

DEVELOPMENTAL ENGAGEMENT FIELD THEORY

A Speculative Framework for the Practical Application of Integrally Informed Psychotherapy

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ABSTRACT Psychotherapy has benefited from Ken Wilber’s all-levels, all-lines contribution of a developmental perspective expanded through quadrants, states, and types. Humans grow on different lines through progressively expansive worldviews that shift and morph according to their own and others’ states of consciousness and types of people. This article explores how social engagement is central to human functioning and development, and how it potentially provides agentic access to intersubjective and interobjective energy fields. An integrally informed developmental engagement field theory is described, with practical suggestions for applying it to living, parenting, and psychotherapy. The article concludes with a lifespan case study that embodies the presented research.

KEY WORDS: attachment; energetic fields; human development; intersubjectivity; psychotherapy

Some controversial but intriguing phenomenological and empirical data indicate that much—if not all—development may be influenced by engagement with subtle energy fields. Humans may be able to direct these subtle energy fields to varying degrees, depending on their maturation, intention, and attention (Radin, 2006; McTaggart, 2007; Sheldrake, 2005, 2008). Since I find the current research persuasive—and the upside of accessing subtle energy fields in supporting development, intimacy, and psychotherapy appears from my own experience and from related clinical data to have such potential benefits—this speculative article will assume such fields exist and may be reliably accessed with intention, attention, and congruent emotion. Thus, I will explore the considerable potential clinical benefits from an integrally informed developmental engagement field theory (DEFT) in living, parenting, and psychotherapy.

Where are Energetic Fields?

Some studies have validated simultaneous energetic connections between individuals as measured by EEG and other physiological indicators. Effects seem to be strongest between bonded couples. One partner “sends” positive intent of some sort at random, computer-generated intervals which the other receives (Radin, 2006). Similarly, focused experimenter intention has had significant impacts on plants, algae, and other living organisms at a distance, and bioluminescence of all living things naturally becomes synchronous when in physical proximity through air or water (Popp, 2002). Some studies suggest long-distance healing can have effects on immune function and other health-related indicators (McTaggart, 2007). It is not a great leap to assume that such connectedness extends to mothers and infants, parents and children. We can measure the effects of such energetic field connections, but the fields themselves are often too subtle to be observed with modern instrumentation.

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A unified field theory assumes that no object or force exists separate from the whole it is embedded in. There is some question of the relative effects of intention on such fields, but it seems apparent that there quite possibly *are* effects of intention (McTaggart, 2007; Radin, 2006). Conceptualizing development as occurring within a multitude of intersubjective fields of subtle energies has been enthusiastically embraced by many in the prenatal/perinatal community (McCarty, 2004). It's hard to imagine more powerful intentions than those generated by parents at every level of development. Similarly, as we grow, we expand our own intentions in multiple directions. From a Spiral Dynamics perspective, there are waves of intention that arise through each vMeme, characteristic of the values of that vMeme channeled through the individual and social goals of each person, community, and nation (Beck & Cowan, 1996). Developmentally, every vMeme includes positive intent of parents toward biological children, and often all children.

Practical Applications of the AQAL Model to Psychotherapy

Most students of Integral Psychology are enthusiastic about how the AQAL framework enhances psychotherapy, but practically applying the AQAL model to therapy sessions can present problems. Trying to keep too much consciously in mind during a session creates the risk of distracting from the subtle intersubjective contexts that are the fluid medium of psychotherapy. Some neuroscientists maintain that therapists, like Olympic athletes, operate largely from implicit learning embedded in circuits anchored in the right hemisphere (Schore, 2003). In sessions, therapists experience sensations, reactions, feelings, thoughts, images, and urges arising from their personal being, their mission to help, their attunement to clients, and their training and experience. They alchemically co-create healing work with clients, often by accessing extensive implicit knowledge with simple interior directives from their logical, linguistic, literal left brain hemispheres to their intuitive, emotionally paradigmatic, somatically organized right brain hemispheres. This work accesses quadrants, levels, lines, types, and states, but how can we optimize such knowledge in the intersubjective moment-to-moment dance of the session? Consider the following case example:

Thirty-five-year-old anxious Evan comes into his eleventh session and announces, "I'm having panic attacks all the time." (All clients in this article are composites.) I feel a surge of alarm at this revelation and an urgent, codependent counter-transference desire to rescue him from his pain. I tell myself, *Breathe. Relax. Explore what's happening. He's uncovering emotions and memories he learned to bury as an avoidant infant; overwhelming stuff.* "Breathe," "Relax," and "Explore what's happening," cue implicit knowledge associated with psychotherapeutic and yogic systems, and I relax, breathe deeply, and become curious about his panic attacks. "Let's explore these states. I can tell they're scary and painful, but they're probably also guides." Later in the session Evan says, "I don't know if you understand me or can help me."

I feel a defensive impulse to illustrate my understanding and usefulness to him and recognize it by my interior defensive flavor of self-righteous protest. *Be interested in his experience. His caregivers and lovers have never been able to sustain attunement.* These cues direct my attention and orient me to think developmentally. "What am I not getting, Evan? Maybe you can help me understand and we can figure out a way to create movement." Such interior cues and directions can guide therapists' intention/attention/energetic attunement to support intersubjective fields involving rich combinations of approaches such as active listening, interpersonal neurobiology, and spiritual orientations within overarching integrally informed frameworks.

Other examples of possible therapist self-directions are, "Go with the flow," "Relax into the session," "Think

developmentally,” “Attune to yourself,” “Attune to your client,” or imagining channels of light connecting the chakras of you and your client. These and countless other practices can rapidly evoke elaborate healing systems, but often non-consciously the way a basketball player accesses layers of learning about stance, strategy, shot selection, focus, and teamwork with interior admonitions like, *Assert your will*, or *Let the game come to you*. Neuroscience has established that elaborate levels of implicit knowledge and abilities can be accessed in this fashion (Siegel, 1999), but there is a possibility this is not the whole story. Focused intention/attention with congruent emotion seems to maximize healing effects as well as other psi phenomena, suggesting field influences that accompany more easily perceptible processes and events (Braden, 2007; Radin, 2006). There is not an enormous amount of evidence in these areas, but enough work has been done to suggest it is a potentially rich area of inquiry for psychotherapy.

This article offers a series of speculations and suggestive empirical research from many disciplines. I construct a tentative outline of a comprehensive DEFT beginning with morphogenic fields, extending through development, psychopathology and psychotherapy, and progressing to unity with pure spirit. Each theoretical formulation includes key organizing concepts accessible interiorly with a few words or images, thus paving the way for first learning DEFT (absorbing the frameworks, insights, and techniques into linear/logical left hemisphere, and non-linear/associational/reflexive right hemisphere circuits), and then comfortably leaning into them and evoking them in sessions.

Developmental engagement field theory means we develop through social engagement with others and ourselves, and that these engagement /development processes influence and are influenced by multiple interlocking fields of subtle energies, some of which can be measured and some of which can be inferred from their effects. Examples of measurable energies are Hiroshi Motoyama’s work with chakras and acupuncture points (Jackson, 2005), and the intersubjective neurologic and affective harmonics of periods of mutual gaze between mothers and infants, where the crescendos and decrescendos of emotion as measured by fMRI’s coregulate and covary in the intersubjective fields of their moment-to-moment relationships (Shore, 2008). Inferred energetic fields are the most common explanations for quantum and psi effects (Radin, 2006). The “engagement” component of DEFT further suggests that development can be enhanced by knowledge of such fields and by engaging with and influencing them with intention, attention, and action offered through organizing principles drawn from attachment research, complexity theory, neurobiology, and wisdom traditions.

This article will:

- Describe how field theories of development appear to converge into shared constructs.
- Suggest a variety of ways that the above processes might involve energetic fields, and the desirability of accessing such fields in growth and healing.
- Explore how social engagement is central to human functioning and development, and how it potentially provides agentic access to intersubjective and interobjective energetic fields.
- Offer attunement as an organizing principle for optimal social engagement.
- Suggest that language is omnipresent from birth, is central to self-aware consciousness, and is a major method-of-action in focusing will, attention, and attention to

harmonize with developmental fields and autopoietically shape ontological development.

- Elaborate how secure and insecure attachment styles potentiate or inhibit attunement.
- Offer the mechanisms of cultivating capacities to be present, congruent, and marked to support self and others feeling known, accepted, and protected as central to creating and optimizing secure attachments.
- Define defenses and suggest a shame/dissociation/development-based approach to defensive structures and states.
- Suggest a “theory of development” concept analogous to a “theory of mind,” which can guide us in normalizing defensive structures/states, disidentifying from them, and integrating them in a development-friendly, include-and-transcend rhythm.
- Further explore the central importance of knowing, accepting, and protecting intrapsychic aspects in service of resolving defenses and enhancing development, and integrating this practically with complexity theory.
- Finally, give a hypothetical clinical example of applying DEFT material to therapy with an individual—Sarah—from birth to advanced middle age.

Why Developmental Engagement Field Theory (DEFT)?

There is a steadily increasing body of data from all eight zones that we are connected in multiple intersubjective matrixes, all of which have mutually influencing energetic components. This is not a new concept. Most of the world’s wisdom traditions suggest a spectrum of subtle energies that corresponds to the gross, subtle, and causal bodies that anchor various states and structures of mind (Wilber, 2009). While Ken Wilber and I were discussing this article, he said:

Integral theory does make room for energetic components of the Upper-Right quadrant being a spectrum of subtle energies from gross energy, to subtle energy, to causal energy for individual morphic units. And then the Lower-Right quadrant is the energetic fingerprints that two or more holons create when they come together. When two bacteria with physical energy plus etheric energy come together, then its going to create a field of physical forces that conventional physics acknowledges, but also a thumbprint of a first type of subtle energy which is etheric energy, or biofield 1, and it will create [an interobjective] biofield fingerprint enveloping the two morphic units. (Personal communication, March 3, 2009)

When I asked Wilber if including the above was a little too much granularity for an article of this nature, he responded:

It’s worth at least mentioning. Particularly since there is at least a growing interest in biofields and bioenergy. And I think one of the things that we want to help these researchers do from the beginning is to realize there’s not just a single type of bioenergy, that there is really a gradation that corresponds with a gradation in complexity and a gradation in form, and a lot of the traditions go into these gradations in a fair

amount of detail. So even Theosophy with its etheric, astral, psychic, subtle, causal energy fields is giving us a spectrum of a half dozen levels of subtle energy. And we find similar types of gradations in virtually all the tantric schools such as Vajrayana and Vedanta. You might say something like that and that integral theory makes room for that to the extent that somebody wants to include subtle energies in the four quadrants, we've suggested a way to do it in a way that has evidence from the traditional wisdom schools. (Personal communication, March 3, 2009)

Assuming the perspectives implicit in string theory, which defines all creation as composed of tiny vibrations in multiple dimensions, it is hard to imagine any object as other than nothingness vibrating in multiple dimensions creating progressive interlocking fields. What mystery motivates these vibrations to arise out of absolute nothingness? Certainly field theories are central to many modern conceptions of psyche/soul/unity/psychotherapy (Almass, 2004; Bion, 1970), the approaches of Western philosophers such as Plotinus (1991) and Augustine (Louth, 1983), and Eastern traditions such as Saravati's applications of the Pantanjali Sutras to Raja yoga (Saravati, 1987). Wilber's (2009) discussions of "energy bodies" permeating and informing states of consciousness, Rupert Sheldrake's (2005) ideas of morphogenic fields guiding development, and Alan Schore's (2005) formulations of subtle maternal attunement influencing babies' neural anatomy and physiology can be considered—at least in part—field theories of development. In general, the distinctions between energetic and non-energetic field connections seem to be progressively blurring as our instrumentation for measuring subtle energies advances (Popp, 2000; Jackson, 2005; Radin, 2006, 2007).

Thus we quite possibly *are* multiple interconnected energy fields, and our development quite possibly *is guided by* such fields. Add these probabilities to the actuality that psychotherapy—a specific branch of language/communication—has focused much more on information transmitted than the energetic carrier waves of that information (i.e., people in contact with each other) and we have a persuasive case for learning how to access and direct these energies for the highest good. A central activator and organizer of both communication and the developmental process is social engagement.

Social Engagement

Humans are social animals whose development is heavily influenced by interpersonal and intrapersonal relationships from before conception (Witt, 2008a). Development progresses through physical/energetic engagement: morphogenetically with the human race, perhaps with extended family (Hellinger, 2005); biologically with self and mother; psychosocially with self, caregivers, and increasing numbers of others throughout life; culturally through social networks and identifications; and possibly non-locally/trans-temporally through self-awareness of past/present/future and quantum effects (Radin, 2006). These engagements tetra-emerge (i.e., arise from all quadrants, from the subjective and objective experience of individuals and groups), guided by interpersonal and intrapersonal intersubjective fields.

This idea of ontological development enacted through engagement with multiple intersubjective and interobjective fields, informing and being influenced by growth and experience, is central to DEFT. Integral theory maintains that as forms develop through the four quadrants, the energy bodies associated with each form also develop (Wilber, 2009). DEFT suggests that we as individuals, parents, lovers, friends, and helpers can conceptualize development as guided by intersubjective and interobjective fields and use our powers of self-

aware attention and intention to access these fields to support health and growth in ourselves and others. A central organizing principle in optimizing social engagement is attunement (Witt, 2007a).

Development Needs Attunement

Expanding capacities for healthy attunement to self and others can be considered one dimension of progress on a variety of developmental lines, including the moral line, the values line, the psychosocial line, and the self line (Witt, 2007a). Attunement permeates everything, for better or worse. Healthy attunement to self and others involves extending awareness—with acceptance and caring intent—of what we and others are sensing, feeling, thinking, wanting, and judging. Unhealthy attunement involves perceived threat evoking enactment of defensive states/structures/patterns encoded through reflexive instincts to protect the self from shame, fear, and other painful and/or unacceptable experiences. Self-awareness and the powers of intention and attention considerably influence these processes (Siegel, 2007). Self-aware consciousness can cultivate progressive awareness of defensive states and states of healthy response to the present moment. Focused will can direct attention and intention to interior and interpersonal attunements that amplify states of healthy response and optimize engagement with self, others, and spirit, thus turbocharging human development (Witt, 2007b).

Attending with acceptance and caring to what we and others are sensing, feeling, thinking, judging, and wanting can be encapsulated in a word such as *attunement*, an image of intersubjective fields dancing together, or a sound as in interior or interpersonal harmony. These kinds of simple cues that can evoke the more complicated processes of interoception and empathy embedded in accepting awareness of self and others. An absence of attunement due to subjective discomfort (e.g., the therapist feeling irritation, fear, or boredom) or objective misalignment (e.g., the client looking away or disagreeing with the therapist's understanding of the client's experience) can be remedied by evoking such mechanisms. A few of my favorite attunement cues are looking into my client's left eye (to better connect with their non-verbal, somatically based, emotionally driven, autobiographical right hemisphere [Siegel, 1999; Schore, 2006]), breathing in rhythm with my client's breath, and relaxing into a subjective sense of shared harmony of purpose in supporting his health and development.

The Birth Language of Infants and Mothers

Just after birth, infants begin communicating through sound, touch, movement, gesture, and gaze (Trevathan, 1979; Tronick, 1989; Lyons-Ruth, 2005). James Grotstein (2005), in a lecture referencing infant researcher/pediatrician Berry Brazelton, suggested that the advent of slow motion photography turned infants from the idiots of primary narcissism to the Ph.D.s of intersubjectivity by revealing the incredible dance of expression, sound, touch, and gaze between mothers and infants. Certainly researchers such as Edward Tronick (2006), Karlin Lyons-Ruth (2005), and Anthony Bateman and Peter Fonagy (2003) have chronicled the rich language shared by infants and caregivers through early development. Berry Brazelton (2005) has reported six different forms of infant crying that relay a wealth of information that mothers understand by six weeks. Alan Schore (2005) has established that mothers' right hemispheres literally guide the growth of infants' right hemispheres during early development, and that similar brain areas light up harmoniously in mothers and infants in crescendos and decrescendos of neural activity during periods of mutual gaze. Seventy percent of mothers and fathers hold infants on the left (Schore, 2003), presumably to enhance right hemisphere to right hemisphere communication, which is not just parents communicating with and influencing infants, but infants communicating with and influencing parents.

Language permeates human existence and development. The right hemisphere dominated, preconceptual languages of the infant and toddler are included and transcended in the explosions of capacities for symbolic communication, grammar, and explicit memory that barrage human children from 18 months onward. Language—both interior intrapersonal relating and interpersonal relating—could be the human equivalent of computer graphics user interfaces in that it can possibly mediate and direct the developmental fields that encompass us.

Secure Attachment is Optimal

How effectively and openly we communicate with ourselves and others is significantly determined by how securely attached we are as infants with primary and secondary caregivers (Bateman & Fonagy, 2004). Attachment research over the past 50 years has demonstrated persuasively that infants who receive the attention, space, and protection they need tend to become securely attached to caregivers. Securely attached infants are favored to have a stable sense of self, confidence of a fair and loving caregiver consistently available, and a relatively unobstructed developmental path. There is no question that secure attachment is superior to insecure attachment in all relationships (Siegel, 1999; Schore, 2003; Bateman & Fonagy, 2004; Sroufe, 1996). Securely attached infants develop more resilient and robust nervous systems, less psychopathology, better social adjustment, more likelihood of having secure interpersonal relationships, and—eventually when they mature and create families—are more likely to have secure attachment with their own children (Schore, 2003). Secure attachment thus enhances human capacities to optimize all forms of social engagement. Secure attachment provides a practical understanding of social engagement, a direction for superior development, and—if effectively accessed through self-awareness and self-regulation—a practical application of DEFT concepts to child-rearing, interpersonal satisfaction, and intrapersonal growth.

Present, Congruent, and Marked

In the absence of trauma, caregivers who are present, congruent, and marked tend to create secure attachment relationships with infants (Bateman & Fonagy, 2004):

- *Present* means a primary or secondary caregiver (secondary caregivers are those that infants feel comfortable and familiar with) is experienced as consistently there. This is no small thing. In one study, fathers in England spent an average of 7.5 minutes a week individually with their children (NICHD, 1996). Their children had a preponderance of insecure attachment styles with primary caregivers, illustrating the need for not just loving parents, but loving parents present during significant amounts of time during early development.
- *Congruent* involves caregivers' non-verbal—or energetic—messages feeling consistent with verbal/behavioral messages.
- *Marked* means that when a caregiver mirrors back a child's experience (a necessary developmental activity), they inflect—usually exaggerate—expressions so *the baby knows the mother is referring to the baby and not experiencing the emotion herself* (Bateman & Fonagy, 2004). An example would be a mother holding a crying infant, looking at the child's face with an exaggerated sad face of her own, and saying with a slightly dramatic sad tone, "You're unhappy right now, aren't you?" The child gets

that mother is talking about the child's inner experience and, in the intersubjective embrace of her attunement, feels empathized with and co-regulates toward emotional harmony.

The child's Upper-Left quadrant experience here is most likely that of feeling *known, accepted, and protected*. Although Upper-Right quadrant neural areas central to language and explicit memory barely come on line at 18 months (to support rapid language acquisition and explicit memory), children whose mothers routinely use feeling language through infancy tend to develop more self-awareness of emotional states and enhanced capacities for mentalization, the crucial ability to be aware in the present moment that states of mind influence thoughts and behaviors (Miller et al., 2002). Such research suggests progressive, transcend-and-include, interweaving processes of neural development, social learning, and self-awareness.

The importance of present, congruent, and marked extends through development. A teacher reading *Hamlet* to her class is marking her words, tones, expressions, and gestures so the class knows she is not going crazy and raving at them, but instead is absorbed in the drama and actually is an agent that protects them from being poisoned or impaled. A therapist saying, "That is so sad," as a man talks about his daughter's death is marking his expressions so the man knows the therapist feels authentic sorrow at his loss, but also satisfaction and approval at the man's trust and willingness to allow his grief in the session. Such experiences involve present, congruent, and marked attunements where individuals feel known, accepted, and protected.

A present, congruent, and marked interface is in accordance with Rogers' (1961) emphasis on core conditions of empathy, congruence, transparency, and acceptance, which became the foundation of the humanistic psychology movement in the 1960s and 1970s and is now the gold standard for the therapeutic relationship across modalities (Witt, 2008b). "Present, congruent, and marked" additionally provides insight and direction for what we need to do to engage, direct, and optimize developmental fields. One intriguing area of research into intention/energetic field interfaces suggests that authentic emotion (usually positive emotions with love and compassion seeming to have the most salience) and intimacy can amplify energetic/physical effects between people (Braden, 2007; McTaggart, 2007).

Known, Accepted, and Protected

A basic assumption of humanistic psychology is that the experience of feeling known, accepted, and protected, *both intrapersonally and interpersonally*, is universally beneficial at every stage of development, and is present in most successful interpersonal relationships to some extent, especially those of parent, teacher, therapist, good friend, and lover where there are special responsibilities inherent in the role (Anderson, 1983).

The experience of feeling known, accepted, and protected can vary wildly through development. A toddler left alone is likely to feel panic and outrage. A teenager left alone might feel attuned to by caring parents who sense his need for autonomy. A 15-year-old girl sensing erotic interest from her stepfather might feel frightened and disgusted while believing her boyfriend does not desire her might evoke abandonment depression. Known, accepted, and protected can be sensed by all through elaborate left quadrant processes, but will vary situationally, and often require *intersubjective adjustment* (e.g., What is compassionate understanding of him right now?) to be fully comfortable interpersonally, and *intrasubjective adjustment* (e.g., What is compassionate understanding of me right now?) to be fully comfortable interiorly. Capacities for such adjustments

form core skill sets in living, parenting, relating, and psychotherapy. Feeling known, accepted, and protected thus supports development and quite likely harmonizes us with ambient intersubjective developmental fields (and their interobjective correlates) by generating compassionate intention supported by authentic caring. My clinical experience has been that moving from feeling less known, accepted, and protected to feeling more known, accepted, and protected supports secure attachment and optimizes ontological evolution. For that reason, it is a central organizing principle of DEFT.

Known, accepted and protected—like present, congruent, and marked—can be used both as senses to cultivate (as in learning to monitor whether I and/or another am feeling known/accepted/protected) and as cues to access deep levels of implicit knowledge about knowing, accepting, and protecting relevant on every altitude from magenta to clear light. Therapists can evoke these qualities in clients by simple directions to themselves such as, “Help her feel known,” or, “Validate his experience.” Other examples could be, “I feel angry, I don’t feel accepted or protected by this person. What is compassionate understanding of him right now?” or, “I’m ashamed, I’m not accepting myself for some reason. What is compassionate understanding of me right now?”

It is an axiom of development that we tend to parent ourselves the way we were parented, and treat ourselves the way we treat others. If your parents were compassionate, fair, and firm with you throughout your development, you are likely to be compassionate, fair, and firm with yourself intrapersonally, and with others interpersonally. If your parents neglected or abused you under stress, you are more likely to neglect or abuse yourself and others under stress, and so on (Witt, 2008b).

Infants are externally regulated by parental attunement, but this is often harder than it sounds. All children are born with varying degrees of novelty seeking, harm avoidance, reward dependence, persistence, self-directedness, cooperativeness, and self-transcendence (Cloniger, 2004), among other temperamental traits (Ambert, 1997). Children’s and parents’ temperaments can have better or worse “goodness of fit.” Poor goodness of fit can make attunement more difficult (Ambert, 1997), and the pressure is on such parents to grow in attuning to their difficult-fit children. Parents with secure, autonomous attachment styles adjust better and quicker to such demands (Bateman & Fonagy, 2004).

Like all mammals, distressed infants respond in predictable hierarchical fashion (Porges, 2006; Schore, 2006). Mild discomfort causes them to reach for social engagement with primary or secondary caregivers, which results in coregulation back to a sense of safety with attuned caregivers. If negative arousal accelerates without external regulation, the second response is usually protest involving the sympathetic nervous system and charged outrage at feeling neglected or injured. Parental attunement can quickly regulate this outrage back to happy sympathetic arousal where babies—especially toddlers in the early practicing period—spend a lot of time. A third response to accelerating unregulated distress involves the nervous system identifying a situation as life threatening and cuing parasympathetic collapse into immobility, dissociation, and dramatically increased pain thresholds.

Lack of attunement and more persistent abuse or neglect often result in younger infants dissociating into varying levels of parasympathetic collapse running the gamut from mild dissociation to life-threatening shut-down. Capacities for dissociation become the physiological substrates of shame emotions that begin to appear

around one-year-old in response to caregivers' disapproval. At around one, babies learn to walk, realize more consciously the need for mother to help regulate painful emotions, and tend to parasympathetically collapse into shame in response to nonverbal cues of disapproval (Schore, 2003).

What are Defenses?

What are defenses? How can we discern them in ourselves and others? Defenses are altered states generated by neurological structures—neural networks hardwired into our brains by the unique combination of mammalian genetic dispositions and self-aware consciousness (Witt, 2007b). These structures/states are reflexively constellated in response to a perceived threat. They involve amplified or numbed emotions, distorted perspectives, destructive impulses, and reduced capacities for self-reflection and empathy. One of these characteristics usually indicates all are present to some extent (Witt, 2008b). If I have the impulse to run from you, arguably a destructive impulse if you are not actually threatening my physical or psychological integrity, I am probably experiencing amplified fear, distorted perspectives of your dangerousness, and reduced abilities to attune empathetically with you (which would soothe my fear) or be aware self-reflectively that I am in a defensive state.

If my client is excoriating her husband in a conjoint session—arguably indulging in a destructive impulse—she probably additionally has amplified anger, a distorted perspective of his vileness and the advisability of criticizing him, lack of empathy for his—and my—suffering, and no self-awareness of her toxic attitudes or behaviors. Additionally, she probably is dynamically linked with *his* defensive states, which are also offensive and provocative. One of the ultimate goals of therapy and development is for people to be responsible for everything they experience and do (Masterson, 1981). The therapist's complicated task in such situations is to encourage each partner to embrace a healthy theory of development toward deeper consciousness and greater compassion that includes progressive awareness of defensive states and abilities to self-regulate them to states of healthy response to the present moment.

Every experienced therapist knows the feeling of defensive states arising into empathic resonance, driven by mirror neuron circuits, which recapitulate others' states of consciousness, including intentionality (Siegel, 2006). As we feel these defenses constellate, we attune to our clients, tolerate the pain of their wounds, and reach to know, accept, and protect them with presence, congruence, and markedness. Therapists can thus function as active/interactive mirrors—mediums through which clients simultaneously self-discover and self-transform (Grotstein, 2004).

The Delphic injunction to “know thyself” is a central feature of developmental transformation and healing. As we know, accept, and protect ourselves from harming or being harmed, we support developmental processes that lead toward sweeter harmony and deeper consciousness on a road that is tetra-enacted in the present moment, rooted in ontological development, stretching from infrared altitude through clear light and beyond.

Dissociation as a Primary Substrate of Defensive States and Patterns

Neuroscientist/psychoanalyst Allan Schore (2006) believes that most defenses involve dissociation to some extent. I agree. Development, both healthy and unhealthy, always builds on previous capacities. As Integral Psychology maintains (Wilber, 2000b), we are at various levels on different lines at different times, with rela-

tively stable set points (or centers of gravity) depending on our growth. Progress includes and transcends previous developmental achievements. This is not just true for obviously positive progressions such as towards more mature morality or more sophisticated cognition. Early capacities for dissociation predispose infants in situations of perceived threat and poorly attuned caregivers to accelerate a toxic developmental line of neurotic and character defenses, a line that will continue to be elaborated to deal with stress until life circumstances and/or depth of consciousness provide more healthy alternatives (Witt, 2008b). Greater capacities for dissociation predispose infants to block discomforts like shame, guilt, fear, anger, hurt, and disapproval with reflexive dissociative processes like suppression, depression, projection, denial, projective identification, scapegoating, and other defenses. Capacities for dissociation predispose individuals to post-traumatic stress disorder, dissociative identity disorder, obsessive-compulsive disorder, personality disorders, and other psychopathologies (Schoore, 2005). Further, the perception of unsafe parents can cause social circuits to become wired into developing infants' nervous systems specifically for determining whether a beloved intimate caregiver is currently safe or a monster. These circuits persist into adulthood and are believed by some to be implicit sources of toxic states of consciousness characteristic of borderline, narcissistic, and other personality disorders (Fonagy, 2008).

In early development, parents protect infants and toddlers from potentially dangerous impulses. “Stop, don’t go into the street!” “Don’t eat that! It’s yucky.” “You hit Timmy when he took your ball. You need to apologize.” These are examples of parents protecting children from destructive impulses with judicious disapproval. If such training happens in relationships where parents are present, congruent, and marked, children more easily internalize, refine, and apply values to themselves and others.

The sympathetic and parasympathetic branches of the autonomic nervous system are the respective accelerator and brakes that guide our endocrine system to regulate states of arousal. Pleasurable states of sympathetic arousal, like pleased excitement and enthusiasm, and pleasurable parasympathetic arousal, like satisfied relaxation or a warm, cozy embrace with a loved one, are characterized by lower cortisol and higher DHEA levels. Painful states of sympathetic arousal, like alarm or rage, and painful parasympathetic activation, like shame or terrified collapse, are characterized by higher cortisol and lower DHEA levels (Childre, 2005). Human infants spend much of their first two years in states of happy sympathetic activation (Schoore, 2003). The social learning mechanism of caregiver disapproval (i.e., inducing instantaneous shifts from happy sympathetic arousal to painful parasympathetic immobilization and collapse of shame emotions) is central to healthy development. All mammals have this capacity, which empowers mothers to control toddlers at a distance and encode preconceptual social learning (Witt, 2007b).

Starting at around 18 months of age, when the hippocampus and orbitofrontal cortex become more fully mature, children start to develop language involving symbols, concepts, and I/you/we in the past/present/future. This capacity evolved relatively recently, perhaps only fully potentiating 200,000 years ago with crucial mutations on the *FOXP2* gene (Enard, 2004). Some believe this mutation was the birth of modern human self-awareness (Keneally, 2007). Arguably, civilization with all its miracles and discontents emerged from this mutation. Our capacities for symbolic communication and grammar in the past/present/future give us the gift and promise of conscious self-awareness as well as the pain of defensive states and structures that are the inescapable consequences of human development (Keneally, 2007).

Conscious self-awareness in the past/present/future allows children to observe and *approve or disapprove of themselves*, thus interiorly evoking shame emotions that must be defended against. Since children start being able to hide emotional states from adults by around 16 months (Schoore, 2003), they often self-regulate such experiences and—depending upon their relative experience of feeling known, accepted, and protected by caregivers—such self-regulation builds on past capacities for dissociation to deepen and elaborate defensive states and patterns involving suppression, repression, and a panoply of defenses chronicled by psychoanalytic and neurobiological researchers. On the other hand, interior disapproval can also motivate children to follow rules, ask parents for understanding, guidance, and absolution, and strengthen crucial Lower-Left quadrant value systems. Our defensive programming and our instincts to be good create a dialectic of tensions in human nervous systems, resulting in much suffering. Individual/relational development—guided by the principles of DEFT—can be supported in knowing, accepting, and protecting interior defensive patterns/states (i.e., we can “protect” ourselves and others from the destructive impulses inherent in defensive states). This helps us integrate defensive states into more sophisticated and mature self-supportive habits to support deeper consciousness and greater compassion (Witt, 2008a).

Protected from Myself

Developmental engagement field theory recognizes that we grow in intersubjective fields of resonance and interobjective fields of energy, with enormous initial needs for external emotional regulation progressing into greater capacities for self-regulation. Attuned caregivers both regulate an infant’s nervous system toward harmony and guide the development of self-regulatory circuits. Secure attachment and attuned caregivers can protect infants and toddlers from both physical and psychological harm. A shamed infant looking into the eyes of an approving caregiver can be regulated back to happy sympathetic arousal in 10 seconds (Schoore, 2003). This interactive, external affect regulation helps children encode neural circuitry for later self-regulation. Parents embody formal operational cognitive abilities that are not available to children until after their second major neural pruning (around 10 to 12) when they become more stably formal operational. Parents’ more advanced maturity on most lines guides children’s development to the extent that parents are present, congruent, and marked.

Formal operational cognition includes the capacity to hold competing concepts in our minds simultaneously, and the ability to relate to people—including us—as embodying good and bad, beautiful and ugly, or truthful and false. Holding competing concepts simultaneously with compassion optimizes emotional transformation from defensive suffering to authentic growth, thus accelerating development and evolution through interior intimacy. This intrapersonal intimacy is characterized by our myriad interior selves feeling known, accepted, and protected—securely attached—by us.

Humans have the unique capacity to be aware of their own development, which can affect direction of growth, rate of change, and relative happiness using attention, intention, and manifestation. A “theory of development” arguably first appears around age five, when a child’s nervous system—especially her hippocampus—matures to the point that she can experience herself having a life narrative, a story being lived with a past, present, and future. Within one year this capacity further develops into autobiographical narrative, where she has a sense of herself at the core of her life story (Siegel, 1999). Autobiographical narrative has some version of, “I am growing from my past into my future,” a primitive theory of development. This capacity can further deepen with formal operational cognition to, “I can discover and/or choose inferior or optimal directions to

develop, and guide and influence my development arc.” A coherent autobiographical narrative as defined by attachment theory and interpersonal neurobiology involves an individual *guiding himself* into a preferable future (Siegel, 1999), an optimistic and empowering theory of development. A depressed individual experiencing himself as out of control of a life that is spiraling downward has a pessimistic and debilitating theory of development.

“Theory of Development” is like “Theory of Mind”

A “theory of mind” means a child is aware of himself as a thinking being. I propose that children, adolescents, and adults develop a “theory of development” as they become progressively more aware of themselves as developing human beings in multiple dimensions. Attachment research shows that a less healthy theory of development regards self as passive victim of the caprices of life, and that a more healthy theory of development involves an agentic self guiding growth on a number of developmental lines. When therapists simply have a developmental orientation and valid criteria for discerning more/less healthy theories of development, they naturally transmit healthy theories of development to their clients. A healthy theory of development includes some version of integral theory’s emphasis on progressive disidentification with emotions, beliefs, judgments, and perspectives, leading to the subject of our current worldview being the subject of the object of our next worldview (Wilber, 2000a). This is DEFT in action in most psychotherapeutic encounters.

Unfortunately, the neural maturity of preoperational and concrete operational children is not adequate for optimal self-regulation of shame emotions. Optimal self-regulation of shame requires simultaneously holding the concepts of self as agent able to make amends, follow rules, or refine rules, and self as rule-breaker, a formal operational capacity that stabilizes after the second major neural pruning at around 11 years of age. *Younger children do not have the neural capacity to have a theory of development that involves effectively self-regulating all shame emotions.* They do have strategies that can reduce or eliminate shame in different situations such as following rules, or seeking support, absolution, and approval from caregivers, but nervous systems programmed to reflexively avoid shame will also—largely non-consciously—employ and elaborate defenses such as projection, denial, scapegoating, rationalization, and projective identification. Much, if not all, psychopathology developed through the first four fulcrums is caused or amplified by lack of the neural development necessary for formal operational thought. Defenses, originally identified and elaborated by Sigmund Freud and subsequent analysts, are now being identified and explored as attachment-related activations of characteristic neural circuitry emphasizing specific brain areas (Schore, 2003; Siegel, 1999). In short, normal human development produces constellations of defenses—brilliant but flawed efforts of emergent nervous systems at self-regulating shame emotions and other threatening material.

Given that modern human self-awareness probably only fully arose 200,000 years ago, we have had relatively little evolutionary space to be biologically prepared for the avalanche of interior relationships, perspectives, and judgments that show up with consciousness. Social development has addressed this issue, with progressions through successive structures of consciousness expressing themselves positively in new, more inclusive worldviews and negatively in new psychosocial pathologies, what Robert Kegan (1982) calls “the dialectic of progress.” Developmental research has helped determine optimal attunement attitudes and techniques, but the gift of self-aware consciousness seems to necessarily involve well-attuned parents raising children with neurotic defenses and characterological defensive capacities that are neurologically well established by adolescence (Witt, 2007a).

Complexity Theory

Brian Swimme and Thomas Berry suggest in *The Universe Story* (1992) that the “cosmogenic principle” of evolution is a tendency toward greater complexity and deeper consciousness on every level of development. Chaos theory tells us that complex systems of linked, differentiated parts that are open to receive energy/input from the outside and are not lost in chaos or rigidity naturally integrate toward greater complexity, which feels like greater simplicity and harmony. Human brains/minds/bodies and relationships are complex open systems of linked, differentiated parts adapting in ways that promote harmonious efficiency.

Differentiated parts of our consciousness, including not just our conscious experience, but our preconscious, unconscious, and non-conscious aspects, can be linked intrapsychically by being *known*, *accepted*, and *protected*. What blocks such linkages are simple ignorance, developmental arrest, dissociation, defenses, and chaos characteristic of interior turmoil. Defenses can involve addiction, mania/hypomania, anxiety, depression, delusions, violence, and conflicted relationships, and can arise from subjective deprivation in what Maslow (1962) called, “deficiency needs”—needs for food, water, shelter, security, basic affiliation, and so on. Here we see the neurological substrate of why social work and psychotherapy are effective. Social work strives to answer deficiency needs to give development a chance, while therapy challenges individuals and groups to grow toward divine love, sacred work, and unity with pure spirit through knowing, accepting, and protecting interior and interpersonal communities of selves and aspects.

The good news of complexity theory is that as we know, accept, and protect ourselves, our brain/mind/body/social systems naturally integrate toward greater harmony and deeper consciousness. Integration of intrapsychic aspects of consciousness to greater complexity and harmony in states of consciousness in zone 1 can be observed in changes in structures of consciousness in zone 2 (Wilber, 2006). Ultimately, this can extend all the way to unity with all relations, all experiences, all aspects of the self and not-self, indeed all objects, until there is no subject-object division. This is one explanation for the relative unanimity of what contemplatives describe variously as universal love, Big Mind, pure emptiness, and pure fullness (Almaas, 2004; Wilber, 2006). *Sunyata* by any other name is still pure emptiness. Unity with God by any other name is still unity with God.

In psychotherapy, cultivating a sense of whether our client is knowing, accepting, and protecting myriad aspects provides us with new perceptual healing capacities. “I can’t stand how jealous I get.” “I just lose my ability to say ‘no’ to my five-year-old.” “Why do I keep choosing the same type of woman, again and again?” As we know, accept, and protect our clients in sessions, we explicitly, implicitly, and energetically support them doing the same, thus resolving obstacles to integration. The therapist attunes to his/her own “I” space to reach empathetically toward sensing a client’s “I” space to foster the client feeling known, accepted, and protected in their shared intersubjective “we” hermeneutic.

Therapists rarely need to directly dispute distorted defensive perspectives in clients. We can instead help them utilize formal operational capacities to hold distorted perspectives simultaneously with compassionate ones. Evolutionarily driven tendencies to integrate toward greater compassion and depth of consciousness (complexity and harmony) will naturally promote health and growth.

DEFT in Practice

Now, let us examine DEFT practically through the development of one human being named Sarah. You will see how attachment theory, psychodynamic intersubjectivity, neurobiology, traditional developmental models, and quantum conceptualizations are reflected in the experiences of Sarah, her family, and her therapist. Having a DEFT orientation adds a meta-level of understanding for her therapist in supporting Sarah and her intimates, a level not offered by any of the other current approaches alone.

Sarah's parents, Alex and Carlin, were drawn to each other by proximity, family morphogenic fields, and attunement with dreams and wounds. They met, were erotically magnetized, established romantic infatuation, became engaged, and got married just as their romantic infatuation was transforming into less erotically urgent intimate bonding. Alex is an extroverted, masculine, Enneatype three (the Achiever), while Carlin is a more introverted, feminine Enneatype six (the Loyalist) (Riso, 1999). Both are college educated and work at a state university, Alex as a professor, and Carlin as an administrative assistant. Both of their extended families—back through several generations—value education, success, and conformity.

Sarah is conceived and immediately influenced by genetic programming, morphogenic fields, Alex and Carlin's intention and attention, and Carlin's biochemistry. Through pregnancy, as Carlin's endocrine system and nervous system deal with stress and recovery, Sarah's nervous system is subtly entrained. In the second trimester, Sarah's nervous system begins encoding implicit memories of blissful union with the womb, possible substrates for later transcendental experiences when she becomes an avid meditator in her thirties.

Sarah is born in a warm dark room, and Carlin's first look into her eyes is one of gratitude and adoration, soothing Sarah's nervous system into feeling pleasantly known, accepted, and protected. Carlin and Sarah frequently attune with gaze, touch, gesture, sound, and expression. This process is largely driven by Sarah's needs for contingent contact and space. The two naturally constellate a non-verbal, emotional language that continues to expand—eventually being included and transcended into symbolic, conceptual communication—while always being the subjective foundation of relating (Trevarthan, 1979; Lyons-Ruth, 2005). Alex participates—and is a primary attachment figure—but is more peripheral since he decided to keep working while Carlin stays home with the baby.

Energetically we can assume Carlin's chakra centers, intention and attention, and the hopes, prayers, and thoughts of interested relatives and friends all subtly influence Sarah's development as her emerging personality subtly influences them. Sarah is temperamentally feminine, introverted, shy, high in novelty seeking, dependence, cooperativeness, and persistence, and low in self-directedness, harm avoidance, and reward dependence. She leans toward Enneatype two (the Helper) (Riso & Hudson, 1999).

Carlin is a dedicated mother who stays consistently present, congruent, and marked through Sarah's infancy. Like many college-educated mothers, she speaks often to Sarah and mirrors her emotional states nonverbally and verbally, which will enhance Sarah's later capacities for self-awareness and mentalization (Miller, 2002). Sarah enjoys secure attachment with both parents and develops relatively low capacities for dissociation. As she discovers her physical body and the emerging world, she feels known, accepted, and protected by all.

At one, Sarah is put in the college preschool for 15 hours a week while Carlin returns to part-time work. The

culture of the preschool is child-enrichment centered, and Sarah is immersed in sensory/cognitive/social input, most of which is pleasant. She is disapproved of for wandering out into the garden by herself, and playing with her genitals during activities. Her nervous system processes these disapprovals with parasympathetically driven shame emotions. The behaviors quickly extinguish, and Sarah continues to seek approval from groups (and avoid disapproval) and avoid public displays of sexuality through subsequent developmental stages.

At around 18 to 20 months, Sarah's brain—especially her hippocampus and middle frontal cortex—matures into enhanced capacities for explicit memory (memories that *feel* like memories when evoked) and language. Relatively quickly, she is deluged by “I,” “you,” and “us” in the past/present/future, a literal infinity of perspectives unique to humans. These perspectives involve countless interior selves—happy, sad, angry, alone, together, yesterday, tomorrow—interrelating. Out of these multiple relationships emerges a coherent identity—“I”—that will remain subjectively the same throughout her life. Simultaneously there are ever shifting/changing/morphing perspectives that will alter her worldviews continuously through life. Cumulatively, the unchanging “I” and ever-shifting “I” constitute her self.

As Carlin and Sarah play during the 8 to 18-month-old practicing period and the subsequent rapprochement period, they explore the psychic equivalence mode of Sarah thinking everything is consistent with her interior states, and the pretend mode where play has no connection to outer reality (Bateman & Fonagy, 2004). Present, congruent, and marked, Carlin plays patiently and happily with Sarah, helping her integrate psychic equivalence and pretend modes so she gradually absorbs that everything is related to, but not equal to, her emotions, thoughts, and states, and that pretend does have connections to reality. This enhances her reflective function and interpersonal interpretive function, both of which are crucial to *mentalization*, the ability to have ongoing awareness of how her own and others' states influence reality. Mentalization is central to ongoing secure attachment and emergent capacities for emotional self-awareness, self-regulation, and eventually a mature theory of development (Bateman & Fonagy, 2004).

At around 3-years-old, Sarah can engage in co-corrective play (Bateman & Fonagy, 2004), an activity that in hunter-gatherer or horticultural societies would mean she could now contribute to the tribe's work. In America, it means she can order her parents and other adults around, which leads to both empowerment and narcissistic entitlement, resulting in temper tantrums at four and five when Sarah can't get her way. Carlin and Alex protect her and themselves from her rage by first constraining her when her high levels of emotional arousal leave her largely out of control of thinking, feeling, and action, and then—when her emotional arousal is soothed enough to sustain social engagement—explore and explain her experience to her in language comprehensible to her worldview and consistent with the rules of their family. The tantrums fade as Sarah grows from preoperational magic perspectives to concrete operational mythic perspectives where sacred rules dominate the universe, and she can access them with the help of her family and other cultures in which she is embedded (Wilber, 2000). In Sunday school she imagines God as a huge superbeing who can work miracles, and she believes Santa Claus physically exists.

It is relaxing and reassuring for 5- to 11-year-old Sarah to join family, school, and church activities. The physical, emotional, and energetic currents are powerful and absorbing, and she discovers she is a good student and a gifted ballet dancer. To Alex's surprise, Sarah, even though she loves to practice dance, dislikes performing. Extroverted, thrill seeking, achievement-oriented Alex cannot understand why introverted, low reward-dependent Sarah does not bask in the adulation of applauding crowds.

This conflict culminates in bitter arguments when Sarah—12, formal operational, and demanding reasons for rules and commands—drops out of ballet class despite being the best student in the school. She has discovered that she prefers rock climbing and spends her free time at the college climbing gym. The cooperative, low drama culture of the rock climbing community attracts her psychologically and energetically, and she loves solving “problems” with the help of her friends on the climbing routes. Alex hates this and Carlin feels helpless when her beloved husband and daughter fight and argue. At her insistence, they schedule a family therapy session with Dr. Ken Wiseman, an integrally informed psychologist in his late thirties who is happily married with two children of his own.

As the family walks into the session, Dr. Wiseman senses everybody’s energetic shifts. He knows his presence alters Alex and Carlin’s relationship, likely evoking more mature attitudes and reflexive hiding of defensive impulses. This will also probably happen with Sarah, but he is aware that—as the session progresses and she feels safer—her 12-year-old formal operational consciousness will triangulate with him toward whichever parent (perhaps both) who is most threatening. He is also aware that everyone in the room is currently ebbing and flowing on various developmental lines, and that both fear of change and desire for growth tend to be amplified in therapy.

The family quickly progresses through history and polite conversation and moves into the conflict between Alex and Sarah:

Alex (pleading with Sarah to return to ballet): “I don’t want you to waste your gift. You are the best dancer in the school. We’ve had inquiries from the Boston School of Ballet!”

Sarah: She has been raised to be honest, and feels safe in the intersubjective fields of the therapy session. “I don’t like how the girls snipe at each other. I hate performing. I like going to the climbing gym with my friends. You just want me to be to be a star for you.”

Alex: “Damn it, Sarah...”

Carlin (embarrassed at Alex’s outburst): “Come on, Alex. You get so worked up. It’s her life.”

Dr. Wiseman: He is aware of Alex’s family achievement orientation and can feel Carlin being torn between her husband and daughter. He imagines them all being influenced by morphogenic fields, cultural pressures, and the fluid dynamics of their family system. His intention is to support harmony and health everywhere. He tells himself, *Reach for the highest good*. And has an image of them blind to their defensive states and the types of people they are. “Alex and Sarah, I think you are different types of people. Alex, if you had a gift like Sarah’s, what would you do?”

Alex: This captures his imagination. “I’d push it all the way to the New York Ballet Company. I’d be unstoppable.”

Dr. Wiseman: “How about you, Carlin?”

Carlin: “It depends what I wanted. If I loved ballet, I’d probably pursue it. I’d hate to disappoint my parents.”

Dr. Wiseman: He notices that everyone is now interested in the conversation and

the harmonies of the session have shifted from defensive states to states of healthy response to the present moment. *They are more open to be instructed and inspired right now.* “We are born with various temperaments and develop different personality types. Alex, you are a more extroverted, competitive, masculine, achievement-oriented person. Sarah, you like people you’re familiar with and the quality of your experience is more important to you than the recognition or rewards you get.” Both nod. This feels self-evident to them, though there is material here that neither has heard before. This is frequently the case in self-discovery, the sense of remembering something you have always known. “So Alex, do you want Sarah to develop into being more like you, or into being a more mature version of herself?”

Alex: The family sits in stunned silence. Put this way, it is against each person’s Lower-Left quadrant standards for Alex to coerce Sarah to be more like him and less authentically herself. “Well, when you put it that way, I don’t know why I get so worked up.” He looks down. “I’m sorry, you guys.”

Dr. Wiseman: He feels Alex’s shame at having been egocentric and coercive. *Good time to introduce defensive states.* “Look you guys, when we feel threatened, our nervous systems often enter defensive states where we have amplified or numbed emotions, distorted perspectives, destructive impulses, and diminished capacities for empathy and self-reflection.” They all nod, interested. “If we notice this and calm the emotion, cultivate compassionate understanding of distorted perspectives, refuse to act on destructive impulses, and reach for empathy and self-awareness, we can behave like Alex just did. We can disidentify with the defensive state and create more compassion and depth of consciousness, which always supports love.”

Carlin: “I don’t know what to do when they get upset.”

Dr. Wiseman: “That’s one of your defensive states. You get shut down, pessimistic, powerless, and disengage from the family. I think you should always interrupt and tell them to lighten up when they go after each other.” The family laughs at the pleasurable image of compliant, non-assertive Carlin interrupting. Dr. Wiseman knows that Carlin doing this will enhance everybody’s development. “You can all help each other with this. This is how healthy families mature, by supporting the development of each member.”

Dr. Wiseman is thinking and speaking developmentally, presupposing in his references a theory of development that is unique to each family member. He sets his conscious intent to access and harmonize the subtle fields that cascade through the moment, and the family gradually falls into the rhythm of thinking and speaking developmentally. This means that in addition to each enhancing his or her own theory of development, they are also transcending the subject. They are looking at their interior subject and making it an object, supporting the negate-and-preserve, include-and-transcend upward spiral of human development.

Sarah as an Adult in Therapy

Let us fast forward now through Sarah’s adolescence, college, and eventual employment as a learning specialist working with teens with learning disabilities at a local high school and living with Tom, a yoga instructor who meditates with her daily. Sarah still has difficulty with conflict, assertion, and motivation. She tends

to drift, and her meditation practice is actually making her less comfortable with her current life. She feels a hunger for *something*, but is unsure what.

At this point she enters therapy with Dr. Wiseman, now in his late fifties, and much more experienced and knowledgeable about adult development than he was at 37. He has personally experienced most of Erik Erikson's dialectical psychosocial developmental stages (Erikson, 1998), and in the past 10 years has been especially impressed by Don Richard Riso and Russ Hudson's formulations of adults progressing through nine stratum of progressive development, beginning with habitual self-image and progressing through behavior, underlying affects and motivations, rage/shame/fear/libidinal energies, grief/remorse, emptiness/the void, and unity with universal being (Riso & Hudson, 1999). He's done contemplative practice for decades and likes A. H. Almaas' (2004) conception of an Inner Journey home to unity. He also has traveled family life stages with his wife and two children and is aware of the rich and complex personal/social forces and drives of interlocking developmental fields, and an ambient sense of how these fields constantly influence individuals, families, and cultures. Dr. Wiseman has absorbed the include-and-transcend nature of development and his work has delivered enormous experience with the complicated drives/defenses/forces that both accelerate and inhibit growth.

They greet each other fondly and—after getting oriented on what has occurred since their last session years ago—get to why Sarah scheduled the appointment. Her current distress centers around conflicts with her lover Tom, who wants to start a family and cannot understand Sarah's reluctance. Programmed by a secure attachment history and a robust self-reflective capacity, Sarah chose in Tom a mature, self-reflective man. He is dedicated to growth, expanding erotic polarity with Sarah, and is fully resolved to keep claiming her as his feminine partner through life:

Sarah: “Tom wants children, but it seems like so much work. I don't know if I can do it.”

Dr. Wiseman: *Of course you can, and of course Tom wants a family with you! You guys would be great parents! Come on, Ken. This is your frustrated grandfather talking. What's happening for Sarah right now? Attune to her. Explore this worldview. “How do you mean you don't know if you can do it?” As Sarah elaborates her fears of being consumed by motherhood, Dr. Wiseman remembers his own discussions with his wife about children, and knows this is a developmental milestone. Don't project your choices on her. Listen for her developmental voices. “You rarely have this level of conflict with Tom.”*

Sarah: “I have trouble saying ‘no’ to my students. I don't want to be one of those child-dominated mothers.”

Dr. Wiseman: *She has a point. She's easily directed. A demanding, novelty seeking, persistent child would tend to dominate her. He has an image of a garden. “What is your vision of your life blossoming like a garden in spring?”*

Sarah: Tears come to her eyes and a deep sadness and yearning rise from her heart—which Dr. Wiseman instantly resonates with and feels in his body. She has a vision of herself, Tom, several children, and extended family members playing happily on a lawn surrounded by flowers. “I want so much for Tom and me to have a loving,

happy family, but I'm afraid I'll either be eaten up by it or won't be able to make it work."

Dr. Wiseman: "I think both your yearning and fears are relevant. You probably need to keep growing in your capacities to care for yourself, keep you and Tom passionately connected, and structure others' lives by setting inclusive and exclusive boundaries (Witt, 2007a) to make your vision come true. You do have the capacity to do all that." He is reminded of her as a 12-year-old girl. "Remember how you stood up to your father about his ballet dreams for you."

Sarah: She laughs. "Yeah. A kid couldn't be any harder to deal with than he was."

Dr. Wiseman: He has a memory of telling his own 19-year-old son last year that he'd cut off his college money if he bought a Harley. "Speaking as a satisfied—but experienced—parent, you never know." He smiles warmly at her. "But I do believe life is better lived manifesting dreams than avoiding fears."

Sarah at 55, After the Last Child Goes Away to College

Here is Sarah at 55 and Dr. Wiseman at 80, in a session she scheduled because of vague distress and emotional hunger. She and Tom are in love and doing well—couples tend to be happier when the last child leaves the house, but attunement to herself keeps resulting in yearnings for something new. She has dismissed these yearnings as "empty nest syndrome" for several months, but the feelings keep growing and she's had disturbing dreams of death and unsolved problems. Sarah has learned to trust such feelings and inner messages:

Sarah: "I know I need to do something."

Dr. Wiseman: At 80, he's a man in full, having lived his life according to his principles, conducted tens of thousands of therapy sessions, and learned to trust his healing channels: *She's deepening into turquoise*. He feels some celebratory joy. "Describe 'something.'"

Sarah: "Maybe it's my painting. I get so lost in the sunsets and sunrises over the ocean. I disappear into the work and seem to wake up later."

Dr. Wiseman: "Sounds like a spiritual practice to me." *Mihaly Csikszentmihalyi says flow is self-sustaining, but I think there are deeper waters here.*

Sarah: "I like the feeling of disappearing into the work and feeling connected to everything."

Dr. Wiseman (remembering his meditation that morning, feeling unity with the emergent universe, with every particle, wave, and mythic form as expressions of God, and with absolute nothingness): "I believe such experiences unite us with each other and everything."

Sarah: "It seems so selfish. To just do what I most enjoy."

Dr. Wiseman: "How do others receive your work?"

Sarah (blushing): "Several galleries keep calling for more canvasses."

Dr. Wiseman (laughs): "Still uncomfortable with applause?"

Sarah (remembers turning away from a standing ovation at 12, and then has a surprisingly deeper memory of the joy she felt practicing the routine endlessly): *I loved ballet.*

Dr. Wiseman: “Where are you?”

Sarah (fully open, her vision shifts to a sunlit studio filled with canvases and color, with Tom coming home and enjoying a new painting of Cathedral Peak, her favorite mountain in the back country behind her house): She describes the series of images and finishes with, “I think I’m beginning to understand the flow of my new life. The children are launched. I’m called to be an artist.”

Conclusion

Dr. Wiseman is regularly aware of the fields (intersubjective and interobjective) he influences and is influenced by. He directs attention, intention, and action to support health and development everywhere. This DEFT orientation provides deeper understanding and more subtle therapeutic opportunities than attachment theory alone, complexity theory alone, neurobiological theory alone, or most classical psychotherapeutic approaches alone. His intention and attention are organized by knowledge of his current states of consciousness and the fields that permeate everything. He attunes to himself and others and leans toward healing cocreation, guiding himself with key phrases, images, concepts, and principles to do what *feels* helpful during sessions, knowing this will have intersubjective and energetic field effects that harmonize with and amplify more objectively discernable cognitive behavioral effects.

Guiding his attunement is his understanding that secure attachment with self, others, and spirit optimizes ontological evolution and subjective well-being. He further understands that secure attachment in therapy requires him being present, congruent, and marked to support his clients feeling known, accepted, and protected by him. Secure therapeutic attachment supports their process of knowing, accepting, and protecting themselves to support secure intrapersonal attachment with their many internal selves, which in turn optimizes their capacities to create secure relationships with friends, lovers, family members, and coworkers involving increasing levels of mutually feeling known, accepted, and protected. He is alert to defensive states and states of healthy response and adept at teaching his clients how to use them in service of growth and integration. An AQAL view of this process is that positive developmental intent can be constant through all life cycles, each characterized by interpenetrating developmental fields, all tetra-emerging, being enacted on developmental lines and levels, and heavily influenced by states of consciousness and types of individuals.

A central theme throughout this admittedly highly speculative article is that we might be able to consciously access the energetic components of communication to confluently optimize the informational aspects of communication, especially in the psychotherapy session. This is the promise of DEFT, to help therapists cultivate deeper harmony with developmental forces and relaxed, focused awareness, while using simple interior directives to evoke and transmit unique healing styles to remediate symptoms, enhance health, and support development.

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