appearance, but with buoyant mood. His manner was appropriate and thinking was clear, rational, and without bizarre ideation.

He expressed appropriate concern for dealing with his problems in order to allow him to feel confident about not returning to prison in the future.

He was the elder of two children. His mother, to whom he was close, had died 12 years earlier and his father, with whom there was little communication, was retired.

John left school at the age of 15 years. He left home aged 16 years and had had a large number of jobs, mainly associated with cooking, in different states. His nomadism and interrupted job history were largely due to behaviour which brought him in conflict with the law. John was single. Since 1970, he had had a criminal history which included housebreaking, theft, indecent assault, smoking cannabis, drunkenness, illegal interference, attempted rape, loitering, aggravated assault, disorderly conduct, and breaking and entering at night with intent.

#### **Presenting Problems**

John had a long history of voyeuristic behaviour and since 1977 had had several previous psychiatric hospital and prison admissions. His chief presenting complaint was the need to overcome his urge to peep at women. This urge led him to peep through windows at night at females undressing; to break into premises in order to masturbate on females' clothing; and to follow females in the streets if they were scantily clad. John told me that alcohol consumption and drug taking were other problem areas. At the root of these problems was a general sense of inadequacy and associated anxiety, low self-esteem, lack of self-confidence, particularly with women, and personal frustration. The latter seemed to reflect the under-utilisation of his natural intelligence which impressed as above average. This was reflected in his verbal competency, although his literacy was poor. In addition, his frustration appeared to be related to affectional deprivation, which had given rise to dependency in personal relationships and was acted out by the use of alcohol and drugs. At the same time the possibility of obtaining nurturance from the two meaningful female relationships that he had experienced as an adult had been sabotaged by his own violent, rejecting behaviour when closeness could not be tolerated.

#### **Therapeutic Strategy**

A psychotherapeutic approach was seen as appropriate to deal with John's personality problems because of his adequate intelligence, good verbal skills, and contact with reality and affectional capacity, and keen motivation.

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At commencement of therapy John had about three months to serve prior to possible parole. Hence, due to the history of seriously deviant behaviour, a strategy was devised to be as wide-ranging as possible, enlisting a variety of approaches to John's problems. These approaches, in addition to hypnosis, included dreamwork using psychodynamic as well as Gestalt techniques, remedial education, cognitive and behavioural techniques. The latter included masturbatory reconditioning and aversive therapy to voyeuristic fantasies using an elastic band on the wrist. John also attended a meditation group concurrent with his individual psychotherapy.

The use of hypnosis supported other work done. This was relevant and appropriate because of John's dependency and high suggestibility, his lack of ego resources and his need for ego-strengthening techniques, the shortage of therapeutic time to achieve the latter, and John's interest in hypnosis due to previous pleasant trance states experienced whilst meditating.

The decision to use hypnosis was based on the need to deal quickly and positively with John's sense of hopelessness. The latter seemed, in part, due to his experience of having previously not benefited sufficiently from therapeutic contact in other settings.

Dennerstein and Burrows (1979) underline the benefits of hypnosis as an aid to behavioural treatments and psychotherapy in cases of sexual dysfunction, particularly where there is a component of anxiety. Koadlow (1979) advises that hypnosis be used with caution in psychosexual dysfunction, particularly where

there is seductive behaviour or the possibility of psychotic depression. This is to guard against accusations of sexual misconduct by the therapist. These were not relevant concerns with John. Brown and Chaves (1980) outline five distinct strategies for the utilisation of hypnosis in sex therapy: (a) as a diagnostic tool; (b) for the direct removal of symptoms; (c) as an adjunct to behaviour therapy; (d) to facilitate the resolution of neurotic conflicts; and (e) to improve self-confidence. The last three strategies were employed with John.

The aim of hypnosis was to give John a sense of mastery over his environment by instilling seeds of self-appreciation and self-worth together with an understanding that hypnosis was to be learned as an ongoing self-help resource. The objective here was to give him the resolve to immediately feel hopeful about the work to come and, hence, lessen his anxiety. Hypnosis was to be used also to integrate and consolidate knowledge gleaned from dreamwork and to facilitate the production and remembering of dreams.

Naranjo (1974) regards self-rejection as being behind all the psychological symptoms, particularly anxiety and depression, just as self-acceptance is the basis for the enjoyment of life. He believes that "dream symbolism expresses us better than concepts can ... it is a message from our depths but only when we understand its language and recognise it as our own expression" (p. 212).

Dreamwork was carried out primarily within the framework of the Jungian theory (Jung, 1972). Gestalt therapy techniques were also utilised to aid dream

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exploration. The latter is an experiential method in the here and now in which enactment of different elements of the dream plays a prominent part (Perls, 1969).

Kanfer and Phillips (1979) state that "building up a verbal and visual fantasy repertoire and skills for interactions with socially acceptable partners seems a basic precondition for the treatment of patients who lack success in normal relationships" (p. 119). Masturbatory reconditioning was used throughout the treatment strategy on the basis of fantasies made up to involve only women with whom there was a developing relationship and where consent was given. The fantasies were to be constructed and written and masturbation carried out whilst speaking the fantasy as often as desired. There was to be no masturbation with any other stimulus. The elastic band was to be used if deviant fantasies appeared. Fantasies were to be produced weekly for monitoring.

In this case study, as a general principle, the direction and therapeutic modality of each individual session depended upon the interaction between the client's presentation and the arising foreground in the author's own awareness. In this sense the therapeutic work presented here was structured by the evolving underlying process of the *I-Thou* encounter.

#### **Therapy Sessions**

These were approximately bi-weekly. Earlier sessions had been devoted to history-taking and discussion of overall strategy to be followed, including preparation concerning the role and nature of hypnosis.

*Session 1.* Hypnosis was induced using an eye fixation technique with distraction because this was the method with which I felt most familiar. John was instructed to watch the tip of a pen held above his head whilst counting backwards from 100. Suggestions of heaviness in arm and eyelids were given and instructions re trance (deep state of relaxation) development as hand reached lap with eye closure. Deepening was achieved by progressive relaxation, arm heaviness, arm catalepsy, and the descending stair technique allied with pleasant imagery of own choice re garden scene. A medium-depth trance was achieved evidenced by slowness of breathing, body and muscle stillness and reports on awakening of profound relaxation and altered perception of time. Dryness of mouth was reported.

*Session 2.* The hypnotic induction and deepening procedures were followed as in Session 1, with instructions to go deeper still. In the trance state, which again appeared to be at least medium depth, ego-strengthening instructions from Hartland (1971) were given. These involved feelings of relaxation, selfworth, self-reliance, optimism, and good health. Imagery of walking through a field was given with a progressive counting technique linked to different nature experiences and culminating in self-analogies to a tree with strong branches, firmly grounded and drawing its energy from the soil and sun, etc.

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In order to test trance depth, a post-hypnotic suggestion was given to pick up a pen from the floor and place it on my table. Instructions were also given to remember a significant dream and bring it to the next session. On awakening, the post-hypnotic suggestion was carried out.

*Session 3.* John brought dream material concerning a situation where he was drinking with Bob Hawke when a drunken Aborigine came in and was ostracised by Hawke. John then met a disabled couple in wheelchairs. Gestalting out this dream led to an owning of two particular polarities in John and dialogue between them: (a) a powerful, talented, achieving part (Bob Hawke); and (b) a handicapped,

underprivileged, alienated, and self-abusing part (wheelchair couple and drunken Aborigine). Consciously the latter side was more prevalent and the session concentrated on developing more integration and tolerance between these separate aspects of self.

*Session 4.* Hypnosis was induced with deepening, using additional techniques of arm lightness and levitation. Ego-strengthening was carried out as before, including acceptance of the idea of owning the strength and power of Bob Hawke to achieve his goals and overcome his handicaps. Further suggestions were made to bring a significant dream to next session before awakening.

*Session 5.* John brought a dream concerning an anti-social clown being burned to death in a fire while John aged 12 years and his brother aged 8 years looked on. John was able to identify the anti-social clown as the role of his adult life. This was discussed in terms of the beginnings of the transformation into his anti-social self, the roots of which were to be found in decisions made by John at 8 years and later at 12 years to adopt rebellious and antiauthority stances. That decision was examined in terms of adult reality and the consequences in terms of self-destructive behaviour.

*Session 6.* Further hypnotic induction as before. Deepening by progressive relaxation, arm catalepsy, descending stairs and garden imagery. Further egoboosting from Hartland (1971) was given, together with the consolidation of giving up old dysfunctional anti-social decisions and suggestion was made to bring a further significant dream to the next session.

*Session 7.* John brought a dream in which John was working in a carnival and peeping into a changing room where the boss's daughter was getting undressed. Although she knew that she was being watched she pretended not to notice. John then did a drug deal.

Discussion of this dream centred on the importance of relatedness to the feeling (feminine) side of his personality and the indications in the dream of possession (seduction) by her accounting for irrational mood swings. Directions were given that when the latter occurred in future he was to look at which feelings were not being acknowledged consciously. Further discussion examined a loss of contact with females and inner femininity when moving

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to a boys' school aged 12 years. There was a need to act tough, consolidated at age 15 years, when John's mother died and his brother "cracked up." There was growing feeling, at this time, of disappointment with his father who was "not clever, I deserved more." This was looked at as a possible dynamic of defending against a need for attention by: (a) acting as a voyeur (i.e., looking at others instead of the wish for others to look at him); (b) having a relationship with "clever" professionals by having a problem "admission ticket"; (c) making better the relationship with Dad through the surrogate relationship; and (d) feeling different and superior to Dad because "I can talk to clever people."

*Session 8.* John brought a dream in which he was at a Pentecostal Church where he was giving the service. The congregation supported and agreed with him and gave him a tumultuous applause. This dream supported notions discussed in the previous session of John's need to "have undivided attention in the house of the father." John discussed receiving only divided attention from his father. In two-chair dialogue he expressed his feelings of disappointment, feelings of being cheated, his anger, sadness, and isolation. Paraphrased by the author he had the sense of: "If I can't share myself with you, I'll share with no one. I'll hide my needs for having undivided attention by giving undivided attention [voyeuristically] in such a way as to get a father surrogate [therapist] with whom I can share vicariously."

After some working through the re-decision was made: "I'll undo the chains. I can love you and be different to you [father] by meeting my needs differently from the past." John talked of the way he spoilt good jobs and relationships because of his feelings of inadequacy and fear of closeness because his father was incapable and his mother had died. This gave rise to: "If I get close to someone I'll be left."

*Session 9.* Hypnotic induction and deepening were carried out, as in Session 6. The ego-boosting suggestions were framed to consolidate the previous decisions to meet John's needs for achievement more directly through study of literacy skills and notions of self-confidence in social situations allowing "normal" social interaction. Imagery of mastery and of coping without anxiety in social situations with women were given. The notions given included the ability to see the power and talents of others without needing to put himself down by comparison. The suggestion of equality of worth of all people was emphasised with acknowledgment that different people do all sorts of different things with various degrees of efficiency. Hence mixing socially with comfort would now be seen as being within John's range of behaviour. Before terminating the trance, John was instructed to bring a significant dream to the next session.

*Session 10.* John informed me that he had enrolled at the prison school to study Basic Literacy and Mathematics. He said he now had a part of him telling him he could do it and could achieve success. His dream reflected his decision in that the theme was one of joining *The Professionals* (a TV series) in a daring

mission. Reinforcement of self-valuing was emphasised by

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drawing John's attention to behaviour likely to give rise to more self respect. This included going to bed at a reasonable hour so that he had enough sleep and keeping himself and his cell clean and tidy. Affirmation of self-worth was to be written out and placed by his bed where he could see it easily. After this session John attracted no further prison charges for sleeping in late.

*Session 11.* John began to learn self-hypnosis in this session. It was phased in by teaching him to induce trance, while deepening and further ego-boosting instructions, consolidating the work so far, were given by me. The procedure followed was from Hartland (1971, p. 184) in which John was asked to fix his eyes upon a spot on the ceiling until they wanted to close, etc. The progressive relaxation procedure and descending stairway techniques were followed with my instructions. In the trance proper, apart from ego-boosting, instructions were given that John would remember everything I had said and would be able to repeat the words to himself in the next session after inducing the trance himself. He would raise a finger after completing the procedure but before terminating the trance. John was asked to give the ideomotor signal if he felt that he understood and felt able to comply and this was done.

*Session 12.* John was asked to go through the self-hypnosis procedure, including self-induction, self-deepening, and repetition of ego-boosting instructions. After completing the task which was signalled by his raising a finger, John was told that he would practise the procedure when it was convenient and safe to do so. He was also told that he would be able to terminate his trance feeling refreshed on completion of the task or sooner if unforeseen circumstances so dictated. John was asked to bring a significant dream to the next session and then to bring himself out of trance. This was completed successfully.

*Session 13.* John was delighted with his ability to use self-hypnosis and he was full of optimism, hopes, and plans for the future. In John's dream he was talking to a mature-age woman about facilities at the beach and he heard he was to be the new inspector and one of his jobs was to steam clean the toilets. The focus of the discussion about this fell on dealing with shit (stigma) from the past with the help of his own feminine feelings and wisdom. This was to take the form of continuing his education and of joining various social organisations on his release. John reported success in the previous week in recognising and rejecting old patterns of dysfunctional thoughts.

*Session 14.* John was asked to self-induce and deepen a trance and to raise a finger when he was as deep as he wanted to go. When he did this, he was told that he would go back in time to when his mother was alive just before she died. However, he would retain his own age and memory and would be able to talk to his mother and express whatever he needed to say to her. He would then return to the present time and terminate his trance. On doing this, John became tearful; he expressed missing his mother's guidance.

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and care. He told her that he had been taking what didn't belong to him in order to redress the imbalance (i.e., "peeping because they can't go away as you did"). He said that he realised now that this was not a satisfactory substitute and expressed a desire for change, respectability, and legitimate satisfaction of needs through an education and a good relationship with a woman. This was discussed and reinforced after termination of trance.

*Session 15.* John brought a dream with the theme of "oil parity is the only solution to the pressing problem of low imports." As John was due for release in four weeks' time, this dream was discussed in terms of self-taxation as a way of coping with diminished therapeutic input on release. This involved a ventilation of John's fears about termination therapy and reassurance from me in pointing out that a memory of me and the work performed would be retained. Also that a referral to a therapist outside the prison could be made for further assistance and support. At the same time the reality of John's taxing himself in terms of facing the world again was confronted by looking at concrete procedures to be followed, not only in the practical sense of trying to obtain suitable employment and accommodation; but also in continuing his studies, joining clubs, and structuring time for activities by himself and with others. At this time in prison John was carrying out self-hypnosis daily and his attire and work habits had improved markedly. In his masturbation fantasies he had become focused on one woman with whom there was a deepening relationship in imagination, rather than a succession of different women as before.

*Session 16.* John brought a dream in which he was driving a Mercedes car. In Gestalting this out, John owned parts of his own drive which were stylish, reliable, and worthy.

*Session 17.* A dream was examined in which John was arguing and fighting with another prisoner. In reality John had accused this prisoner of being homosexual. In this session John identified homosexual aspects of himself in admitting his own bisexuality. John's sexual preference was to give oral sex to men. This was

discussed in terms of the penis equals breast equation and John's avoidance of nurturance from women. The broader implications were examined for "look but don't touch" in his voyeurism and his fear of losing women with whom he allowed himself to be close. This feeling seemed to mirror his experience with his mother. Emphasis was placed, on facing this fear by realising consciously the irrationality of this unconscious connection.

*Session 18.* In the final dream examined, John was the son of a wealthy businessman and had a personal butler. John was at the top of an escalator, 20 floors up and with only a rope to guard him from falling out. His butler helped him off safely. The theme of the discussion of this dream was the danger of ego-inflation in presenting a false self. In short, that feeling more worthy than others had dangers as did feeling less worthy. John was able

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to identify judgmental and critical aspects of himself when being with people whom he believed to be less intelligent than himself. Lessons were drawn for healthy relating to others, using the model of the butler, in being of service (in a wide sense of the word) to others. The value of ordinariness and notions of a common Buddha nature were discussed, along with the implications of self-respect through respecting others. This reinforced concepts broached in a weekly meditation group, held by the author, that John had joined voluntarily.

*Session 19.* This was the final session. Instructions were given to cease masturbating to constructed fantasies. The use of the elastic band to combat the urge to think about voyeurism had already dwindled into disuse. John was induced and deepened into a trance by myself, using the same procedure as in Session 6. Ego-boosting instructions from Hartland (1971) were given, along with a recapitulation of the main points emerging from therapy. John was told that he would remember what he had learned and be able to use his awareness to deal differently and more successfully with future problems or urges that disrespected the rights of others. He was also told that he would be able to use self-hypnosis as an ongoing self-help procedure as required. After the trance was terminated, the formality of ending therapy was concluded by giving John a referral to an outside therapist for ongoing support and guidance.

## **DISCUSSION**

The therapeutic process described above combines both manipulative and enabling strategies. In what follows these strategies are correlated to the different levels described in Wilber's (1982) "Spectrum of Consciousness" model.

At the level of the *Senses*, directive behavioural therapy was utilised in the form of masturbatory reconditioning with imagery and aversive therapy with an elastic band.

The *Ego* level "comprises our role ... our self-image ... as well as the analytical and discriminatory nature of the intellect" (Wilber, 1982, p. 20). Hypnosis, rationalisation examining transference feelings and re-decision therapy were used as means of changing dysfunctional and irrational patterns of thought and belief. This had a direct effect on self-esteem, self-image and motivation.

The *Shadow* is defined as the "disowned, alienated, and projected facets of ego which now appear to be external" (Wilber, 1982, p. 142). In John's case his cleverness, powerfulness, and feeling and achieving aspects had been disowned and projected onto various others. It could be seen that John projected aspects of his masculinity onto professionals with whom he had been in therapy, and aspects of his feminine nature onto some women. Both categories were watched voyeuristically in one way or another. In that sense, the offending behaviour leading to his subsequent apprehension and treatment may have involved indirect attempts to be reunited with those projections of important parts of himself. Dreamwork and transference analyses were prominent awareness-raising strategies at this level.

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The *Biosocial* level is defined as "a matrix of language and syntax, the introjected structure of the individual's family, cultural beliefs and myths, rules and metarules" (Wilber, 1982, p. 133). Family therapy works at this level but was not possible in John's therapy. Nevertheless, the therapeutic alliance was strengthened by joining with John in terms of the style of language used, including familiarity with prison argot. Modifications at this level were begun indirectly though encouragement of the development of more formal literacy skills at the prison school.

The *Existential* level is defined as that involving the "total organism, our soma as well as our psyche, and thus comprises our basic sense of existence, of being ... it's what you feel when you mentally evoke the symbol of your self-image" (Wilber, 1982, p. 20). Existential level therapies aim to integrate the Shadow so as to reach an experiential identity with the entire organism, so "whereas on the Ego level one may receive an undoubtedly beneficial insight about one's repressed anger, on the Existential level one becomes the anger" (Wilber, 1982, p. 252). The Gestalt enactments described throughout John's therapy were aimed at giving expression and felt meaning to the immediacy of aspects of his existential awareness which had been

blocked.

*The Transpersonal Bands* recognise "a depth of one's identity that goes beyond one's individual and separate being" (Wilber, 1982, p. 272). Wilber comments that "one can gain abundant personal benefits from the Transpersonal Bands by sticking to Jungian analysis through dream amplification, Tibetan or Hindu Tantra utilising visualisation techniques, and Bijamantra meditations such as Transcendental Meditation, or Psychosynthesis, Progoff dialogue, or similar exercises" (Wilber, 1982, p. 276). In John's individuation process, analysis of his final dream alluded to this spiritual sense of connectedness with others. A word of caution is due. Skynner (1983) regards psychotherapy and sacred traditions as different dimensions at right-angles to each other with fundamental aims that cannot in their nature coincide at all. In a similar vein, Welwood (1983) states:

some therapists have introduced meditation into therapy as a way of helping clients to see through their egos, but this could be problematic ... a psychotherapist who has not had such training or testing (in one of the meditative traditions) could run the danger of confusing the two roles and becoming inflated by pretensions to a level of spiritual understanding and authority he may not genuinely possess. For these reasons I prefer to maintain a clear distinction between psychotherapy and meditation in my work with clients, seeing them as complementary, sometimes overlapping paths that apply to different aspects of human development. (p. 53).

In John's therapy, meditation overlaps psychotherapy. not only as a relaxation technique but one that serves to ceremonially affirm self-worth and self-esteem. In effect, it is saying that he is worth the dignity and respect afforded by the ceremony set up to spend time with himself. Therapy can also serve to

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affirm and validate those parts of the person that find meaning in experiences arising out of this process, as in John's penultimate therapy session. It is important that the therapist does not set up himself or herself as a guru in this process and guards against subtler forms of ego-inflation that may arise.

The *Level of the Mind* is defined as mystical consciousness "and it entails the sensation that you are fundamentally one with the universe" (Wilber, 1982, p. 20). This level aims at transcending the self and may be approached through Eastern disciplines such as Vedanta Hinduism, Zen Buddhism, and Taoism. As discussed above, these practices are not within the realm of psychotherapy per se.

John left therapy needing to work through many issues including those of control, identity, power, dependency, and masculinity in a normal-life environment outside prison. Nevertheless, the Outcome of Therapy Questionnaire (see Appendix) indicates that he felt that he had achieved a great deal. Although the individuation process had merely been awakened, the rise in John's confidence and self-esteem is evident. On a more objective measure, at the time of writing approximately five years later, John had not been returned to the prison system in Western Australia. It is relevant that John had failed with many previous therapeutic interventions in which he described the focus as more narrow.

## SUMMARY

This case study takes as its point of departure the comment by Wilber (1983) that "we have seen the need for a comprehensive paradigm to include monological [empirical] sciences, dialogical [rational] sciences, and translogical [transcendental] sciences" (p. 83). When applied to psychology, Wilber (1982) states that: "using the Spectrum of Consciousness as a model ... each [of the differing schools of psychotherapy] is more-or-less correct when addressing its own level ... a truly integrative and encompassing psychology can and should make use of the complementary insights offered by each [major] school of psychology" (p. 27).

This model has been applied to a case of voyeurism in a prison setting in which there are natural difficulties in working through the gains made. Different approaches have been utilised to integrate and strengthen different levels of self-awareness in order to achieve healthier self-development and, hence, more functional social behaviour. One of the implications of such an eclectic model is that space must be found to enable the unfolding of the singular and unique individuation process of the client within therapy as well as those approaches that directly target behaviour. Such an approach should safeguard the sanctity of the therapeutic crucible not only from a wild and haphazard eclecticism but also from a focus which is too narrow to respect the whole person.

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APPENDIX

UNDERLINE THE ANSWER YOU WISH TO MAKE

|  |                                  |  |   |  | Specify details*<br>(* John's original spelling retained)   |
|--|----------------------------------|--|---|--|---|
| 1. To what extent did you expect to benefit from therapy before you started? |                                  |  |   |  |   |
| I expected no benefit  | I expected only a little benefit | I expected to solve about half my problems | I expected to solve most of my problems | I expected to solve all <u>my problems</u> | I have always hoped that someone would be able to sort out and help me sort out my problems   |
| 2. Has the therapy met your expectations?                                    |                                  |  |   |  |   |
| Not at all   | Moderately                       | Mostly                                     | All of my expectations                  | More than what I <u>expected</u>           | I have dealt with various psychologists and psychiatrists this has been the most beneficial therapy I have ever had.  |
| 3. Has therapy enabled you to change any of your behaviour?                  |                                  |  |   |  |   |
| Not at all   | A little change                  | About half the change I wanted             | Most of the change I wanted             | All the change I <u>wanted</u>             | I have had little opportunity to experience change as I am to be released soon I do however expect and feel very confident that a dramatic change will show its self when I am released |
| 4. Has therapy enabled you to feel differently about yourself?               |                                  |  |   |  |   |
| Not at all   | A little benefit                 | About half the benefit I wanted            | Most of the benefit I wanted            | All the benefit I <u>wanted</u>            |   |
| 5. Has therapy changed your outlook on life?                                 |                                  |  |   |  |   |
| Not at all   | A little benefit                 | About half the benefit I wanted            | Most of the benefit I wanted            | All the benefit I <u>wanted</u>            | I now feel with continuing therapy as has been recommended that I can lead a full and proper life. I have never had this feelin before.   |

|  |                  |                                 |                              |                                 |   |
|--|------------------|---------------------------------|------------------------------|---------------------------------|---|
| 6. Has therapy helped you better understand and take responsibility for the way you are?             |                  |                                 |                              |                                 |   |
| Not at all   | A little benefit | About half the benefit I wanted | Most of the benefit I wanted | All the benefit I <u>wanted</u> | Therapy has shown me that I can change the way I was. But I shall be able to take responsibility for my future actions.     |
| 7. Has therapy influenced your ability to choose to lead your life in a different way from the past? |                  |                                 |                              |                                 |   |
| Not at all   | A little benefit | About half the benefit          | Most of the benefit I wanted | All the benefit I <u>wanted</u> | Most definitely I now have the ground work set; and the confidence to proceed with my life in an acceptable way.            |
| 8. Has therapy supported you to better cope with imprisonment?                                       |                  |                                 |                              |                                 |   |
| Not at all   | A little benefit | About half the benefit          | Most of the benefit          | All the benefit I wanted        | I have done jail before and I have learnt to deal with it. But jail has been made easier by knowing that it's my last time. |
| 9. Has therapy harmed you?   |                  |                                 |                              |                                 |   |
| <u>No harm</u>   | Little harm      | Considerable harm               | Very great harm              | Devastating harm                | Therapy has helped me to overcome problems which I have been avoiding for 11 years. It has done only good things for me.    |

General comments:

Age: 27

Alleged offence: Theft, Armed robbery, Drugs, Sexual, Murder, Motor vehicle, Violence against person, Others.