

AMÁTE GROWTH WORK:
A PROCESS FOR HEALING ADULT EMOTIONAL IMMATURITY

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Approval of the Dissertation

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This dissertation by Martha S. Horton has been approved by the committee members below, who recommend it be accepted by the faculty of Saybrook Graduate School and Research Center in partial fulfillment of the requirements for the degree of

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Abstract

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This theoretical dissertation presents and discusses the theory that the author's healing method, Amáte Growth Work (Amáte), may be an important option among healing resources for the common, yet pervasive and underserved, client profile termed *adult emotional immaturity*, or for "adults who have an inner condition of excessive fear that prematurely halts the process of successfully taking emotional growth risks throughout life." Healing is defined as "to make whole, to free from impairment . . . providing assistance in the restorative process" (Reber, 1995, p. 330). Amáte Growth Work is based on the author's personal healing experience, professional practice, historically recognized theories of emotional development and healing, and historical and current healing methods and elements within healing methods.

The dissertation describes the development, process, and healing elements of Amáte Growth Work. It contains a discussion of the use and definitions of the terms *emotional maturity* and *emotional immaturity*, including the author's definitions. It includes data gathered from over 4,000 abstracts, articles, books, motion pictures, television programs, personal communications, and the Internet on healing theories,

methods, and elements within healing methods from 1870 and the present that relate to adult emotional immaturity and Amáte Growth Work.

The author describes successful healing methods for amending adult emotional immaturity as exceptionally supportive, client directed, spiritually generic, time limited, cost effective, and very intensive. Appropriate healing activities include identifying and resolving inner emotional stoppages caused by excessive fear and teaching spiritual and emotional tools necessary for successfully taking emotional growth-producing risks throughout life. These methods work toward the achievement of emotional maturity quickly and effectively. Amáte Growth Work appears to meet these criteria.

Three features of Amáte Growth Work—the initial Intensive of 4 hours on 2 consecutive days, the shifts-in-age of the Inner-Self achieved during Inner Work, and the exact generic spiritual approach—were not found in the literature and are unusual, if not unique. These features have been consistently judged most important and effective by clients and facilitator. Amáte Growth Work may be a uniquely valuable healing option for adult emotional immaturity. However, future research, outlined in the dissertation, must be conducted to confirm the theory.

DEDICATION

For

The Seashell People everywhere

and

The Humanistic Transpersonal Spirit of Saybrook Graduate School for
Facilitating the Goals of Lifelong Growth, Development, and Self-Actualization.

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CHAPTER 1 INTRODUCTION

The condition of incomplete emotional development in adulthood, termed here *adult emotional immaturity*, may affect as many as 80% of the population (Wareham, 1996, p. 2), yet this condition is so pervasive it is rarely named or addressed directly. Perhaps immaturity is the accepted, if not apparent, consequence of the times. According to Roger Walsh in the *Textbook of Transpersonal Psychiatry and Psychology* (1996),

Fear, greed, aversion, ignorance, unwillingness to delay gratification, defensiveness, and unconsciousness are marks of psychological immaturity. They point to the fact that global crises reflect, not only the gross pathology of a Hitler or a Stalin, but even more so the myriad forms of “normal psychological immaturity,” and failed actualization. In daily life, such individual immaturities are usually regarded as unexceptional. According to Abraham Maslow (1968): “What we call *normal* in psychology is really *psychopathology of the average*, so undramatic and widely spread that we don’t even recognize it ordinarily” (p. 16). From this perspective, culture can be seen, not only as a force for education and evolution, but also as shared conspiracy against self knowledge and psychological growth in which people collude to protect one another’s defenses and illusions. (p. 400)

Walsh and Maslow were correct, but many adults with this *psychopathology of the average* are not invisible or silent. They may not know what to label their underlying condition, or have clear insights into the condition’s causes; however, they are well acquainted with chronic negative consequences of the condition in their adult lives, even as they attempt desperately to avoid or conceal them. Most seek relief from emotional pain when it becomes extreme. Some turn to addictions. Many search for healing.

I was one of the many. I was a normal adult suffering destructive consequences of psychological immaturity due to early emotional stoppage, and was continually searching for relief from emotional pain. I was doing my best to live a successful adult life, yet was failing in the most significant tasks of adulthood without knowing why. Through an

unexpected emotional crisis, I discovered the existence of the emotional stoppage and became aware of the precipitating traumatic event that occurred when I was 8 years old. I realized my inner emotional self was still that child.

For 3 years, I worked with the Inner-Self I visualized, as if she were a client or my child. I identified and healed the original emotional stoppage and a series of further stoppages. As each stoppage was resolved, I visualized and experienced a somewhat older Inner-Self, until the Inner-Self visualized was my chronological age. After concluding the shifts-in-age of the Inner-Self to my chronological age and the improvements in my outer life were permanent, I wrote a book about the healing and growth experiences (Horton, 1990), then dedicated myself to duplicating my remarkable experiences in healing work with others.

More than a thousand psychologically normal adults with a profile of emotional immaturity have come to my private practice seeking help since 1991, including a number of psychologists and psychiatrists. They have been intelligent, attractive, capable, motivated, spiritually seeking, and loving persons. Yet, they have described themselves as being emotionally stuck, beset with fears, unable to take important emotional risks, and disturbed they had not fulfilled the promise, at least in their emotional lives, they seemed to possess. Most have reported failures in the important adult tasks of love and work.

These adults have spoken of living without exceptional problems much of the time, but when emotionally overwhelmed in fear, poor judgment has occurred on many levels, and inappropriate actions based on faulty decision-making have proved personally costly. When asked about difficulties in childhood or adolescence, they have reported or

implied that, for myriad reasons, they did not feel sufficiently loved and secure in their early years.

They have voiced frustration when describing healing methods attempted that did not permanently relieve their emotional problems, although many have reported experiences that helped them survive, or offered partial solutions. Efforts directed toward healing have included years of psychoanalysis, a diversity of psychological and spiritual therapies, medication, self-help group attendance, religious participation, and various life-change programs and workshops.

After several emotionally immature adult clients came for help and began the very intensive healing process that developed by trial and error, *Amáte Growth Work (Amáte)*, they began to report more consistent experiences of success and fulfillment in their emotional lives. Healing is defined as “to make whole, to free from impairment . . . providing assistance in the restorative process” (Reber, 1995, p. 330). Success was assessed through my observations, their testimonials, and periodic evaluations of the achievement of goals they listed when beginning *Amáte Growth Work*.

I observed sustained patterns of improvement in emotional functioning in clients during and after participating in *Growth Work*. They were freer and less defensive, less fearful, and less angry. They reported taking significant previously untaken emotional risks and were able to support themselves constructively through the consequences of the risks. They stated that the protective mechanism they sensed and referred to as a *false front, inner barrier, or shell* was replaced by a protective mechanism of love. Many clients made huge life changes, such as entering or leaving love relationships, changing professions, and resuming or initiating educational or career preparation. Clients with

children became more functional parents and, consequently, addressed family dysfunctions that had often existed for generations.

Clients reported feeling a greater sense of security and love; a new centeredness and expansiveness; and a new spirit of joy, hope, and independence. At the same time, clients reported a growing dependence on inner spiritual guidance and support and a greater sense of peace more of the time. Many who had moved away from religious affiliation explored alternative spiritual and religious ways, or returned to previously rejected religions without compromising new spiritual understandings. Healers who became clients radically changed their healing work to reflect their emotional growth and maturity.

After observing similar patterns of positive changes in many clients, it became reasonable to imagine others struggling with adult emotional immaturity would want to know this process existed, and healers would be interested in using the method with their emotionally immature adult clients. However, before making Amáte Growth Work widely available and sharing it with other professionals, there were significant issues to consider. Carefully following inner guidance, I had lived the experiences of personal healing and the development of the healing method almost entirely independent of direct contact with other healers or healing resources. As a result, I was largely unaware of healing theories, elements, or methods that might relate to my experiences or Amáte Growth Work. I certainly did not want to present a method as original that already existed.

I concluded I had grown up in adulthood and had achieved emotional maturity. My definitions of emotional maturity and immaturity were based on what I observed in myself and my clients, not how others defined the terms. I did not know what possibilities might exist to explain my clients' presenting difficulties or improvement following Growth Work, or what healing methods, and elements within healing methods, had been found to be effective with this client profile.

In 1998, when the guidance indicating the need for isolation ended, I began graduate studies to prepare to present and defend Amáte Growth Work. At that time, I held various assumptions. I assumed there would be a resource on adult emotional immaturity that contained and expanded on the information in this dissertation. I assumed there would be commonly agreed upon and used definitions of emotional maturity and emotional immaturity in adults. I assumed there would be many healing methods directly addressing this client profile and many psychologists and other healers dedicated to helping adults achieve emotional maturity. I even imagined there might be healing methods exactly like mine. I eagerly anticipated meeting the group of peers who would be able share their theories, experiences, and methods, and perhaps help me extend my work into more effective and meaningful directions.

After reviewing over 4,000 abstracts, articles, and books published since 1870, plus motion pictures, television programs, personal communications, and Internet resources on healers, theories of healing, healing methods, and elements within healing methods directly or indirectly linked to adult emotional immaturity, I realized my assumptions had been incorrect. The expected resource did not materialize. I found serious controversy and disagreement existed over the definitions and use of the terms

emotional maturity and *emotional immaturity*. After discovering an abundance of materials on problems associated with emotional immaturity, the anticipated quantity of information on resolving those problems did not materialize. The large peer group turned out to be a fantasy.

However, the results of the investigations have been invaluable in providing information to evaluate my ideas about the profile of my clients, definitions of emotional maturity and immaturity, theories concerning healing for this client profile, and my healing method. What I have learned does *not* exist has been as important as what I have discovered does exist. I am satisfied my definitions of *emotional maturity* and *emotional immaturity*, used with clients from many parts of the world, can be applied universally and are as appropriate and useful as any in the literature. Because of the terms' checkered history, I conducted an exhaustive search for acceptable alternatives and concluded no terms have clearly replaced *emotional maturity* and *emotional immaturity*. I decided to champion the term *adult emotional immaturity* in the hope that the lingering stigma sometimes associated with it can be removed and the reversible condition it represents can be better identified, understood, healed, and prevented.

Through information on theories of healing, I discovered support for my own ideas. I also located most, but not all, elements of my method in methods of others. The confirmation that I have been on the right track has been very reassuring. However, the work has just begun. Materials must continue to be reviewed to expand and refine the ideas presented here and attempt to locate healing elements in Amáte Growth Work not as yet found. Formal research must be conducted to validate informal findings. Questions to be answered through future research include the following: "Can claimed outcomes be

substantiated?” “Is this method simply a product of this facilitator’s personality and skills, or is the method itself truly effective?” “Can this method be duplicated by others?” “Why does this method seem to help clients heal?”

Two informally observed outcomes of Amáte Growth Work are a sustained shift-in-age of the client’s Inner-Self to the client’s chronological age and the client’s enduring ability to take increasingly challenging emotional growth risks using tools developed in the method. Unexpected, although still informal, support for these two outcomes came from three former clients who participated in Amáte Growth Work in the Dominican Republic between 1998 and 1999. Until 2002, when they visited me in Costa Rica, there had been no contact with these clients. During the visit, each participated in Amáte Growth Work Inner Work Exercises to determine the current visualized age of the Inner-Self and reported the Inner-Self had retained the chronological age. Each also described very challenging emotional growth risks being successfully taken using tools developed in Amáte Growth Work. The experience of observing and evaluating the totally isolated control group of former clients after a 3-year period, though not definitive, was certainly encouraging.

In closing, when reviewing the literature for foundational concepts of emotional development, adult emotional development, and arrested emotional development similar to those of Amáte Growth Work, the humanistic ideas of Jean Jacques Rousseau and 19th-Century Romanticism were found to be most closely linked. Romantics alleged, “Life is not seen as a long period of maturity following a shorter period of immaturity, but a spontaneous process of unfolding, a series of metamorphoses” (Ellenberger, 1970, p. 200).

Rousseau . . . was the first theorist to point out that the child’s full development is governed by an inner energy or force and that it is our task to respect and nurture that force. . . . This self-guiding force is something all humans share with one another and with Nature as well. . . . It is a spiritual force—a force that comes from the transcendent source of our being. (Miller, 1990, p. 154, as cited in Crain, 1992, pp. 329-330)

Abraham Maslow (1962) believed this force was not strong and could easily be “drowned out by learning, by cultural expectations, by fear, by disapproval, etc. . . . that usually takes place during childhood” (p. 191). However, Maslow also believed the following:

The inner core, with its urge toward self-actualization . . . rarely disappears even in adulthood. It persists underground, in the unconscious, and speaks to us as an inner voice waiting to be heard. Inner signals can lead even the neurotic adult back to buried capacities and unfulfilled potentials. Our inner core is the pressure we call the “will to health,” and it is this urge on which all successful psychotherapy is based. (pp. 192-193)

This dissertation is dedicated to that “will to health” of normal adults with buried capacities and unfulfilled potentials, adults who have not acquired the emotional maturity necessary to achieve self-actualization. It is intended to answer a resounding “Yes!” to the often confused and doubtful inner voice of the emotionally stuck adult when it dares to ask, “Is there hope?”

The structure of the remaining chapters of the dissertation follows the order of my personal, professional, and educational experiences. *Chapter 2, Development of Amáte Growth Work*, presents a description of my original emotional stoppage trauma, self-healing experiences, and the creation of Amáte Growth Work. *Chapter 3, Definitions and Descriptions of Emotional Maturity and Emotional Immaturity*, includes definitions, use, and consequences of *emotional maturity* and *emotional immaturity* from the literature, and my definitions of the terms. *Chapter 4, Description of Amáte Growth*

Work, contains an outline of the Amáte Growth Work process. *Chapter 5, Theories and Methods from the Literature Related to Amáte Growth Work*, presents a distillation of findings relating Amáte Growth Work to ideas, theories, and work of others since 1870. *Chapter 6, Relating Six Current Approaches for Healing Adult Emotional Immaturity to Amáte Growth Work*, offers an appraisal of six current categories of healing theories and resources for adult emotional immaturity and relates them to Amáte Growth Work. *Chapter 7, Discussion of Issues Affecting the Availability of Resources for Healing Adult Emotional Immaturity*, suggests and summarizes factors affecting healing options for this client profile. *Chapter 8, Conclusions*, contains final thoughts on the topic of the dissertation and implications for the future.

CHAPTER 2 DEVELOPMENT OF AMÁTE GROWTH WORK

Background

Amáte Growth Work developed out of my self-healing experience following an emotional crisis. According to Ellenberger (1970, p. 216), that places me in august, if controversial, company. Mesmer, Fechner, Nietzsche, Freud, and Jung (p. 210) all suffered emotional crises, cured themselves, and were transformed by a *creative illness* (p. 216). The “creative illness exists from which a person emerges with a permanent transformation in his personality and the conviction that he has discovered a great truth or a new spiritual world” (p. 448). According to Ellenberger, “This is how Mesmer came to proclaim the truth of animal magnetism, Fechner the principal of pleasure, Nietzsche the eternal return, Freud the Oedipus complex and the infantile sexual root of neurosis, and Jung the anima and the process of individuation” (p. 890).

While I would not presume to place my healing experience, or the development of the healing method based upon it, in the company of those identified by Ellenberger (1970), there are some interesting similarities between my emotional crisis and self-healing, and the creative illnesses, self-healings, and healing methods created following the healings, of those mentioned. I was in emotional crisis when my healing began, the initial healing experience identified emotional stoppage from an early age that had to be reworked and resolved, and I healed myself. As a result of the healing, my personality was permanently transformed, and I became unshakably convinced that my ideas about helping immature adults grow up were correct.

Jung's creative illness began when he became emotionally stuck and depressed after the traumatic break with Freud in 1912 to 1913 (Ellenberger, 1970, p. 889). "He was disoriented, and experienced a time of intense inner turmoil" (Chodrow, 1997, p. 1). The search for the cure for his malaise "began with his rediscovery of the symbolic play of childhood" (p. 1). Engaging in a building game he enjoyed as a child "led him inevitably to one of his deepest complexes, and he remembered a terrifying dream from his childhood. . . . This early nightmare both expressed the problem and pointed toward the solution" (p. 2). When he was able to uncover the "fearful, long-buried dream, he gained a more mature understanding of it. His energy began to return and his thoughts clarified" (p. 2).

There are similarities in the struggles of creative illness survivors who attempt to model healing methods on their personal healing experiences. According to Ellenberger (1970), those who have suffered a creative illness and then tried to help others find the same path to healing have seldom been able to "provide a practical guide to follow" (p. 890). However, those who have been successful, including Freud and Jung, used their creative illnesses "as a model to be followed by their disciples under the name of training analysis. . . . The Jungian school later came to consider it as being a kind of initiatory malady comparable to that of a shaman" (p. 891).

As is true in other methods, only the core principles of Amáte Growth Work can be taught. The ideal student has the appropriate educational and professional background, as well as gifts, talents, and interests, to apply to those principles. However, similar to a "training analysis" of Jung and Freud, that ideal student must first undergo healing through use of Amáte Growth Work as a client.

Ellenberger (1970) said of Jung's legacy, "It is the fate of all innovators that the development of their work is unpredictable, because it does not depend so much on its intrinsic value as on material factors, historical circumstances, and the fluctuations of the collective mind" (p. 736). It is hoped that experiences of other methods created from creative illnesses will be shared by Amáte Growth Work, and it will be transformed by individual facilitators and used in ways not predictable today.

Self-Healing Experience

The initial healing experience of my creative illness occurred on January 21, 1983, and is fully described in the trade book, *The Seashell People: Growing up in Adulthood* (Horton, 1990, pp. 17-24). At that time, I was aftercare director of a private residential treatment center for addictions. I was also seriously contemplating suicide for the first time. The pain caused by the chronic dichotomy between the stellar success in my professional life, and abject failure in my personal life, had finally become unbearable.

On the afternoon of January 20, I was asked to write the social history of a patient at the treatment center, an unusual experience for me as aftercare director. Returning home that evening after conducting a very successful aftercare group, I found myself surprisingly agitated and upset. The next day, as the social history of the patient was read aloud at a staffing meeting in the center director's office, I found myself crying silently and feeling great sadness. After the meeting, when the rest of the staff and the patient had left the office, I asked the director, a social worker, to help me sort out my unexpected and confusing emotions.

After inquiring about my current emotional life status and finding nothing exceptional about it, the director paused a moment, then asked me how old a child would be who would respond to life as I was responding. I was taken aback by the question but answered, "Perhaps 8 or 9." He then asked what had happened to me when I was that age.

At that instant, sobbing, with my eyes closed, holding onto him, I clearly visualized myself at age 8, sitting on the couch in the living room of the house my family lived in at that time. I was trying desperately to think of a way to tell my mother, who had just returned from driving friends home following a picnic, I had found my father's body lying across the bed in his upstairs bedroom, and I had seen a rifle on the floor beside the bed. As I tried to find a way to make what I knew had happened seem less horrible or permanent, blood began dripping from the heat register in the ceiling onto the couch beside me. Seeing it, my mother screamed and ran upstairs. The ambulance was called. My younger brother and I were left with neighbors as our mother took the body to another state. When my mother returned from the funeral, the entire experience became something not discussed. A year later, my mother remarried, and the event was pushed farther away.

I observed the entire scene in my mind as if I were someone else. However, as I opened my eyes and told what I had visualized to the center director, I knew the 8-year-old was convinced she had caused her father's death. My father had invited me to remain with him the morning of the suicide, and I had chosen instead to go to the picnic with my mother, brother, and friends. I realized I believed he would not have killed himself if I had been with him, and I also grasped that no one had ever discussed the

event with me or challenged my beliefs about it. I knew I had never been held and allowed to express my pain and grief. I believed I had committed an unforgivable sin, was a bad person, and was unlovable. However, I was unaware I had become emotionally stuck at the time of the suicide until emotional similarities in the center patient's history touched deeply buried emotions, and the center director asked his inspired questions.

After I described the clear inner images of the 8-year-old and the traumatic experience to the center director, I asked him what I should do. His only advice was to love the inner child I had seen. I said I would try. I left his office with a strange sense of having the little girl by the hand. After that experience, I tried to maintain a vision of the inner child in my consciousness and respond appropriately to her. I felt increasingly part of her, and to a part of myself that had apparently been disconnected since I was her age. By focusing within and connecting to the inner vision, I was surprised to discover a source of inner guidance about all decisions. Asking and receiving inner guidance for her, then for me, and finally about every moment, eventually became an integral part of life.

Dramatic and totally unanticipated outcomes of maintaining the inner connections began to occur in my outer life. When faced with the emotional risk of standing up for myself with someone I feared, and had tried unsuccessfully many times to confront, I was able to risk defending myself on behalf of the invisible child. When that risk was taken, and I survived the risking process without self-destructing, I sensed a shift in the age of the inner child. I experienced her as slightly older.

The new Inner-Self resembled the pudgy, pimply, insecure adolescent I had been. She no longer needed to know whether she was a bad person. The inner adolescent was concerned about a lack of appropriate support and guidance through the transition to

becoming a woman, but her emotional stoppage was due to the chaos created by the deepening alcoholism of her mother and the sudden death of her long-suffering step-father.

Sensing my inner adolescent's previously unmet needs, I devoted time to letting her know I was there to support and guide her. Even though this was rather awkward, and keeping who "I" was straight was not easy, the message that seemed most effective with this adolescent Inner-Self was, "If I had been there when you were becoming a woman in that difficult situation, I would have offered you all the love, support, and counsel you needed to feel very loved, secure, confident, and not alone."

The Inner-Self seemed comforted by the commitment and actions taken to rework the trauma and other painful experiences. Those actions included confronting her mother about the alcoholism and emotional abandonment. When I eventually sensed my Inner-Self knew she was especially loved and protected, she transitioned into a somewhat older Inner-Self.

During the 3 years following the initial healing experience, I maintained the connection to my Inner-Self and inner guidance much of the time and successfully took increasingly complex emotional risks. That process culminated in taking the risk to love myself as my youngest child left home to attend a university, an event that deprived me of an identity and life purpose my son had provided. As a result, I experienced and visualized an Inner-Self at my chronological age. I finally felt like one person and could identify the face I saw in the mirror as my true self. Since that experience, I have continued to risk and grow, and maintain the connection to my Inner-Self and inner guidance. Even though I have revisited my Inner-Self at earlier ages for deepening and

clarifying healing, I have never again experienced my true Inner-Self as younger than my actual age.

Almost immediately after reaching my chronological age emotionally, I was asked by the publishing house Simon & Schuster to write a book on parenting for adult children of alcoholics. While struggling to create an outline for the book, I realized I did not believe in its premise. I believed parents needed to become functional before attempting to parent. I also became aware I had a story to tell about my own experience as a dysfunctional emotionally immature adult attempting unsuccessfully to live life and parent children, and the remarkable self-healing that occurred that changed everything.

It took 3 years to complete and publish the book. During that time, my emotional base became solidified and strengthened through taking emotional risks and loving myself through the consequences. The most significant emotional toughening experiences occurred when I lived with my brilliant but highly dysfunctional mother during the final stages of the book's sale, revisions, and publication. For 2 years, my mother intuitively identified and attacked every emotionally vulnerable part of me. She said my book would never sell, my children did not love me, I would never succeed, and my spiritual life was ridiculous. Confronting my own greatest fears about these highly charged issues forced me to fight for emotional survival. I learned to commit to loving myself through the worst possible consequences if those greatest fears were realized. Without being consciously aware of what she was doing, through the exquisite emotional torture my mother helped me unearth and confront fears she helped create, and prepared me to move beyond my own healing to the challenging work of helping other fearful adults achieve maturity.

Creating the Method

After the book was published, I returned to Manhattan to reestablish a private counseling practice specializing in addictions. However, as I began the new practice, the majority of clients who sought my help were those with the profile I described in the book. It did not seem to matter to those first clients that I had no formal method to offer. Sharing information about the emotional profile of adult emotional immaturity and the story of my emotional maturation in adulthood, and offering hope and understanding, seemed sufficient. Nevertheless, I resolved to create options that would do more than merely help them feel better temporarily. I knew what I experienced had permanently changed my life. I was also driven by the awareness of the failures of those I had formerly tried to help through traditional individual, family, and group therapy before the book was written.

Most compelling were the memories of those who had worked well in counseling for extended periods, yet, when attempting significant life-changing risks, returned to active addictions or other serious self-destructive behaviors. They had not established the emotional base to successfully take powerful emotional risks, and when the challenging risks were attempted, they regressed or relapsed. At that time, I did not know how to help them establish the sufficiently strong emotional base for successfully taking demanding emotional risks. Now, however, I was determined to find a way to guide these new clients in developing a strong emotional foundation. I believed if I could rework the past and create a solid emotional base on my own, others could surely achieve it with guidance.

I resolved to duplicate, and accelerate if possible, the healing and growth experiences I had undergone over a 3-year period. Speed was a major consideration in the

beginning because I was assured I would be going on a book tour in the near future. I explained to potential clients about the upcoming tour, and the fact that they were part of a very experimental work in progress. I decided to compress the initial healing experience and work in blocks of 4 hours on 2 consecutive days in what is now termed the *Intensive*. Following the Intensive, I proposed weekly 2-hour meetings for the time remaining before leaving on the book tour, or until the clients and I considered them ready to end their work. I offered to augment face-to-face contact with telephone calls between office visits. Even though the condensed structure of the method evolved quickly and seemed appropriate, I was very concerned there was an insurmountable obstacle.

I believed the reason I had been able to visualize my Inner-Self clearly was due to the exceptionally dramatic nature of the emotional stoppage trauma I experienced and the startling emotional crisis following the strong identification with the treatment center patient's story. I seriously doubted others would be able to visualize an Inner-Self, especially not with the same quality of visualization, unless they had experienced similar exceptionally powerful early trauma and had experienced some later precipitating event such as the emotional crisis.

I was concerned those who had become emotionally stuck due to less dramatic situations than mine, such as those who had lived years of limited love or neglect, might find it impossible to visualize an Inner-Self, much less pinpoint the specific age when the emotional stoppage occurred. However, I was convinced that "seeing" my Inner-Self, and relating to her as a separate visualized part of me, was essential in responding appropriately to her needs and facilitating her growth.

Visualizing an Inner-Self made it possible to identify, focus on, and help a specific other person, much as I would a client, friend, or child. I could successfully take important growth risks on her behalf, something I had been unable to do for the Outer-Self represented by the face I saw reflected in the mirror. I knew the continued inner visual presence and powerful emotional connection to the Inner-Self, even as she evolved into an older person, made an immeasurable difference in the ability to mature emotionally. I was not, however, convinced it would be possible to facilitate a reconnection of the Inner-Self and the Outer-Self for others.

Concern lessened when one of the first clients, who had suffered ongoing difficulties in childhood but no severe trauma, visualized a younger Inner-Self during the first day of the Intensive. As the session started, I asked the client to recall her earliest fear experiences. When she had difficulty, I suggested she close her eyes, lean back on the couch, and let her mind wander over her early years. She attempted this, said she could identify where some fear experiences took place, but said the impressions seemed vague and not useful in resolving her feelings.

I suggested she return within to the visualization of the place the fearful experiences occurred and attempt to visualize the person having the experiences. Almost immediately, the client reported seeing herself as a 3-year-old child in a field near her grandparents' home. With her eyes still closed, I asked her to describe the child, and she did so in great detail. I then asked her to describe the fearful experiences the inner child was living. The client said when she was 3, her parents, who were noted performers, left her with quarrelsome grandparents while they traveled. She felt insecure with the grandparents but panicked when the parents came to take her from them permanently.

Perhaps because of the decisive nature of the client's responses, I asked her to continue working within with her eyes closed. I asked her to try to comfort the child and address her needs as if she herself were beside the inner girl, saying, "If I had been there with you when you became too afraid, I would have changed what was happening and you would not have felt so afraid." After a few minutes, I asked the client what she was experiencing. She said she had gone within to the little girl, hugged her, and told the parents the little girl did not want to leave the grandparents. The client said she told the parents she agreed with the little girl and was going to permit the little girl to stay with the grandparents.

I asked the client how she and the little girl felt following the new visualization. Continuing to speak with her eyes closed, she said she felt very powerful, and the little girl was happy, smiling. She said the child had needed to know someone listened to her and would have changed the outcome of the fearful experiences. Even though the visualization was fantasy, the client said the love and respect felt by the inner child, and the love, power, and control she felt, seemed real. The imaginary reworking experience appeared to have produced a long-awaited healing of painful memories.

As I reflected on what the client had just told me and considered the next actions to take, the client, with her eyes still closed, calmly volunteered the information that the vision of the inner 3-year-old had been replaced by a vision of an inner 7-year-old. The client described the older inner girl in the same detail she had described the younger one. I was so surprised I continued to question the client, asking if she could also visualize the younger child. She answered she could see her, but the connection to the younger child was not as powerful as it was to the older one.

I was unsure what to do next. Buying time to consider, I asked the client to open her eyes, review the inner experience, and return the next week to continue her work. During the week, I called to ask how the client was doing and to inquire about the age of her Inner-Self. The client remained convinced the 7-year-old was her true Inner-Self. At the session the following week, when the client closed her eyes and went within, that impression remained. I casually observed during the session that the client's outward way of being had changed.

When the client originally came for help, she exhibited behaviors of a little child. The way she sat, her voice, and the overly pleasing manner with me were reminiscent of a very small child, even though her chronological age was 36. When the age of the inner child shifted from 3 to 7, the external behaviors changed as well. Because the shift-in-age was not great, I did not think too much about the outward changes at first. I believed they might have resulted from the client's feeling a little more confident with the work, or more comfortable with me. However, as the client continued to go within, identify an inner age, work with that age Inner-Self, and experience shifts-in-age to her chronological age, remarkable changes in her outward demeanor became undeniable. The client seemed to metamorphose from a child into a woman before my eyes. However, when I described the differences I observed, the client was amused, even disinterested, saying she was just expressing herself naturally.

The image that came to mind as she spoke was of a child crawling, walking, and finally running. When running, a child is not naturally interested in recalling the experience of crawling. However, I was very interested in the process of a client moving from an emotional 3-year-old to an emotional adult quickly and almost painlessly. It

seemed unbelievable at first. Yet, when a number of clients connected with their Inner-Selves, became emotionally unblocked, and through various shifts-in-ages their emotional ages became equal to the chronological ages, I realized the process was not a fluke. Even though I was more concerned with what was happening than why, I determined to improve the experience, if possible, and find ways to track the progress of clients.

I decided to create tools to evaluate the emotional status of clients before healing work began and periodically during the healing process. I hoped to identify significant growth milestones as they occurred. What evolved were two lists created by the client while completing the Client Information Form during the Intensive—a list of the client's goals for therapy, and a list of untaken emotional risks the client knew should be taken but had not been able to take, or take successfully. Periodic evaluation of these lists helped recall the initial emotional status, record changes in emotional functioning, allow for modification and/or creation of new goals if appropriate, and determine when Growth Work could lessen in intensity or end. They also helped refocus the work if it was not going as anticipated or hoped. I developed the Client Inner Work Form to chart each aspect of clients' Inner Work, including each shift-in-age of the Inner-Self. The form proved especially useful in identifying recurring themes within clients' emotional stoppage experiences and in gaining insight into why and how shifts-in-age occurred.

The first client's ease in visualizing an Inner-Self, and almost automatic shifts-in-age, produced a false confidence that others might work as quickly and easily. It soon became evident that most others did not have the same immediate success. They required greater assistance in visualizing the Inner-Self and intensive guidance in

identifying and reworking emotional stoppage situations to achieve shifts-in-age. Highly structured guided imagery, and later self-guided imagery, became the predominant tools for facilitating the Inner Work in Amáte Growth Work. Clients consistently reported feeling empowered when they controlled their own inner healing. Eventually, the guided-imagery exercise became longer and more complex and was finally separated into two distinct exercises. The first helped the client visualize, connect with, and begin communicating with the Inner-Self. The second helped the client resolve emotional stoppage situations experienced at the age of each visualized Inner-Self. When the visualization exercises became self-guided, Inner Work proceeded more quickly.

Most early clients were able to successfully rework and resolve emotional stoppages and experience shifts-in-age of the Inner-Self to the appropriate chronological ages. However, exceptions began occurring. Some clients had difficulties visualizing. Others could only sense an Inner-Self. Still others intuited or heard an inner presence without seeing or sensing one. Occasionally, a client could not visualize, sense, hear or intuit an Inner-Self and was helped through reviewing photographs or cognitive work. However, regardless of the method employed, if the client was able to conceive of an Inner-Self and resolve stoppage experiences, shifts-in-age occurred, emotional risks were taken, and the quality of life improved.

It became evident that everyone has an Inner-Self that can almost always be accessed. This realization helped me gain greater confidence with clients. I also concluded there is a powerful inner force in each individual that pushes forward toward completion; a force that yearns for balance and harmony and creates its own healing momentum. This belief came from experiences with Spanish speakers who did not speak

English when my Spanish was negligible. It became clear that the healing process, once started, developed a force and flow of its own. There were times I truly did not understand what the client was telling me about a traumatic event. However, as soon as the self-guided Inner Work began, the client was able to experience shifts-in-age and move to the chronological age. Once unblocked emotionally, risks identified and taken produced positive changes in the lives of clients.

Looking back, I know it never occurred to me that emotional growth and development did not continue lifelong. And I took it for granted that the core of any healing was spiritual. Because I began my professional life as an addictions counselor and recovering alcoholic, I accepted that connecting to and relinquishing my life and will to a loving Higher Power, no matter what I called it, were essential to staying sober and helping others become sober and maintain their sobriety. I believed those struggling to grow up in adulthood would have to be helped to make and keep a spiritual connection and learn to surrender to the Higher Power of their understanding.

The healing method had to help the client refocus attention within to connect to and heal the Inner-Self and reconnect with a loving inner force. That inner force would provide the guidance and sense of security missing since the original emotional stoppage occurred and the client turned outward searching for love and security. Convincing frightened and mistrusting immature adults to risk turning within and trust inner guidance was no easy task. Yet, in this challenge I had a real advantage.

I had spent years presenting difficult spiritual concepts to spiritually paranoid clients in treatment for addictions and at war with God. I had honed my skills with addicts who faced death if they did not become sober, with sobriety depending on

developing a strong spiritual belief system. Those clients prepared me well for the new set of adults who had to decide to risk, believing love existed, and existed within them, to heal themselves and grow. There was no question that all spiritual ideas presented as part of the method had to be accessible and generic.

After extensive personal spiritual and religious investigation, seeking a specific religious connection that did not materialize, I settled on a very generic and inclusive personal spiritual belief system that has been of invaluable help in guiding others in their spiritual lives. It is based on the belief that each individual is responsible for connecting to the voice of inner guidance within, and asking, receiving, and following appropriate inner guidance. The presence of peace is the sign that appropriate inner guidance has been followed. It is up to each individual to define more specific spiritual and religious beliefs.

For the first few months of working with the healing process, I was not sure what was to happen after the Intensive, or when the process ended. The Post-Intensive follow-up visits sometimes seemed anticlimactic, especially after the client's Inner-Self reached the chronological age and the profound and dramatic Inner Work Exercises were no longer necessary. My changes in role from listener in the earliest Intensive work, to guide for the Inner Work, to teacher and coach for the Post-Intensive emotional toughening and schooling phase, were not always comfortable for either clients or me.

However, I believed the client who was finally the same emotional and chronological age still lacked sufficient emotional strength to successfully negotiate taking difficult emotional risks. Tools to take the risks needed to be identified, taught, and practiced under supervision until assistance was no longer required. Over time, I

developed an emotional/spiritual “boot camp” approach for the Post-Intensive phase. The objectives of the new phase were carefully explained before beginning the healing process. As a result, discomfort about the changes in Growth Work activities, and my roles in them, subsided.

The method soon developed a life of its own. After several clients underwent healing and growth experiences, patterns emerged, and judging the various stages of the process became predictable. The process ended when the client achieved emotional maturity. That meant the client had arrived at the same emotional and chronological age through Inner Work; had connected with and maintained a loving connection with the Inner-Self; had developed the tools to independently access, evaluate, and act appropriately on inner guidance; and could successfully survive the consequences of appropriate emotional risking.

After approximately 3 months, the typical client was ready to attempt emotional independence, and the client and I discussed adjusting the pattern of our involvement to monthly or “as-needed” aftercare. This did not imply that by the end of 3 months the client was totally fulfilled and actualized, or would never experience emotional difficulties or emotional stoppages in the future. It did mean most clients could enter the process of taking the series of appropriate adult risks that would determine the individual destiny, a potential formerly impossible due to emotional stoppages. It meant the tools to create this destiny had been taught, practiced, and lived, even if later the individual chose not to use them, delayed using them, or stopped using them for a time then returned to their use.

There have certainly been exceptional client experiences. There have been those for whom the process has taken much longer than 3 months, and some for whom a month has been more than enough. There have been clients with every conceivable reason to stop growing emotionally, and every conceivable problem being experienced in adulthood as a result. There have been those for whom visualizing the Inner-Self was extremely easy, and those requiring the most creative approaches to connect with the Inner-Self. Yet, after 13 years of using the very eclectic method with over 1,200 clients, including 15 psychiatrists and 62 psychologists, the form and substance of the work itself has become enriched and refined but has not changed significantly from the first clients. The most important aspects of the method, confirmed with each client, are the vital work accomplished during the 8-hour Intensive, the shifts-in-age of the Inner-Self accomplished during the Inner Work, and the generic spiritual approach.

Biographical Information

As the healing method began to evolve, the most significant resource at my disposal was dependence on my own inner guidance system. However, the method certainly did not spring out of thin air. In hindsight, my personal experiences, education, and professional preparation were perhaps uniquely suited to the task of creating this particular healing method.

By the time I discovered I was an emotional 8-year-old, I had survived over 100 moves, the chronic alcoholism of my parents, the sudden deaths of my father and step-father, two marriages and divorces to immature adults, the birth of two children, the overwhelming challenge of raising five children for 8 years, and ongoing crises caused by my immaturity. Despite problems in my emotional life, I became a successful mental

health program grant writer and program planner in Maine in the 1960s and 1970s. In the 1970s, I created, taught, and ran a model alternative high school for drop-outs, designed and implemented a system-wide program of peer counseling activities, and was an adolescent case worker for a Department of Social Services in Colorado. The experiences of teaching and counseling underachievers with emotional problems, and writing and developing successful programs promoting emotional growth and mental health, contributed heavily to the skills and confidence necessary to create an emotional healing method.

In the early 1980s, while earning my M.S. in Psychology, I worked as an aftercare specialist at the Hazelden Foundation for Addictions in Minnesota. I was responsible for intensive short-term interventions with sober and straight former patients who returned to Hazelden in living situation crises. I became known for my short-term approaches for resolving difficult emotional and spiritual issues. The aftercare supervisor encouraged me to become acquainted with the work of existential therapists.

At Hazelden, I was afforded the unusual privilege of working with psychologists and psychiatrists as they administered, read, and used the Minnesota Multiphasic Personality Inventory (MMPI) test with patients. I was allowed to compare my readings and evaluations with the experts. My mother, Dr. Samantha Ross, finally achieved sobriety and was manager of all patient care at Hazelden while I was there. She was an expert in detecting often subtle mental disorders in patients. I worked closely with her in evaluating aftercare visitors and group participants for possible mental problems. I was permitted to observe her conducting evaluations on questionable mental status primary patients and discussing her conclusions with the patients following the interviews. As a

result of these extraordinary experiences, I became practiced in determining those inappropriate for traditional interventions, a skill of vital importance when working in private practice with a client population limited to those within normal psychological ranges.

In 1982, I became aftercare director of the alcoholism treatment center in Pennsylvania, previously mentioned, and in 1983, started an aftercare center in Manhattan. My clients included the super-rich and famous. Working with this clientele forced me to become comfortable with “star” individuals and helped me appreciate the universal needs, specific challenges, and unique possibilities of this client population. It also provided invaluable insights into becoming a public person, something vital if this healing method is to be made widely available. In late 1987, I was asked to write the book published in 1990 that became the first concrete step in the creation of the healing method described in this dissertation.

From 1991 to 1994, in Manhattan, the method developed through experiences with over 200 clients from diverse social, educational, and professional backgrounds. In 1994, I moved to San Miguel de Allende, Mexico, where I worked with several new groups of clients, including senior citizens, gay and lesbian clients, adults whose children or grandchildren had died, and nine psychiatrists.

In 1997, I returned to Manhattan with the intention of publishing a description of the healing method. It quickly became apparent that I needed greater professional credibility and the appropriate educational background to responsibly explain and defend the method. In 1998, I entered Saybrook Graduate School and accepted an invitation to live and work in the Dominican Republic. Within weeks, I appeared on national

television programs that produced an extensive following. That experience confirmed that even very diverse cultural, educational, social, and ethnic groups were able to benefit from the method.

In 1999, I moved to Costa Rica to work and continue my studies. I began to understand the philosophical underpinnings of the method and relate the method to the thoughts and work of others. I helped a number of clients from the gay community in very homophobic Costa Rica, expanded my experience in working with parents, and assisted couples after they had used the method individually. I also worked with a group of late adolescents from dysfunctional homes and discovered it was possible to help them develop tools to achieve emotional maturity and find their life paths, even when their parents remained emotionally stuck and dysfunctional. Experiences with the variations of extended family groups and cultural patterns in Costa Rica further confirmed the broad potential of the method.

In 2003, I returned to San Miguel de Allende, Mexico, to become the companion of an old friend who died of cancer 7 months later. The experience was invaluable in gaining insights and understanding of the final stages of the emotional risking process of life and preparing me to complete this dissertation.

In the next chapter, a discussion is presented of definitions and use of the terms *emotional maturity* and *emotional immaturity* to evaluate whether the terms appropriately describe the profile of Amáte Growth Work clients. Chapter 3 also contains an expanded discussion of my definitions of the terms.

CHAPTER 3 DEFINITIONS AND DESCRIPTIONS OF EMOTIONAL MATURITY AND EMOTIONAL IMMATURITY

Background

According to Chodrow (1997, p. 3), Jung first healed himself and then later developed his healing method. For 3 years, as Jung underwent his self-healing, he found himself incapable of reading a professional or scientific book (p. 37). While undergoing my self-healing and developing Amáte Growth Work, I found myself intuitively guided to stay isolated from other healers and healing ideas, and guided to focus on living the experiences and not analyzing them. The process was very practical.

I observed progressive improvement in my ability to make decisions and take actions that led to a better quality of life. When I attended responsibly to my inner life, things went better in my outer life, I was in pain less of the time, and I experienced peace more consistently. When I failed to attend responsibly to my inner life, things worsened in my outer life, pain increased, and I was not at peace. Because having peace had been my lifelong goal, and that goal had been so elusive, the ability to find and maintain it seemed unbelievable at first. I finally realized not having peace was the result of my choice not to do the work to have it, and that choice became unacceptable. The once unattainable state of peace, after becoming a regular part of life, seemed so natural and right it did not occur to me to step back and analyze the pieces of the miracle.

However, understanding what happened to me, and deciding on appropriate terms to use to describe those experiences, became very important when I began writing the book about my personal healing and the emotional condition that existed before healing occurred. I became conscious of what had happened when the subtitle of my book

became *Growing up in Adulthood*. When considering what the condition of *not* being grown up might be called, I was very disappointed that the then questionable term *emotional immaturity* seemed the most appropriate choice. To avoid featuring the term *emotional immaturity* in the book, I created the metaphor *The Seashell People* from the vision I had of myself before healing.

The Seashell People: Growing up in Adulthood (1990) became the title of the hardback edition of my trade book. The image was of a legitimately mature adult mind and body presented to the outer world, while an emotionally stuck child or adolescent remained hidden within in an invisible “seashell.” I later learned this concept was similarly described by Wilhelm Reich (1949, p. 20). The implication was that the seashell was protective, but it was also limiting. It kept the reality of an inner emotional child or adolescent a secret from the outer world most of the time, and it kept the inner child or adolescent from being destroyed. However, the “opaque” shell prevented the emotionally stuck child or adolescent within from “seeing” clearly, and, age-inappropriate perceptions, feelings, and actions resulted. Serious errors in judgment occurred most often when the inner child or adolescent became overly afraid.

Using the shell analogy, the method of growing up was to help the child or adolescent within the seashell feel loved and safe enough to let go of the shell and risk taking emotional growth risks leading to mature adulthood. When the inner emotional person was finally the same age as the adult body and mind, “vision” cleared, feelings and actions became age appropriate, and peace resulted. Around the inner emotional adult there was finally enough love and security that, when threatened, vision remained clear, a protective barrier of love appeared, and appropriate risks could continue to be taken

successfully. When the barrier was not required, it relaxed into the essence of the loved inner adult.

Even though, during the writing of the book, I received positive responses to the seashell image and was content to think I had presented the concepts in a sensitive and nonthreatening way, I was still concerned that labeling anyone emotionally immature might be insulting or hurtful. I carried this preoccupation into initial work with clients, exercising tact and caution when discussing the profile they presented. However, most clients arrived for help with the suspicion they were suffering from a permanent mental illness or a grave irreversible emotional defect causing the ongoing difficulties experienced in their adult lives, and these clients suspected their situation was hopeless. They seemed to find real clarification, comfort, and hope when they heard many of their problems might simply result from premature stoppage in the normal emotional growth process and it was possible to reverse the stoppage and achieve emotional maturity. They seem heartened to learn their fear-based inner *condition* was their private information, was most often generational and not their or their parents' fault, and was something they had the power to change.

I concluded my fear of doing harm by using the terms *wasted valuable time* and *limited my effectiveness*, while use of the terms, when explained with compassion and care, was actually helpful in the healing process of most clients. I found, following a search for an acceptable alternative, *adult emotional immaturity* was the most descriptive and accurate term for the Amáte Growth Work client profile. Research also confirmed my initial negative reaction to the term *emotional immaturity* was appropriate for the 1990s.

Use of the Terms

Prior to September 11, 2001

Use of the terms *emotional maturity* and *emotional immaturity* to identify the psychological profiles described in this dissertation waned considerably after a golden period of use around World War II. The decline in popularity made the terms, if not invisible, certainly endangered. When looking for explanations for the reticence in their use, I discovered the terms are commonly used during threatening international crises such as wars and terrorist attacks, when the demand for mature citizens and leaders is acute and the consequences of adult emotional immaturity are critical, and delicacy is not a priority. However, when times are less dangerous, the terms lose popularity. During the 1990s, according to Reber's (1995) definitions, the term *emotional immaturity* was not just used less; it had a bad reputation. "1. Not mature, not fully developed. This meaning is descriptive and evaluatively neutral. 2. *Displaying less-well-developed traits and characteristics than the norm for one's age. This meaning carries clear negative connotations*" (p. 248).

By 1994, the penchant for trying to avoid use of the term *emotional immaturity* altogether was common. Alice Miller (1997), authority on the influences of childhood trauma on adults' failure to achieve full emotional development, chose not to mention the terms in her pioneering book, *The Drama of the Gifted Child: The Search for the True Self*. Edward Kaufman (1994), leader in the field of addictions, avoided using the terms in *Psychotherapy of Addicted Persons*, even when discussing negative family dynamics that influence the addict, or when describing infantile personality characteristics. A review of over 100 articles written before September 11, 2001, on posttraumatic stress

disorder (PTSD) failed to uncover mention of the terms, yet a host of related issues, including extreme fear, traumatic memories, childhood sexual abuse, war neurosis, and substance abuse, were discussed.

The concepts of emotional maturity and emotional immaturity have been cloaked in other terms that have made unsuccessful bids for wide public acceptance. Baum (1994) selected *cultural adult* for the individual who is adult in years but exhibits emotionally immature behaviors (pp. 33-37). McArthur (1988) invented the unfortunate term *impinged-upon adult* for those stunted in their emotional growth by their parents (p. xv).

Despite flagging popularity of the terms and concepts in the 1990s, there were a few bravely attempting to sound an alarm. Brenda Wade (1996) challenged her Black sisters to look at the “hands-on-hips, head-bobbing, I-don’t-care-what-anyone-thinks-or-feels, I’m-going-to-say-what’s-on-my-mind attitude that seems like the mark of a strong Black woman who serves the world notice that she’s nobody’s fool and won’t be pushed around” (p. 1). Wade counseled,

But rather than a sign of strength, acting out, “snatching” or flying into a fit of rage whenever something doesn’t go our way is really a sign of emotional immaturity and a warning that our physical, mental and emotional energies are in jeopardy. . . . Drama-queen posturing is often the vehicle through which Black women act out feelings of depression. . . . At the core of every drama queen is the feeling she is unloved. Lack of self-love causes us to disregard such issues as dignity, self-respect or earning the respect of others. But creating emotional drama is a poor love substitute. It’s really just a means of manipulating people and situations to get our way. The tragedy is that it’s also highly addictive. . . . Before we can let go of the high drama in our lives, we must understand its source. It usually comes from family patterns we grew up with. (1996, p. 2)

Post September 11, 2001

The significant shift in consciousness that took place following September 11, 2001, brought a moderate but sustained resurgence in the use of the terms (Horton, 2003).

The following are two examples. An article appearing September 30, 2001, in *The New York Times* challenged the suitability of the emotionally immature content of a television program hugely popular prior to September 11, 2001, on the grounds that the “audience was abruptly yanked into adulthood on Sept. 11” (Salamon, 2001). Ken Burns, creator of exceptional historical documentaries, speaking on the first anniversary of September 11, 2001, said New York City had changed, was more mature, and was being forced to mature emotionally following September 11, 2001. He agreed emotional maturity was a difficult state to achieve and live, but it was necessary if New York City was to recover its balance and move ahead (Capus, 2002).

Emotional Maturity

Defining Emotional Maturity

One of the most significant problems faced by those trying to help others achieve emotional maturity has been arriving at agreement over its definition. For many, defining emotional maturity has resembled concretizing such illusive and subjective concepts as hope, beauty, or love. Most definitions of emotional maturity in the literature “indicate what people would be like if they achieved full emotional development. . . . They represent the ideal” (Saul, 1960, p. 19). They also commonly describe capacities, abilities, attitudes, and actions, rather than the core conditions producing them.

George Vaillant (1993) touched on the complexities in defining emotional maturity:

By maturity I mean the ego capacity to appreciate the relativity of situations, the ability to take a historical point of view and to tolerate paradox. But maturity is not an easy concept to grasp. In Adolf Meyer’s words, “Of all the inevitably relative human considerations, maturity is one of the most elusive.” Essential to maturity is the capacity to understand that all things are relative and that others

have suffered worse and survived. Essential to maturity are the knowledge that this too shall pass and the ability to postpone, yet not repress, gratification. Such a definition of maturity is very close to the ego defenses of suppression and anticipation. But it is also very close to Jane Loevinger's definition of mature ego development, to Jean Piaget's concept of formal operations, to Lawrence Kohlberg's highest stages of moral development, and to Erik Erikson's (2002) concept of generativity. (p. 311)

Reber (1995), in *The Penguin Dictionary of Psychology*, defined emotional maturity as "the state in which one's emotional reactivity is considered appropriate and normal for an adult in a given society. The clear connotation in most cultures is one of self-control and the ability to suppress extreme emotions" (p. 248). Covey (2001) considered emotional maturity "the ability to express your feelings and convictions with courage, balanced with consideration for the feelings and convictions of others" (par. 2). However, the most enduring popular definition (Christopher News Note [n.d.]; Driesen [2001]) has been Menninger's (1957) Criteria of Emotional Maturity:

1. The ability to deal constructively with reality
2. The capacity to adapt to change
3. A relative freedom from symptoms that are produced by tensions and anxieties
4. The capacity to find more satisfaction in giving than receiving
5. The capacity to relate to other people in a consistent manner with mutual satisfaction and helpfulness
6. The capacity to sublimate, to direct one's instinctive hostile energy into creative and constructive outlets
7. The capacity to love (p. 8)

Pioneer humanistic psychologist Carl R. Rogers (1902-1987) wrestled with defining emotional maturity while considering its achievement a goal of great importance. Evaluating outcomes of his client-centered therapy, Rogers (1954) "undertook an investigation of changes in the maturity of the client's behavior as related to therapy" (p. 259). Rogers (1961) came closest to defining emotional maturity as an

inner condition when he discussed inner changes taking place in therapy that resulted in behavioral changes, even though he did not mention the specific inner changes:

The theory of client-centered therapy hypothesizes that the inner changes taking place in therapy will cause the individual after therapy to behave in ways that are less defensive, more socialized, more acceptant of reality in himself and in his social environment, and which give evidence of a more socialized system of values. *He will, in short, behave in ways that are regarded as more mature, and infantile ways of behaving will tend to decrease.* (p. 259)

Rogers (1961) dissected the outcomes of maximally successful therapy in his description of the *fully functioning person* who lives *the good life*, a concept he considered synonymous with *the mature life* (p. 189). The outcomes Rogers described are identical to those observed in optimally successful Amáte Growth Work.

Rogers (1961) identified three qualities of those living the good/mature life. They have an increasing openness to experience, have experienced increasingly existential living, and have an increasing trust in their organism. The increasing openness to experience results from decreasing defensiveness, defined as “the organism’s response to experiences which are perceived or anticipated as threatening, as incongruent with the individual’s existing picture of himself, or of himself in relationship with the world” (p. 187). Rogers considered movement toward existential living, or “the increasing tendency to live fully in each moment” (p. 188), the most essential quality of those living the good life (p. 189). Rogers recognized an increasing trust in the organism “as a means of arriving at the most satisfying behavior in each existential situation” (p. 189). When the answer received from within produces undesirable consequences, there is an openness that permits corrections to be made if necessary (p. 191).

Rogers (1961) did not believe the good/mature life is a fixed state. “The good life, from the point of view of my experience, is the *process of movement* in a direction which

the human organism selects when it is inwardly free to move in any direction, and the general qualities of this selected direction appear to have a certain universality” (p. 188).

Rogers (1961) concluded complete and absolute freedom of choice, implemented in the client’s behavior, is the optimum experience of therapy. The free, fully functioning, mature individual is creative, nonconformist, “the type most likely to adapt and survive under changing environmental conditions . . . and even when in very unhappy circumstances . . . would continue to move toward becoming himself, and behave in such a way as to provide the maximum satisfaction of his deepest needs” (p. 194). This individual is constructive, trustworthy, positive, forward moving, balanced, realistic, and realistically socialized (p. 194), all characteristics found in definitions of emotional maturity.

Rogers (1961) thought the person living the good/mature life experiences greater richness, variety, and range of feelings, is more sensitive, and finds this new life frequently frightening but also satisfying (p. 195). Rogers (1961) wrote,

It seems to me that clients who have moved significantly in therapy live more intimately with their feelings of pain, but also more vividly with their feelings of ecstasy; that anger is more clearly felt, but so also is love; that fear is an experience they know more deeply, but so is courage. And the reason they can thus live fully in a wider range is that they have this underlying confidence in themselves as trustworthy instruments for encountering life.

This process of the good life is not, I am convinced, a life for the faint-hearted. It involves the stretching and growing of becoming more and more of one’s potentialities. It involves the courage to be. It means launching oneself fully into the stream of life. Yet the deeply exciting thing about human beings is that when the individual becomes inwardly free, he chooses as the good life this process of becoming. (pp. 195-196)

Mid-20th-century psychiatrists William Menninger, Leon Saul, and David Abrahamsen focused their energies on helping professional peers and the public understand and achieve emotional maturity. They based their theories on experiences

gained in treating hundreds of soldiers with war neurosis during and after World War II. Menninger is the most widely recognized today, although it was Saul who left the most extensive body of work on the topic, including 12 trade books and professional texts, and created the most complete traditional definitions and descriptions of emotional maturity and immaturity. According to Saul (1960),

We have seen that when the development is fulfilled the adult is *predominantly* independent and responsible, with little need to regress, and also is giving and productive, although still able to relax, and to receive normally; he is cooperative rather than egotistical and competitive; he is in relative harmony with his conscience, which easily integrates with his mature feelings and behavior; his sexuality is free and integrated with mating and responsible productive activity, both sexual and social; his hostility toward others and toward himself is minimal but is freely available for defense and constructive use; his grasp of reality is clear and unimpaired by the emotional astigmatism of childhood; and freed from childhood patterns, he is discriminating and highly adaptable. And among the many results of such development, his anxiety is at a minimum.

It cannot be emphasized too strongly that maturity means not merely the *capacity* or such attitudes and functioning but also the ability to *enjoy* them fully. The mature adult is in harmony with the persisting infantile impulses in himself, and they contribute, directly and in their sublimations to his constructive activities as well as to his capacity for fun, zest, and recreation. He *enjoys both* play and responsible activities and keeps them in proper balance. (pp. 16-17)

Writing for his peers, Saul (1977) stated,

Emotional maturity consists in achievement of relative *development out of* the child's dependence upon its parents *to* relative independence (Parens & Saul, 1971) i.e., separation individuation (Mahler, 1965). It is the development out of the child's intense need *for* love to the ability to *give* love, out of extreme narcissism and competitiveness to object interest and a paternal or maternal or fraternal or sisterly identification, to live and let live; it is relative harmony with one's superego and (the result of this development) relative freedom from domination by repressed *childhood emotional patterns*—all of this yielding a relatively accurate sense of reality and the flexibility to feel, think, and act in accordance with reality and without undue frustrations and without undue hostility and regressive trends and from a too strong fight flight reaction. (p. 10)

Emotional Maturity and Emotional Intelligence

Because emotional maturity was not considered a term or concept of choice by many prior to September 11, 2001, (Goleman, 1995, 1998, 2000; Kramer, 1994), currently popular terms and concepts were reviewed that might relate to the psychological profile of Amáte clients. Striking similarities were found between the elements of the concept *Emotional Intelligence (EI)* and definitions of emotional maturity. The subscales of the best known evaluation tool of EI, the Emotional Quotient Inventory (EQ-I), developed “to examine various factors thought to be key components of effective emotional and social functioning that lead to psychological well-being” (Bar-On, 2000, p. 364), relate closely to Menninger’s (1957) seven Criteria of Emotional Maturity. The EQ-I subscales are:

- (1) Self-regard, (2) Emotional self-awareness, (3) Assertiveness,
- (4) Independence, (5) Self-actualization, (6) Empathy, (7) Social responsibility,
- (8) Interpersonal relationships, (9) Stress tolerance, (10) Impulse control,
- (11) Reality testing, (12) Flexibility, (13) Problem solving, (14) Optimism,
- (15) Happiness. (Bar-On, 2000, pp. 365-366)

In an attempt to discover if there are healing methods designed to raise the EI levels of normal adults that might be similar to Amáte Growth Work, personal communication was conducted with authors of *The Handbook of Emotional Intelligence* (Bar-On & Parker, 2000). It was learned the authors knew of no methods similar to Amáte, and “virtually no one has conducted appropriate research [into] the ways in which EI changes through psychotherapy” (P. Salovey, personal communication, May 9, 2002).

Daniel Goleman (1995, 1998, 2000), who popularized the concept *Emotional Intelligence* (Bar-On, 2000, p. 363), did not discuss the relationship between EI and

emotional maturity in his books, yet indirectly identified maturity as the goal of EI (1995, 1998), and more directly stated this goal in 1998:

In the normal course of a lifetime, emotional intelligence tends to increase as we learn to be more aware of our moods, to handle distressing emotions better, to listen and empathize—in short, as we become more mature. To a large extent, maturity itself describes this process of becoming more intelligent about our emotions and our relationships. (p. 240)

Goleman (1998) stated the aim of psychotherapy was to help alter “emotional lessons—even the most deeply implanted habits of the heart learned in childhood” (p. 214):

The more ordinary travails of childhood, such as being chronically ignored and deprived of attention or tenderness by one’s parents, abandonment or loss, or social rejection may never reach the fever pitch of trauma, but they surely leave their imprint on the emotional brain, creating distortions—and tears and rages—in intimate relationships later in life. If PTSD can be healed, so can the more muted emotional scars that so many of us bear; that is the task of psychotherapy. (p. 213)

Emotional Immaturity

Defining Emotional Immaturity

Profile of Adult Emotional Immaturity in Therapy

Just as the achievement of ideal emotional maturity, regardless of the definition, would be exceptional, the individual exhibiting every characteristic found in definitions of emotional immaturity would also be extraordinary. However, to gain an understanding of the myriad possible negative characteristics of the adult traditionally defined as emotionally immature, the following profile of Abrahamsen’s (1958) patient, “Lydia T,” has been included:

Profile of Patient “Lydia T”

1. Lack of realism
2. Feeling sorry for herself

3. Quick acceptance of defeat
4. Fear of asserting herself
5. Refusal to accept help though needed
6. Suggestibility
7. Submissiveness
8. Blaming others
9. Irresponsibility
10. Jealousy
11. Underestimation of herself
12. Inability to accept praise
13. Fear of admitting mistakes
14. Fear of being deserted and helpless
15. Inability to be left alone because of feeling unloved
16. Contempt for others
17. Feeling “no one ever helps me”
18. Wanting to be taken care of
19. Feeling of “not belonging”
20. Bragging
21. Sadism
22. Revengefulness
23. Having to be “the best”
24. Competitiveness with members of the same sex
25. Hostility toward / and competitiveness with parent of the same sex
26. Rebelliousness
27. Decisions based on other people’s opinions
28. Unduly seeking pleasure and new thrills
29. Excessive pride
30. Feeling of omnipotence
31. Needed to be liked by everyone (even if she doesn’t like them)
32. Fear of punishment
33. Distrust of other people’s motives toward her
34. Fear of death
35. Fear of admitting mistakes
36. Fear of unworthiness leading to masochism (pp. 236-239)

A Personal Profile

Most experts surveyed created lists of negative characteristics to define emotional immaturity similar to Abrahamsen’s (1958). To humanize these definitions, the following description of experiences just before, and shortly after, discovering I was emotionally stopped at age 8 is included. It is intended to offer the reader a clearer portrait of the

syndrome of suffering and waste that affects every aspect of the emotionally immature adult's life, a portrait not always apparent, but embedded in the flawed life choices stemming from incomplete emotional maturation.

At the age of 41, in late October 1982, I had recently assumed the position of aftercare director at a private alcoholism treatment facility in Pennsylvania. I was living in an Amish farmhouse on an idyllic horse farm. My daughter, just out of high school, was working on a sailboat in the Virgin Islands. My son, age 15, was about to return to live with me after spending 2 years with his father, my ex-husband.

Within 3 months as aftercare director, I had successfully established the aftercare program at the clinic. My reputation spread quickly, and I was asked to speak at various out-of-state professional functions. To the outside world, I was a star with unlimited potential. Unfortunately, I was once again living the honeymoon phase of the cycle common to adults who have nearly everything in life except emotional maturity.

I accepted the job in Pennsylvania because the latest dysfunctional love interest lived nearby. The man was dating five women with whom he played a painful game of "come close, then go away." He came close to one of us until she tried to establish an exclusive relationship with him. When that happened, he moved swiftly to one of the other women. I spent my time yearning for the man to choose me and trying to mold myself into what I thought he wanted. I even took flying lessons because he piloted his own plane, though I suffer from severe motion sickness.

In an effort to win the man, I invited him to co-lead one of my aftercare groups, despite the fact that he was not gifted or well received, and the pain I experienced when he was in one of his "go away" phases was extreme. I was unable to tell him I did not

want him to co-lead the group, and I was unable to tell him I was not interested in being one of many women in his life. I soon felt emotionally stuck and powerless in this most important and intimate part of my life, feelings I knew all too well. I also felt humiliated that I taught and encouraged others to love themselves without having the ability to live what I was teaching. I frequently felt anxious, needy, and desperate.

I spent a great deal of time trying to anticipate errors in judgment concerning emotional issues but was caught off guard by decisions made when fearful. I did the very best I could to make the right decisions, only to be told by others that I was mistaken, and told what the correct decisions should have been. I could appreciate the wisdom behind the correct decisions when they were explained but knew I could not have made the correct choices on my own. Although I was convinced I was only failing in my private life, I was finally forced to admit errors in judgment occurred in my professional life as well, errors that occasionally adversely affected the lives of my clients. This realization compounded my sense of terror and hopelessness. However, the repercussions in my personal life were truly devastating.

I had failed in two marriages and various other intimate relationships with equally immature men. I had stayed out of relationships for years at a time in an attempt to acquire successful relationship skills. However, even after extended periods of being alone, the moment I allowed myself to enter a relationship I began to fail, and realized the time alone had taught me nothing. After a period of believing the new relationship would be successful, the new man and I would have to admit we had not filled the emotional void in the other, and it was time to keep searching for someone who might succeed. Neither of us dared believe the magic person outside ourselves did not exist.

I was failing as a mother, and my lack of skill in parenting marked the lives of my children. My daughter left home as confused and fearful as I was. She followed in my footsteps in her inability to love and care for herself and in her inability to form a stable romantic relationship in which she felt loveable and loved. She perpetuated the immature tradition of searching and grabbing at any romantic crumb that might fill the loneliness and sense of void, attempts that always failed. My son and I were trapped in a dependent relationship that was very unhealthy; yet, I was unable to put his emotional needs before my own or teach him how to achieve emotional independence.

As previously discussed, in January 1983, I discovered I was an emotional 8-year-old attempting unsuccessfully to live an adult emotional life (Horton, 1990). Although I did not have a great deal of confidence in my ability to help myself, I determined to try to love and support that inner 8-year-old. In a first effort to protect her, I took the incredible risk of telling the “boyfriend” the nonrelationship was over.

Sadly, I was not yet emotionally equipped to take this risk and love myself through the consequences without looking for relief from my pain. Not long after, a charming retired professional athlete I barely knew asked me out. After less than a month, I impulsively agreed to marry him and chose a house to share with him and my son. On the night my son and I moved our things into the house, the man began drinking and became violent. I silently collected my son and our things, and fled. The man ran out of the house after the car, screaming obscenities into the night.

Eight months after being at the top of my life, decisions made by my still emotionally fragile Inner-Self devastated me, nearly destroyed my reputation, and threatened the security and safety of my son. It was the drive to provide for my son, as

well as the sense that I had begun to grow a little stronger emotionally, that kept me going. Within a month, as had happened so many times before, someone impressed by my gifts who had not known of my recent fiasco, and could not imagine my inner turmoil, invited me to accept a wonderful opportunity in New York City. Two years of personal growth later, I quite unexpectedly realized my Inner-Self had matured and was my chronologically age.

The years since that moment have been ones of sustained emotional growth. I have continued to identify and take appropriate spiritual and emotional risks, love myself successfully through the consequences of the risks, and experience peace much of the time. Although the years with me as their mother certainly took their toll on my children, I have become a much better, though not perfect, parent, and I am at peace with myself in this area at last. That said, I would give anything to have the ability to start over with them. Instead, I use the pain I caused as motivation to help other emotionally immature parents grow up and then re-parent their unfairly wounded children into maturity.

Negative Consequences of Emotional Immaturity

The negative consequences of emotional immaturity discussed thus far have been primarily those experienced by adults. However, most agree emotional immaturity in adulthood begins in childhood or adolescence. The following is a review of findings of studies describing negative consequences of emotional immaturity on and during childhood, adolescence, young adulthood, and adulthood. The definitions of emotional immaturity of the various authors were varied and imprecise.

Childhood

Saul (1960), Wade (1996), and Bar-On (2000) concluded the most powerful contributing factors in early emotional arrest were negative influences of caregivers in the home and the home environment itself. Dizon (1984) established that children from homes with parents who did not provide conditions necessary for secure attachments tended to be anxious, insecure individuals, usually described as overly dependent or immature. Klock (1972) studied immature children who suffered a permanent state of anxiety and found the permanent state of anxiety did not occur when the child received emotional support immediately following anxieties. Greening (1958), investigating moral standards and defenses against aggression in children, determined the ego defense mechanism of “turning-against-the-self positively related to harsh physical punishment” (p. 173) by the parents.

Mader (1946) concluded causes of adult maladjustment, other than mental deficiency and psychosis, were generally traceable to a childhood environment that, consciously or unconsciously, encouraged a retardation of a child’s emotional development. Crespi and Sabatelli (1997) recognized the ability to evolve a mature and differentiated sense of self was tied to the individuation process, a process that largely depended on healthy family relationships. They confirmed that the child from a home with alcoholic parents suffered from psychological maltreatment and dysfunction, which interfered with the child’s ability to form a mature identity. They also substantiated that this unfortunate environment limited the child’s capacity for intimacy and restricted the child’s ability to adapt successfully to adult roles and responsibilities.

Adolescence

When the emotionally immature child is unable to heal and catch up to emotional age mates, and immaturity endures into the turbulent adolescent years, the stage is set for a series of failures that continue into adulthood. Failure in high school is often the first critical negative turn taken in the life of the emotionally immature individual. Early studies, for example Karlan (1934), found emotional immaturity accounted for failure in half the students studied including students with high IQs. Gumora (2000) confirmed that a student's GPA was predicted more accurately by the ability to manage the typical anxiety and frustration that accompanies schoolwork than by all other variables.

Young Adulthood

The emotionally immature adolescent who is not appropriately identified and helped to resolve early emotional stoppage will move into young adulthood and discover more complicated tasks to attempt and more significant negative consequences of immature behaviors. Ienistea (1981) studied Romanian university students who wanted to enter professions and become independent of their families and found these goals often proved unattainable when the student was emotionally immature. Cramer (2002) and Tuulio-Henriksson, Poikolainen, Aalto-Setälä, Marttunen, and Loennqvist (2000) predictably concluded that use of immature ego defense styles by young adults was more dependent on factors affecting emotional development during early years than on events occurring during young adulthood.

Boyd and Huffman (1984) determined students with lower emotional maturity were more likely to drive while under the influence of alcohol than were their more mature peers. Strecker (1947) and Saul (1960) found 40% of all young Americans

rejected for military duty at induction during World War II were rejected for neuropsychiatric reasons stemming from emotional immaturity.

Adulthood

Intimate relationships. A critical, yet often unsuccessfully accomplished, task of emotionally immature adults is establishing lasting intimate relationships. Milloy (1998), reporting on a study of Black and White couples followed during the first year of marriage in which three times as many Black couples as White couples divorced or separated, identified emotional immaturity as the culprit:

However, I would like to suggest another, more personal factor: pride. It sure sounds to me like ego run amok when a man walks out on his wife and children because he's feeling anxious about his ability to make enough money. And frankly, I don't see how giving a job to a man who is excessively prideful will help his marriage at all. The same emotional immaturity that keeps him from working through problems with a spouse will probably show up in the workplace, too, and probably doom him there as well. (Milloy, 1998, p. 2)

Reproduction and parenting. Emotional immaturity affects many aspects of reproduction, mothering, and parenting, directly and indirectly. Hussain, Gulati, Singh, and Moni (1976) revealed emotional immaturity was a predominant personality feature in a group of unwed mothers. Greeley (1959) found emotional immaturity was marked in those who experienced habitual spontaneous abortion. Barrucand (1968) concluded the most common dominant factor causing repeated vomiting in pregnant women was emotional immaturity. The pregnancies of these women were generally unwanted, and fear of adult life was a constant.

Yampey (1961) studied characteristic fears of women about to give birth and concluded the fears were largely attributable to emotional immaturity. Blau et al. (1963)

found greater emotional immaturity a key determiner of unaccountable premature births. Bodenheimer (1980) reported findings from studies of psychological problems faced by emotionally immature mothers and concluded increased infantilization of society and culture was incompatible with motherhood. Smith (1976), investigating the battered-child syndrome in Britain, discovered emotional immaturity and dependency were key features in the majority of the battering mothers. Gerson, Posner, and Morris (1991) learned men with low motivation to parent worried about their emotional immaturity.

Negative effects are common in children subjected to inappropriate parenting styles of emotionally immature parents. For example, Dickson (1962) concluded mothers of children who retained speech errors rather than outgrew them were more emotionally immature. Adolescents and young adults from families parented by immature adults fared no better. Roberts (1982) concluded improving the emotional maturity of the parents was the most effective treatment for inappropriately behaving adolescents and young adults.

Work experience. Emotional immaturity can be a significant factor in both success and failure at the work place. Brodsky and Byl (1976) revealed emotionally immature employees were more prone to chronically express work-related problems through medical complaints and more likely to develop or exaggerate physical problems to avoid work altogether. Hagberg, Conti, and Mirabile (1983/1984) pointed to evidence that emotional immaturity was a prominent characteristic in 109 executives who were fired or sent for outplacement counseling.

Hogan (1991) studied 20 emotionally immature American males considered highly successful in their work lives and exposed the unexpectedly high price these men paid for their success. The group presented symptoms of anxiety, anger, depression,

unhappiness, listlessness, loss of imagination, threat of divorce, and stress. Eight of the 20 men had seriously considered suicide when severely depressed.

The Center for Applied Motivation, Inc. (2002) discussed the profile of underachievers in business in the article, “Achievement as a Function of Emotional Development”:

Motivated, achieving individuals have a close match between their intellectual age and their emotional maturity. Unmotivated individuals have a lag in their emotional maturity. Emotional development has substantially lagged intellectual development and usually is even behind chronological development. The resultant emotional immaturity contributes to underachievement. . . . By themselves, external approaches, such as study skills, time management training, reward and punishment, and lecturing, will have minimal effect until emotional maturity is advanced. (pp. 1, 2)

John Wareham (1996), author of *The New Secrets of a Corporate Headhunter*, alerted interviewers to the following: “1. Emotional maladjustment is pervasive. 2. The roots of the problems typically lie in the inability to outgrow childhood” (p.1). Wareham stated,

Eighty percent of a typical city population shows mild to severe emotional-adjustment problems according to studies by Leo Scrole in the `60s (validated several times since). Emotional immaturity is the norm. Mediocre executives are typically impaired by underlying immaturity. They think like children. They embark upon unwise ventures, construct fantasy worlds, buckle under to pressure, blame others when things go wrong, and torpedo whatever successes come their way. (p. 2)

Physical and mental health. Adult emotional immaturity can adversely affect physical and mental health. Malik and Sabharwal (1998) found hypertension and peptic ulcers linked to emotional immaturity. Emotional immaturity was considered a principal feature in the spread of sexually transmitted diseases, including Acquired Immunodeficiency Syndrome (AIDS) (Save Your Child, 2002). Mills (1994) concluded

obese women using food as a coping mechanism demonstrated an immature sense of self-identity and arrested emotional development.

Aurora (1982) and Boyd and Huffman (1984) concurred with Stewart (1950) that adults addicted to alcohol and drugs have a personality configuration of emotional immaturity with a strong dependency component. Timsit, Dugardin, Adam, and Sabatier (1973) found hypochondriacal neurosis related to emotional immaturity. Mike (1980) concluded deprivation neurosis resulted from the lack of affirmation in childhood and was characterized by emotional immaturity. In studies of the psychopathic personality, Rabin (1986) found strong evidence of emotional immaturity.

Now considered a psychological diagnosis, Young (2000) concluded road rage is caused by emotional immaturity:

An alliterative label doesn't change the fact that so-called "road rage" is a failure to control one's emotions. Emotional maturity involves choosing appropriate ways to express emotions. Emotional maturity involves the recognition that one is not the intentional target of every inconvenience, irritation, or the events that occasion them. . . . Road rage is a sign of emotional immaturity. (p. 2)

Sexual abuse. Sexual abuse, such as that exposed in the recent scandals involving priests of the Roman Catholic Church, has been linked to emotional immaturity (Spillman, 2002). Quiñones-Muñoz (2001) found emotional immaturity a common result of childhood sexual abuse. Boulware (1998) confirmed this opinion: "People who sexually abuse suffer from emotional immaturity, low self-esteem, an inability to see harm in their actions, and lack the knowledge to control their impulses. Often the offenders were victims of child sexual abuse themselves" (p. 1).

Global consequences.

War neurosis. In 1908, Alfred Adler reported the then-latest thinking on war neurosis: “The influence of environment and children’s imitation of their parents have become of more importance than before” (Adler, 1925/1959, p. 295). Saul (1960) wrote, “Neurosis signifies a failure in adaptation in which the personality partially relinquishes mature reactions and regresses to childish ones or fails to outgrow childish reactions upon reaching physical maturity” (p. 3).

World War II soldiers who developed war neurosis were accepted into the military precisely because they were thoroughly screened, tested, and judged to be within normal ranges psychologically. More specifically, they were deemed free of significant neuroses. It was assumed these individuals would be exceptionally capable of withstanding the pressures of active military duty, an assumption that proved alarmingly incorrect (Saul, 1960). Glass and Hoffman confirmed Saul’s findings during the Korean War (Glass, 1953-4, pp. 1563-1583; as cited in Saul, 1960, p. viii). According to Saul, “Under enough pressure, those with unresolved emotional traumas from childhood will exhibit childhood emotional patterns or emotional immaturity. At what point of pressure these patterns will emerge, and what those immature reactions look like, depend on early life experiences” (p. x).

According to the documentary film *Let There Be Light* (U. S. Government Dept. of Agriculture & Houston, 1945), 20% of the casualties of World War II were psychoneurotic in nature. The film follows a group of soldiers diagnosed with war neurosis through therapy. In a final scene, a group of soldiers in uniform attends a formal discharge lecture. The psychiatrist giving the lecture calmly explains that the emotional

problems the men have been experiencing stem from a lack of love and security in childhood, not from war-related traumas. He tells them they must have their still unsatisfied love and security needs met by someone in their lives after returning home by “looking for someone (mate or relative) to help them feel safe, loved, accepted, worthwhile, and important” (U.S. Government Dept. of Agriculture & Houston, 1945). They are told, “Knowledge alone will not cure the emotional problems” (U. S. Dept. of Agriculture & Houston, 1945). The men are not, unfortunately, instructed in how to find the altruistic healers who will mend their deep wounds from the past.

Terrorism. Saul (1960) and those of his generation would not have been surprised by the “hostile aggressiveness” (p. 13) expressed by the terrorist attacks of September 11, 2001. Saul believed, “Man’s suffering on this earth is caused predominantly by man himself and is a manifestation of his emotional immaturity” (p. 12). “The goal of human brotherhood thus reflects man’s striving not only for peace and the capacity to live together in societies, but also for maturity—mankind’s struggle to grow up. The price of social peace is inner peace; and the only path to inner peace is the path to maturity” (pp. 20-21). Saul spoke clearly on the roots of global terrorism: “However mistakenly regarded by some individuals and some ideologies as strength, hostility is usually a sign of weakness, fear, and frustration. Where hate and violence are glorified in a whole ideology, then on the scale of maturity, the ideology is immature (p. 14).”

Political implications. The United States recently experienced the disturbing consequences of inappropriate judgments made by former President Bill Clinton, including his misuse of the White House by having sexual relations with a young

White House aide, and his repeated public and private denials about the affair that baffled and humiliated even his most trusted and loyal followers. When looking for clues in his childhood for the classic flaws that almost brought a nation to a standstill, Clinton himself provided them. He publicly described childhood experiences of physical abuse, parental alcoholism, and abandonment. He also admitted he was overindulged, spoiled, and the center of attention.

The common adverse emotional effects on individuals from homes where alcoholism was present have been discussed. Partridge (1976) pointed out that emotional development could be arrested in overindulged, spoiled children who are the center of a family's attention. The immature character development that ensues may result in a lack of awareness that a person is responsible for his or her behavior, and an inability to receive negative feedback or use self-correcting strategies as a part of the growth process.

My Definitions of Emotional Maturity and Emotional Immaturity

My Definition of Emotional Maturity

My definitions of *emotional maturity* and *emotional immaturity* differ from most traditional definitions. They were created in an attempt to define the terms to be most relevant for use in Amáte Growth Work and as a response to frustration experienced when trying to understand and use definitions commonly found in the literature. For example, Reber (1995) defined maturity as “the state of adulthood, of completed growth; the end of the process of maturation” (p. 439). He said defining maturity is largely a matter of value judgments “made of persons to reflect how successfully they correspond to socially and culturally accepted norms. What is considered emotionally childish in one society may very well be an aspect of emotional maturity in another” (p. 439). The

implication is that there is an identifiable endpoint in the emotional maturation process, and defining emotional maturity is highly subjective, culture specific, and therefore there can be no universally applicable definition of emotional maturity.

Reber (1995) and most others have created definitions of emotional maturity based on capacities and abilities and/or externally observed attitudes and behaviors. These definitions have not identified and focused on the *inner emotional condition* required to produce the capacities and abilities that result in the attitudes and behaviors. They do not capture, in my opinion, the essence of emotional maturity. Because the definitions describe superficial responses, rather than the core condition necessary to produce those responses, becoming emotionally mature has been mysterious and illusive, and helping others achieve it has been frustrating and difficult. For example, the ability to love another is part of most definitions of emotional maturity. However, in those definitions, there is no mention of what emotional condition is necessary to produce the ability to love another. I hereby propose a definition of emotional maturity:

Emotional maturity is the inner emotional condition of sufficient love and security necessary to successfully take emotional growth-producing risks throughout life.

The inner emotional condition of sufficient love and security produces the abilities and capacities that result in the attitudes and behaviors mentioned in other definitions. For example, the ability to love another successfully depends on the presence of sufficient inner emotional resources to survive risking being hurt or rejected. Emotional maturity *is* the inner emotional condition of sufficient love and security necessary to survive successfully risking loving another.

The issue of successful risking, in my definition, is an important one. In Amáte Growth Work, successful risking, as previously stated, is accomplished when the individual has arrived at the same emotional and chronological age through Inner Work; has connected with and maintained a loving connection with the Inner-Self; has developed the tools to independently access, evaluate, and act appropriately on inner guidance concerning taking emotional risks; and can survive the consequences of taking emotional risks in a self-loving and peace-producing manner.

Individuals who are emotionally stuck and struggling to live successfully without emotional maturity, or who are working to achieve emotional maturity in adulthood, might find the idea incredible that emotional maturity is the normal and expected inner emotional condition of human beings. I now believe this, and Saul (1960) agreed: “It is not unduly optimistic to picture this ideal as the normal mental and emotional state of man” (p. 19).

Alice Miller (1997) described the always loved and secure ideal person:

People whose integrity has not been damaged in childhood, who were protected, respected, and treated with honesty by their parents, will be—both in their youth and adulthood—intelligent, responsive, empathic, and highly sensitive. They will take pleasure in life and will not feel any need to kill or even hurt others or themselves. They will use their power to defend themselves but not to attack others. They will not be able to do otherwise than to respect and protect those weaker than themselves, including their children, because this is what they have learned from their own experience and because it is *this* knowledge (and not the experience of cruelty) that has been stored up inside them from the beginning. Such people will be incapable of understanding why earlier generations had to build up a gigantic war industry in order to feel at ease and safe in this world. Since it will not have to be their unconscious life-task to ward off intimidation experienced at a very early age, they will be able to deal with attempts at intimidation in their adult life more rationally and more creatively. (p. 131)

Far too few begin and live life with enough love and security. Far too many others, like my adult clients and me, must find a way to create a loved and secure core if

we are to achieve this ideal. Nevertheless, I have had a second chance to enter the flow of an emotionally mature life, and, through Amáte Growth Work, I offer that second chance to others.

The primary goal of Amáte Growth Work is to help clients create the inner condition of sufficient love and security that will permit them to identify and successfully take appropriate emotional growth risks independent of any external support, or, to help them become emotionally mature. When this goal is reached, Growth Work ends, and clients join those who have always felt loved and secure. Amáte Growth Work does not promise emotionally mature clients that risks *will* be taken. It strives toward the development of a sufficiently loving and secure inner emotional condition and the development of appropriate emotional risk-taking tools that will permit risking if and when that choice is made by the client.

My Definition of Emotional Immaturity

From the preponderance of studies in the literature that identify problems related to emotional immaturity, it might be assumed that defining emotional immaturity would be more straightforward than defining emotional maturity. Age-inappropriate behaviors such as road rage are certainly easier to identify than abilities such as dealing constructively with reality. However, most definitions of emotional immaturity are no more accurate or useful than those for emotional maturity.

Most definitions equate emotional immaturity with age-inappropriate attitudes and behaviors observed by others. For example, one might say, “That person is so emotionally immature; she throws childish tantrums when she is angry!” In this example, the adult is being judged to be immature because she is being observed to respond when

angry as a child would respond. The observer is labeling the person on the basis of observed behaviors.

While most definitions may describe behaviors that stem *from* emotional immaturity, the actions themselves, while observable, are not, in my opinion, emotional immaturity. I believe stoppage in the emotional development process caused by excessive fear results in the externally observed negative consequences such as those described in this dissertation. I propose a definition of emotional immaturity that centers on the causative element in emotional stoppage, excessive fear:

Emotional immaturity is the inner condition of excessive fear that prematurely halts the process of successfully taking emotional growth risks throughout life.

Initial emotional stoppage typically occurs during childhood or adolescence. However, excessive fear can cause emotional stoppage to occur at any time, whether one has experienced emotional maturity in adulthood or not. Fortunately, once an individual achieves emotional maturity in a loving and secure early environment, or through the use of a healing method later in life, most future emotional risking is accomplished successfully. If the inner emotional condition becomes excessively fearful in anticipation of taking a significant risk, the fear is confronted, the risk is taken, and emotional maturity returns. The individual remains predominantly at peace. However, even for an adult who has experienced extended emotional maturity, it is possible to become excessively fearful and emotionally stopped.

An individual, *at any moment*, reflects either an inner state of emotional immaturity or emotional maturity, is either growing emotionally through risking, or is stopped at the point when excessive fear has blocked continued risking. While the

attitudes and behaviors that result from the two inner conditions may vary from individual to individual, or culture to culture, the shift in personality from fearful to secure and loved, or loved and secure to fearful, in agreement with Rogers (1961, p. 187), appears to be universal.

Emotional maturity, then, is not a term used for a static state reached at some endpoint in adulthood, such as described by Reber (1995), but is a term identifying an inner state always subject to change. Maintaining consistent emotional maturity, according to my definition, is the same as maintaining a consistently flowing spiritual life, or living Rogers' *good life* (1961, p. 189). It is lived moment by moment, is the responsibility of the individual, and produces peace.

Most adults who have been emotionally mature and have developed the tools to confront excessive fear, no matter how painful the circumstances causing the fear, will risk successfully and return quickly to emotional maturity and the presence of peace, a concept described by Rogers (1961, p. 196). Because peace is the true prize of the emotionally mature life of risking and growing, once it has been achieved and experienced on a consistent basis, choosing not to do whatever is necessary to have it, no matter the price, becomes, for most, unthinkable.

After conducting investigations into definitions of emotional maturity and immaturity, I concluded the profile of Amáte Growth Work clients was consistent with recognized definitions of emotional immaturity in adults, and my definitions were acceptable options to those commonly cited. I also concluded the Amáte Growth Work

process, described in the next chapter, was well suited to the emotionally immature adult client population.

CHAPTER 4 DESCRIPTION OF AMÁTE GROWTH WORK

Introduction

This description of the structure of the Amáte Growth Work process contains my opinions, informal observations, and findings, and employs my definitions of the terms *adult emotional immaturity* and *emotional immaturity*. To prevent use of the method by those not adequately prepared to work with it, general rather than specific information has been provided on key elements of the method. Discussion of how this method relates to other philosophies of healing, healing methods, and elements within healing methods, and a thorough discussion of the terms *emotional maturity* and *emotional immaturity*, are reserved for later chapters.

Amáte Growth Work is conducted in four phases that may overlap, depending on the presenting situation and the specific healing experiences of the client. The Four Phases are as follows:

Phase I: Initial Interview

Phase II: The Intensive

Phase III: Post-Intensive Follow-Up Visits

Phase IV: Aftercare

Phase I: Initial Interview

During the Initial Interview, I describe the Amáte Growth Work process, my personal and professional qualifications to help the client achieve emotional maturity, and the responsibilities I expect to assume in the healing process. I explain I function as guide, teacher, and support, and the client participates as the principal healer. The

individual's background and present situation are evaluated to determine the suitability of using Amáte with this individual at this time. The prospective client is asked a series of questions concerning current emotional functioning.

Questions include whether the client has been unable to take important emotional risks, has a sense of being emotionally stuck, has perceived failure in significant emotionally demanding adult life tasks, and has felt bewilderment at the failure because there seem to be adequate reasons to predict success. An attempt is made to identify a state of internal isolation, loneliness, depression, and a sense there is an inner emotional barrier that restricts intimacy and connection to others. Early traumas, fears, and the quality of emotional functioning in the family of origin are assessed.

The individual's readiness for beginning the healing work is appraised. Issues such as motivation to complete the process, current and past medical and psychological treatment history, including hospitalizations for mental or emotional problems and use of strong psychotropic medications, are considered. Addictions, especially if there are powerful active negative addictions that would make this healing work inappropriate, are carefully investigated. A period of at least 9 months of freedom from active addiction is required before the method may be used. The presence or absence of religious and/or spiritual beliefs, pending trips, or upcoming time commitments that would interrupt the flow of the work, and the ability to focus and commit resources to the Growth Work process, are discussed.

A major objective of the Initial Interview is to screen out individuals who are not within normal psychological functioning ranges or have other conditions or situations that would make this healing method an unacceptable choice. If there is any question of

the prospective client's suitability to participate in the Amáte process, the choice is made to err on the side of caution. When the limiting factors are temporary, the prospective client is encouraged to make contact when the factors are resolved. If the client is in need of assistance beyond the reach of this method, an attempt is made to provide referrals to more appropriate healing resources.

Fees are explained, individually determined, and agreed upon. The typical arrangement is a set amount paid during the Intensive that includes the 8 hours of the Intensive, two or three 2-hour sessions following the Intensive, and as-needed telephone and/or e-mail support. Once the time covered by the initial fees has been used, subsequent 2-hour sessions are paid for at each session. The "package" concept has proved to be very effective in motivating the client to make a solid commitment to the work and follow through during the delicate and sometimes difficult first weeks. The amount of the package varies depending on the economy of the part of the world in which I am working and the personal resources of the prospective client. Clients report they appreciate the opportunity to understand and anticipate financial commitments of Growth Work before the actual work begins.

Prospective clients are reassured that Amáte ends as rapidly as possible and there are clearly observable indications for the client and facilitator in determining when that ending occurs. Although it may vary, the average client completes the process within 3 months. Prospective clients learn that many former clients have reported that completion of Amáte Growth Work has signaled the end of their need for further professional emotional healing assistance.

The prospective client is informed that Amáte Growth Work ends when the client has achieved emotional maturity. The client will have arrived at the same emotional and chronological age through Inner Work and will have established and maintained a connection to the Inner-Self much of the time. The client will have developed the tools to independently access, evaluate, and act appropriately on inner guidance relating to taking emotional risks, and can survive the consequences of taking emotional risks in a self-loving and peace-producing manner.

Prospective clients sometimes voice apprehension about being able to encounter an Inner-Self, especially a younger Inner-Self, because they have little or no memory of their early years. They may express concern that they will not be able to identify the cause of their original emotional stoppage or locate the exact moment when the stoppage occurred, especially when they believe their stoppage trauma was not as dramatic as mine. I am able to assure them everyone has an emotional and spiritual Inner-Self, and the Inner-Self can almost always be located. I share that I have learned through years of experience that stoppage occurs at a point in time when the self-protective Inner-Self decides there is too much fear in the inner environment to continue taking emotional growth risks. It makes no difference whether the excessively fearful situation is chronic, a dramatic one-time occurrence, or results from neglect rather than abuse. When emotional risking halts, emotional growth stops. The cause of the stoppage and moment of stoppage are almost always identifiable through Inner Work.

If the prospective client and I agree that Amáte Growth Work is the correct healing method to undertake at this time, the dates for the Intensive are set. The new client is prepared for the Intensive by being encouraged to wear comfortable clothes and

bring photos of the client and family members to share, if they are available. The client is instructed to avoid ingesting mind/emotion-altering substances for a few days prior to the Intensive, get a good night's sleep the night before, and call if there are questions or the plan for the Intensive must be changed in any way.

Phase II: The Intensive

Introduction

What is termed the *Intensive* in Amáte Growth Work is an encapsulated 8-hour emotional healing experience conducted in 4-hour segments over 2 consecutive days and divided into three stages:

Stage 1: Completing Forms

Stage 2: Relating Life Histories

Stage 3: Inner Work Exercises I & II

The purpose of the Intensive is to help the client begin healing with sufficient time and concentration to achieve many healing goals very quickly. The extended encounter permits prolonged Inner Work and thorough exploration and resolution of fearful situations causing emotional stoppages. Free to relax, feel deeply, and stay focused on pertinent material, the client quickly begins the tasks of healing the past and constructing a new and stronger emotional base. The immediate return of the client for continued healing work on the second day of the Intensive allows for the quelling of fears that may have materialize overnight and strengthens the possibility the client will complete the healing process.

The structure of the 2 days of the Intensive helps create a sense of beginning, middle, and end for the initial healing experience. Each Intensive is unique, but there is a characteristic pattern. The following is a description of that pattern.

Characteristic Intensive Day 1

The first 2 hours of Day 1 are devoted to discussing and signing the *Amáte Agreement for Growth Work Form*, completing pertinent portions of the *Amáte Client Information Form*, and relating life histories of the client and the client's parents. When relevant, life histories of other significant relatives or caregivers are reviewed.

The final 2 hours of Day 1 are spent using a combination of Inner Work Exercises I & II to locate the Inner-Self at the time of the original emotional stoppage and rework that stoppage situation. During the Inner Work Exercises, there are interludes of conversations on topics related to emotional maturation. Topics may include making mature decisions, taking emotional risks, and managing daily life after the Intensive.

Before the conclusion of Day 1, time is spent helping the client make the transition from the deepened state of consciousness during the Inner Work to an emotional and mental state appropriate for returning home. The client is asked to rest; reflect on the Day 1 experience; avoid communicating extensively with others about the experience until after Day 2; avoid extreme emotional situations, if possible; and call if there are questions or concerns.

Characteristic Intensive Day 2

The first hour of Day 2 is devoted to reestablishing a comfortable relationship with the client and discussing overnight experiences. This includes allaying fears that may have

surfaced overnight, such as the fear of failure or the fear that desired changes may indeed take place. Questions or concerns that have materialized since the healing work began are addressed. The second hour is devoted to deepening the dialogue about the spiritual life and beliefs of the client.

The activities of the final 2 hours of Day 2 alternate between continued Inner Work and discussion of topics on living a mature spiritual/emotional life. The final 20 minutes of Day 2 are spent preparing the client for the week before the first Post-Intensive 2-hour session and establishing the date and time for the session. The client is encouraged to call or e-mail if there are questions or emotional reactions that seem troubling or unusual. The concluding instructions to the client are to continue to stay connected to, focus on, and appropriately love the Inner-Self. The client is urged to continue seeking inner guidance for all decisions, especially those that may seem mundane, and practice acting appropriately on the inner guidance.

By the end of the typical Intensive most clients have:

1. Understood and signed the Agreement for Growth Work Form and completed pertinent parts of the Client Information Form.
2. Listed goals for the Growth Work and untaken emotional risks considered appropriate to take with the time each has been untaken on the Client Information Form.
3. Reviewed their own and their parents' life histories.
4. Located and connected with the Inner-Self who experienced the original emotional stoppage using Inner Work Exercise I.

5. Identified and reworked the original emotional stoppage trauma using Inner Work Exercise II.
6. Experienced a shift-in-age of the originally visualized Inner-Self to an older Inner-Self.
7. Identified and reworked subsequent emotional stoppages experienced by older Inner-Selves using Inner Work Exercises I & II.
8. Begun learning or reviewing information on living an emotionally mature adult life.

At the conclusion of the Intensive, some clients have reworked all emotional stoppages and have visualized an Inner-Self at their chronological age. Most clients report feeling less fearful and more hopeful regarding their prospects for an improved present and future, and are highly motivated to continue their work in the sessions following the Intensive.

The following is a more comprehensive description of the three stages of the Intensive.

Three Stages of the Intensive

Stage 1: Completing Forms

After the client arrives and is greeted and settled, the Amáte Growth Work Agreement Form is discussed and signed. This form contains an overview of the Amáte process, outlines possible risks in using the method, and describes responsibilities assumed should there be untoward reactions. The biographical information page on the Amáte Client Information Form is completed.

The remaining pages of the Amáte Growth Work Client Information Form are designed to evaluate the experience of the client throughout the healing process. The client is asked to create two lists on the form that will be reviewed and updated periodically, and are a simple, yet very effective, evaluation instrument. The lists are used to indicate the quality of progress and the need, if present, to alter the work for it to become more effective. The lists are also useful in determining when it is time to reduce the frequency of the client's weekly visits and shift the client into Amáte Aftercare.

The first list contains the client's goals for the healing process. The following is an example of a possible list of goals:

List of Goals for Amáte Growth Work

1. Reduce the amount of fear I feel.
2. Figure out what career is right for me.
3. Allow myself to love others.
4. Make better decisions.
5. Confront problems and not run away from them.
6. Find peace and keep it.

The second list is untaken emotional risks the client would like to take but has not been able to take and includes an indication of how long the client has been unable to take each risk. The following is an example of a possible list of untaken emotional risks:

List of Untaken Emotional Risks

<u>Untaken Emotional Risks</u>	<u>Length of Time Risks Untaken</u>
1. Being myself with members of the opposite sex.	1. From adolescence.
2. Standing up for myself in confrontations.	2. Since childhood
3. Finish my education.	3. 15 years

Stage 2: Relating Life Histories

After completing the forms, the client is asked to relate the life history of each parent, then his or her own life history. The time spent completing this stage varies in length, but it is generally accomplished during the first half of Day 1. The client is asked to focus, in each life reviewed, on emotional traumas, fearful circumstances, and situations that might have led to the conclusion that there was not enough love or security in the environment to permit taking emotional growth risks.

If the client has brought photos, they are shared while the life histories are being related. Helpful information may be gleaned from careful inspection of the content of the photos the client chooses to share. For example, a dramatic negative shift in affect in photos from childhood forward may signal the point of emotional stoppage and help the client remember what happened at the age the negative shift occurred.

When parents are described as unloving or inconsistently loving, the client is asked whether anyone in the past provided love and nurture for the client. This question is asked to assess whether the client has any memory of receiving love and support from any source. The client who has a perception of never having experienced love presents a

very distinct profile from the client who was loved but was not loved enough to achieve emotional maturity. Growth Work reflects the different needs of these clients.

During the sharing of the life histories, and throughout the Amáte process, there is seldom any attempt made to check the veracity of information offered. This method relies on the client's perceptions as the basis of the healing experience, even when the perceptions might not be literally accurate, unless it becomes evident at some point that the client is incapable of being honest. This might be due, for example, to a difficult but subtle character disorder that takes time and experience to uncover. If this is determined, Growth Work is reluctantly terminated.

After the life histories have been recounted and analyzed, a critical transition in thinking for the client is facilitated. The client is helped to consider the possible generational themes and roots of the present emotional difficulties. A deeper comprehension of the possible part other family members' fears have played in the client's current problems, and a more compassionate understanding of the family members' and the client's own prior life choices, are positive outcomes.

The client is helped to conclude that no other person can visualize and communicate with the client's Inner-Self, and no other person, especially from the family of origin, and including any healer, can provide the emotional healing and growth the client seeks. The client is prepared to accept responsibility for his or her own healing and growth.

Stage 3: Inner Work Exercises I & II

Introduction. After signing and completing the Amáte forms and relating life histories, the client is ready to begin Stage 3: Inner Work Exercises I & II. The principle

goals of Exercise I are for the client to reach a state of deep relaxation, practice internal visualizations, and identify and connect with the Inner-Self who became emotionally stopped at some time in the past. The principle goals of Exercise II are for the client to rework and heal emotional wounds causing the original emotional stoppage. The overarching goal of Exercises I & II is for the client to heal all emotional stoppages enough so that the Inner-Self visualized by the client is the client's chronological age.

Although Exercises I & II are intended as self-guided exercises, I am willing to guide part or all of the exercises if the client is unable or unwilling to attempt them alone. However, I have found self-guiding fosters a sense of control, personal investment, and pride in the healing process. I am convinced client-controlled Inner Work minimizes dependence on the facilitator and shortens the Amáte process.

When it is time to begin Inner Work, the client and I move to the quiet and dimly lit space organized for the Inner Work experience. In an office setting, I set aside a portion of the room for a daybed, chair, and table. Once there, the client is asked to take off the shoes, watch, glasses, etc., if desired, and lie down on the bed. A flat pillow is provided and a blanket is available. Kleenex and water are placed on a table the client can reach. The client is offered a small, soft, black rectangular beanbag to cover the eyes to block out any light. I sit beside the daybed in a chair angled so that the client can see me when wishing to but also positioned so that the client can avoid looking directly at my face when the eyes are open.

Inner work exercise I: Locating and connecting with the inner-self. Once the client is comfortably reclining with the eyes open, I describe the directions for Exercise I:

1. I explain Exercise I is a rather long self-guided relaxation and inner imagery exercise with a number of specific tasks to accomplish that the client will attempt alone. I then describe the various tasks within Exercise I.
2. The client is asked to repeat the description of Exercise I until the client and I are sure the client knows exactly what is expected.
3. I ask the client to close the eyes, place the little beanbag over them, and attempt the entire exercise silently.

When the client has indicated by speaking or moving the body in some way that Exercise I has been completed, the client is asked to allow the mind to return to the room where the Inner Work is being conducted, to my presence in it, and to the client's conscious present. The client is asked to remove the beanbag covering the eyes, open the eyes slowly, spend a few moments adjusting to the light and the shift in the state of consciousness, reflect on the Inner Work experience, and finally share what happened.

As the client describes what was experienced during Exercise I, I record the client's responses on the *Record of Client's Inner Work Form*. The form documents the results of each segment of the client's Inner Work. I concentrate on the client's reactions to the inner activities to evaluate the quality of the client's response to the exercise and determine how the Inner Work will proceed.

Most clients are able to visualize and connect with the Inner-Self the first time Exercise I is attempted. However, if the client achieves only some of the goals of Exercise I on the first try, the client is asked to repeat the entire Exercise I to deepen the level of consciousness. If the client has been unable to visualize the Inner-Self after the second try, or has extreme difficulty with the exercise in general, I use a variety of

techniques to help the client locate and connect with the Inner-Self. These techniques include encouraging the client to sense the presence of an Inner-Self rather than trying to visualize it, asking the client to consciously recall photos of the client taken at various ages when difficult experiences took place, and reviewing specific experiences described when the life histories were related. On the extremely rare occasion when the client has absolutely no ability to access the Inner-Self using any version of Inner Work, all my experience, expertise, and confidence are required.

Inner work exercise II: Reworking emotional stoppages. After the client has completed Exercise I and has located the Inner-Self, Exercise II is used to determine what caused the Inner-Self to become prematurely emotionally stopped, and to rework and resolve the stoppage. The client may know, or can guess, what caused the stoppage. However, more frequently, the reason for the stoppage that emerges is a surprise.

To begin Exercise II, I ask what happened to the client at the age of the Inner-Self visualized in Exercise I. If the client cannot remember, I suggest the client return within and ask the Inner-Self what caused the stoppage. The client is assisted in returning within to the visualized Inner-Self by completing an abbreviated version of Exercise I.

Even clients who say they have no memory of their early years can almost always eventually identify the stoppage circumstances. Looking at photos taken at the age of the visualized Inner-Self may trigger memories, especially if the client can recall the circumstances captured in the photos. Asking the client about the first fear memory of any kind may also be helpful. Even when it is impossible to determine the exact fearful situation that caused the stoppage, healing and growth can take place. An inner condition

of excessive fear is always the cause of the stoppage, and the antidote to the stoppage is always the establishment of an inner condition of love and security.

To heal the emotional stoppage, the client is guided to rework the emotional stoppage situation *as if the client had been there at the time of the stoppage*. The message transmitted by the client to the Inner-Self is, “If I had been there with you at the time of the fearful situation, you would have felt loved and secure. Let me show you what would have happened if I had been there.”

The client is encouraged to be very creative and imaginative in reworking what happened. For example, the client might choose to rescue the Inner-Self from the home of origin and create a more loving and nurturing environment somewhere else. In Inner Work, anything that convinces the Inner-Self that it is, and will be, loved and secure is perfect. The combination of the powerful connection of the Inner-Self to the client, and the understanding, compassion, and reworking offered by the client to the Inner-Self, permit the Inner-Self to relax and find confidence enough to begin taking emotional growth risks.

Satisfactory completion of the first combination of Inner Work Exercises is inspiring in itself. However, it is most significant in setting the stage for what is to come. When the reworking in Exercise II has been successful, and the Inner-Self feels sufficiently loved and secure, the client will experience a shift-in-age of the Inner-Self and visualize a different, and usually older, Inner-Self. The client’s experience of the shift-in-age from the original Inner-Self to an older Inner-Self is the most powerful and transcendent healing moment of this method, even though the client typically considers it unexceptional.

Although each healing process is unique, most clients experience various episodes of locating an Inner-Self, reworking and healing stoppage trauma experienced by that Inner-Self, and visualizing the Inner-Self at an older age. The Inner Work proceeds, during the Intensive and beyond, if necessary, until the client visualizes an Inner-Self at the client's chronological age. When this is achieved, formal Inner Work Exercises are no longer required. However, Inner Work Exercises may be useful in the future for refining or deepening the healing of situations that were resolved sufficiently in early work to have permitted emotional growth to take place but require greater experience and emotional strength developed over time to confront and heal thoroughly.

When the individual using Amáte Growth Work goes within and finds the long abandoned Inner-Self, reconnects with that Inner-Self, and forms the bond that allows the voice of the Inner-Self to be heard, the results are usually impressive. However, finding and bonding with the voice of the Inner-Self is only partly responsible for the individual's transformation. Equally essential is the reuniting of the individual with another inner voice, the voice of the Universe. The client may refer to this as the voice of inner guidance, the voice of God, etc. It is this second inner voice that must be located by the client, and specifically and consistently sought for guidance concerning important decisions. The generic spiritual approach of Amáte Growth Work stresses connection to the client's inner voice of guidance, learning to discriminate between inner voices, and learning to identify and follow inner guidance.

Phase III: Post-Intensive Follow-Up Visits

The client who returns for the first follow-up visit after the Intensive may have an Inner-Self that has reached the client's chronological age. If this was not accomplished in

the Intensive, part of each follow-up visit is dedicated to further Inner Work until this goal is achieved. However, even if the Inner-Self and the client are the same age, the client is far from ready to attempt demanding emotional risking and is in need of emotional schooling and toughening. During this phase of Amáte Growth Work, the client is closely followed and is carefully taught the skills necessary to successfully weather the transition to sustained emotional maturity.

Follow-up visit activities include a review of events in the client's life since the last visit, a discussion of relevant topics for continued emotional growth, and an evaluation of the client's emotional responses to situations that were the same or similar to poorly handled or avoided situations of the past. The client's reporting of an improved ability to determine what emotional risks are correct to take, followed by the successful taking of the emotional risks, are clear indications of progress.

The client is helped to understand what concepts and skills are called into play when risking, and consciously identify, refine, and strengthen them. The client is taught concrete steps to take each time risking is attempted and is instructed in practicing these steps when not fearful to prepare for the eventuality of taking difficult emotional risks when fearful. As the client grows stronger and more independent through successfully taking increasingly difficult emotional risks, the amount of support and guidance offered is reduced until the client is successfully taking challenging emotional risks without external support.

At the end of each month of Growth Work, the client's lists of goals and significant untaken risks from the Amáte Client Information Form are reviewed in detail, and improvement is evaluated. This information is helpful in deciding when sufficient

development has taken place to shift the client into Amáte Aftercare, or end Growth Work activities. As has been stated, formal Growth Work typically ends at about 3 months. However, Amáte Aftercare may continue indefinitely.

Phase IV: Aftercare

Many clients find the Aftercare option an attractive one and come for monthly visits. Some prefer to continue on an “as-needed” basis and come sporadically. During Aftercare, it is typical for the client to explore more deeply topics of spiritual development and issues of personal actualization. Frequently, those who work with others as healers find continued emotional and spiritual work enriching and valuable. Occasionally, the client uses Aftercare visits to gain significant emotional strength to take life-changing risks that were identified when Growth Work began. Relationship work, including family therapy, preferably conducted with clients who have completed Growth Work independently, has become a frequent, and often very successful, feature of the Aftercare Phase of Amáte Growth Work.

In the next chapter, content shifts to information on the relationship between the Amáte Growth Work process and theories of emotional development and healing, healing methods, and elements within healing methods reported since 1870 to the present.

CHAPTER 5
THEORIES AND METHODS FROM THE LITERATURE
RELATED TO AMÁTE GROWTH WORK

This chapter contains a distillation of findings from data on healers, theories of healing, healing methods, and elements within healing methods reported since 1870 that are directly or indirectly connected to Amáte Growth Work. Following each topic, ideas related to Amáte Growth Work are listed.

Romanticism

Beliefs that people “become” and “human life is not just a long period of maturity following a shorter period of immaturity, but a spontaneous process of unfolding, a series of metamorphoses” (Ellenberger, 1970, p. 200) were important features of late 19th- century Romanticism (p. 198). They were an outgrowth of the earlier ideas and work of Jean Jacques Rousseau (1712-1778), considered the “the father of developmental psychology” (Crain, 1992, p. 9). Romantics adhered to a theory that “development might arise from our inner promptings and spontaneous interests, and we might view the world differently at different stages of life” (Crain, 1992, p. xi).

Developmentalists searched “for an inner force . . . they referred to as maturation . . . that will guide the individual toward a healthier, more independent development . . . that stands apart from pressures toward social conformity” (Ellenberger, 1970, p. 322). They were preoccupied with “all manifestations of the unconscious” (p. 200), including dreams, genius, mental illness, parapsychology, miracles, mystical ecstasy, magnetic somnambulism, magnetism, hypnosis, the notion of the individual’s *inner sense* (p. 204), and the *world soul* (p. 202). However, there were popular theories that opposed

Developmentalism, including behaviorism and the modern scientific psychology of Wilhelm Wundt (1832-1920) and his colleagues. “The inner world of thoughts, feelings, and fantasies, they argued, has little place in scientific psychology” (Crain, 1992, p. 318).

Beliefs in the presence of inner growth forces in the individual, the nature of those forces, and a reliance on those forces strongly influenced therapies of Sigmund Freud (1856-1939) and Carl G. Jung (1875-1961) [Crain, 1992, p. 324]. Because of the emphasis on spontaneous lifelong unfolding, anything that limited or halted the unfolding was of great concern, and methods to remove the impediments and facilitate the unfolding were of critical interest. However, Freud agreed that the healer “could only remove some impediments to growth as a gardener removes some stones or weeds” (p. 324). Jung believed the well-socialized adult, whose inner potentials for self-actualization lie dormant, will still hear inner voices from the unconscious that “direct one to attend to the previously neglected and unrealized parts of the self. The individual increasingly turns inward and considers the discovery and rounding out of the personality more important than social conformity” (Crain, 1992, p. 323).

Ideas Related to Amáte Growth Work

1. Emotional growth and development are a spontaneous lifelong process.
2. Perspective on life changes as the individual moves through life.
3. There is an inner growth force with the potential for self-actualization in each person.
4. The unconscious contains invaluable information and power for the individual.

5. If normal life unfolding is impeded, the impediments must be removed if possible.
6. The healer can only assist the individual in self-healing.
7. The inner voice is a permanent part of the individual.
8. Focus on the inner world for healing has not been universally supported.

Pierre Janet

Pierre Janet (1859-1947), considered “one of the main sources for Freud, Adler, and Jung” (Ellenberger, 1970, p.331), was keenly concerned with issues of the inner life of the individual and facilitating individual unfolding. He was especially interested in the effects of early experiences and ideas on his adult patients’ emotional development and emotional health. Janet (1925/1979) wrote extensively on traumatic memories, the development-limiting symptoms produced by those memories, and various methods he used to modify traumatic memories to reduce or eliminate the symptoms. Janet (1925/1979) stated, “Psychopathologists pointed out that a good many neuropathic disorders are induced by an emotion, a disquietude, a grief resulting from some particular happening” (pp. 589-590). Janet reasoned that the first step in modifying traumatic memories was to discover their existence, taking care “to avoid discovering traumatic memories when they do not really exist” (pp. 593-594).

Janet preferred hypnosis for delving into the inner life of patients (Ellenberger, 1970, p. 355), although a variety of other techniques were used that appealed to the beliefs that individuals “are free and creative beings capable of growth and self-actualization” (Maslow, 1962, pp. 189-197; as cited in Crain, 1992, p. 319) and the need to “try to understand how the world feels to people from the inside” (p. 319).

Janet (1925/1979) was favorably impressed by Jung's approaches, especially his method of traumatic memory retrieval using word association (p. 605). Janet (1925/1979) was not in agreement with "Freud's way of regarding traumatic memories and subconscious fixed ideas [that] led him to exaggerate the importance of the sexual experiences which people are inclined to refer to thus allusively" (p. 621). Janet said, "Whereas previous observers have held that traumatic memories relating to sexual mishaps are to be found in *some* neuropaths, the psychoanalysts declare . . . that such memories are to be found in *all* neuropaths" (p. 613). Freud appropriated Janet's ideas, including the influential theory that "the mere recovery of the traumatic memory did not suffice and the *psychological system* had to be 'dissociated' ('worked through' in Freudian terms)" [Ellenberger, 1970, p. 539]. Jung also adopted Janet's ideas as his own, coining the enduring term *complex* for Janet's brainchild, the *subconscious fixed idea* (Ellenberger, 1970, p. 406). Janet (1925/1979) said,

I drew attention to a remarkable fact, namely that in many cases the searching out of past happenings, the giving an account by the subject of the difficulties he had met with and the sufferings he had endured in connection with these happenings, would bring about a signal and speedy transformation in the morbid condition, and would cause a very surprising cure . . . [however,] in most cases, the discovery of the fixed idea is no more than the first step, and there will still be a great deal to do before we can lead the patient back to health. (pp. 672, 674)

Ideas Related to Amáte Growth Work

1. Traumatic memories can produce symptoms that limit emotional health and development.
2. Traumatic memories must be modified to reduce or eliminate the symptoms.
3. Traumatic memories must be discovered and validated for symptoms to be modified.

4. Occasionally, identification of traumatic memories is sufficient to produce immediate symptom relief.
5. Most traumatic memories, once identified, require further working through to relieve symptoms.
6. There is no generic origin or solution to symptoms caused by traumatic memories.
7. Eclectic approaches have been used to locate and rework traumatic memories.
8. Understanding the unique inner experience of the individual is important.
9. Unconscious and conscious ideas and perceptions and misperceptions about traumatic experiences can cause emotional problems.

Wolfgang Luthe: Autogenic Therapy

Research by Vogt on sleep and hypnosis from 1894 to 1903 resulted in the observation that “intelligent patients who had undergone a series of heterohypnotic sessions . . . were able to put themselves, for a self-determined period of time, into a state which appeared to be very similar to a hypnotic state” (Luthe & Schultz, 1963, p. 5). In 1905, psychiatrist and neurologist J. H. Schultz investigated Vogt’s findings, looking for “a therapeutic approach which would reduce or eliminate the unfavorable aspects of contemporary hypnotherapy, such as the passivity of the patient and his dependence on the therapies” (p. 5). Schultz’s work produced the methods of *Autogenic Therapy* that have remained relevant client-controlled consciousness-shifting techniques.

Ideas Related to Amáte Growth Work

1. Individuals can alter their states of consciousness without being hypnotized.
2. Client-controlled Inner Work minimizes dependency on the facilitator.

Carl Jung: Active Imagination

Jung's creative illness, mentioned in chapter 4, had roots in childhood trauma.

After resolving the initial emotional stoppage caused by the trauma, "Jung now applied to his own fantasies as they came forth the same elucidation of symbols with the help of comparative mythology that he had practiced with [others]" (Ellenberger, 1970, p. 699).

Jung deliberately worked to facilitate entry into his inner world, further engage his fantasies, heal himself of other fears, and promote his emotional development. He experimented with various meditation procedures to access his inner life and began developing his *active imagination* method (p. 669). He eventually concluded, "In the deepest sense, active imagination is the essential, inner-directed symbolic attitude that is at the core of psychological development" (Jung, 1955/1974, p. 222).

Unlike Freud, who came to regard his psychoanalytic cure as "best suited for severe cases" (Ellenberger, 1970, p. 802), Jung used active imagination primarily with "socially well-adapted individuals, often of outstanding ability, to whom normalization means nothing" (Chodrow, 1997, p. 88). His were cases "where rational treatment does not yield satisfactory results" (p. 88), and the individuals were "not suffering from any clinically definable neurosis, but a senselessness and aimlessness in their lives" (p. 88).

Jung (1931/1975) spoke of his dilemma:

As for so-called normal people, there I really am in a fix, for I have no ready-made philosophy of life to hand out to them. In the majority of my cases the resources of the conscious mind are exhausted (*or in ordinary English they are*

“*stuck*”). It is chiefly this fact that forces me to look for hidden possibilities. For I do not know what to say to the patient when he asks me, “What do you advise? What shall I do?” I don’t know either. I only know one thing: when my conscious mind no longer sees any possible road ahead and consequently gets stuck, my unconscious psyche will react to the unbearable standstill (p. 88). . . . For the layman who has done his utmost in the personal and rational sphere of life and yet has found no meaning and no satisfaction there, it is enormously important to be able to enter a sphere of irrational experience. (p. 91)

According to Chodrow (1997), the transcendent nature of the healing that occurred in these patients was seen by Jung as “almost magical, both during the creative process and again when the person looks at it afterwards” (p. 14), with the therapist “mediating the transcendent function . . . by using himself and his own reactions, both conscious and unconscious, in an inner-directed way of working” (p. 14).

Jung (1931/1975) used interpretation of dreams to help patients access their inner worlds,

not because I am tied to the notion that dreams must always be called to the rescue, or because I possess a mysterious dream-theory which tells me how everything must shape itself; but quite simply from perplexity. I do not know where else to go for help, and so I try to find it in dreams. These at least present us with images pointing to something or other, and that is better than nothing. . . . I may allow myself only one criterion for the result of my labours: Does it work? (par. 86)

Jung found dreams revealed clues to the past, where he believed the information for patients’ healing was to be found “or in present difficulties that cause a reactivation of past conflicts” (Ellenberger, 1970, p. 689), even though he did not understand quite how or why. “In these cases it often happens that other possibilities for developing the personality lie buried somewhere or other in the past, unknown to anybody, not even the patient” (Jung, 1931/1975, par. 89).

Jung used many healing activities, including meditative procedures, concentration on inner voices or images, creation of pictures and sculpture, bodily movement, music,

drama, symbolic play, and writing to “let the unconscious come up; and come to terms with the unconscious” (Chodorow, 1997, p. 10). However, Jung’s unanswered questions, and the multiple activities he eventually utilized in the active imagination method, contributed to the complexities in describing, sharing, and duplicating the method.

According to Chodorow (1997),

It is not a simple thing to present Jung’s ideas on active imagination. In his writings it is almost as if he invites different inner voices to speak. As the scientist, he presents his ideas in a clear understandable way. But then he turns to explore another perspective that may seem to contradict the first. . . . The reader may be left in a state of questioning and wondering. (p. 3)

Even though Jung emphasized the patient’s ability to achieve independent healing through active imagination, it proved difficult to balance independent healing with therapist assisted healing. Chodorow (1997) pointed out this difficulty:

An important benefit of the method is to liberate patients through their own efforts rather than remaining dependent on the analyst. Jung even spoke of it as a touchstone of psychological maturity. Active imagination is a way to gain independence by doing your own inner work, yet for many it is also an intrinsic part of analysis. (pp. 12-13)

Ideas Related to Amáte Growth Work

1. Entry into the client’s inner world to allow the unconscious to come up and be reworked can be facilitated through a variety of techniques.
2. Rational treatment does not yield satisfactory results with emotionally stuck adult clients not suffering from clinically definable neuroses.
3. Transcendent healing requires the facilitator to use personal inner-directed conscious and unconscious reactions.
4. There is a complex balance between client-directed and facilitator-directed healing activities.

5. There is a progression in emotional healing and maturation from preoccupation with inner-directed personal factors in early healing stages, to outer-directed issues, such as religious beliefs, in later stages.
6. Methods based on self-healing following a creative illness may be difficult to explain and duplicate.
7. The only valid standard for judging a healing element or method is, “Does it work?”
8. The informal terms “stuck” or “emotionally stuck” appropriately describe emotional stoppage experienced by otherwise psychologically normal adults.

Robert Desoille: Directed Daydream Therapy

Robert Desoille, inspired by Jung’s active imagination, invented *Le Rêve Eveillé*, or *Directed Daydream Therapy* (Ellenberger, 1970, p. 859), which influenced the creation of Roberto Assagioli’s Psychosynthesis (Desoille, 1938; as cited in Assagioli, 1965):

Desoille has found empirically that during the descent [down the mountain] the images which are evoked in imagination are related to the unacceptable or threatening power of the unconscious and also to certain complexes and to images related to parental figures with which negative emotions are connected. In contrast, in the ascent of the mountain there is the evocation of positive and constructive feelings; also newly experienced feelings of love and wisdom are often evoked by this technique. (p. 212)

Ideas Related to Amâte Growth Work

1. Inner Work can free clients from unconsciously stimulated negative emotional responses associated with parental figures, and replace them with positive and constructive feelings.

Karen Horney

Neo-psychoanalyst Karen Horney (1885-1952) explored the dynamics of the unconscious. Horney stressed the presence of a basic anxiety arising from childhood insecurities that continues throughout life unless overcome by self-analysis. She “believed the individual has a great capacity for inner directedness, which may be fully explored through self-analysis, which in turn yields self-knowledge, the prerequisite for psychological growth” (Brennan, 1998, p. 242). Horney stated, “The aim of therapy ultimately supports a psychological health defined in terms of the continuing process of seeking self-knowledge” (p. 242).

Ideas Related to Amáte Growth Work

1. Insecurities beginning in childhood persist through life unless healed.
2. Psychological growth results from self-knowledge gained from inner-directed self-analysis.
3. The aim of therapy is to prepare the client for the lifelong process of seeking self-knowledge.

Roberto Assagioli: Psychosynthesis; and Viktor Frankl: Logotherapy

Roberto Assagioli (1888-1974), creator of *Psychosynthesis* (1965), and Viktor Frankl (1905-1997), inventor of *Logotherapy* (1967), rejected emotion-based therapies when developing their methods. Frankl disagreed with Freud and Alfred Adler, who “saw psychotherapy as an attempt to correct faulty emotional attitudes” (Frankl, 1967, p. 41). Frankl believed, “Emotions are important, but there is more to human life; the human spirit (noös) has its own laws, which have little to do with emotions” (Fabry, Bulka, &

Sahakian, 1979, p. 42). The noös, “implying the essence of man” (Fabry, et al., 1979, p. 14), can transcend suffering and find meaning.

Frankl’s method, *Logotherapy*, or meaning therapy, “considered one of the schools of existential psychiatry” (p. 91), was based on his experiences in concentration camps during the Second World War, where he concluded those who survived best had something in their lives that gave them meaning (Frankl, 1962). Logotherapy “is always education” (Fabry, et al., 1979, p. 96) aimed at freeing the individual to determine meaning in life, then fulfilling that meaning.

Assagioli’s Psychosynthesis, “the *systematic* use of all available active psychological techniques” (Assagioli, 1965, p. 7), directly focused on the goals of self-actualization and full self-realization. Unlike Assagioli’s techniques, Frankl believed “man achieves some level of self-actualization not by aiming directly at it, but through a devotion to a cause or accomplishment of a task” (Fabry et al., 1979, p. 323). “What man is, he ultimately becomes through the cause which he has made his own” (Frankl, 1967, p. 24).

In both methods, the achievement of principle goals appears to assume a preexisting foundation of emotional maturity. For example, Assagioli (1965) defined self-realization as “psychological growth and maturation” (p. 37). He included in the client entry evaluation the assessment of “the persistence of traits belonging to preceding psychological ages: a) infantile, b) adolescent, c) juvenile” (p. 71). Assagioli said, “I could describe self-actualization as a development of personality which frees the person from the deficiency problems of growth, and from the neurotic (or infantile) . . . so that

he is able to face, endure, and grapple with the ‘real’ problems of life” (Maslow, 1959, p. 24; as cited in Assagioli, 1965, p. 39).

Ideas Related to Amáte Growth Work

1. There is an essence, or spirit, in man that can transcend suffering and find meaning.
2. Achieving the advanced goals of self-actualization and self-realization requires the individual to first establish a foundation of emotional maturity through resolving deficiency problems of growth and developing the personality beyond the infantile.
3. Emotional and spiritual growth and development are inextricably linked.

Leon J. Saul: Psychodynamic Psychotherapy

Psychoanalyst Leon J. Saul (1901-1985), mentioned previously, supported Freud’s definition of analytic therapy as an *after-education of the neurotic* that can correct blunders for which his parental education was to blame” (Saul, 1977, p. 244), and that of Franz Alexander, who said analytic treatment was “largely a method of reconditioning to correct the effects of trauma and reopen the emotional development” (1961, pp. 116-128; as cited in Saul, 1977, p. 244). However, Saul (1977) was greatly troubled that Freud “discovered trauma but then all but abandoned it” (p. 244), and was wrong when he sought

the primary source of emotional pathology in the vicissitudes of the libido, as though these were not passed through as normal growth even though there was no trauma. In this view, the basic emotional problems arise from within, uninfluenced by how the child is treated. (p. 244)

Saul (1960) was the only psychoanalyst encountered who made the achievement of emotional maturity the principle stated goal of his professional life:

In clinical practice, the only secure and lasting therapeutic result in the treatment of any type of emotional or personality problem, reactive or internal, depends on reaching and correcting the *causes*. If only the external stresses are relieved but the infantile reactions remain, the patient, left to himself will soon be in another predicament. Only if he matures emotionally can we expect a secure adjustment. If all the world's problems were magically solved, we can be sure that they would mushroom again so long as men are dominated by infantile motivations. The problem is no different in essence when we deal with millions instead of single individuals. Obviously, the percentage of persons who can be treated causally is utterly insignificant—the true goal of all medicine is not treatment but *prevention*. Obviously faulty upbringing of children should be prevented and not left to attempts at correction when the children are grown. This defines the social responsibility and the task of psychiatry—to contribute to the long-range program of preventing emotional disorders and facilitating the emotional development of children, in order to assure a society of predominantly mature adults and the kind of society in which mature adults can function enjoyably as such....The task is, in part, short-range; but the greater task is long-range—to delineate clearly the characteristics of maturity, the paths of development toward it, and the means of facilitating this development and of preventing obstacles to it.

There are always *two* factors—the life situation and the emotional make-up of the individual who reacts to the life situation. There is a crying need to relieve the terrible external hardships and dangers which engulf many, threaten more, and provoke desperation and violence. But in the long run, this will not keep men from shedding other's blood so long as the internal irritants, the residues of childhood, torment them from within. This is the great central lesson not only of modern analytic psychiatry, but also of all human history. This is the great central blazing fact of human life, reflected in religion, in literature, in all human history, missed by many recondite studies and constantly ignored, although glaringly obvious, in a way always known yet rarely comprehended. (pp. 21-22)

Why Saul's compelling message faded and was almost forgotten has intrigued me since "rediscovering" him and his extensive body of work on emotional maturity and immaturity. Saul, the avowed Freudian, seemed unwilling or unable to move beyond his educational and professional biases when proposing healing resources for adult emotional immaturity. The method he developed and promoted, *Psychodynamically Based Psychotherapy* (1972), focused on reversing *the child emotional pattern* through

traditional Freudian psychoanalysis. It is regrettable Saul's method was not created from the highly successful improvised process he and others used with hundreds of soldiers suffering from war neurosis during and after World War II. Saul described that method as intensive, short term, and client focused. It was a miniature psychoanalysis that stressed dissecting emotional problems through insight (Saul, 1977, pp. 397-399).

Ideas Related to Amáte Growth Work

1. Emotional maturity and emotional immaturity were terms of choice around World War II.
2. The goal of achieving emotional maturity in adulthood has been considered worthy of lifelong dedication by an outstanding professor/psychoanalyst.
3. Emotional problems in adults develop from early trauma.
4. Successful therapy for emotional problems reopens emotional development.
5. There have been intensive, short-term, client-focused methods created and used successfully with immature adults in emotional crises.

Hanscarl Leuner: Guided Affective Imagery

Freudian Hanscarl Leuner did incorporate practical elements into his "short-term psychotherapy" method, *Guided Affective Imagery (GAI)* [Leuner, 1982, p. 14]. It was based on early psychoanalytic findings that "inner conflicts and unresolved problems . . . appear in dreams and mental imagery" (Freud, 1900; as cited in Leuner, 1982, p. 153).

GAI, or *symboldrama*, is "a controlled regression . . . of the ego . . . induced by the therapist to the earlier emotional levels and ways of functioning" (Leuner, 1982, p. 2). Goals of GAI are the resolution of psychodynamic causes of symptoms and the

maturation of the personality. These extend the objectives of hypnosis, autogenic training, and behavior therapy, which limit themselves to treating symptoms without resolving the causes of the symptoms (p. 5).

The technical aspects of GAI rely on “mobilizing ‘the self-healing powers of the psyche’ (p. 6), . . . man’s fundamental experience that he can create imaginings using his fantasy” (p. 3), and the client’s ability to shift to a slightly hypnoidal state, rather like the state experienced between waking and sleeping “that autogenic training produces” (p. 15). The original GAI induction techniques were complicated and highly structured. However, as the method evolved, it was found that “the mere instruction to imagine can gradually diminish the waking consciousness, which again deepens the imagination in a circular process . . . and distinct consciousness-altering aids are in no way an unconditional requirement” (p. 16).

It was also determined that “the projective energy of the patient with which he transfers early childhood emotional relationships onto the therapist, is to a large extent absorbed into the projective screen of the mental imagery in GAI” (Leuner, 1982, p. 179). In addition, “a pronounced transference neurosis seldom appears in the psychoanalytic short-term therapy of 15-30 sessions; instead a positive level of transference predominates” (Loch, 1972; as cited in Leuner, 1982, p. 179).

Ideas Related to Amáte Growth Work

1. There have been effective short-term methods featuring Inner Work.
2. Inner conflicts and unresolved problems appear in mental imagery.

3. Resolution of psychodynamic causes of symptoms and maturation of the personality can be achieved by regression to earlier emotional levels through mental imagery.
4. Self-healing powers of the psyche can be channeled by creating imaginings using fantasy.
5. The shift in consciousness to a self-induced slightly hypnoidal state may be achieved easily.
6. Transference of early childhood emotional relationships onto the therapist, and transference neurosis, seldom appear in short-term inner-directed therapy.

Erik Erikson: Adult Development

Psychoanalyst and philosopher Erik Erikson (1902-1994) was intrigued by how adults are formed, how they function, and what “shows their maturity and immaturity” (Erikson, “Reflections on the Dissent of Contemporary Youth,” *Daedalus* 97, no.1 [Winter 1970]: 154-176; 175; as cited in Hoare, 2002, p. 6). He “was interested in how the word *maturity* might best be defined, and in how those who are arbitrarily called ‘mature,’ frequently on the basis of age alone, might advance developmentally” (Erikson, “Memorandum on Adulthood,” for the “Planning Conference on the Adult,” September 1971, Item 1515, Erikson Hrvd. Pprs.; as cited in Hoare, 2002, p. 24).

Erikson believed childhood nurturance was essential for producing what he termed the *vital adult* (Erikson, “Hitler’s Imagery and German Youth,” *Psychiatry* 5 [1942]: 475-493; as cited in Hoare, 2002, p. 17). Erikson observed that vital adults were able to continue to access childhood resources of imagination and initiative, and, when faced

with challenges of adulthood, showed remarkable resiliency (p.17). “These adults live in a mature skin that has detached itself from childhood, yet they are uniquely aware of developmental continuity between their maturity and their earlier youth” (p. 126). He compared the profiles of vital and non-vital adults:

In these and other vital adults he noted the absence of pretensions that, if worn, would mask the real self. Refusing to forfeit authenticity, spontaneity, and autonomy, these adults seemed to eschew living as disguised persons in feigned personalities, an attitude of narrowness and rigidity. He noted that affectations show up in those who have relinquished the desire to learn, to take a chance, and to free the self for new opportunities. This becomes a death of sorts, both for the self who can not risk and for relationships, as those who feel they must disguise themselves close down. (Erikson, Godkin Lectures: “The Child’s Toys and the Old Man’s Reasons,” Item 1523, Erikson Hrvd. Pprs.; as cited in Hoare, 2002, p. 127)

Describing the consequences of growth limiting environments, Erikson said,

When children’s environments or adults’ work or home contexts thwart the ability to take chances freely, an absence of safety compromised human functioning. In such conditions, persons ‘store up aggression in search for (more or less) sanctioned outlets. Adults and children who are denied mental space and personal security become defensive. They show frustration, anger, and rage. Depression sometimes results as anger is diverted inward. (Erikson, Godkin Lectures: “Play, Vision, and Deception,” April 1972, Item 1521, Erikson Hrvd. Pprs.; as cited in Hoare, 2002, p. 129)

Erikson “deeply felt his responsibility to attenuate Freud’s thought, . . . [and] wrote that he had to ‘review and amend his theories’” (Erikson, “Miscellaneous Papers and Notes,” various dates, Item 95M-2, Erikson Hrvd. Pprs.; as cited in Hoare, 2002, p. 59). Erikson’s criticisms of Freud were also personal. According to Erikson, “Freud’s territorial, empire-driven aims were distasteful. They represented Freud’s nonegalitarian, nongenerative tendencies, the aspects of Freud that were not adult” (Erikson, “The First Psychoanalyst,” *Yale Review* 46 [40-62, 1956]; as cited in Hoare, 2002, p.18).

Among the ideas Erikson challenged was Freud's belief "that psychosexual development ended with entry into adulthood" (Hoare, 2002, p. 24). Erikson conceived a "radically new way of seeing what is a fundamental departure from Freud, that all of the human life span holds unique, evolving content and of different constellations of meaning from phase to phase" (Hoare, 2002, p. 3). Erikson's suggestion of a maturational ground plan for healthy emotional development returned Freudian theory to the direction of Rousseau and the Romantics (Crain, 1992, p. 269).

The eight culturally universal life stages of emotional development Erikson (1950) identified met the criteria demanded of cognitive stage systems of others, including Jean Piaget (Crain, 1992, pp. 262, 265). Erikson believed,

Each person . . . must go through all the stages, whether he or she has traversed the earlier stages well or not. What is true is that success at earlier stages affects the chances of success at later ones. . . . Whatever the outcomes, maturational and social forces require the child to face the issues at each new stage. (Crain, 1992, pp. 264-265)

Erikson described natural pauses in the life stage progression, such as the *psychosocial moratorium* some young people working on *identity-formation* experience, that allows for an avoidance of *identity foreclosure*, or "premature acceptance of compartmentalized social roles" (Erikson, 1964, p. 125). He believed the central task of adolescence was to make a permanent commitment to some way of life, even when the search for something worthy of that commitment was long and not always pleasant, as in his own life (Crain, 1992, p. 258).

Erikson credited the confusion over his personal identity with his conceptualization of the *identity crisis* (Erikson, Gauss Lectures, Audiotape 1; as cited in Hoare, 2002, p. 9), or the crisis of "*identity versus role confusion*" (Crain, 1992, p. 256).

“*Identity* . . . was Erikson’s permanent link to his ideas about adolescence and to all of the developmental phases of adulthood that follow along after it. . . . [Identity] was an ongoing life process” (Hoare, 2002, p. 14).

Erikson believed “adults are spiritual, and irrespective of their diverse religious convictions or comparative absence of exact beliefs, they can accept and share in the fact that spirituality is part of our common humanity” (Hoare, 2002, p. 223). He found the association between “an evolving, ethical identity, and belief in the Ultimate” (p. 83) in every mature adult, even in “the self-declared atheist Sigmund Freud” (Erikson, various dates, Item 95M-2, Hrvd. Pprs.; as cited in Hoare, 2002, p. 83). He held that the ego was soul (Erikson, “The Galilean Sayings and the Sense of ‘I’”; as cited in Hoare, 2002, p. 83). He also believed “that functioning as an adult means having insight into the immaturities . . . handed on from prior generations, and having the wisdom to avoid transmitting them to future generations” (pp. 222-223).

Ideas Related to Amáte Growth Work

1. Maturity is frequently, and inaccurately, associated with chronological age rather than emotional development.
2. Childhood nurturance is fundamental to achieving full adult emotional development.
3. Those who stop risking, learning, and growing adopt a mask and live as disguised persons in feigned personalities.
4. Those who stop risking and shut down emotional development experience a sort of death for the self and for relationships.

5. Those who stop risking become defensive and may show frustration, anger, depression from inwardly turned anger, and rage.
6. Even some great thinkers and healers have exhibited immature behaviors and attitudes that have influenced and limited their adult lives and work.
7. Psychosexual development continues through adulthood.
8. There are distinct stages of emotional development throughout the human lifespan.
9. Each stage has unique meaning and contains successive emotional risks that must be attempted, even if the results are unsatisfactory.
10. Successfully taking the emotional risks within each stage advances normal emotional development.
11. There may be natural pauses between developmental stages as the individual gathers experience and strength before succumbing to inner and social pressures and attempting the risks in the next life stage.
12. The ongoing life process of establishing and maintaining identity is achieved through discovering and living the individually determined destiny.
13. Theories of emotional development moved away from, and then returned to, the ideas of Rousseau and Romanticism.
14. Regardless of the presence or absence of religious beliefs, adults are spiritual, and spirituality is a part of a common humanity.
15. There is a connection between an evolving ethical identity and belief in a Higher Power in mature adults.

16. Maturity requires identifying, then avoiding, the transmission of immaturities to future generations.

Carl R. Rogers: Client-Centered Therapy

This section continues the discussion of Carl Rogers' thoughts and work introduced in chapter 4. The earlier material was included when creating the list of ideas connecting Rogers' theories and work to Amáte Growth Work.

Rogers' Client-Centered Therapy created "the first indigenous American challenge to psychoanalysis" (Taylor, 1999, p. 262). Rogers' work was influenced by the ideas of Otto Rank on early emotional stoppages (p. 262). However, it was in the radical shift from the traditional psychoanalytic client-therapist relationship that Rogers' method made the most significant contributions. In this new relationship, "the client should be encouraged in the process of self-knowledge and inner exploration without undue control of the therapist" (Taylor, 1999, p. 263).

Rogers' beliefs concerning the inevitable effects of this new relationship on positive client change echo ideas of 19th-century Romanticism. Rogers (1961) stated,

The individual will discover within himself the capacity to use this relationship for growth, . . . [and] to move forward toward maturity. In a suitable psychological climate this tendency is released, and becomes actual rather than potential. . . . It shows itself in the tendency to reorganize his personality and his relationship to life in ways which are regarded as more mature. Whether one calls it a growth tendency, a drive toward self-actualization, or forward moving directional tendency, it is the mainspring of life, and is, in the last analysis, the tendency upon which all psychotherapy depends. It is the urge which is evident in all organic and human life—to expand, extend, become autonomous, develop, mature. (p. 35)

Rogers (1961) spoke of the possible impact of the facilitator's level of maturity on successful healing experiences:

This has raised in my mind the suspicion that the optimal helping relationship is the kind of relationship created by a person who is psychologically mature. Or to put it another way, the degree to which I can create relationships that facilitate the growth of others as separate persons, is a measure of the growth I have achieved myself. (p. 56)

Ideas Related to Amáte Growth Work

1. Ideas of late 19th-century Romanticism gained renewed credibility in 20th-century healing theories and methods.
2. In the right environment, with the right client-facilitator relationship, the client is capable of exploring the unconscious for threatening information from the past causing pain and dissatisfaction in the present.
3. Inner exploration is most effective when client-controlled.
4. The level of maturity achieved by the facilitator can affect the effectiveness of the growth process of clients.
5. The forward moving directional tendency toward maturity is natural and essential to successful emotional growth.
6. Maturity is not a fixed state, but a process that depends on an inner condition of freedom.
7. Defensiveness opposes freedom.
8. Universal characteristics of the fully functioning mature person are increasing openness to experience, increasing ability to live existentially, and increasing trust in the organism.
9. The fully functioning mature person behaves in ways that are naturally constructive, creative, trustworthy, positive, forward moving, balanced, realistic, and realistically socialized.

10. The fully functioning mature individual is able to risk experiencing an extended range of emotions and identify and act appropriately on inner guidance.

George Vaillant: Adult Emotional Development

George Vaillant's (1934-present) ideas on adult emotional development were inspired by earlier theories of ego defense mechanisms, including Anna Freud's (1936), and findings from the *Harvard Study of Adult Development* (Vaillant, 2002). Vaillant was the final director of the pioneering longitudinal study that charted the life processes of 824 individuals for more than half a century, and produced remarkable insights into "how older people end up fulfilled or not" (p. 4). As Vaillant (2002) interviewed study participants, he observed how an inner condition of fear could adversely affect life experiences:

Study members who had always found loving easy . . . led me to marvel at my good fortune in belonging to such an enjoyable project. In contrast, [with] Study members who had spent their lives fearful of other people and who had gone unloved . . . I often felt drained and depressed [and] as if I had done all of the work in the interviews while they took much and gave nothing. (p. 28)

Vaillant's work on ego defense mechanisms provided "empirical support for Erik Erikson's intuitively derived model of adult ego development" (Vaillant, 1993, p. 144). Vaillant defined ego defense mechanisms as "the mind's defenses—like the body's immune mechanisms—[that] protect us by providing a variety of illusions to filter pain and to allow self-soothing. . . . Often such emotional and intellectual dishonesty is not only healthy but also mature and creative" (p. 1). Vaillant (2002) described the range of defense mechanisms from immature to mature. He selected projection, dissociation, fantasy, hypochondriasis, passive aggression, and acting out as immature defense

mechanisms; and altruism, suppression, sublimation, humor, and anticipation as mature defense mechanisms (pp. 334-336).

Vaillant (1993) offered hope that immature ego defense mechanisms in adults, created by nonloving early environments, could be replaced by mature defense mechanisms in adulthood. He believed this was possible if the adult experienced an environment of sufficient love and security in a personal relationship, an institution, or “similarly, in the stable and safe holding environments of psychotherapy” (p. 4). “The curse of immature defenses is that they make neglected children neglect *their* children. The blessing of immature defenses is that with a little love they can evolve into something beautiful” (p. 267).

Vaillant dissected and described his ideas about ego defense mechanisms and their consequences with great precision. However, methods advocated by Vaillant for developing more mature ego defense mechanisms seemed more poetic than practical. For example, Vaillant’s third model of ego maturation requires a “seemingly miraculous capacity” (2002, p. 62) for assimilating others, with the goal of “*being* the other person and yet being oneself at the same time” (p. 353).

Vaillant concurred with Carl Rogers (1961) about man’s inherent spirituality. “Would reason ever have proved to me that I ought to love my neighbor, instead of choking him? I was taught in my childhood, but I believed it gladly because it was already in my soul” (Tolstoy, 1877, p. 371; as cited in Vaillant, 1993, p. 362). “Rather, as Emily Dickinson reminds us, ‘The brain is just the weight of God’” (p. 362). About spirituality and religion, Vaillant (2002) said,

I am not suggesting that to have a personal faith tradition—in other words to derive comfort from a specific religion—is immature. I am only suggesting that

with maturity come understanding and reverence for what all religions share. To age gracefully the old must learn to part with all that is nonessential—and most religious differences arise from nonessentials. (p. 263)

Ideas Related to Amáte Growth Work

1. The inner condition of excessive fear adversely affects life fulfillment.
2. There is empirical support for the possibility of lifelong emotional development experienced through a series of stages providing opportunities, challenges, and rewards.
3. Even immature ego defense mechanisms filter pain, allow self-soothing, and are essential to the survival of the individual.
4. Immature ego defense mechanisms reflect an inner condition of fear.
5. Mature ego defense mechanisms reflect an inner condition of love and security.
6. Ego defense mechanisms can be changed from immature to mature in adulthood by experiencing an environment of sufficient love and security in personal, institutional, or therapeutic relationships.
7. Adults who were neglected, abused, or abandoned as children may neglect, abuse, or abandon their own children unless the inner condition of fear created in childhood is replaced by an inner condition of love and security in adulthood.
8. Practical methods to facilitate maturation of emotional development have been difficult to create.
9. Spirituality is inherent in human beings.

10. As spirituality matures, beliefs simplify and eliminate all but what is generic to religions or spiritual ways.

Mind-Body Healing

This section is being included because mind-body connections, especially when facilitated through mental imagery techniques such as the Inner Work Exercises of Amáte Growth Work, may produce important positive physical reactions in the body. Although it is not a stated goal of the method, improvements in physical symptoms and diseases have been informally observed in many Amáte clients.

Mind-body researcher Karen Kiefer (1993) determined “an adult’s emotional development can be arrested by events in childhood and cause physical illness” (par. 1). She advocated medical hypnoanalysis for age regression (AR) to locate emotional blocks causing physical illnesses such as autoimmune phenomena. Once emotional blocks are located through inner work, the patient’s ego, “adult,” or spiritual authority, re-parents the traumatized inner child (par. 1). Ernest L. Rossi (1996) hypothesized that genuine psychobiological healing is a direct result of resolving a block in personal development that causes positive shifts in mind-body biochemistry (par. 1).

There are many, including Eugene Taylor (1999), who believe “imagery is the doorway into different interior states of consciousness” (p. 295), and in the future research “may focus on guided mental imagery as the most appropriate language by which consciousness communicates with normally involuntary processes of the physical body” (p. 295). *Interactive Guided Imagery (IGI)* is an example of such an approach to healing for the full range of “mind-body issues in medicine, nursing, and counseling, as

well as issues best treated in brief therapy” (Academy for Guided Imagery, 2001, [Brochure]).

Ideas Related to Amáte Growth Work

1. Mental imagery provides entry into interior states of consciousness.
2. Brief therapy is suited to mental imagery techniques.
3. Physical illness in adulthood can result from arrested emotional development in childhood.
4. Age regression using Inner Work techniques is used to locate emotional blocks causing physical symptoms.
5. Resolving emotional blocks may initiate positive shifts in mind-body biochemistry.
6. Once emotional blocks are located the traumatized inner child can be re-parented by the individual’s “adult” self.
7. Emotional and physical problems and healing are directly related.

This chapter has included an overview of data confirming there may be little original in the Amáte Growth Work process. Even subtle ideas and the smallest details of the method have been discovered in the literature and validated as appropriate and effective. For example, a decision as seemingly innocuous as placing my chair at an angle to permit the client to avoid looking directly into my face when the eyes are open during Inner Work Exercises, something I concluded through experience, was described by Leuner (1984, p. 105) as the most effective position for clients to feel comfortable and in control during imagery work. The only experience within Amáte Growth Work not yet

located in the literature, as previously mentioned, is the shifts-in-age of the client's Inner-Self to the chronological age of the client through Inner Work, and I am not convinced it will not be discovered in the future. What have *not* been found are other healing methods that combine the various healing ideas and elements within Amáte Growth Work into the same short-term, very intensive, cost effective, client-centered, and spiritually generic process.

In the next chapter, six current approaches for healing adult emotional immaturity are identified, discussed, and related to Amáte Growth Work.

CHAPTER 6
RELATING AMÁTE GROWTH WORK TO SIX CURRENT APPROACHES
FOR HEALING ADULT EMOTIONAL IMMATURITY

Background

The expected abundance of historical and current healing resources for adult emotional immaturity did not materialize in extensive investigations. However, various direct and indirect factors affecting the creation and availability of current resources did emerge. The most significant factor was the impact of the range of beliefs about what heals adult emotional immaturity.

Six popular approaches for attempting to amend adult emotional immaturity were identified. At one end of the spectrum are those reflecting the serious and demanding ideas and methods of earlier therapists. This group advocates deep inner healing work under the careful supervision of highly skilled therapists. At the other extreme are those implying emotional maturity may be achieved simply by living long enough, willing it, or applying suggestions contained in self-help materials. Those in this group sometimes react as if emotional immaturity were a moral issue, and suggestions such as “Act your age!” are sufficient to effect healing.

In the gray, and potentially more dangerous, area between self-help and intensive therapist-guided healing methods are books by professional therapists offering detailed descriptions of intensive therapist-guided healing methods to be attempted as self-help. The fourth approach is therapist-guided healing methods that do not include Inner Work. The fifth is healing methods promoting specific religious beliefs or spiritual ways. The sixth approach, a combination of others, is that of John Bradshaw and the Inner Child movement.

In this chapter, the six healing approaches and evaluation instruments for emotional maturity and immaturity are briefly described and evaluated, and additional factors affecting the availability of healing resources for adult emotional immaturity are summarized.

Six Current Approaches for Healing Adult Emotional Immaturity

Approach 1: Intensive Therapist-Guided Healing Methods with Inner Work

Few therapist-guided healing methods using Inner Work techniques to help the client heal early trauma were found in the literature. According to Friedman (1996), the number of these methods is limited in part because of the heavy demands of this client population on the facilitator:

Trauma work is difficult. Traumatized patients have suffered greatly and the therapeutic process often opens old wounds with alarming intensity. It is difficult, if not impossible, to maintain a stance of therapeutic neutrality when a patient tells you how s/he was brutally abused as a child, or was forced to watch loved ones being [abused]. Such narratives generate powerful emotions in the therapist as well as the patient. (p. 6)

This approach requires a therapist who is qualified through personal healing, appropriate education, and experience, and who possesses the highest integrity.

According to Alice Miller (1997), “If the patient is not accompanied in this way, he can be subjected to the extreme forms of manipulation familiar to us not only from sects but from many so-called therapy centers themselves displaying sectarian structures, and proliferating today” (p. 121).

Among more pedantic concerns, therapist-guided methods with Inner Work can be very time consuming and produce powerful emotional responses that must be worked through before ending therapy sessions. Establishing appropriate financial and time

structures for Inner Work can be complicated. Amáte Growth Work directly confronts some of these drawbacks. The “package” fee structure, multiple-hour Intensive healing experience, and 2-hour Post-Intensive sessions encourage the client to relax, work within, process the Inner Work, and bring the work in each session to a satisfactory conclusion.

Discomfort during Amáte is kept to a minimum by directing all healing activities toward the achievement of the secure and loved inner condition of emotional maturity. The possibility of emotional pain is further reduced by focusing the first Inner Work on reuniting the Outer-Self, as a powerful inner loving and healing presence, with the emotionally stuck and fearful younger Inner-Self. The moment potentially uncomfortable stoppage trauma is identified, it is immediately addressed and resolved by the loving and protective Outer-Self. Each segment of Inner Work contributes to a stronger emotional base and confidence in the ability to work quickly with difficult emotions until they are resolved.

The facilitator in Amáte Growth Work also has advantages. Being qualified to conduct the work implies a level of personal and professional preparation and experience that avoids many of the stresses of other therapies. The method’s financial and time structures permit the facilitator to enter into the healing experience with the client fully, and to complete work slowly and thoroughly. Client-centered and client-controlled work shifts the responsibility for Growth Work outcomes to the client.

The spiritual orientation of healing, and the facilitator’s dependence on personal inner reactions and guidance for decisions taken during Growth Work, result in an increased level of confidence, enthusiasm, and joy in participating in the work. Even when material shared by the client is difficult to hear, the understanding that Amáte

Growth Work offers hope for healing even the severest traumatic memories encourages a detachment from the weight of problems and a focus on being able to offer real solutions to those problems.

Francine Shapiro: Eye Movement Desensitization and Reprocessing

One popular approach that includes powerful Inner Work, but which is minimally guided by the therapist and relies heavily on the client's ability to self-heal, is the *Eye Movement Desensitization and Reprocessing (EMDR)* eight-phase procedure developed in the late 1980s by Francine Shapiro (EMDR Institute, 2004a, p. 1). According to Shapiro, EMDR has been used successfully with 2 million people, especially those with posttraumatic stress disorder (PTSD) and other trauma-based conditions (Strand, 2004, p. 1). EMDR combines elements of exposure therapy and cognitive behavioral therapy with eye movements, hand taps, and sounds that are intended to create an attentional alliteration back and forth across the person's midline, making it possible to access and process traumatic material (Psychology Today Staff, 2002, p. 3). The EMDR procedure, which varies from client to client and problem to problem, was described by Bohart (1999):

The client is asked to focus on a troubling scene, and then to follow the therapist's fingers. After a set of eye movements, the client is asked "what comes up." The client is then instructed to "go with that," i.e. focus on that, and then follow the therapist's fingers again. What happens with clients is . . . a kind of stepping-stone process where the initial scene morphs through various steps and stages into resolution. (p. 23)

EMDR has been embraced by thousands of therapists willing to undergo the extensive and expensive training, even though the method has been controversial since its inception and results of research have been mixed. Positive results have been reported in

a wide range of client groups, including children and adolescents healed of the symptoms of trauma (Stewart & Bramson, 2000; Cherntob, Nakashima, Hamada & Carlson, 2002; Greenwalk & Rule, 2002; as cited in EMDR Institute, 2004b, p. 1).

What is important about methods using Inner Work that stress self-healing such as Amáte Growth Work and EMDR has been described by Bohart (1999):

Self-healing seems to occur when the client allows and accepts inner experience, suspends highly cognitively analytic top down processing, suspends self-criticism or works through self-criticism, and begins to receptively listen to both thoughts and experience. When this occurs, a natural self-wise self-healing process, implicational in nature, emerges. (p. 31)

These methods create vital opportunities for the client to suspend “highly cognitive, analytic, problem-solving activities” (Bohart, 1999, p. 31) and connect with inner wisdom that becomes available through acceptance of and “a kind of receptive listening attention to inner experience” (p. 31). In Amáte Growth Work, the process of going within and working with the inner experience is more systematic than in EMDR, and emotional maturity is not discussed in EMDR. However, “in a general sense of a) agreeing that early traumas and issues have to be worked through, and b) valuing the person’s self-healing process” (A. C. Bohart, personal communication, December 6, 2004), the two methods are similar.

Approach 2: Self-Help Healing Resources

There are an abundance of healers and others who hold the opinion that achieving emotional maturity is easily done, is largely dependent on the will of the individual, or results from identifying the problem. Some have determined that writing self-help books, making tapes, and giving lectures are more effective, profitable, and certainly reach a wider audience than creating and working with therapist-guided healing methods. The

popularity of these beliefs is reflected in the proliferation of therapist-authored self-help books offering quick-fix solutions to maturation in adulthood. They include McCray (1997), *Get Grown! And Keep Growing: The Self-Help Adult Maturity Handbook*; Baum (1994), *Growing Up at Any Age: How to Know When True Adulthood Arrives*; Prend (2001), *Claim Your Inner Grown-Up: 4 Essential Steps to Authentic Adulthood*; Richo (1991), *How to be an Adult: A Handbook on Psychological and Spiritual Integration*; and Kramer (1994) *Liberating the Adult Within: How to be a Grown-Up for Good*.

The transformational element for healing that takes place through Amáte Growth Work, just as it did in my personal healing, occurs in the inner life of each individual. Although it is helpful for the client to become aware of and understand the condition of adult emotional immaturity, regardless of the source of that information, emotional healing will not take place, and emotional growth will not resume, until the client goes within to the Inner-Self and creates an inner condition of sufficient love and security.

Approach 3: Intensive Therapist-Developed Healing Methods in Self-Help Books

Between therapist-guided healing methods and self-help materials are self-help books written by respected psychotherapists that describe in great detail the actual therapeutic process of powerful healing methods. The aim of these books is for the reader to attempt the exact therapy conducted in the therapist's office without the physical presence or supervision of a qualified therapist.

Jean Jenson and Alice Miller: Regression Therapy

One such popular book is *Reclaiming Your Life: A Step-by Step Guide to Using Regression Therapy to Overcome the Effects of Childhood Abuse* by Jean Jenson (1995).

Alice Miller acknowledged Jenson's therapy as a positive step away from Primal Therapy for recognizing, feeling, and resolving childhood traumas, yet surprisingly called it "both easy to use and easy to evaluate" (Jenson, 1995, p. xii).

However, Miller stated in the forward,

To what extent readers will be able to employ this method without expert assistance remains to be seen. My present view is that the assistance of a therapist with the necessary competence and integrity is essential if the client is to be able to develop her capacity for change to the fullest. To exploit the entire range of her potential for growth, a potential stunted in childhood by neglect or cruelty, she must be in the presence of someone perceptive, affirmative, and protective and who will not try to take advantage of her. (Jenson, 1995, p. x)

Jenson (1995) conceded, "Adults working in therapy to access repressed childhood memories find the process to be very frightening and painful. As memories surface, the emotions that were buried with childhood experiences feel as overwhelming as those described by Vietnam veterans" (p.14). Because Jenson acknowledged the powerful feelings associated with uncovering childhood memories in therapy, the issue must be raised about how responsible it was of her to suggest accessing those memories without the support and guidance of an appropriately trained and experienced therapist. Miller (1997) seemed to echo these sentiments:

A book is no substitute for a good therapist. But it can perhaps make us aware of our need for therapy by putting us in touch with our suppressed—or possibly even repressed—feelings and thus triggering a process that may have some very salutary effects indeed. (p. 117)

Brian Weiss: Past Life Regression Therapy

Brian Weiss (1992) popularized past life regression therapy. "Regression therapy is the mental act of going back to an earlier time, whenever that time may be, in order to retrieve memories that may still be negatively influencing a patient's present life and that

are probably the source of the patient's symptoms" (p. 26). Although Weiss cited nonhypnosis-based therapies for healing traumatic memories of the inner child, including those of Freud (p. 28); John Bradshaw (p. 94); and Eric Berne, the "father of Transactional Analysis" (p. 94), Weiss preferred hypnosis to access traumatic memories and "delve into other lifetimes to resolve . . . current life clinical problems (p. 28).

Weiss (1992) "the bookseller" seemed in conflict with Weiss "the responsible therapist." "Experiencing regression therapy alone at home . . . is beneficial and relaxing in most cases" (p. 31), stated in one part of his book, seems at odds with this later statement:

Therefore, I do not recommend past life therapy done by a therapist who is not certified or accredited by a traditional accrediting body, who does not have a degree such as M.D., Ph.D., M.S.W., or other traditional degrees. Nontraditional past life therapists may be less likely to have the skills necessary to integrate the material. (p. 31)

The format of my book published in 1990 was similar to others of that era. It carefully described the profile and problems of *The Seashell People*, yet contained few applicable solutions to those problems. Amáte Growth Work and my ideas about what truly heals adult emotional immaturity developed later. However, only a skeletal description of Amáte Growth Work is included in this dissertation, along with the invitation to seek deep inner healing. That is because I now believe undergoing a sacred independent healing journey with close and appropriate supervision is the only solution for most adults who must grow up in adulthood. I also believe creating the illusion that this journey may be undertaken safely alone or without supervision violates the trust of those seeking healing.

Approach 4: Therapist-Guided Healing Method Without Inner Work

Jefferson Singer and Pavel Blagov: Self-defining Memories

Singer and Blagov (in press) have proposed a healing method that uncovers and reworks traumatic memories, yet does not rely on consciousness-shifting Inner Work.

Researching self-defining memories, narrative identity, and psychology, they have attempted to demonstrate “that Self-defining memories that contain integrative statements are indeed related to indices of ego development and social-emotional maturity” (p. 16). Their results suggest “maturity is synonymous with the ability to engage in autobiographical reasoning in order to construct a coherent and generative life story” (Habermas & Bluck, 2000; McAdams, 2001; Staudinger, 1999, 2001; Thorne, 2000; as cited in Singer & Blagov, in press, p. 20).

This method may prove to be an important healing alternative or adjunct in the future. The review of life histories of the client and client’s parents, as well as the Inner Work of creating healed narratives of past trauma, have proved to be extremely useful in Amáte Growth Work. However, before advocating this option, findings must indicate the method produces outcomes as quickly and profoundly transformational as methods based on Inner Work.

Approach 5: Transpersonal

Many thinkers and therapists included in this dissertation have agreed that excessive fear causes and sustains the emotional stoppage that results in emotional immaturity. Numerous elements within healing methods have been aimed at reducing or eliminating excessive fear. The general agreement is that love is the only antidote powerful enough to confront excessive fear and reverse emotional stoppage.

In Amáte Growth Work, healing takes place in a loving and supportive environment with help from healers who are healed and mature themselves and have the capacity to love others appropriately. In this environment, the individual is guided to establish and maintain a loving connection to the Inner-Self. Reworking excessively fearful early experiences by applying self-love follows. However, if the healing process stops with the satisfactory connection to the Inner-Self and reworking of traumatic memories, the creation of the emotional and spiritual base necessary to live fully and freely will not take place. A most essential, yet controversial, step remains.

That vital step is the connection of the individual to the force of love in the universe, no matter how the force is labeled. Because only love beyond self can sustain a life of continued emotional risking and growth for most, the belief in a loving force beyond the self that can be counted on for guidance and love is fundamental. These concepts make healing adult emotional immaturity a spiritual healing and a transpersonal issue. They also complicate the healing process for some.

Most theories of healing, healing methods, and Inner Work elements within healing methods described here are “love based.” Most also attempt to keep the vocabulary used in healing as spiritually generic as possible, unless the client indicates identification with specific spiritual or religious terms and concepts. For example, if a client is comfortable with the term *God* as the loving force, and uses the term, then the term might be used in the healing process if the healer is also comfortable with the term.

Keeping therapeutic vocabulary spiritually neutral allows the client group to be as inclusive as possible. Logotherapy and Psychosynthesis, for example, accomplish this neutrality without losing effectiveness. Neutrality permits those maturing to heal and

strengthen, *then* use inner guidance to evaluate whatever specific religious affiliation may be appropriate. Amáte Growth Work is spiritually neutral. However, there are significant healing methods that carry religious or spiritual bias and use vocabulary associated with specific religions or structured spiritual ways. These methods use terms and concepts that may be comforting for some but unacceptable for others. The following are two examples of substantial healing methods that are not spiritually neutral.

Conrad Baars with Anna Terruwe: Affirmation Therapy

Christian psychiatrists Anna Terruwe and Conrad Baars based their *Affirmation Therapy* (Baars & Terruwe, 2002) on the ideas of St. Thomas Aquinas (Baars & Shayne, 2001b). The method addresses what Terruwe termed *Emotional Deprivation Disorder* in the 1950s. She found symptoms of anxiety disorder could result from a lack of unconditional love in early life, and concluded “unaffirmed persons are incapable of developing into emotionally mature adults until they receive authentic affirmation from another person” (Barrs & Shayne, 2001c, p. 1). The giver of affirmation lives out the commandment of Jesus to “love one another” (John 13:34, 15:12) [Barrs & Shayne, 2001a, p. 1].

Terruwe and Baars believe the therapist takes on the role of loving parent and “reveals the goodness of the client to the client through his or her gentle affective presence” (Barrs & Shayne, 2001a, p. 3), thus allowing the client to grow emotionally, intellectually, and spiritually, and outgrow symptoms (p. 3). The therapist, as surrogate Jesus, nurtures; loves; offers understanding and a good example; teaches moral truths; and addresses the individual’s intellectual, emotional, and spiritual needs.

Daniel Barron: Emotive Subself Healing

One of the most original healing methods encountered was created by Daniel Barron in the 1990s. *Emotive Subself Healing (ESH)* is described as a “shadow-confronting therapeutic process which redefines the criteria for psycho-emotional maturity” (Barron, 2004, p. 10). Barron contended, “The core of wounding from childhood is not caused by remembered or repressed traumas, but by our inability to emotionally digest the pain of not having been able to feel our caregivers feel us, consistently and open-heartedly” (p. 10).

ESH literature uses vocabulary strongly associated with eastern religions, even though Eric McDonough of ESH gave assurances it is spiritually neutral (E. McDonough, personal communication, March 15, 2004). This is an example from ESH literature: “Attaining Personhood involves experiencing a *Somati* of our emotional body; attaining *Sagehood* involves experiencing a *Satori* of our mental body; and attaining *Sainthood* involves experiencing a *Samadhi* of our many spiritual bodies” (Barron, 2004, p. 4).

Approach 6: John Bradshaw: Inner Child Movement

When John Bradshaw began writing and lecturing about the “Inner Child” and “Healing the Inner Child” in the 1980s, an important nerve was struck with adults worldwide. Bradshaw gave adults with living-situation problems in the present permission to place responsibility for those problems on events and persons in the past. In taking this stand, Bradshaw’s ideas began invaluable healing for many but have created considerable and enduring controversy. Possibly the most damaging and potentially dangerous issue concerns the validity and use of recovered memories of abuse.

Bradshaw has been openly challenged on his encouragement of those with no memories of abuse to work to recall them. The American Psychological Association Working Group on Investigation of Memories of Childhood Abuse interim report held those abused as children do remember what happened to them (Bradshaw, 1992; as cited in Brandon, 1998, p. 300). British psychiatrist Stanley Brandon reported, “The problem following most forms of trauma is an inability to forget, rather than a complete expulsion from awareness, and amnesia for violent events is rare” (p. 300). Bradshaw has also been heavily criticized for his stand on holding parents accountable for problems resulting from the recovered memories.

Involved in the recovered memory controversy are Bass and Davis, who wrote *The Courage to Heal* in the late 1980s, and claimed all psychic dysfunctions result from repressed memories of sexual abuse during childhood (Perry, 2002, p. 6). *Recovered Memory Therapy (RMT)*, developed by Bass and Davis to recover memories of sexual abuse through hypnosis, quickly spread worldwide. The authors eventually concluded what Freud and others realized earlier: “Although empirical data indicate that hypnosis increases the volume of memory reports, they indicate also that such memories are very likely to be erroneous—even through patients may be highly confident of their veracity” (Orne, Whitehouse, Dinges, & Orne, 1996; Whitehouse, Orne, Orne, & Dinges, 1991; Perry, 1997; as cited in Perry 2002, p. 7).

Today, inner child healing has become a therapeutic industry. There are a number of healing centers using Bradshaw’s ideas and methods and dozens of Internet websites dedicated to the inner child promoting everything from key chains to conferences. Although emotional growth is a commonly stated goal of the Bradshaw therapies, Inner

Child Therapy methods reviewed rarely used the term *emotional maturity* or offered specific guidance in helping the inner child reach inner adulthood.

During the course of investigations leading to this dissertation, relevant issues surfaced that have impacted on the availability of healing options for adult emotional immaturity. A discussion and summary of issues considered most critical are contained in the next chapter.

CHAPTER 7
DISCUSSION OF ISSUES AFFECTING AVAILABILITY OF RESOURCES
FOR HEALING ADULT EMOTIONAL IMMATURITY

Measuring Emotional Maturity and Emotional Immaturity

A problem intimately linked to the availability of healing resources for adult emotional immaturity is the scarcity of instruments specifically developed and used to identify and measure the condition. Few popular instruments designed to measure emotional maturity and immaturity were found in the literature, and some that were contained serious defects. For example, Carl Rogers (1954) was limited in the 1950s to the highly flawed *Willoughby Emotional Maturity Scales* (1931) when researching outcome results of client-centered therapy (pp. 215-237). Other assessment tools located were not primarily intended for use with the adult population.

The most widely known, highly researched, and popular instrument evaluating emotional immaturity is the *Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)*. The IMM scale (Schneider, 1997) developed out of the MMPI-2 for adults. It was created because there was no objective measure of ego development or maturation targeted for the assessment of adolescents (Imhof, 1996).

Although there was no indication of how extensively it is used, what appeared to be the most relevant psychological assessment resource on emotional maturation for the adult population was the *Measures of Psychosocial Development (MPD)*. The instrument is based on Erik Erikson's theories of personality development through eight stages of life, focuses on healthy personality development and growth instead of pathology, evaluates the status of conflict resolution at each of the eight developmental stages, and produces an index of overall psychological health (Carmer, 1988).

Cited only twice in the extensive literature reviewed were the *Defense Style Questionnaire* (Brody, Muderrisoglu, & Nakash-Eisikovits, 2002), and the *Weinberger Adjustment Inventory* (WAI-SF) [Weinberger, 1997, 1998; as cited in Singer and Blagov, in press] to measure personality adjustment as it relates to social-emotional adaptation (p.17). Haber (1986) described the development of a *Level of Differentiation of Self Scale* (LDSS) to assess emotional maturity and emotional dependency, yet the literature reviewed failed to mention this tool in other sources.

A possible reason explaining the small number of instruments for evaluating emotional maturity and immaturity in adults was indirectly suggested by Matthew J. Friedman, Executive Director of the National Center for PTSD (1996): “PTSD is an easy diagnosis to make when the patient tells you that s/he has been badly traumatized and believes that such exposure has precipitated current psychological problems” (p. 1).

Adult emotional immaturity is easy to identify when the psychologically normal adult describes a history of early trauma and acknowledge serious current fear-based living problems. This client is not mentally ill; will rarely, if ever, be hospitalized or given a DSM diagnosis; and will seldom need psychotropic medication. As the client progresses through the healing process, traumas are either resolved or not, the client’s emotional risk-taking abilities improve or not, and the client either exhibits evidence of emotional maturity in attitudes and behaviors or does not.

Even when consciousness-shifting methods such as mental imagery are used in Inner Work, there is little impetus to formally evaluate the highly individual experience, except perhaps to access the effectiveness of the healing method or track client progress. If the process is working, it is reflected in the client’s improved functioning in the world.

One extremely important exception to this argument is in the use of accurate assessment instruments for adults attempting to enter or remain in military service. Despite exceptions, such as military screening, it is quite possible that the lack of demand for evaluation and assessment tools for this client population has contributed to the limited number of instruments and healing resources available.

Summary of Factors Possibly Affecting Availability of Healing Resources

The following is a summary of factors and issues that emerged through various investigations on the topics of emotional maturity and emotional immaturity that have affected the availability of healing resources for adult emotional immaturity.

1. As Romanticism was overtaken by other philosophies, the goals of lifelong unfolding and maturation lost their prominence, as did the extreme fascination with the unconscious as a source of information and healing.
2. Even though hypnosis was the method of choice for accessing the inner world of the individual for most of the 19th century, and has remained a very important healing tool, hypnosis has been controversial for the therapist and client from the beginning of its use. For example, faking being hypnotized and overdependence on the hypnotist have been chronic.
3. Significant regression therapies, many of which utilize hypnosis in the healing process, have suffered the same controversies that have always shadowed hypnotherapy.
4. The terms and concepts of emotional maturity and emotional immaturity have fluctuated in popularity and been difficult to grasp and define. They have frequently been implied rather than used directly, and have been

included with other goals when mentioned. Alternate terms have been invented and used.

5. After wars and international crises, the terms and concepts of adult emotional immaturity and emotional maturity have been called forth, only to recede into the background when the crises have abated.
6. Freudian theory held that individuals do not continue to evolve emotionally after childhood, thus interest in facilitating the goal of sustained emotional growth was limited until Freud's ideas were challenged by Erikson and others.
7. Some therapists have believed clients' difficulties stem from the mind, body, family, society, lack of meaning, lack of self-realization and self-actualization, etc., rather than the emotions. Some of the reaction away from developing or using emotion-based therapies has come directly from a rejection of emotional theories of psychoanalysis.
8. A powerful healing method specifically promoting and facilitating the achievement of emotional maturity, Leon Saul's Psychodynamic Psychotherapy, was limited by its tie to Freudian Psychoanalysis and did not endure.
9. Healers, such as Carl Jung, who have based their healing methods on creative illnesses and self-healing, have sometimes had difficulty explaining and teaching the methods.
10. The historically small number and questionable quality of psychological testing instruments designed to measure emotional immaturity or maturity in

adults have affected efforts to create and evaluate healing methods for emotional immaturity.

11. Outstanding thinkers and therapists, such as Abraham Maslow and George Vaillant, have eloquently identified and discussed the importance of emotional maturity, yet have not produced practical and popular healing methods to achieve it.
12. A number of therapists have created self-help healing resources for achieving emotional maturity rather than therapist guided methods.
13. Healing theories and methods of the past have, at times, been ignored by current thinkers and therapists.
14. While many agree that traumas in the past exacerbated by fearful events in the present contribute to PTSD, the literature on PTSD rarely mentions the terms *emotional immaturity* or *emotional maturity* in discussions of methods to diagnosis or heal it.
15. Because trauma work is rigorous and time consuming for the client and therapist, healers may choose to concentrate on client populations that do not require the intensive commitment of Inner Work.
16. Emotional maturity as the goal of therapy has seemed to some to ignore the importance of spiritual development and spiritual maturity, just as humanistic psychology was found by some to lack emphasis on the transpersonal.
17. Important thinkers, including Abraham Maslow, have believed the many problems associated with the condition of adult emotional immaturity are so

undramatic and widespread that it is invisible. Why would healers create resources for an invisible condition?

CHAPTER 8 CONCLUSIONS

This theoretical dissertation has presented and discussed the theory that the exceptionally supportive, client-centered, spiritually neutral, time limited, cost effective, and very intensive Amáte Growth Work process may be an important option among healing resources for the common, yet pervasive and underserved, client profile of adult emotional immaturity. The development, process, and elements of the method have been described, including identifying and resolving inner emotional stoppages caused by excessive fear, and teaching spiritual and emotional tools necessary for successfully taking emotional growth-producing risks throughout life. The terms *emotional maturity* and *emotional immaturity* have been defined and discussed, and my definitions, based on inner emotional conditions, have been proposed. Theories of emotional and spiritual growth and development, healing methods, and elements within methods since 1870 have been related to Amáte Growth Work. Current approaches for healing adult emotional maturity have been identified and discussed, and issues affecting the availability of resources for healing adult emotional immaturity have been described and summarized. The need for future research into the method has been acknowledged, and possibilities for the research have been proposed.

Client groups that have used and benefited from the Amáte process were identified in various sections of the dissertation. However, I would like to consolidate that information and present important implications for Amáte Growth Work in the future. As previously stated, Amáte Growth Work began as a method intended primarily for adults within normal ranges psychologically who were predominantly English and/or

Spanish speakers from the Western Hemisphere. The most consistent client groups have been gays and lesbians; senior citizens; adults who have lost children or grandchildren to death, those from large extended families; those with physical birth defects; individuals in recovery from addictions; late adolescents from dysfunctional homes; parents who are having problems raising their children; those who are being or have been mentally, physically, and/or sexually abused; wealthy and/or famous individuals with meaning-in-life issues; those in midlife crisis; professional therapists and healers; and those in the process of dying. These groups have been a reflection of my geographical location, available client pool, educational background, life experiences, and personality. That is changing.

An interactive multilingual Internet website is being created to introduce and present the ideas in this dissertation on adult emotional immaturity, organize opportunities to use and learn the Amáte Growth Work process at various locations, offer online support for those using or learning the method, and offer Amáte Growth Work books and other multilingual materials. A not-for-profit Amáte Growth Work Center has been created in San Miguel de Allende, Mexico. A large centrally located home with ample accommodations for visiting clients and students has been rented to house the center, and a maintenance staff has been hired and trained.

A multilingual multicultural board of directors is being created to oversee the center, for which I will be a salaried employee. Potential multilingual, multicultural facilitators of the process, and specialists in a wide range of enrichment activities including lecturers on emotional and spiritual topics, and teachers of meditation, yoga, massage, creative writing, painting, and sculpture, have indicated an interest in becoming

part of the center. The transparency built into the organization and management of the center, and the fact that 20% of the center's work is offered free of charge, will hopefully encourage individuals and institutions to contribute funds to the center for work, training, and materials for those with limited or no funds.

As Amáte Growth Work becomes more widely available, my dream is for the fundamental concepts and healing elements of the method to be incorporated into other methods and expanded into many healing resources so that any child or adult whose emotional development has been prematurely halted may be identified, healed, and have the emotional maturity necessary to achieve actualization. The preliminary signs of this happening are encouraging.

Directors of community agencies addressing needs of victims of domestic violence are looking to Amáte Growth Work for assistance in helping their clients develop the courage to change their lives. Former clients who are teachers and school counselors have begun to present ideas based on Amáte Growth Work in their curriculums and parent groups. Former clients who are ministers, priests, and life coaches have incorporated material on identifying and healing adult emotional immaturity for their parishioners and clients. Former clients and prospective facilitators who are psychologists, psychiatrists, mental health and addictions counselors, and nurses have begun sharing Amáte Growth Work information with their clients with marginal mental disorders and personality disorders, physical illnesses, perpetrators of abuse, those in treatment for active addictions, and hospice patients.

In closing, I believe Amáte Growth Work is a gift that belongs to no one individual and is simply one response to the cry of the hearts of the many prematurely

emotionally stuck in childhood or adolescence. I believe it was no accident it developed naively out of personal experiences and the creative illness of a self-healed addictions aftercare specialist rather than from a formally developed theory proposed by a traditionally educated and trained psychotherapist. I know it was fortuitous that it was tried, tested, and refined in flexible and accepting Latin communities before being widely presented in the United States of America. I am grateful that the educational background necessary to present and defend the process was gained through a humanistic and transpersonal psychology distance-learning institution in which the process and its developer could be accepted, nurtured, and prepared in various parts of the world. However, the time has finally come, through the publication of this dissertation, for the Amáte Growth Work process to develop a life of its own, to find its way to the many whose lives are limited by an inner condition of excessive fear who seek emotional maturity without knowing what that means or how to achieve it, who yearn for happiness, peace, and tranquility, while doubting those goals are possible, and who most ardently desire to love and to be loved.

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