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Requisite Wisdom: Transpersonal Psychology in the Treatment of Clinical Depression

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This paper describes the relationship of Transpersonal Psychology (TP) to the theorizing and treatment of clinical depression. It argues that, rather than TP's being one of many equivalent clinical lenses that can be applied to depression, TP is actually a necessary framework for understanding the phenomenon of depression, and at least in the case of more severe/chronic depressions, it is required to obtain results beyond mere symptom management. The construct "ungrieved futility" is used to essentialize the structural dynamic nature of depression, and the cybernetic perspective on depression is used to explain why depression's intrinsic structure mandates a TP lens (what is referred to as depression's "transphilic" nature). The implications of this view on the treatment of depression are described, in terms of impacts on outcomes and both client and therapist experiences of treatment.

Keywords: *depression, clinical depression, ungrieved futility, transphilic, cybernetics, transpersonal psychology*

This paper reviews the relationship of transpersonal psychology (TP) to the field of depression research and treatment, and then offers a more detailed proposal of how TP would ideally be theorized and used in clinical practice with depression. A more precise framing of depression's dynamic structure is proposed, based in the construct of "ungrieved futility" (Cooper, in press), and the transpersonal lens is detailed according to its use by psychotherapists within the clinical and personal domains. It is argued here that TP is not merely useful in the treatment of depression, but rather that, owing to the vicissitudes of depression's cybernetic structure, a TP lens is actually necessary to understand depression's intrinsic transformative dynamic. (This dynamic structure is referred to here as "transphilic," a neologism referring to depression's tendency towards or a pulling for transformation). Furthermore, it is contended that, at least in the more severe/chronic cases of depression, a TP lens is necessary to obtain positive outcomes that are more than simple symptom management.

History of TP

The roots of the field of psychology's interest in transpersonal phenomenon go back

to William James, Jung, and Assagioli (Daniels, 2013). Transpersonal psychology (TP) as a field, however, began about 60 years ago, when a collection of researchers that included Abraham Maslow and Stanislav Grof (Hartelius et al., 2013) formulated the name to designate a "fourth force" in psychology, as a reaction to the perceived limitations of humanistic psychology (which itself was a reaction to the limitations of behaviorism and psychoanalysis). Rather than a refutation of any of the earlier "waves" of psychology, TP sought to include these earlier traditions in an expanded field of study that allowed for the investigation of consciousness itself, as well specific phenomenon (psi, spontaneous healing, spiritual states of experience, etc.) that were impossible to make sense of within the modernist Cartesian metaphysics, except as distortions or pathologies.

This focus on TP as not a displacement of conventional psychology but an expansion is a generally agreed upon feature of TP as a field (Cortright, 1997; Daniels, 2013; Harris & Hartelius, 2013). The definition of TP, however, has been debated since its inception, with various writers presenting a plethora of answers to what TP actually encompasses. Nonetheless, a de facto consensus

definition has been arrived at through the work of Hartelius et al. (2007), in their summing of the diverse descriptions of TP across the field. About this work, Hartelius and Harris (2013) wrote:

A study of 160 definitions of transpersonal psychology published over a period of some 35 years found that its content consisted of three main themes: (1) a beyond-ego psychology, namely the study of phenomena in which the individual experiences or aspires to personal experience of something higher than the ego-based self; (2) an integrative/holistic psychology, which is the study of the human individual as part of an interconnected cosmos; and (3) transformative psychology, or the study of how humans attain to their higher potentials, both individually and collectively. (p. 52)

This work was then distilled into the following definition: “Transpersonal psychology [is] an approach to psychology that (1) studies phenomena beyond the ego as context for (2) an integrative/holistic psychology; this provides a framework for (3) understanding and cultivating human transformation” (Hartelius et al., 2007, p.145).

In the academic study of TP, the field has evolved its early primary focus on extraordinary states and peak experiences of consciousness (Daniels, 2013; Johnson, 2013; Walsh, 1993) to a more synoptic assessment of human functioning within a transpersonal context (including the process of the transformation of consciousness). Daniels (2013) described four perspectives or orientations to TP that have emerged in the focus of various TP writers: the religious, psychological, humanistic/existential/feminist, and ecological interpretations of TP. Although this makes the field appear segmented, Cortright (1997, p. 16–22) argued that these various perspectives are undergirded by a set of shared assumptions:

1. Humans’ essential nature is spiritual
2. Consciousness is multidimensional
3. Human beings have valid urges toward spiritual seeking, expressed as a search for wholeness through deepening individual, social, and transcendent awareness
4. Contacting a deeper source of wisdom and

guidance within is both possible and helpful to growth

5. Uniting a person’s conscious will and aspiration with the spiritual impulse is a superordinate health value
6. Altered states of consciousness are one way of accessing transpersonal experiences and can be an aid to healing and growth
7. Our life and actions are meaningful
8. The transpersonal context shapes how the person/client is viewed.

That is, despite the diverse focus of TP writers, the field has a certain degree of underlying coherency and agreement.

TP as applied to the practice of psychotherapy (transpersonal psychotherapy, TPP) has had an equally various span of definitions, but nonetheless clusters around the shared clinical intention to enact healing within a transpersonal conception of human reality (Cortright, 1997; Hutton, 1994; Kaminker & Lukoff, 2013). The essence of TPP’s underlying orientation to human growth and development is well summed up in Fall et al. (2017):

Each human is innately endowed not only with a motivation to meet physical, emotional, and mental needs but also with an impulse, however faint, to meet spiritual needs that ultimately involve transcendence of the separate self-sense and identification with spirit, the source of everything. Ultimately, this transcendental, transformational disposition does not involve a detached avoidance or abandonment of the material world but rather an involvement in the world along with a transcendence of it into its [believed] source. (p. 465–466)

Thus, the clinical practice of TPP (especially as articulated in Wilber’s integral model; e.g., Forman, 2010; Fall et al., 2017; Wilber, 2011) is the work of assisting clients to meet person-level needs, holding an understanding of their transpersonal potential and an orientation towards facilitating the integration of the personal into the transpersonal. That is, the TP psychotherapist holds the space for this development and integration, and supports it as appropriate, with the understanding that such development is both

possible and intrinsic to human design. This, rather than particular techniques, is understood to be the core of the TP clinical orientation (Boorstein, 1996, 1997; Cortright, 1997; Fall et al., 2017; Rowen, 2017).

TP and Depression

The literature on TP and depression that preceded TP's formulation includes the work of Jung (Steinberg, 1989), and writings about the dark night of the soul (DNS; Durà-Vilà & Dein, 2009; Moore, 2005; O'Connor, 2002). For Jung, rather than a focus unto itself, depression was an instance of a general humans suffering that has an inherent transformative dynamic via the mechanism of the "transcendent function" (Miller, 2004). Jung's is a rich vein of the TP literature in general, but does not add much that is specific to depression.

The same is true of the DNS literature, which places the phenomenon of depression squarely within the context of spiritual development, but which does not deal with the more diagnostically specific elements of the disorder (O'Connor, 2002). DNS is a term taken from the work of the 16th century mystic St. John of the Cross (St. John of the Cross, 1959), and refers to a stage of spiritual development in which an individual's typical orientation mechanisms in life dissolve, leaving them existentially disoriented. In popular terms it can be conflated with depression, but classically depression is seen by the DNS as more of a symptom of a spiritual developmental process. Other than the DNS, the rest of the literature on mysticism and depression is relatively neglected: "In contrast to the relationship between psychosis and mysticism, and trauma and mysticism, both of which have attracted much academic interest in recent decades, the relationship between depression and mystical experience remains under-researched (Benning et al., 2021, p. 18).

The modern academic literature that touches on TP and depression is also partial, thus of questionable clinical use. Much of this literature is split between empirical studies that typically focus on the prophylactic function of religion and spirituality (e.g., Braam & Koenig, 2019; Garssen et al., 2020; Koenig, 2007), and faith/religion-specific therapies for depression (e.g., Armentrout, 2004; Colbert, 2009). The literature that frames

itself overtly in TP terms is sparse and of debatable quality, particularly because studies within that grouping generally do not reference and dialogue with other depression literatures, nor do they have a clear theory or phenomenological description of depression (e.g., Descamps, 2003; Llabres, 2003; Teodorescu, 2003). The few writings that focus on an integrated view of depression, including the transpersonal, are incomplete, merely giving a multi-factorial map (e.g., Ingersoll, 2010) without clearly articulated clinical praxis.

TP, Psychotherapy, and Depression

In the area of TP-informed psychotherapy for clinical depression, the literature is also sparse. Although there is a fair amount of writing on TPP, it generally treats human suffering as a group, including depression as one form of suffering rather than treating it as an individual case (Brownell, 2015; Boorstein, 2000; Cortright, 1997, 2007, 2020; Forman, 2010; Ingersoll, 2007; Marquis & Wilber, 2008). Among the few writings that do not follow this pattern are case studies (Boorstein, 1997; Lukoff, 1988), general treatments (Boorstein, 1996), and mindfulness-based treatments (e.g., Williams et al. 2007). This mindfulness literature on treating depression tends not to situate itself in the tradition of transpersonal psychology, and therefore typically phrases mindfulness as a regulatory tool rather than an element of transformative psychotherapy.

In the current burgeoning field of psychedelic/psychotropic-assisted psychotherapy, there is a more explicit openness to the transpersonal experience induced by the medication (ketamine, MDMA, ayahuasca, psilocybin, etc.) as an aspect of the therapeutic efficacy. The part of this literature that specifically addresses depression mainly addresses the use of ketamine (Becker, 2014; Wolfson, 2014; Yavi et al., 2022) and psilocybin (Hristova & Perez-Jover, 2023; Munafò et al., 2023). These are mostly efficacy studies or meta-reviews, rather than theoretical treatments that seat the therapies in the TP or TPP domains.

TP, Depression, and Ungrieved Futility

Thus, although the literature on TP and (to a lesser degree) TPP is relatively rich and deep, the research into the specific application of TP to the psychotherapy (psychedelic or conventional) of

depression is thin, and generally lacks a specificity of both theory and practice. What follows, then, is a novel articulation of the theory and practice of psychotherapy with depression, arguing that the transpersonal is already implicit in the phenomenon of depression, and, therefore, if a therapy for depression is to be most effective, a transpersonal lens should be woven into (rather than merely adhered to) the theory and practice of that therapy. This is not presented as a novel *discovery* about depression, but rather an extension of the implicit recognition that exists in the aggregated depression literatures (Cooper, in press), particularly in the cybernetic and phenomenological traditions.

Ungrieved futility (UF) embeds an argument that for all of depression's complex etiologic factors and symptomatology, the instantiation of an episode of depression nonetheless pivots on the experience of UF (Cooper, in press). This is not a radical claim, as UF represents a distilled formulation of what already exists in the preponderance of the depression literature—that is, the recognition that blocked grief in the face of loss is the central dynamic structural of depression.

UF is a singular construct comprised of two dimensions, futility and grief. Futility defines a condition in which the distance between the current state and a goal state becomes “irreconcilably discrepant” (Pyszczynski & Greenberg, 1992), rendering the goal (and that attachment to the goal) impossible, hence “futile.” Grief, then, is the process of goal surrender and dissolution that arises in the face of futility, whose function is to reconstitute the local and general (personal and existential) models of reality for an individual, a process generally seen as starting at shock and moving resolving in acceptance (Archer, 1999; Kubler-Ross & Kessler, 2005).

When a loss is suffered, grief is initiated organically (Archer, 1999; Nesse, 2005), with its function being the withdrawing of energy investment from the now non-generative object/goal (Shear, 2012; Neimeyer, 2010). If this process is blocked, then the ongoing attachment to the futile object/goal threatens the individual with a perpetual depletion in energy, which will inevitably compromise their functioning (physiological as well as motivational

enervation through loss of meaning). If there is no blockage to this sequence—loss is recognized and grieving progresses unobstructed towards object/goal surrender—then depression does not arise, since depression's defensive function (see below) is in that case unnecessary. However, if there is a blockage to the grieving process based in an intolerability of the surrendering or dissolving of the object/goal, then depression is primed to arise. (“Object/goal” is used herein to indicate that no meaningful object exists without a goal implicated by that object, and that to grieve a lost object is only required when the goal attached to it is also lost.)

The reason for the failure to grieve that leads to a state of ungrieved futility is arguably best expressed by the cybernetic theories on depression. The field of cybernetics (often interchangeable with the current field of systems theory) focuses on the nature, structure, and homeostatic properties of complex adaptive systems (CAS; Coveney & Highfield, 1995). Complex systems possess multiple factors that structure and maintain a system's cohesion and homeostasis, with that cohesion defined by both the system's own properties and by its solutions to adaptive pressures from its environment (Heylighen, 1999, 2001).

As with any other focus of its analysis, cybernetics models depression in terms of organizational structure, information flow (inputs, processing, and outputs), and self-regulatory control strategies (Novikov, 2016), with its main assertion being that depression is a function of failed self-regulation (Pyszczynski & Greenberg, 1987, 1992). More specifically, depression is seen as the result of a failure to obtain the abstract self-goal of self-esteem (“be a good person...”), when self-esteem is fused with concrete, conditional goals (“...by becoming a partner at the law firm”) that are futile but nonetheless deemed too homeostatically vital to be surrendered. This leads to psychopathology, the cybernetic view of which DeYoung and Krueger (2018) defined as “persistent failure to move toward one's goals” (p. 117).

Neither occasional setbacks in one's progress toward one's goals nor occasionally placing oneself in situations that increase uncertainty

about whether one can achieve one's goals is sufficient to identify psychopathology. Only when the increased psychological entropy [disorder or uncertainty] involved in these situations cannot be decreased again given the individual's existing set of goals, interpretations, and strategies, and the individual proves unable to generate new goals, interpretations, or strategies that allow resumption of successful goal pursuit, is psychopathology present. (DeYoung & Krueger, 2018, p. 121)

Depression, then, is seen as one form of cybernetic dysfunction, with psychopathology and its severity (measured as duration, intensity of symptomatology, and treatment resistance) specifically seen as a function of the inhibition of the goal disengagement process, that is, grief (Klinger, 1975; Street, 2001, 2002; Wrosch et al., 2003).

Although Klinger (1975) and others (e.g., Brandstätter et al., 2013) argued that all loss initiates a goal-detachment process (grief), clearly not all losses lead to major depression. The cybernetic perspective understands this fact by describing two kinds of goal loss: those that are systemically tolerable and those that are not (Pyszczynski & Greenberg, 1987, 1992; Solomon et al., 2015; Street, 2002). The central discrimination between the two conditions is the degree to which the individual's goal of maintaining self-esteem and their ideal self-state (and self-world relationship, discussed below) is threatened by the particular object/goal loss, and the degree to which that now unattainable concrete goal defines the conditions for positive self-esteem. This creates what Pyszczynski and Greenberg (1987, 1992) called self-regulatory perseveration.

In the course of life, many irreducible discrepancies are routinely encountered, and attempts to reduce them are abandoned without great difficulty, either through the pursuit of substitute goals or the derogation of the unattainable object. These strategies make the absence of the desired object more tolerable and, thus, facilitate one's exit from the self-regulatory [goal attachment-detachment] cycle. In some instances, however, the person may be unable or

unwilling to give up the desired but unattainable goal. This may prevent disengagement from the self-regulatory cycle, thus leading to persistence in focus on the irreducible discrepancy. Such fruitless persistence is likely to occur when what is lost or unattainable is of central importance to the person. To the extent that the object was a major source of emotional security [the "anxiety buffers" of Terror Management Theory, TMT] and provided the individual with a sense of identity or self-worth ... , withdrawal from the cycle will be retarded. ... The [lost] object is so central that the person is unable to deny the significance of the loss and no other objects of even remotely similar value are available. The person is, thus, unable to exit the self-regulatory cycle (despite the low probability of successful discrepancy reduction) because he or she is unable to accept the absence of the object. (Pyszczynski & Greenberg, 1987, p. 126)

These objects whose loss is unacceptable are self-regulatory because they structure an individual's self-esteem, that is, they serve homeostatic functions for the self. When those objects are lost and the self does not have equivalent replacements (in terms of their functional value), depression arises to provide a kind of surrogate equilibrium for the self:

The proximal cause of depression is the inability or unwillingness to exit a self-regulatory cycle focused on a lost source of self-worth. Because of the scarcity of alternate sources of equanimity, the depression-prone individual is quite single-minded in his or her pursuit of the lost object and, consequently, uninterested in matters unrelated to the lost object. In a sense, the depressed person is extremely "problem-oriented," in that he or she cares only about ways of recovering the lost object. Consequently, focusing on other outcomes that distract attention from the central loss may take on an aversive character and thus be avoided. (Pyszczynski, & Greenberg, 1992, p. 106)

In this condition, the process of goal detachment in the face of object/goal loss is blocked because acceptance (via grieving) of the loss means losing

that object's function in structuring the ideal (i.e., esteemable) self. Since the loss of self-esteem threatens the ego with a shame (i.e., with an experience of "intrinsic badness") that will threaten psychic and social functioning (via a cascading loss of meaning/value and a threat of social ostracism), the loss of the object is, in a real sense, the loss of the ego's ability to survive. Thus, when the abstract goal of "maintain self-esteem" is conditioned directly by a concrete goal ("keep acquiring promotions"), particularly when other such concrete methods or goals are lacking, the individual is much more prone to depression (Cast & Burke, 2002; Crocker & Park, 2004; Leary et al., 1995). That is, the disruption of the concrete goal translates as the disruption of the individual's source of self- and anxiety-buffering resources. The severity of a depression will then be correlated with the degree to which a loss endangers the structure of the self.

Self-in-World

However, as central as the impact of depression is on the personal self, that self (or ego) cannot be cleanly defined separate from the beliefs which that self holds about the world at large; or, said in another way, the self is inextricably embedded in its own personal ontology. The field of phenomenology (e.g., Hopp, 2020; Wheeler, 2020) focuses heavily on the interrelated, and co-defining, nature of subject and object, asserting that subjectivity is always intentional, always directed at and joined to some object with no way to cleanly separate the two (i.e., objects always implicate intentionality/goals). Phenomenology also understands that, rather than objects simply existing in the objective world (a bias referred to as the "natural attitude" [Beyer, 2020]), those objects' various qualities (spatial, temporal, and most particularly, relevance) are actually structured out of preconscious processes (what Ratcliffe [2009] named the "existential feelings"). "Husserl and Merleau-Ponty ... acknowledge that we encounter entities only within the context of a pre-given experiential [i.e., not objective] world, something that equally implicates a sense of the possible" (Ratcliffe, 2015, p. 50–51). Contrasting with a simple positivist attitude in which "world" exists objectively to be directly perceived, phenomenology defines

"World" as what is modeled in, and to a large degree created by, human consciousness.

However, even if one disputes the phenomenological view, analyses of the themes in depressive narratives demonstrate how intricately interrelated are the depressive's sense of self and their modeling of their sense of "world." Aaron Beck, the eminent cognitive behavioral psychologist, expressed this understanding as the "cognitive triad" (Beck et al., 1987), an interlinking of negative views of self, world, and future that typifies depressive experience. Ratcliffe detailed this same linking in his phenomenological study of depression and its narratives, *Experiences of Depression* (2015):

A shift in this sense of belonging is a salient and consistent theme in [Ratcliffe's study respondents'] responses, as well as in published accounts. It is almost always described as a kind of "feeling," often one of "disconnection." The person is cut off from the world and, most importantly, from habitual forms of interaction with other people One might think that "feeling" is just bodily, and therefore something that is distinct from how the world looks and whether one experiences oneself as part of it. However, ... bodily feeling, how the world appears and how one relates to it are all inextricable aspects of a unitary phenomenological structure, a felt sense of reality and belonging. (p. 31–32)

This shift is in the quality (not merely content) of the connection between a depressed individual and their sense of the world is consistently described in analyses of the narrative themes of depression (e.g., Coll-Florit et al., 2021; Friedson, 2017; Karp, 2016). In generalizing this narrative literature, the repeated trope of depressives (particularly with major depression) is the expression of an impoverished sense of self conjoined with a degraded sense of their "world."

Thus, the definition of self or ego carries with it (arguably always, but certainly in the case of depression) its own World definition, and a self without a context, without a World to define its own features and range of potentialities, has little meaning. So, the self is usefully thought of as a "self-

in-World" (SIW), and major depression implicates a collapse in the objects/goals that define and therefore give structure and definition to the SIW. Specifically, the depressive collapse is in the SIW's factor of self-esteem, essentially its degree of seeing itself as "good" (Cast & Burke, 2002; Crocker et al., 2004; Sowislo & Orth, 2012). As articulated by Terror Management Theory (TMT; Pyszczynski et al., 2015; Solomon et al., 2015), when the self-esteem protective function of an object stops due to loss, then the self is threatened with the terror of meaninglessness (loss of meaningful context and value) and must defend against the dangerous effects of existential terror/death anxiety. "Self-esteem is the feeling that one is a valuable participant in a meaningful universe. This feeling of personal significance is what keeps our deepest fears at bay" (Solomon et al., 2015, p. 39).

That is to say, an undermining in the buffers against the self-perception of "insignificance" is an undermining of individual meaning and therefore self-esteem, a consequence of which is a deep degradation of functioning and health, including the possibility of suicide (Chatard et al., 2011; Trzesniewski et al., 2006). When a lost object is trivial (i.e., of an object/goal not homeostatically relevant to the SIW) then the natural detachment process (grief) does not threaten the security of the self and therefore is allowed to proceed. But when the SIW is threatened, depression manifests to slow or freeze the grief process, protecting the SIW but compromising functioning (expressed in the DSM-V's depressive symptomatology [American Psychiatric Association, 2013]). In this case, the human survival injunction deems the misery and frozen growth of depression a preferable compromise in the face of the potentially life-threatening effect of a destructuring of the SIW.

Depression, then, defends against the total collapse of the SIW, not only because of the loss of the static structures of meaning—essentially the self's narrative of reality—but also because the SIW defines the dynamic protocol or instructions for the maintenance of self-esteem. The SIW defines the instructions for how to "be a good person," and when the object/goals that define that protocol become futile (e.g., it is impossible to become a

law partner), then the self is left adrift (a common metaphor used by depressives). In its powerlessness to control its experience of the world it is then open and vulnerable (because unbuffered, per TMT) to attacks from shame.

While studies on locus of control (e.g., Abdolmanafi et al., 2011; Jaswal & Dewan, 1997; Yu & Fan, 2014) point clearly to the depressive experience of powerlessness, they do not explore this existential and phenomenological level of that loss of control. In depression, the self is exposed to a World which is experienced as uncaring if not hostile (i.e., does not convey to the self a sense of "goodness" and "relevancy"), as therefore essentially uncontrollable by the self. This issue of controllability is vital to understanding depression (especially major depression), not because the self needs a narcissistic omnipotence to function, but because it must have the ability to meet its self-esteem needs (else exposure to anxiety and existential terror), which requires a World in which it is *possible* to meet those needs. In depression, the problem is not that a singular object/goal becomes futile and meaningless, but that the possibility of *any* object/goal being meaningful is rendered futile (Ratcliffe, 2015). The greater the severity of the depression, the greater degree the loss of the concrete object/goal implicates the loss of both a personally meaningful World and the possibility of any World being meaningful. This exposure to the fact that World (not just our World) can become futile invokes terror and represents the loss of a primal human goal, that of maintaining an ongoing sense of "relevant self in a relevant world," which is now exposed as not a given, thus terrifying and traumatizing the naïve self.

Thus, the collapse of self-structure (via the now-futile nature of structuring object/goals) is also a collapse in a particular World, akin to losing the center pole in a circus tent. Where the preceding non-TP analysis of depression intersects with a TP understanding is in the reality that, regardless of whether a particular World is languaged in secular, religious, or spiritual terms, every World defines the individual's (conscious and pre-conscious) belief in the nature of reality. However the narrative of that World might try to claim control of its own

parameters (e.g., the atheist's hyper-rationality, the postmodernist's social flatland), Worlds are not singular or controllable by the personal ego, but always are an encoding of various value systems at multiple levels, including the personal (ego-related), existential (existence-related), and transpersonal (ultimate meaning related) domains. Reality seems to see claims to the contrary as non-binding.

Thus, SIW defines the nature of the personal self in its relationship to both the existential and spiritual/transpersonal realms, as well as defining what allows access to (and a way to measure, hence control) self-esteem via a definition of that which gives life meaning and the self an ascription of "goodness." So, inasmuch as a particular object/goal structures the SIW (e.g., an individual's literal mother represents or symbolizes "all that is good in the world"), and given that the SIW always embeds existential and spiritual ontologies and that a collapse in the SIW is a collapse in the sources of meaning/value/self-esteem, then the "context of self" (that which is trans-personal) is implicated in any non-trivial depression. In other words, the threat that depression responds to is a threat to a meaningful universe in which the individual is relevant and good, and this inevitably involves the trans-personal.

This understanding makes room for an insight—almost universally overlooked in the depression field—that a *transpersonal dynamic is embedded in the structural dynamics of depression*, that is, in depression's "transphilic" quality. Depression has a self-transformative pull to it, which is not dependent on the depressive's intentionality but is embedded in depression's intrinsic tendency towards "self-regulatory perseveration" (Pyszczynski & Greenberg, 1987). This transphilic dynamic is true throughout the range of depressions but is least impactful with the reactive or circumstantial depressions that involve loss of objects that only minimally define the ego. In other words, depressions that do not threaten the structure of the SIW tend to present with less severe symptoms.

However, for more chronic depressions, where the SIW loss also defines the method of obtaining the abstract ego goal of self-esteem maintenance (the SIW structure of "relevant self in a

relevant and meaningful world"), the futile objects/goals that must be surrendered and grieved are the very ones that structure the self, both in the combined intrapsychic and World-defining dimensions. That is, the object-loss that must be grieved, regardless of the proximate concrete object-loss, is the loss of an individual's particular SIW as both a structure and a method of self-esteem maintenance. According to the UF model, this problematic state can only be solved the same way any other object loss/goal-failure is solved: through grieving (dissolution of object/goal attachment) the real loss and allowing the self to reconstitute around a World lacking that specific object/goal. But when that reconstitution involves reformation of the SIW, because its method of maintaining its own self-esteem has collapsed, it is actually the old SIW that has died and must be grieved. With trivial losses, the SIW is stable, essentially unaffected. But with losses of objects that have structured the self (i.e., narcissistic resources), the self/ego is actually dead according to its old definition, and a return to the old self is impossible since that self is now irreconcilable with reality (i.e., it was structured by a World now lost and rendered functionally futile).

For the self to avoid either the ghostlike existence of chronic depression or actual death through suicide, it must expand past its previous ego limits, especially when the SIW loss includes the ego's core belief in its own omnipotent control. That is, given that the SIW defines both the structure of meaning of the self in the World, and the method of satisfying the ego-goal of self-esteem maintenance, loss of the SIW is also a loss (or at least wounding) of the ego's conviction in its ability to control the structure and meaning of its World. Thus, when the ego is confronted not only with its inability to control a particular goal (e.g., inability to obtain a promotion) but also with its powerlessness to maintain its SIW homeostasis, its faith in its being at all possible to control its experience of reality collapses. Simply swapping out concrete objects of control does not work since the real loss is both of the individual's SIW and sense of ego-control over reality conveyed by a stable SIW. Thus, in these ego-destructuring losses, UF points to an unavoidable, mandatory development of the ego into trans-egoic,

trans-personal realms—not as an optional spiritual aspiration but as a matter of survival dictated by the intrinsic transphilic structure of depression.

Summed up, this formulation produces a concise definition of depression that integrates the transpersonal domain of human experience: depression is a coherent set of symptoms and specific etiological factors that instantiates when a loss is intolerable (i.e., when there is ungrivable futility due to SIW loss), and its severity (in terms of symptomatic expression) is in direct proportion to the degree an individual's World is undermined. Since the World inherently is "that which is larger than the self (the personal domain), but in which the self is related and embedded," then the severity of depression will generally track the degree to which the individual's relationship to the trans-personal (to existential and spiritual meaning as defined by their SIW) is severed or corrupted. Hence, for treatment to be most effective (attuned to the actual structural-dynamic nature of depression), depression must be understood theoretically as deeply related and responsive to the trans-personal domain (including depression's transphilic dynamic), and clinically as an increasingly necessary frame of reference as the severity of a depressive episode worsens.

Depression theory, TP, and the treatment of depression

At the theoretical level, without a TP lens, depression can only be treated partially. This theoretical lacuna is in both the importance of World as informing the actual nature of a particular individual's loss, as well as the necessity of a transformative dimension to treatment (per depression's transphilic quality) for the more severe depressions. More limited theoretical frames, such as conventional CBT or medical models, negate or ignore the transpersonal and transformative aspects of depression as irrelevant. Such treatments can be useful at the level of the proximate (concrete) object loss, and the client can learn important symptom management skills, but they cannot address the actual loss of the SIW (the meaningful World that conveys a way to live meaningfully and relevantly). Limited grief work can be done, but because grieving of the deeper loss will remain unacknowledged and blocked, depression will

keep cycling owing to its perpetual reaction to this subconscious SIW-threatening loss. This blindness at the level of theory translates clinically into a partial or distorted understanding of depression, a limited range of interventions, and a decreased efficacy of treatment, resulting in a much greater risk of chronic relapse.

If the clinician does not have a theory of psychic functioning (or life) that models the SIW and its inherent trans-personal dimensions, then those domains will remain negated, unperceived, or translated into the pre-personal or personal domain (e.g., the experience of a spiritual/fundamental meaning dimension to World being reduced to neurochemical functioning or psychological fantasy). Thus, the actual nature and identity of the object/goal loss will be misdiagnosed, and even if the treatment is understood as grief-based (as opposed to psychopharmacological only), it will target the wrong loss. The loss of a job promotion, for example, can be diagnosed as a relatively trivial depression trigger (which, of course, it could be) and treated as a reactive (situational) depression, when actually for that individual the meaning of "job promotion" is at the existential level the loss of the rank and validation that structures and maintains their self-esteem, as well as at the transpersonal level being the symbol of rank which maps onto a moral superiority required for the approval and love of the Divine. Hence, a psychotherapy for that individual which focuses only on the grieving of the loss of those benefits associated with the promotion will be ineffective if "promotion" is simply a symbol for the actual loss of their SIW.

Clinical pragmatics, TP and depression

At the level of clinical pragmatics, the TP frame affords multiple important interventions. One is related to the nature of spatial and temporal (including a sense of a relevant future) collapse, which characterizes major depression (Fregna, 2020; Ratcliffe, 2015; Vogel et al., 2018). Without the TP frame, the client is liable to run into the limits of the psychotherapy's ability to explain and make space for the transpersonal aspects of their depression, as well as the foreshortened quality of a therapy that cannot perceive the transformative (via

the transphilic dynamic) teleology of depression. The client will not be mirrored, validated and oriented to the meaning and potential of their own trans-personal experience, which will generally prove iatrogenic since effective therapy requires attuned mirroring and validation. However, if a TP lens informs the clinician and therapy, when transpersonal material is brought to or emerges on the surface, the client will be met with a clinician who holds and presents a World that is spacious and meaningfully future-laden. The loss that, to the client, is catastrophic and intolerable will be put in a relational and theoretical context, that is, a new expansive World which embeds a meaningful future, proposing a new SIW. Without a TP lens, the loss of the SIW cannot be made meaningful—the personal World has collapsed but there is no larger World left—and therefore the therapy will unintentionally reproduce the very experiential nature of the depressive collapse (meaninglessness and futurelessness) that it is trying to heal.

Another dimension of the practical use of TP is for the clinician themselves. Treating major depressions is one of the more challenging clinical endeavors, even when there are not co-occurring (particularly character) disorders. It requires simultaneously addressing multiple features of the depression, because major depression expresses simultaneously in multiple domains (with different configurations of physical/biochemical, emotional, cognitive, social, existential, and spiritual elements). Depression impacts (increasingly, according to the severity) the whole biopsychosocial system. Thus, for the clinician at the personal level, a TP understanding of depression serves as a support and prophylactic against their own burnout because it supports them to hold faith in, see possibilities for, and perceive the arising of transformation of the SIW. A TP lens also helps the clinician resist the pull towards a sympathetic resonance with and internalization of the client's depressive logic, which the clinician themselves may not have wrestled with and therefore may feel threatened by. The dangers of being infected with depressive despair in the face of less or ineffective treatment, and of acting out towards the client (blaming, reinforcing despair, or prematurely terminating) due to some negative

countertransference reaction is diminished when a TP lens helps them correctly diagnose the reason for a client's terror and treatment resistance.

Lastly, the implications of a TP-informed depression treatment are important for the client given that a TP lens provides multiple benefits otherwise missing from psychotherapy. One is the experience, via the clinician's presentation, of a meaningful self-in-World that exists even as their own SIW has collapsed, and that, as real as their particular loss is, it does not represent the loss of *all* Worlds, most importantly the loss of one that they can move towards and begin to embody. More important, that World is meaningful without simply being another SIW in which the ego gets to maintain its primary narcissistic goal of control over their SIW. Since the faith in the possibility of that goal is part of what breaks in major depression, a TP clinician can model an SIW in which control is displaced with relationship, resignation with acceptance, and dominance is converted into influence. The clinician demonstrates a World in which the non-negotiable needs for self-esteem, for being a "meaningful and relevant person to a meaningful and relevant world," can be obtained with a greater level of stability and satisfaction, in which the underlying existential terrors can be softened because the ego has now coded into its SIW a dimension of reality that is stably transpersonal. Thus, the terror of death, which is actually the ego's terror of its own impermanence, is allayed because it recognizes that it is only a relative SIW, and therefore its relative SIW can transform (which previously only felt like a death) without all Worlds going with it. Future transformations that otherwise would threaten the SIW with terror and defensive depressive reactions can therefore be accepted, grieved, and incorporated.

Conclusion

From this discussion, TP can be understood as more than an optional component or lens on psychotherapeutic treatment of depression when the goal is "permanent remission" rather than only symptom relief. While the treatment of reactive (non SIW-threatening loss related) depressions can be executed without a TP frame, any depressions arising from the loss of SIW coherency requires a

TP understanding to effectively address the need to grieve that loss and adapt to an expanded self-in-World. Without this lens, therapy is likely to be temporarily useful at best, but ineffective in the long run, if not iatrogenic in terms of reinforcing the depressive's sense of living in a World without hope, help, or transformation. The dynamics of UF and the embedded transphilic nature of depression's cybernetic structure mandate a full understanding of depression in order to midwife the non-optional transformative change for the client, who themselves need a sufficient TP understanding to do their own healing work properly. Although requiring much more from the clinician than a simplistic therapeutic protocol, the reward of a TP-informed therapy for the clinician is a robust defense against burnout, a much deeper understanding of the nature of human suffering that depression so richly exemplifies, and the experience of effective treatment and profound impact on the client. For the client, such a TP-informed therapy is also a more daunting project, but the rewards are much greater, including the possibility of a full remission of the chronicity of their depression, as well as learning how to make use of their depression for their own transformative growth. No clear-eyed observer of humanity would claim that the attainment of transformation and wisdom is easy, but given that depression regularly requires the development and embodiment of that wisdom, it behooves the psychotherapy field to be clear about that reality to effectively manifest the healing that it strives for.

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