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*Encountering Transpersonal Psychology
at Sofia University*

WRITTEN BY THE PSYD FACULTY

TABLE OF CONTENTS

4

Introduction

9

Dr. David Lukoff
(periodical included)

10

Dr. Frederic Luskin

21

Dr. Shani Roberts

50

Epilogue

52

References

INTRODUCTION

The Doctor of Psychology (Psy.D.) in Clinical Psychology degree program at Sofia University provides formal training in theory and treatment inspired by positive psychology and both secular and spiritual concepts and interventions. Upon completion, graduates from our program are prepared for careers as licensed clinical psychologists, having been rigorously trained in the science and practice of clinical psychology.

Being a licensed clinical psychologist, however, means more than just becoming an expert in reading between lines no one else can see. It means more than simply gaining fluency in the languages of unconscious motivations and their equally unconscious somatic expressions. It also means gaining fluency in the language of billable conditions, which necessarily includes placement in supervisory and program development positions in healthcare settings, substance abuse and mental health treatment settings, corrections agencies, private practice, teaching, and/or research.

At the heart of the program, and at the heart of the university as a whole, is mindfulness, which is seen as a source of both clinician self-care and treatment interventions.

Having witnessed the successive collapse of the soul into the mind and the mind into the brain, psychology has become increasingly medicalized. One need only glance at one of the many definitions of "psychology" to understand how this move towards the medical has had deleterious consequences for our understanding of the human psyche - and thus our ability to heal it when the need arises.

Like so many words borrowed and built upon from the original Greek (*psukhē* 'breath, life, soul'), the richness of the root has diminished greatly with age. Psychology is not the study of the mind; it never was. It is the study of the human condition itself. And as such it ought to be approached. What sets Sofia University apart from other institutions of higher learning is this over-arching ethos and etymological integrity to the very root from which all subjects studied there grow out of and develop: transpersonal psychology. In this sense, *every* department is transpersonally oriented, insofar as they partake of the psyche, and in partaking of the psyche, speak to the soul. The teachers at Sofia are less concerned

with things to know, as they are *ways* to know; for the teaching philosophy of our faculty is both simple and direct: True learning comes from experience; which, as Albert Einstein once wrote, is “the only source of knowledge.”

To understand Sofia you must first have some knowledge of its origin at the intersection of powerful cultural forces when it was founded in 1975.

A TALE of 4 FORCES

Psychoanalysis is generally regarded as the First Force of psychology; behaviorism is widely regarded as the second. Humanistic psychology sought to release the human spirit from the fetters of operant conditioning, instincts, and drives, not by dismissing, but by including the previous two forces into a third. Based largely on the work of Abraham Maslow and Carl Rogers, humanistic psychology sought to redress the imbalances of the previous two and put weight on the human *being*, as opposed to the human *organism*. Humanistic psychology is the first time modern psychologists asked the question: what makes healthy people healthy? The radical reversal that this question demanded cannot be understated. Psychology, which had previously been conducted in a scientific register, was suddenly transposed into an entirely new key. It went from being largely a medical model of pathologies to a model that encompassed and accounted for the "furthest reaches of human nature." But what of those experiences that transcend even those states of optimal function and flow? To account for the full plurality of the human condition, including those experiences which the world's wisdom traditions variously describe as "ultimate," a Fourth Force was established – and it is within the wake of this Fourth Force, what came to be called transpersonal psychology (Latin for both “beyond the personal” and “beyond the mask”) that Sofia University was born.

It is tempting to see the physical campus itself as a contemplative oasis, perched aloft the mountains and glittering spires of Silicon Valley. The classrooms, including those in digital space, recall a time when academic enrichment was its own reward and not merely a means to an end. Our word for "university" is derived from the Latin "universitas magistrorum et scholarium," a "community of teachers and scholars." "Universe" derives from the same root, but a fully-realized "culture" is a closer approximation to life at Sofia, as it is as rich in contemplative inquiry as it is with passionate engagement with the world.

Similar to other intellectual pulse points, which bore and witnessed revolutions of their own (Berkeley, Harvard, Esalen), Sofia has been the academic home to a list of public

intellectuals, theorists, and scholar-practitioners that comprise a veritable who's-who in Third and Fourth Force Psychology: Charles Tart, David Lukoff, James Fadiman, and Arthur Hastings (to name but a few). These luminaries in the field not only revolutionized transpersonal psychology, but impacted the wider American culture as well - an impact that continues to be felt today. This kind of on-the-edge creative culture is exactly what Maslow was referring to when he used the term "growing tip." Creatively extending an idea from biology, he considered any group of people who advance not just a single civilization but the entire human species by novel adaptations to ever-changing environments to be a growing tip, as in the tip of the leaf where 90% of new development takes place.

This is a living legacy that is still very much felt on the physical campus; it is also a palpable legacy our online global students partake in as well. Our classes draw deeply from the wells of the faculty's experience, and our students are encouraged to draw deeply from them as well. Each member of our distinguished faculty is a leading theoretician in his or her respective field, delivering a robust record of original and ongoing scholarship. Bringing Sofia's rich legacy of academic excellence and reputation of top-tier professional training in the field of psychology into conversation with the many new schools and departments presents an unprecedented opportunity.

Never has a discipline been more primed for revolution. Never has a university been better equipped to usher it in. In doing so, Sofia is giving rise to the next generation of theoreticians, practitioners, and scholars who, in their clinical practice, research, and lives, are taking transpersonal study where it was meant to be taken all along: beyond the personal, beyond the mask.

In the following pages you will encounter what studying psychology is like at Sofia University: cerebral, compassionate, exciting, engaged. Each chapter provides a glimpse into both the personal and professional lives of our distinguished Psy.D. faculty and how they meet theory with practice, action with intent. In doing so, they not only bring their students swiftly and thoroughly up to speed in the fast-paced field of psychology as it currently stands, they demonstrate, by engaged, compassionate example, what it means to have their fingers on the pulse point of the future.

David Lukoff has broken new ground in a number of fields, but here, his work on spiritual crisis is highlighted. As co-author of the *DSM-IV* category *Religious and Spiritual Problems*, his work has shaped the very structures of psychology itself as it is practiced in the United States. Fred Luskin's watershed studies on forgiveness have not only re-landscaped the field of positive psychology, but altered the skyline of psychology itself. Included in this volume is the first chapter of his best-selling book *Forgive for Good*. The third faculty member included in this volume is Shani Robins, a psychological polymath and entrepreneur who has made many contributions to a variety of disciplines, but here his work in positive psychology is brought to the fore.

The field of psychology itself has sustained heavy criticism both from within and without, leaving many to wonder with psychologist James Hillman why the world seems to be getting worse, even after 100 years of psychotherapy.

Naturally, this may lead the inquisitive student to ask him or herself: If such is the case, why study psychology at all?

Each chapter of this book is a different answer to that question, phrased in the unique inflection of its author. In each answer, the passion, purpose, and drive of its author come across as a clarion call:

*Now is the best time to study psychology as new waves of research in mindfulness, spirituality, neurobiology and cognitive science are reconfiguring the field from within. Each member of the Psy.D. faculty at Sofia University is involved, on an integral level, in one or more of these new waves of research, as are those who successfully complete our program – a program shaped by the philosophy of Herbert Spencer, who wrote of *all* education that its “great aim... is not knowledge but action.” Not just any action – *right* action.*

And so it is at Sofia.

Dr. David Lukoff

David Lukoff, Ph.D. is a licensed psychologist and core faculty member at Sofia University. He is co-author of the DSM-IV and DSM-V category, "Religious or Spiritual Problem," co-president of the Association for Transpersonal Psychology, founding board member of the Institute for Spirituality and Psychology, and also maintains the Spiritual Competency Resource Center at www.spiritualcompetency.com. Dr. Lukoff's areas of expertise include the treatment of schizophrenia, transpersonal psychotherapy, spiritual issues in clinical practice, and case study methodology. While his clinical orientation is eclectic, he integrates transpersonal approaches such as meditation, compassion training and guided imagery, into his work with both individuals and groups.

He is author of over 70 articles and chapters on spiritual issues and mental health and has served on the faculties of Harvard, UCLA, Oxnard College, California Institute of Integral Studies, and Saybrook. He has been an active workshop presenter providing training for psychologists in spiritual competencies in areas such as loss and grief (UC Berkeley), death and illness (SSU, CIIS), spiritual problems and emergencies (Esalen, CSPP, CIIS, SSU, JFK), as well as abroad in Japan, Mexico, Canada, Brazil, Russia, Romania, Portugal, France, Sweden, Scotland, Ireland, Latvia, Bulgaria, Lithuania, and England.

Visionary Spiritual Experiences

David Lukoff, PhD

Even though psychotic disorders can have debilitating effects, many clinicians and researchers have observed that some psychotic episodes result in improvements in an individual's functioning. Karl Menninger, often recognized as a founder of American psychiatry, noted: "Some patients have a mental illness and then get well and then they get weller! I mean they get better than they ever were. This is an extraordinary and little-realized truth."¹ Boisen,² who was hospitalized for a psychotic episode and then became a minister who founded the field of pastoral counseling, maintained: "Many of the more serious psychoses are essentially problem solving experiences which are closely related to certain types of religious experiences."³ Perry⁴ pointed out that below the surface level of specific identities and beliefs are thematic similarities in the accounts of patients whose psychotic episodes have good outcomes: "There appears to be one kind of episode which can be characterized by its content, by its imagery, enough to merit its recognition as a syndrome. In it there is a clustering of symbolic contents into a number of major themes strangely alike from one case to another."

Several diagnostic categories have been proposed for such psychotic-like episodes which have potential for positive outcomes: problem-solving schizophrenia²; positive disintegration⁵; creative illness⁶; spiritual emergencies⁷; mystical experience with psychotic features⁸; metanoiac voyages⁹; and visionary states.¹⁰ In this article, the term visionary spiritual experience (VSE) will be used to encompass such experiences. The term visionary is used in the anthropological and religious literature to refer to a mental condition that leads an individual to propose changes for the entire culture. Such visionary experiences are more likely to occur in societies undergoing rapid and devastating social change, such as with the Iroquois Indian leader Handsome Lake. In the late 1700s, he spent 6 months in a state of catatonia accompanied by visions. Following these experiences, he underwent a personal transformation, communicated his visions and new insights to others, and synthesized old and new beliefs into a new religion and way of living that revitalized the culture.¹¹

However, in most cases, a VSE does not transform the culture, but adds a new dimension to the individual's spiritual life. Spirituality is used to refer to an inner experience of connection to something greater than oneself, a personal sense of the sacred and meaningful. People in the midst of a VSE often traverse the range of the world's religions and cultural



David Lukoff, PhD

history in the form of religious content and experiences that are similar to hallucinations and delusions (explored in more depth below). When they return, they often view the episode as a part of their spiritual awakening and an initiation for their spiritual journey. Jungian analyst John Perry noted that, after a VSE, "What remains . . . is an ideal model and a sense of direction which one can use to complete the transformation through his own purposeful methods."¹²

To differentiate such episodes from psychotic disorders Stanislav Grof and Christina Grof⁷ coined the term spiritual emergency:

"Critical and experientially difficult stages of a profound psychological transformation that involves one's entire being. They take the form of nonordinary states of consciousness and involve intense emotions, visions and other sensory changes, and unusual thoughts, as well as various physical manifestations. These episodes often revolve around spiritual themes; they include sequences of psychological death and rebirth, experiences that seem to be memories from previous life times, feelings of oneness with the universe, encounters with various mythological beings, and other similar motifs."

But the symptoms will resolve spontaneously with appropriate support, and can lead to improvements in wellbeing, psychological health, and awareness of the spiritual dimension in life. There are scores of self-reports and case studies documenting such outcomes.¹³⁻¹⁵

Cross-cultural and Historical Perspectives on VSE

Based on a cross-cultural survey, the anthropologist Prince concluded that "highly similar mental and behavioral states may be designated psychiatric disorders in some cultural settings and religious experiences in others" and that a certain proportion of these states "may be contained and channeled into socially valuable roles" in societies that "invest these unusual states with meaning and provide the individual experiencing them with institutional support."¹⁶ For example,

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0038-4348/0-2000/10000-0635

anthropological accounts show that babbling confused words, displaying curious eating habits, singing continuously, dancing wildly, and being “tormented by spirits” are common elements in shamanic initiatory crises. In shamanic cultures, such crises are interpreted as an indication of an individual’s destiny to become a shaman, rather than a sign of mental illness.¹⁷

In Asian cultures, problems associated with spiritual practices are recognized and are distinguished from psychopathology. For example, a well-known pitfall of meditation practice is “false enlightenment,” associated with delightful or terrifying visions, especially of light.¹⁸ Beginning in the 1960s, interest in Asian spiritual practices such as meditation, yoga, and tai chi, as well as experimentation with psychedelic drugs, triggered many VSEs, some of which were problematic for their practitioners:

“The contemporary spiritual scene is like a candy store where any casual spiritual ‘tourist’ can sample the ‘goodies’ that promise a variety of mystical highs. When novices who don’t have the proper education or guidance begin to naively and carelessly engage mystical experiences, they are playing with fire.”¹⁹

The similarity between psychotic symptoms and mystical experiences has received acknowledgment and discussion in the mental health field.^{2,20–22} Both involve escaping the limiting boundaries of the self, which leads to an immense elation and freedom as the outlines of the confining selfhood melt down. The need to transcend the limiting boundaries of the self has been postulated to be a basic neurobiological need of all living things.²³ However, during psychotic episodes, if “the sense of embodied self is transcended before it has been firmly established disintegration and further fragmentation are the likely results.”²⁴

The great prophets and saints reported visions, which later were passed on to the rest of humanity as symbols of faith. People who have undergone VSEs have been esteemed and enjoyed privileged status as shamans, prophets, or saints. Socrates declared, “Our greatest blessings come to us by way of madness, provided the madness is given us by divine gift.”²⁵ In contemporary Western society, experiences such as seeing visions and hearing voices, experiencing oneself communicating with or being a religious figure are viewed as delusions and hallucinations, symptoms of a psychotic disorder. People in the midst of VSEs have difficulty obtaining support from either the healthcare system or religious institutions.

If cases of VSE could be differentiated from cases of serious psychotic disorders, the prognosis for such individuals could be improved by providing appropriate treatment consistent with their need to express and integrate the experience in a safe environment. This paper presents a model delineating the overlap between VSEs and psychotic disorders,

and suggests guidelines for making diagnostic and treatment decisions from a psychiatric perspective which recognizes this overlap.

Differences Between VSEs and Psychotic Symptoms

Hallucinations

Auditory and visual hallucinations have played an essential role in religion for thousands of years. Accounts range from Biblical prophets and saints to shamans, as well as Socrates’ famous Daemon voice. Psychiatrists have retroactively diagnosed all of them to have had mental disorders.²⁶ However, the DSM-IV specifically notes that clinicians assessing for schizophrenia in socioeconomic or cultural situations different from their own must take cultural differences into account: “In some cultures, visual or auditory hallucinations with a religious content may be a normal part of religious experience (eg, seeing the Virgin Mary or hearing God’s voice.”²⁷ In a study of visual hallucinations among Hispanic clinic patients, Lata found that “psychotic phenomena could occur in connection with spiritual experiences. Visions of loved ones who have died occur constantly, as well as visions of saints, angels, Jesus, and Mary.”²⁸

Several survey studies have shown that more than half of the normal population has some experience with voice hallucinations,²⁹ and approximately 10% of the general population have the experience of hearing a comforting or advising voice that is not perceived as being one’s own thoughts.³⁰ Hallucinations frequently occur in people during bereavement, life-threatening situations, and stressful traumatic situations such as sensory deprivation, sleep deprivation, illness, and solitary confinement.³¹ Inner voices have played a significant role in the lives of many noted individuals including Carl Jung, Elisabeth Kubler-Ross, Martin Luther King, Jr., and Winston Churchill.³² Hearing inner voices is often perceived as helpful by people who are experiencing a spiritual awakening.³³

Delusions

The DSM-IV notes that “Ideas that may appear to be delusional in one culture (eg, sorcery and witchcraft) may be commonly held in another.”²⁷ Research has confirmed the overlap between psychotic and spiritual experiences. Peters, Joseph, & Garety³⁴ assessed the incidence of delusions using a standard interview and rating criteria among members of New Religious Movements (NRMs, such as Moonies), non-religious people, Christians, and patients hospitalized for psychotic disorders. They found that those in the NRM group could not be distinguished from the inpatients by their beliefs, but could by their mood and adjustment. Detailed cases show that psychotic symptoms can occur in the context of spiritual experiences.^{13,35–37} Greenberg et al³⁸ described four young

men who explored Jewish mysticism and became psychotic. Their hallucinations, grandiose and paranoid delusions, and social withdrawal were indistinguishable from those of many mystics.

Empirical studies comparing individuals who are both religious and deluded call into question diagnostic criteria for delusions that emphasize the content (ie, bizarreness or falsity) of beliefs to classify them as pathologic.³⁹ Holding a delusion with absolute conviction is not a sign of pathology in itself because all beliefs that are personally significant tend to be held with absolute conviction.⁴⁰ A feature of normal cognition is a confirmation bias that allows us to be impervious to contradictory evidence and only notice information that confirms our preexisting beliefs.⁴¹

Altered Structure of Experience

Delusions can be differentiated from religious beliefs not by content, but by factors such as how much they interfere with one's life, and their emotional impact.³⁵ Greenberg and associates³⁸ conclude that a diagnosis of psychotic disorder rests on factors such as duration of the state, ability to control entry into the state, and deterioration of habits, rather than the phenomenology of the state itself. VSEs are usually transient and resolve completely, without leaving residual social difficulties or isolation; in contrast, psychotic disorders generally persist for a long period and involve ongoing impairment and social withdrawal.^{35,42,43}

Similarly, Tibetan and Zen Buddhism, and Tantric Hinduism provide conceptualizations of mystical states of mind that could permit psychotic experiences to be distinguished not only by emotional and behavioral consequences, but by real differences in the states themselves, such as: loss of subject/object boundaries; less ability to control attention; less ability to maintain equanimity; an inability to return to the ontological framework of consensus reality; psychological isolation; preoccupation with the mental realm; and neglect of self-care.³⁹

Differential Diagnosis Between Psychotic Disorders and VSEs

Over the past 30 years, there has developed a body of literature on approaches to distinguishing VSEs, particularly mystical experiences and spiritual emergencies, from psychotic disorders. Iatrogenic problems may occur if VSEs are misdiagnosed and mistreated, possibly contributing to poorer outcomes in industrial societies where the rate of full recovery is lower and level of impairment of persons with psychotic disorders is considerably higher than in nonindustrial societies.⁴⁴ In an interview study, "the most subjectively frightening aspect of their experience was psychiatric hospitalization itself."⁴⁵ The diagnosis of a mental disorder is still stigmatizing in contemporary American culture. The clinician's initial assessment can significantly influence whether

the experience is integrated and used as a stimulus for personal growth, or repressed as a sign of mental disorder, thereby intensifying an individual's sense of isolation and blocking his or her efforts to understand and assimilate the experience.

The DSM-IV category Religious or Spiritual Problem (V62.89) is not a mental disorder, but is listed in the section for "Other Conditions That May Be the Focus of Clinical Attention." The proposal for this diagnostic category had its roots in concerns about the misdiagnosis and treatment of spiritual emergencies.^{46,47} The inclusion of this new diagnostic category in 1994 marked the acknowledgment that distressing religious and spiritual experiences occur as nonpathological problems.

"Religious or Spiritual Problem (V62.89). This category can be used when the focus of clinical attention is a religious or spiritual problem. Examples include distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of other spiritual values which may not necessarily be related to an organized church or religious institution."²⁷

VSEs warrant the DSM-IV diagnosis of Religious or Spiritual Problem even when there may be symptoms present that are usually considered psychotic, including hallucinations and delusions. In this regard, the category Religious or Spiritual Problem is comparable to the V-Code category Bereavement. The DSM-IV notes that even when a person's reaction to a death meets the diagnostic criteria for Major Depressive Episode, the diagnosis of a mental disorder is not given because the symptoms result from a normal reaction to the death of a loved one. Similarly, in VSEs, transient hallucinations, delusions, bizarre behavior, and interpersonal difficulties occur so frequently that they should be considered normal and expectable features.⁸

Greenberg and Witzum⁴⁸ have proposed the following criteria to distinguish between normative, strictly religious beliefs and experiences from psychotic symptoms based on their decades of work with ultra-orthodox Jews in Israel. These criteria would seem to have wider applicability. Psychotic episodes: 1) are more intense than normative religious experiences in their religious community; 2) are often terrifying; 3) are often preoccupying; 4) are associated with deterioration of social skills and personal hygiene; and 5) often involve special messages from religious figures.

Criteria for making the differential diagnosis between VSEs and mental disorders have also been proposed by Agosin,⁴⁹ Grof and Grof,⁷ and Lukoff.⁸ There is considerable overlap among all the proposed criteria. The following four criteria are based on published research on prognostic factors that predict positive outcomes from psychosis as well as the extensive case study literature on VSEs:

- 1) *Absence of medical illness.* Dehydration, drug intoxication, brain tumors, sleep paralysis, and medication

side effects are associated with hallucinations and delusions.⁵⁰ A medical examination should be conducted to rule out these causes of the symptoms.

- 2) *Phenomenological overlap with one type of VSE.* Many VSEs are anomalous experiences, which are defined as unusual experiences that appear to challenge our understanding of the world, such as mystical experiences, near death experiences, alien abduction encounters, psychic experiences, lucid dreaming, and psychedelic drug experiences. These extraordinary phenomena have often been ignored or ridiculed by mainstream psychology, even though interest in exceptional mental states dates back to William James. Turner et al⁵² examined ten varieties of anomalous experiences and found little relationship between anomalous experiences and psychopathology. Indeed, many of these experiences have been associated with claims of positive life changes following the experience. Yet they can be distressing and lead to contact with mental health professionals.

The following typology of VSEs reflects research on anomalous experiences reported in the PubMed and PsycInfo databases of healthcare and scientific literature: mystical experiences; near-death experiences; spiritual practice-related experiences; psychic experiences; alien abduction experiences; and possession experiences. The clinician needs to be able to recognize when delusions and hallucinations have themes from a VSE. More detailed descriptions of the above VSEs are available in Lukoff.^{47,53} In contrast, the following delusions and hallucinations from schizophrenics with whom I have worked do not exhibit content found in VSEs: “My brain has been removed”; “a transmitter has been implanted into my brain and broadcasts all my thoughts to others”; “the Mafia is poisoning my food and trying to kill me.”

- 3) *Prognostic signs indicative of a positive outcome.* Good prognostic indicators, validated by outcome studies from psychotic disorders,⁸ can be expected to be useful guides in predicting positive long-term outcome. They include: a) good pre-episode functioning; b) acute onset of symptoms during a period of 3 months or less; c) a stressful precipitant; d) a positive exploratory attitude toward the experience^{54,55}; e) absence of conceptual disorganization and confusion.

Systematic comparisons of first person accounts of mystical experiences and schizophrenia have found that “thought blocking and other disturbances in language and speech do not appear to accompany the mystical experience.”²⁰ Conceptual disorganization, as evidenced by disruption in thought, incoherence and blocking are not characteristic of VSEs. Schizophrenia is associated with cognitive deficits which cause difficulty with basic thought processes. For ex-

ample, a person with schizophrenia complained, “I get lost in the spaces between words in sentences. I can’t concentrate, or I get off onto thinking about something else.”⁵⁶ Similarly, Jung acknowledges that fragments of archetypal spiritual themes and symbols occur frequently in the experiences of psychotic persons, but points out that “the associations are unsystematic, abrupt, grotesque, absurd and correspondingly difficult if not impossible to understand.”⁵⁷ Therefore, the presence of conceptual disorganization, as evidenced by disruption in thought, incoherence and blocking, would indicate the person is experiencing something other than a VSE. Confusion has also been found to be an indicator for a poor prognosis for psychotic disorders in several studies.⁵⁸

- 4) *No significant risk for homicidal or suicidal behavior.* Hallucinations and delusions can be the basis for homicidal and suicidal behaviors. Arieti & Schreiber⁵⁹ have described the case of a multiple murderer whose auditory hallucinations from God and delusions of being on a religious mission fueled his bizarre and bloody killings.

Treatment of VSEs

Interventions range widely: residential treatment, support for a time-limited crisis with involvement of relatives, friends, support groups, and healthcare professionals, and intensive long-term psychotherapy. Choice of specific interventions depends on the intensity, duration, and type of VSE, and also on the individual and on their support network. Psychotherapy can help patients shape their VSE into a coherent narrative—to see the “message” contained in their experiences—and to create a life-affirming personal belief system that integrates their experience. Depth psychotherapy can help some individuals probe the personal meaning of their symptoms, and also see the universal dimensions of their experiences.¹⁵

Some residential approaches have also developed. Kingsley Hall, founded in England in the late 1960s by R.D. Laing and others who identified themselves as part of an “anti-psychiatry” movement, was the first attempt to provide alternative nonmedical model residential treatment. Diabysis, a Jungian-based treatment center for first-episode psychotic patients, was started by John Perry, MD and operated in San Francisco during the 1970s. Medications were rarely used. Instead, Perry encouraged clients to express and explore the symbolic aspects of their psychotic experiences. Perry reported⁶⁰ that, when clients were treated with this model, most came through their psychotic episodes within 6 to 10 weeks. Soteria⁶¹ was another residential treatment program that existed in the 1970s and provided a milieu that promoted expression rather than suppression of the contents of the patients’ psychotic experiences. It does not seem that any residential programs using this approach exist in the USA, but there are several Soteria homes in Europe.

The following 8 interventions are based on case reports of people who have recovered from a VSE,³⁶ some personal communications with others who have worked with patients in a VSE (Robert Turner, MD,⁶² a psychiatrist and homeopath, on dietary recommendations), and the literature published on programs such as Diabysis and Soteria. However, few systematic studies comparing treatments for VSEs have been conducted.

Normalize

People in the midst of VSEs need a framework of understanding that makes sense to them. "The most important task is to give people in crisis a positive context for their experiences and sufficient information about the process that they are going through. It is essential that they move away from the concept of disease and recognize the leading nature of their crisis."⁷

Lack of understanding, guidance and support can allow such experiences to become more distressful and psychopathological. Brant Cortright, PhD writes that educating the patient "gives the person a cognitive grasp of the situation, a map of the territory he or she is traversing. Having a sense of the terrain and knowing others have traveled these regions provides considerable relief in itself."⁶³

Create a Therapeutic Container

Perry,⁴ the founder of Diabysis, emphasizes that when a person's psyche is energized and activated, she needs contact with a person who empathizes, who actively encourages the process, who provides a loving appreciation of the qualities emerging through the process, and who facilitates the process rather than attempting to halt or interfere with it. Thus Perry encouraged expression of the VSE since "therapy should follow the psyche's own spontaneous movements . . . you work with what the psyche presents." Depth psychotherapists, particularly those with Jungian and transpersonal training, are uniquely prepared to provide psychotherapy for patients in VSEs because of their training in unconscious dynamics.

Help the Patient to Reduce Environmental and Interpersonal Stimulation

The person undergoing a VSE needs to be shielded as much as possible from the stimulation of the everyday world, if it is experienced as painful and interfering with the inner process.

Have the Patient Temporarily Discontinue Spiritual Practices

Meditation has triggered many reported spiritual emergencies. Meditation teachers who hold intensive retreats are familiar with this type of occurrence, and many, such as those at Spirit Rock Meditation Center, have developed strategies for managing such occurrences (R. Turner, Dietary recom-

mendations for a spiritual emergency, personal communication, 2005). Yoga, Qigong, and other spiritual practices can also be triggers. DSM-IV includes Qigong Psychotic Reaction as a culture-bound syndrome. Usually teachers advise temporarily ceasing the practice. It can be reintroduced as the person becomes more stable.

Suggest that the Patient Eat a Diet of "Heavy" Foods and Avoid Fasting

Grains (especially whole grains), beans, dairy products, and meat are considered grounding ("heavy") foods as opposed to fruit, fruit juices, and salads. Sugar and stimulants like caffeine are also not advised. (R. Turner, Dietary recommendations for a spiritual emergency, personal communication, 2005).

Encourage the Patient to Become Involved in Calming Activities

Gardening or any simple tasks, such as knitting, housecleaning, shoveling, or sorting, can be calming. Encourage the patient to participate in regular exercises. Walks are an excellent way to help a person bring their focus of attention back into their body. Walks in nature have the added benefit of enhancing tranquility and calming the mind. If the patient is a regular participant in other activities, such as swimming or biking, they could engage in that. However, competitive sports would be too stimulating.

Encourage the Patient to Use Expressive Arts, Both in Psychotherapy Sessions and at Home

Drawing, painting, making music, journaling, dancing, and other creative arts can help a person express and work through her inner experience. The language of symbol and metaphor can help integrate what can never be fully verbalized. A successful case utilizing this method was reported by Lindner⁶⁴ who treated a research physicist by encouraging him to fully explore and express his delusional beliefs that he lived on another planet and traveled into other universes. At the end of the therapy, the scientist had achieved a state of objectivity and distance from these experiences which allowed him to return from these adventures.

Evaluate for Medication

Some practitioners, such as Perry, have argued that medications inhibit a person's ability to concentrate on the inner work and impede the individual's capacity to move the process forward. However, sometimes the process is so intense that the person is overwhelmed and becomes very anxious. That person could benefit from slowing down the process. Bruce Victor, a psychiatrist and psychopharmacologist, recommends using low doses of tranquilizing or antipsychotic medication to alleviate some of the most distressing feelings and allow the person to better assimilate the experience.

It becomes a challenge to determine whether the person can actively work with the pain therapeutically toward further psychological growth. One important role of pharmacotherapy is to titrate the level of symptoms, whether they be pain, depression, anxiety, or psychotic states, so that they can be integrated by the person in the service of growth.⁶⁵

Conclusion

Polls conducted over the past 35 years have shown a dramatic increase in the percentages of people who report VSEs such as mystical, near-death, psychic, and alien abduction experiences.⁶⁶ During the last 25 years, there also has been a significant increase in participation in spiritual practices, such as meditation, yoga, Qigong sweat lodges, drumming circles, and other practices which can induce intense spiritual experiences. The majority of these experiences are not problematic, do not disrupt psychological/social/occupational functioning, and do not necessitate mental health treatment. However, with increased utilization of spiritual practices and participation in groups that induce spiritual experiences, it can be expected that the incidence of VSEs seen in treatment seems likely to increase.

James Hillman pointed out that "Recovery means recovering the divine from within the disorder, seeing that its contents are authentically religious."⁶⁶ Rarely after a VSE does an individual actually lead a transformative movement for the entire culture. However, through psychotherapy, such individuals may be able to salvage personally valid spiritual dimensions of their experience. By eliciting the patient's perspective and offering an individualized treatment strategy, clinicians are more likely to help patients having a VSE control the distressing aspects of the voices and delusions, minimize stigma and discrimination, make meaning of the experience, and achieve a full recovery.

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First appeared in: Luskin, Fred (2002) *Forgive for Good: A Proven Prescription for Health and Happiness*. New York: HarperCollins.

Chapter 1: Renting Too Much Space to Disappointment

“Man can preserve a vestige of spiritual freedom, of independence of mind, even in such terrible conditions of psychic and physical stress.” –Viktor Frankl, *Man’s Search for Meaning*

Thank you for joining me on this journey to well-being through forgiveness. Together we will see how a grievance is formed, how to forgive, and how to create a meaningful story of what happened. Remember that the process I teach has been proven to work in four careful research studies. In those studies people with hurts big and small made positive changes in their physical and emotional health. I have countless testimonials of how forgiveness has changed lives, and I will share with you many of those stories. I am convinced that when you learn these methods and practice what I teach, you too can Forgive for Good.

In order to understand the process of forgiveness, it helps to see how a grievance begins. In the early chapters, I will explain how a grievance is formed, examine the parts of a grievance that make your life difficult, and help you test for the signs that a grievance has taken hold. I have seen that when people understand how a grievance is formed they emerge ready to heal.

HOW A GRIEVANCE FORMS

A grievance emerges when two things coincide. The first is that something happens in our lives that we did not want to happen. Then, second, we deal with this problem by thinking about it too much, or what I call renting too much space in our minds. In this chapter I will explain these two ideas and show you how each occurs.

The difficulty at the core of being hurt is how to remain peaceful when someone hurts or disappoints you. Another way of stating this is to ask, how can we be hurt but not end up with smoldering grievance? Each of us has at some point in our lives been hurt or mistreated. But some people adapt better than others. Some talk about their wounds for a long time and some let them go. If you are one of those who have not let go of what has hurt you, then this book is for you.

It is not easy to recover a state of peace when we are mistreated. Everyone to a greater or lesser degree struggles with facing injury, abandonment, cheating, or lying. At the heart of the myriad of wounds is the simple fact that a grievance results because some event or thing we really hoped would happen simply did not occur.

While I may sound repetitious, I want to stress the importance of this concept. At the very core of creating a grievance or grudge is that something happened that we did not want to happen. Alternatively, something we really wanted did not happen. In either case, a grievance begins when part of our life turns out radically different from what we expected. Faced with the unexpected, we lacked the skills to manage our feelings. Here are two examples.

Dana is an account executive at a large software company in Silicon Valley. She has worked for this company for almost ten years and has a successful career. Often she stayed late and toiled for long hours, missing precious time with her two children. Recently she was passed over for promotion. Dana was told her job performance was excellent but that her company had instituted a new policy to hire some executives from the outside. Yet even with this information, she was furious at being passed over and talked about how her continued dedication to work was causing her health to suffer.

When I met her, Dana was bitterly complaining about her bosses, life's unfairness, and the wasted time she had spent at her office. She clearly stated that she was owed this promotion and that it was unfair she did not get it. Dana was now reappraising her ten years with the company and finding slights she had previously ignored. The story she told was of many years of unfairness, not just missed promotion. What I saw was a woman who did not get a promotion she felt was owed her and in response created a whopper of a grievance.

Mike works at an Internet start-up company. He works all of the time at a place where everyone else works all of the time. It is common in this work culture for employees to do whatever is needed to make the company successful. Mike was originally hired to help with Web design, and because he enjoyed this work, the seventy-hour weeks did not bother him. However, as the company grew, the manager hired more Web designers and found they now needed technical writers. Mike was asked to take this on, and soon his days at work became a drag. While he is good at technical writing, he does not enjoy it. He wanted to be a design person and now complains to everyone that he is wasting his time.

When Mike came to my forgiveness class he was disgruntled and bitter. He had invested a great deal of time and energy in his company and did not feel ready to leave because of the chance he could make a lot of money with the company went public. Mike felt trapped in a job he did not like. He complained that he had been cheated out of the opportunity to do the work he enjoyed and was forced to do work he hated.

Both Dana and Mike had to cope with disappointment. Dana did not get promoted, a perfect example of not getting something she wanted. Mike had to do work he disliked, an example of getting something unwanted. The problem is the same either way.

Dana and Mike's stories show how difficult it is to deal with things not working out. However, it is not only at work that we struggle to make peace. Not getting what we want occurs in a host of situations from the ridiculous to the horrendous. See if any of these stories ring true with you:

1. You drive into the parking lot at work and notice someone has taken your parking space. The result is you have to go to a spot at the other end of the lot. You did not get the parking space that you wanted.

2. Your partner announces they want to end your relationship when you want it to continue. You are asked to move out. You did not get the long-term relationship you desired.

3. You go into the supermarket closest to your home, and they are out of the only kind of cereal your sick child will eat. You have to drive across town to another store, and there is a lot of traffic. You have less time to care for your sick child.

4. Your friend cancels three nights in a row because of a new lover. The result is you miss your friend and end up feeling lonely. Your friend did not treat you the way you think friends should.

5. Your business partner leaves the partnership without notice or forwarding address, and you are left holding the business and debts alone. Your economic future has changed for the worse.

6. Your mother was self-absorbed and did not give you enough attention. When you were growing up she appeared more interested in her needs than in yours. As an adult, you may be at a disadvantage in establishing satisfactory relationships and likely will have to learn to parent yourself.

7. You go to your doctor to help deal with a medical problem, and she is too busy to fully answer your question. You leave feeling rushed and unheard. You may have to go on the Internet or call the doctor back to get the answers you need.

8. On the way home from school a drunken driver seriously injures your daughter. You could not protect the health of your child.

9. Your partner does not come home one evening, and you know he or she is with a former lover. You were not able to create a relationship in which your partner was faithful.

10. One of your parents regularly came home drunk. You were often afraid and scared and learned not to trust this parent. As an adult you understand that you did not get the nurturing parenting that children deserve, and you are still looking to find emotional support from a source other than your parents.

In each of these situations a grievance is formed when we lack the skill to confront the reality of things not turning out the way we had hoped. These situations range from the trivial, like missing a parking place, to the serious, like having an alcoholic parent. When we deal with our experience well, a grievance can be avoided. When we handle the situation poorly, a grievance is usually the result.

I do forgiveness work with people who have suffered the ultimate horror, the murder of their children. I have seen people cry over the wrongful death of their child twenty years after it happened. I have worked with people who are still trying - and failing – to make sense of that tragedy. No matter how great or small the tragedy, each person faces the challenge of how to make peace with losing something precious.

Most people I see struggle to come to terms with the fact that life does not always seem fair. I witness needless suffering because people do not recognize that making peace with this fact is an unavoidable life task. Often people react with depression or fury when a painful life experience happens. They may cling to their initial reaction because they do not understand that the specifics of what happened may be less important than learning how to deal with their reaction to the experience. Abandonment, lying, or injury are difficult enough to address without adding outrage to the mix.

Dana, for example, made not getting a promotion worse by complaining that the company was wrong. To hear her tell it, the previous ten years had been wasted. By focusing on her disappointment, she wiped away the satisfaction she had gained from her job, when she might have focused her energy instead on how best to deal with the situation. Like Dana, many people deal unskillfully with painful life situations by creating and maintaining long-standing grievances. They end up renting too much space in their minds to the hurt.

Grievances are formed when people are unable to deal successfully with not getting what they wanted and then they rent too much space in their minds to the injustice. This is the grievance process we go through even when the disappointment is as severe and horrible as the loss of a loved one. It is the same process when the injustice is waiting an extra moment in a supermarket line or struggling in traffic when we are late for an appointment, or struggling to make sense out of a random act of violence.

RENTING TOO MUCH SPACE IN YOUR MIND

When I first met Charlene she talked incessantly about the horrors of life with her ex-husband. In a sneering and clipped voice she would talk about how he had regularly lied to her. His affairs dominated her conversation. She honed in on any conversation about insensitive or uncaring people and seized the opportunity to chime in with how awful her ex was.

From listening to her you would think that he had walked out on her yesterday, but in fact it was five years earlier. To Charlene, what he had done was wrong and that was the end of the story. To me, what he had done was wrong and that was the beginning of the forgiveness story.

Charlene may not have been married to her ex-husband anymore, but she was still renting out the best part of her mind to him. In that important way they were still living together. In fact, I would be surprised if she thought of him that much when they were married.

Are you like Charlene? Do you talk over and over about what happened to you? Do you let your mind dwell on the your grievance many times during the day? Do you have friend or family who do this? Do you get tired of the amount of time that you spend thinking about things from the past? Do you get tired of listening to other people repeat their same story?

If you can view your mind as your house, I can teach you to control how much space your rent to your wounds and grievances. You are the proprietor, and you set the rent. Each of us decides who our tenants are and the conditions of their lease. What kind of accommodations do we want to give our wounds and grievances?

We can rent our grievances the master bedroom and build them a hot tub out back. We can give them a great lease with terrific terms that never expire, or we can grant them only a day-to-day tenancy. We can allow them to put their stuff in all the rooms of the house, or we can restrict them to a small room in the back. In other words, we need to ask: How much time do we spend thinking about our hurts and disappointments? And, when we think about them, how much intensity is there?

The answers to these questions will determine how much of a problem a wound or grievance will cause you. When you have rented too much space in your mind, then you have a grievance. When, like Mike, you have to do work you do not want and then you obsess over it, you create a grievance. Mike did not have to focus on his dislike of the work. He could have focused on the real possibility that he was going to make a lot of money when the company went public. Mike did not know how to deal with not getting what he wanted, and so he created out of that inability a grievance.

Just because bad things happened does not mean you have to dwell on them. I regularly ask people why they do not dwell on their good fortune with the same energy that they invest in their bad fortune. This question always catches people by surprise. They rarely consider appreciating their good fortune as an equal option to obsessing over their bad fortune. Are you one of those people who seem to find their problems more compelling than their blessings? Do you, or someone you know, rent out more space to what is wrong than what is right?

What plays on the screen of your mind is like a TV picture that we control with a remote. We can watch horror movie channels, sex channels, soap opera channels, and grievance channels as well as channels that focus on the beauties of nature and the kindness of people. Anyone can tune in to a grievance or choose to switch to the forgiveness channel. Ask yourself, what is playing on my set today? Is your remote tuning into channels that will make you feel good?

If you remember the air traffic control screen from the introduction, your grievances are the planes that will not land. They fill up your screen, they occupy your mind, and, most important, they make it harder for you to appreciate the things in your life that are wonderful. Missing the beauty in your lives is the unanticipated damage that grievance can create. We just watch one TV channel at a time and what we tune in to often can become a habit.

Just imagine how much of her life Dana is not seeing as she focuses on the fact that she was passed over for a promotion. Do you think she's aware of how lucky she is to have her health or the people in her life who love her?

It saddens me to see countless people who fail to pay attention or be grateful to those they love because they are either thinking of people who have hurt them or feeling sorry for their loss. Let me make one thing clear. I am not saying to ignore problems in your life or deny that people have hurt you. What I am saying is that focusing too much attention on a hurt makes it stronger and forms a habit that can be difficult to break. I am saying that you do not have to dwell endlessly on the painful things in your life. Dwelling on wounds give them power over you. What you remember, or focus your attention on, can be shifted in the same way that you change the channel on your TV. If we get used to watching the grievance channel, we are likely to see that that the world has many grievances, but if we get used to watching the forgiveness channel the world can begin to look very different. (We'll explore this idea further in Chapter 9.)

DO YOU HAVE A GRIEVANCE?

Before we delve any further, let's check to see if there is a situation in your life that has become a grievance. I ask you now to revisit an interpersonal wound. In this way we can get a sense of how this is affecting you now. Begin the process by closing your eyes and thinking about that painful situation for a couple of minutes.

When you are clear about what happened, think about or write down a brief summary of the experience. Tell your story about what happened, either on paper or in your mind.

Now examine what happens when you think about this situation today. For example, examine the most common thought you have about what happened, either on paper or in your mind.

Now examine what happens when you think about this situation today. For example, examine the most common thoughts you have about what happened, then consider how you feel when you think about the problem. Finally, think about the ways your body reacts when you revisit the hurt.

After you have taken the time to consider your answers, please answer the following questions:

1. Do you think about this painful situation more than you think about the things in your life that are good?
2. When you think about this painful situation, do you become either physically uncomfortable or emotionally upset?
3. When you think about this situation, do you do so with the same old repetitive thoughts?
4. Do you find yourself telling the story about what happened over and over in your mind?

If you answer yes to any of these four questions, you have likely formed a grievance that is renting too much space in your mind. If you answer yes to any of these questions, you most likely have a grievance that can be healed. You are in the right place and can learn to Forgive

for Good. If you answer yes to any of these four questions, then read on and discover how you formed your grievance in the first place.

Remember, the basis of any grievances is that something painful happened to you and at the time you did not have the skills to manage your emotional pain. Then, like Dana, who did not get the job she thought she was entitled to, you rented out some substantial room in your mind, and, voila, you formed a grievance. This is the way you helped a bad situation become worse. In the next three chapters I will describe in detail exactly how this happens.

In this chapter we learned how a difficult situation becomes a grievance. It all begins with either getting something you did not want or not getting something you wanted. In order for a painful experience to end up renting too much space in your mind, three specific things have to happen. These three elements will be explained fully in the next three chapters of this book.

When we understand these three steps that lead to renting our mind to a grievance, we will be ready to begin the process of forgiveness. And when we grasp how our grievance was formed and grew, we then learn to forgive those parts of our life that did not work out the way we wanted. Through this processes we can learn to Forgive for Good.

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Dr. Robins' passion for not only teaching, but *living* positive psychology, is evident in his passionate engagement with the world. Dr. Robins is a corporate consultant for Fortune 100 companies, bringing his scholarship to bear on real-world, relevant issues. His teaching ethos is congruent with the larger university-wide ethos of engaged scholarship, or, simply stated, putting compassion to work. Dr. Robins is positive psychology's rising star, a living exemplar of the power of positive thinking. His work continues to garner praise from even the most positivistic bastions of clinical psychology.

First appeared in: Robins, S. (2002). A consultant's guide to understanding and promoting emotional intelligence in the workplace. In Lowman, R. (Ed), Handbook of Organizational Consulting Psychology. John Wiley & Sons, Inc.

DEFINING EMOTIONAL INTELLIGENCE AND ITS UTILITY

EI, I argue, constitutes a set of learnable skills that have cognitive, behavioral, physiological, and social components. These skills can help reduce conflict and facilitate both performance and satisfaction in the workplace (Cherniss & Goleman, 2001; Goleman, 1998). Included among EI skills are the abilities to use verbal and nonverbal cues, context, and knowledge of psychological dimensions to identify and regulate the emotions of self and others, to activate emotions at the right time and place and to the right degree, and to apply these processes adaptively in social interactions (Bar-On & Parker, 2000). By increasing EI, an individual will have increased knowledge about such and greater facility for recognizing and regulating them when they occur in self and others.

Training in EI related skills is quite extensive in U.S. organizations. As an example, General Electric alone reportedly spent over \$1 billion a year on social and emotional competencies in leadership programs (Cherniss & Adler, 2000). Preliminary data suggest the value of EI training but empirically sound outcome studies are needed before definitive conclusions can be drawn. Using broad and preliminary findings, Cherniss & Goleman (2001) provided a cost-benefit analysis on the economic utility of selecting, training, and developing EI based competencies in organizational settings and estimate that training in emotional competencies can result in as much as 8 times the return on investment (ROI) compared with non-EI-based training. Cherniss estimated that American businesses each year lose between 5.6 to 16.8 billion dollars by not having appropriate EI training (Cherniss, Goleman, Emmerling, Cowan & Adler, 1998, p.2). Such variability in financial benefit estimates suggested by the wide dollar range may derive from the conceptual variability among the EI models and from the absence of sufficient outcome studies conducted in organizational settings. Nevertheless, even the low

end of estimated benefits of EI training helps explain the extraordinary growth of interest in EI during the last decade, particularly in organizational settings.

Salovey and Mayer (1989) coined the phrase “emotional intelligence” in their original studies on EI. In 1995, the American Dialect Society (1999) selected EI (and its derivative term

EQ, or “Emotional Quotient”) as being among the most useful new words or phrases of the year. It was also during this period that Goleman published his popular works (Goleman, 1995, 1998) that catapulted the interest in this topic across academic, organizational and lay circles. To more fully understand EI and its effects, it is useful to consider briefly the nature and functions of emotions.

THE NATURE OF EMOTIONS

Although there are numerous and diverse definitions of emotions (Ekman & Davidson, 1994; Lewis & Haviland-Jones, 2000), there is also some convergence among definitions. Many conceptualizations of emotion consider the concept to reflect a subjective state that has cognitive, behavioral, and physiological components, interdependent processes between those components, and likely activators and outcomes. Each emotion has a different but overlapping pattern of those components and processes as well as contextual and temporal patterns that are differentially associated with varied emotions (Lazarus, 1991).

Emotions as Adaptations. Whereas the Greeks viewed emotions as irrational animal passions that needed to be constrained, modern theories of emotions posit that emotions are adaptations that have important evolutionary functions that are critical to our survival (Buss, 1999; Darwin, 1872/1985; Lazarus, 1991; Tooby & Cosmides, 1990). The emotion of anger, for instance, serves the adaptive functions of focusing our attention on interpersonal antagonisms, social conflict, cheating and injustice, thus providing information to oneself for identifying priorities and expectations and modulating action (Schwarz & Clore, 1988). It additionally serves as a method of communicating threat to others (Ekman & Davidson, 1994). Fear, anxiety and stress, on the other hand, focus our attention towards risks and the necessity of precaution, motivates the decision to flee, and enables flight (Buss, 1999, p. 85-88). Evidence that emotions are evolutionary adaptations includes the observations that they appear in the earliest stages of infancy (Lewis, Alessandri, & Sullivan, 1990) and seem to be universal across cultures (Ekman, 1973; Ekman & Davidson, 1994).

Organizational consultants are often called upon to develop programs, workshops, and mediation strategies (Gleason, 1997; Moore, 1996) to help attenuate the effects of the so-called negative emotions, particularly anger (Potter-Efron, 1998), an emotion that can result in workplace hostility, violence and conflict (Averill, 1982; Deutsch & Coleman, 2000; Goleman, 1998; Resnick & Kausch, 1995). Efforts by consultants to reduce the frequency and intensity of an executive's anger or an employee's aggression (Resnick & Kausch, 1995), need to be

accompanied by recognition and respect that anger has evolved as an adaptive information processing mechanisms that may very well be serving important interpersonal functions within the present system (Robins & Novaco, 1999). As such, any reduction of its frequency and intensity, may require either a compensatory reduction of the need for its functions or finding alternative methods of adapting or satisfying those functions. EI presents a set of skills with the potential to accomplish both. For example, assertiveness in communication may enable grievances to be addressed directly, without the need to escalate to anger. Moreover, the need for anger may be reduced by changing one's cognitive appraisal to less conflict oriented perceptions (Robins, 1998). Such cognitive-based regulation of emotions is one of the primary components of all EI models (Bar-On, & Parker, 2000) and is briefly reviewed below.

Emotion-Cognition Interactions. Emotion regulation (Gross, 1998) dates back to the Greeks (Epictetus, A.C.E. 50-130) who compared emotions to a storm and considered reasoning to be the tool for calming its waters. In the 15th century monks described the need for even-temperedness and called for a careful balance of casualness and dignity through self insight (Ashkanasy, Hartel, & Zerbe, 2000, pp. 19-35). Gracian (1647) noted that the skilled expression and inhibition of emotion at appropriate times enables one to achieve social success in the royal courts, hence the term 'ingratiate' oneself. Contemporary interest in emotions and their regulation through interactions with cognition pre-dates the last century of psychology and is found in the writings of its architects, William James (1884), Freud (1894), and Darwin (1872). Rigorous research on emotions and their treatment occurred in the second half of the 20th century in both experimental and clinical settings. Overviews of this work can be found in (Beck, 1995; Ekman & Davidson, 1994; Ellis, 1993; Lazarus, 1991; LeDoux, 1996; Lewis & Haviland Jones. 2000; Mayne & Bonanno, 2001; Meichenbaum, 1990). This research established that how we perceive and interpret a situation will dramatically influence the emotions with which we respond to that situation, as well as the intensity of those emotions.

Our worldview, beliefs, attitudes, and values, are the cognitive categories we use to parse and interpret our environment and people's actions. Interpreted as a threat, an action

or situation is likely to elicit fear, to be interpreted as an insult, and it will likely result in anger. If interpreted as a compliment, the same behavior may elicit pride or joy.

Interpreted as a source of hopelessness, it will likely contribute to depression. (e.g., Beck, 1995; Dalgleish & Power, 1999; Frijda, 1993; Ortony, Clore, & Collins, 1988; Scherer, Schorr, & Johnstone, 2001; Seligman, 1998; Triandis, 1997; Weiner, 1985). In organizations, being terminated may be interpreted as a conflict that activates a strong anger and fear response because of perceived unfairness and a perceived lack of future options respectively. Alternatively, someone else, or the same person a year later, may perceive that same occupational position as an obstacle that may have been blocking the expression of the person's development and consequently may interpret the ostensibly negative event as an opportunity to pursue interests. Neurologically, emotion and cognitive systems that underlie these interactions are highly integrated (Damasio, 1994), providing further evidence as to the powerful influence of cognition on emotion. Indeed, our brain demonstrates considerable plasticity in rerouting its emotional connections and processes based on cognitive learning and behavioral experience (LeDoux, 1996). Rather than perceive cognition, thinking, reasoning, or intelligence as being in conflict with emotion, leading researchers agree that it is more empirically realistic and useful to conceptualize emotions and cognitions as close, interactive partners. The term "EI" further highlights this fact and is thus in and of itself a contribution to both fields. High EI includes developing recognition about which beliefs and attitudes, in which contexts, lead to which frequency and intensity of particular emotions. Moreover, it includes the skills for using that knowledge in regulating emotions. Learning when to interpret events as nonconflictual and when behaviorally to shift from combative to cooperative communication styles for example, enables the more adaptive application of EI.

EMOTIONS IN ORGANIZATIONS AND THE NEED FOR EI

The industrial revolution and the advent of many people working together in close spaces within large corporations presented an emergent need to coordinate individual behavior and control idleness and antagonistic utterances (Tayler, 1911/1947). Whereas in our ancestral past, a fight/flight response likely saved our lives whenever it was activated (Cannon, 1932, Lazarus, 1991), in the industrial age, those same mechanisms have been directed to numerous innocuous events such as copier and computer breakdowns, not getting promotions or pay raises, and long commutes to work to name a few illustrative frustrations (Goleman, 1995).

Investigations regarding the roles, prevalence, and social and financial implications of emotions in the workplace have been conducted for over a century but have expanded dramatically in the last decade (Ashforth & Humphrey, 1995; Ashkanasy, Hartel and Zerbe, 2000; Fineman, 2000; Grandey, 2000). A growing body of research culminated in 1998, with the meeting of the first annual conference of Emotions & Organizational Life in San Diego, California and more recently when a special issue of the *Journal of Organizational Behavior* (2000, Issue 21-2) was dedicated to emotions in organizations. Results indicate that the situations most relevant to positive emotions in the workplace are goal achievement, involvement in planning, receiving recognition, coping with a challenge, and acts of colleagues. Negative emotions seem to involve acts of management such as giving mixed messages, acts of colleagues such as lack of support or incompetence, acts of customers, and task problems, such as equipment breaking down or work overload (Ashkanasy, Hartel, & Zerb, pp. 36-48).

Among the negative emotions found in the workplace, anger and the consequent aggression present a ubiquitous example (Fitness, 2000). Novaco (1986) and The Center for Disease Control described workplace violence as a national epidemic (1992). It is estimated that approximately 18% of Americans have witnessed assaults at work, and another 18% worry about becoming victims themselves (Toufexis, 1994). The National Crime Victimization Survey (Bureau of Justice Statistics, 1998) indicated that annually in the workplace, more than 2 million Americans were the victims of physical attacks, 6 million were threatened, and 16

million were harassed. The incidence of violent behavior among those who were laid off was nearly six times higher than that of their employed peers, even when the research controlled for psychiatric disorders and alcohol abuse. These are worrisome findings given recent trends of budgetary cuts and economic downsizing. It also helps explain why consultants are so often called upon to help deal with anger, conflict, and violence in the workplace (Brown, Pryzwansky, & Schulte, 2000; Deutsch & Coleman, 2000). Particular forms of clinical dysfunctions such as narcissism or antisocial and borderline personality disorders have also been argued to be among the individual differences highly associated with workplace distress (Cavaiola & Lavender, 2000).

Despite the evolutionary adaptive nature of emotions to communicate information and motivate action, they can be dysfunctional if they reach pathological frequency and intensity. The cognitive processes that selectively activate emotions seem to have substantial influence over such 'hijackings'. Activating emotions at the right place, at the right time, and to the right extent to facilitate interpersonal and social adaptation thus seems to be a skill, and one that is distinct from the traditional intellectual skills defined as intelligence.

EI AND OTHER TYPES OF INTELLIGENCE

The study of intelligence developed throughout the 20th century and was driven largely by testing motivations rather than theoretical questions (Sternberg, 2000). This psychometric approach promulgated tasks that tested the scope of one's vocabulary, reading comprehension, general information, ability to complete number-series from memory and solve mathematical problems. The accumulated performance on verbal, visual, motor, and memory tasks and the ability to respond quickly were considered a general measure of intellectual capacity and one's ability to function and adapt. The extent to which these skills reflected everyday life performance began to be investigated with emerging subfields such as Practical Intelligence (PI; Sternberg & Wagner, 1986). Focus began to shift to definitions of intelligence that had greater ecological validity such as the extent to which one adapts to social and interpersonal settings in everyday life, copes with conflict, and learns from experience. As the criticisms grew concerning the limits of the classical notions of intelligence, so did the favor grow regarding the notion of multiple intelligences (Cantor & Kihlstrom, 1987; Gardner, 1983, 1993; Sternberg, 1999a, 1999b) and other more inclusive constructs of functioning and adaptation, including wisdom (Baltes & Staudinger, 1996; Robins, 1998, 2000; Sternberg, 1990). Multiple Intelligences. The notion of a myriad forms of intelligences across diverse domains has been suggested for close to a century (Hunt, 1928; Gardner, 1983, 1993; Sternberg, 1986, 1999a, 1999b, 2000; Thorndike, 1936) with Gardner (1983) actually coining the term "Multiple Intelligences." This list of multiple types of intelligences is by no means exhaustive, but does give a flavor of the intellectual history that subtends the emergence of EI.

Social Intelligence and Social Competence. Early pioneers in the field of the traditional, academic, g-ability intelligence had already envisioned the need to address social ability as part of intelligence and conceptualized it as understanding others and acting or behaving wisely in relations to and in dealing with them (Thorndike, 1936; Hunt, 1928; Wechsler, 1940). For example, Hunt (1928) found that the scores of 98 sales employees on

the George Washington Social Intelligence (SI) Test correlated significantly ($r=.61$) with ratings of the ability to get along with people. Others defined SI as the ability to recognize and judge the feelings and motivations of others with empathy (Marlowe, 1986) and to be able to do so from nonverbal cues (Sternberg & Smith, 1985). In addition to making sense of and acting on their social environment in purposive ways, SI also meant the ability to adapt to that environment and achieve desired outcomes in important domains (Cantor & Kihlstrom, 1987). Goals and plans are considered in some models to be more important than the behavior itself (Cantor & Kihlstrom, 1987), whereas in models of Social Competence (SC), it is the adaptive outcome that is more central; "SC is the possession and use of the ability to integrate thinking, feeling, and behavior to achieve social tasks and outcomes valued in the host context and culture" (Bar-On & Parker, 2000, p. 32). Although the need for SC seems universal (Buss, 1999), some of the specifics of what constitutes SC seem to be culturally and socially specific (Markus & Kitayama, 1991; Triandis, 1997). For example, extending a greeting to a potential customer or employee as a way of communicating intent to cooperate rather than threaten is quite universal. Whether one uses a handshake or a bow to do so however, is cultural specific.

Practical Intelligence. A model of Practical Intelligence (PI) was developed by Sternberg & Wagner (1986) in order to capture a person's analytic, creative, and practical abilities in everyday life. It is conceptually distinct from academic intelligence which is typically applied to problems that are well defined, are formulated by others, are complete in the information they provide, typically have one correct answer, one or few methods in getting to that answer, are different from ordinary experience and are likely to elicit little intrinsic interest. The everyday type problems attributed to PI, on the other hand, are usually intrinsically interesting but poorly defined. They need to be reformulated, lack the necessary information to be solved, and have multiple solutions as well as multiple methods for arriving at those solutions. PI is sometimes compared to SI (Cantor and Kihlstrom, 1987), but Sternberg points out that although PI deals with everyday problems, and though many are social, they need not be necessarily so. PI includes a person's capacity to recognize and capitalize on their strengths while at the same time compensate for their weaknesses. It includes the ability to accomplish personally valued goals and find a more optimal fit between

the individual and the demands of the individual's environment by adapting to the environment, shaping it, or selecting a new environment.

Personal Intelligence. Gardner (1983; 1993) conceptualizes Personal Intelligence as consisting of intrapersonal intelligence and interpersonal intelligence. The former involves self-awareness and self-regulation, whereas the latter involves social awareness and relationship management. Intrapersonal intelligence in this model involves having access to one's internal emotional states and being able to distinguish subtle differences between states. Interpersonal intelligence involves not one's own feelings, but rather the capacity to read the moods, intentions, and desires of others, sometimes called empathy, and potentially to act on this knowledge. Personal intelligence is correlated with both EI and psychological mindedness (McCallum & Piper, 1997)

MODELS AND MEASURES OF EI

EI has its direct roots in the literature on social, practical, personal and multiple intelligence spanning much of the 20th century. EI emerged more explicitly as a field with the emergence of the concept of Emotional Quotient (EQ) (Bar-On, 1997; Cooper & Sawaf, 1997). The phrase “emotional intelligence” was first used in 1989 (Salovey & Mayer, 1989) and skyrocketed to the public’s attention and to organizational domains with the publication of the books titled *Emotional Intelligence* (Goleman, 1995) and *Working With Emotional Intelligence* (Goleman, 1998) respectively. The field has developed considerably since those books’ publication, as suggested by the recently published more scholarly *Handbook of Emotional Intelligence* (Baron & Parker, 2000), and has also been comprehensively applied to the workplace (Cherniss & Goleman, 2001; Weisinger, 1998). An overview comparing and contrasting several prominent models and measures of EI are presented in the following sections, along with their strengths and weakness.

The models and measures of EI can be divided into self-report measures and those based on performance. Examples of measures in the former category include those by Bar-On (1997), Mayer, Salovey, & Caruso (2000), Boyatzis, Goleman, and Rhee (2000) and Simmons (1997). Performance based assessment methodologies require test-takers to identify particular emotions from photographs of facial expression, videotaped monologues and written samples (Mayer, DiPaolo, & Salovey, 1990).

Goleman’s Emotional Competence Inventory. Goleman presents a broad model and measure of EI that includes both self and others’ report (Goleman, 1995, 1998; Boyatzis, Goleman, Rhee (2000). Goleman maintains that people's intelligence in solving academic problems says very little about their ability to succeed in solving practical problems in the “real world”. Fox & Spector (1999) provide interview outcome evidence that job acquisition depends largely on EI rather than IQ. They demonstrate that IQ and EI are distinct and that the latter provides unique contributions to workplace success.

These distinctions are supported through extensive research programs (Sternberg, 2000; Sternberg & Wagner, 1986) which have demonstrated that people adept at one may not be so in the other (Sternberg, 2000; Rogoff & Lave, 1984), and that there exist individual differences in performance beyond I.Q. (Murphy, 1996).

Consistent with the intelligence literature (Gardner, 1983; Sternberg, 2000) is Goleman's assertion that only 20% of the variance of people's professional, interpersonal, and social success is accounted for by cognitive intelligence tests. Within that literature, it is argued that the remaining 80% is explained by personality traits, motivations, and multiple interpersonal and social abilities, of which EI is only one (Bar-On & Parker, 2000; Sternberg, 2000). In contrast, Goleman concludes that most of that 80% remaining is explained entirely by EI. Specifically, the more globally encompassing components of Goleman's model of EI (1995) include the ability to monitor oneself and persist in the face of frustrations, to be able to control impulses and delay gratification, and to be able to regulate one's moods and keep distress from swamping the ability to think. According to Goleman (1998), EI additionally emphasizes the capacity for recognizing our own feelings and those of others, for motivating ourselves and for managing emotions well in ourselves and in our relationships.

Based on these competency categories, as well as those obtained from hundreds of validated performance studies of managers, executives, and leaders in North America (Spencer & Spencer, 1993), Boyatzis, Goleman & Rhee (2000) developed a comprehensive list of noncognitive competencies, which they factor and cluster analyzed. These results led to their empirically based list of five clusters (Boyatzis, Goleman, & Rhee, 2000, p. 355). This list included a "Self-Awareness" cluster which is comprised of Emotional Awareness, Accurate Self-Assessment, and Self-Confidence; a Self-Management cluster which included the following dimensions: Self-Control, Trustworthiness, Conscientiousness, Adaptability; Achievement Orientation (initiative); a Social Awareness Cluster which included Empathy, Organizational Awareness and Service Orientation; and a Social Skills cluster which included Leadership, Communication, Influence, Change Catalyst, Conflict Management, Building Bonds, Teamwork Collaboration, and Developing Others.

These categories comprised the latest version of the Emotional Competence Inventory (ECI) (Boyatzis & Burckle, 1999). This inventory claims to account for a great deal of the noncognitive intelligence variance in organizational performance. Though research as to the validity of this conceptualization of EI is limited, a recent study by Boyatzis (1999) suggests that experienced organizational consultants that were ranked as superior along these EI competencies, contributed significantly more profit to the firm from their accounts, as compared to those whose performance ranked as average along these competencies. Moreover, McClelland (1999) demonstrated that the bonuses paid to top executives, associated with their division's financial performance, were highly predictive by whether they were in the superior rather than the average range of EI competencies as measured by this inventory. Whether the ECI is a useful measure in practical applications, however, may depend on whether the organizational context in which it is used is broad, complex, and varied. In such contexts, numerous and varied competencies are likely to be needed and tests like the ECI are more likely to be effective. A major disadvantage of using an all encompassing net such as the ECI is that it is unclear as to what is being measured, and thus the test may be likely to be less predictive when narrower questions regarding emotional regulation are evaluated.

Sternberg (1999) as well as Davies, Stankov, & Roberts (1998) argue that Goleman's conceptualization of EI is indeed too all-encompassing. They note that it is highly correlated with many areas of personality (e.g., extroversion) and motivation (e.g., achievement drive). Sternberg notes that, in addition to EI, Goleman's model also includes many aspects of social and PI such as interpersonal skills, flexibility, managing self, and managing others. For the construct of EI, Sternberg favors the considerably more restrictive model of Salovey & Mayer (1989) over that of Goleman. The implication of this distinction to consultation is that in organizational settings that are more clearly emotionally charged, wherein the ability to identify others' emotions and regulate one's own emotions are the paramount competencies needed, the broad brush of the ECI is likely to fall short (Sternberg, 1999b). Rather, a more restrictive model and measure of EI is warranted, which focuses primarily on the identification and regulation of emotion. Mayer & Salovey present the best known of such models.

Mayer & Salovey: Multifactor EI Scale (MEIS). Mayer & Salovey coined the term “emotional intelligence” over a decade ago (Salovey and Mayer, 1989) and defined it narrowly as the ability to perceive and understand emotional information, or more specifically to monitor one's own and others' feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and actions" (Salovey and Mayer, 1989, p.189). More recently, Mayer & Salovey (1993) and Mayer, Salovey, & Caruso (2000) identified four components of EI: the accurate perception and adaptive expression of emotion; emotional facilitation of thinking; understanding and analyzing emotions; employing emotional knowledge; and the reflective regulation of emotions to promote emotional and intellectual growth. Their Multifactor EI Scale (MEIS) (Mayer, Salovey, & Caruso, 2000) was intended to reliably measure these four factors. Its four scales have internal consistency alphas ranging from .81 to .96 with a full-scale alpha of .96.

The MEIS (Mayer & Salovey, 1993) is based on a narrower model than the ECI (Boyatzis, Goleman, & Rhee, 2000). This has the advantage of high construct and content validity in organizational contexts in which the identification and regulation of emotions are of paramount importance and need to dominate the consultant's conceptualization of EI. However, if contexts call for including other constructs (e.g., extroversion or personal motivation) as part of the EI measure, Boyatzis, Goleman, & Rhee's (2000) model has the advantage of being much broader in scope.

Secondly, the method by which the two tests gather information are qualitatively different. The ECI is based on how the person being evaluated is perceived by others, in contrast to the MEIS, which is based on a behavioral measure (the person's ability or performance on a EI related task such as identifying the emotion of a person in a story or photograph). Because it is performance-based, the MEIS is independent of the person's reputation, making it less susceptible to rater bias.

To elaborate, the methodology of the MEIS involves the person being tested viewing a picture of a face or reading a scenario using interactive multimedia on a computer screen. The person is then asked, "What emotion is the person in the story feeling?". This approach is thought to represent a person's actual EI capacity rather than someone else's opinion of

that capacity (Mayer & Salovey, 1993). A correct answer is judged by normative consistencies within our culture as well as evolutionary crosscultural universals regarding the categorization and labeling of emotions (Ekman, 1973). This qualitative difference in how the data is acquired suggests that the MEIS is likely to have higher external or ecological validity than the ECI. Additional research is needed, however, fully to evaluate this possible difference.

One way of compensating for the limitations of the self-report approach is to incorporate into an assessment tool a set of validity scales. Such a mechanism was implemented in another prominent EI instrument developed by Bar-On (1997).

Reuven Bar-On: Emotional Quotient Inventory (EQ-i). The third prominent model and measure reviewed here are those developed by Bar-On (1997). Bar-On was the first to use the abbreviation EQ (Emotional Quotient) and defined it as "an array of noncognitive capabilities, competencies and skills that influence one's ability to succeed in coping with environmental demands and pressures" (Bar-On , 1997, p. 14). This conceptualization led to his developing a self report measure, the Emotional Quotient Inventory (EQ-i).

The advantage of the EQ-i is that it is quite comprehensive, which can also be a disadvantage. Like the ECI, the EQ-I also attempts to measure both personality and intellectual dimensions as well as emotional dimensions. The scale has 133 items organized within five categories, each of which has several subcategories. The category of intrapersonal abilities largely overlaps with the other models' dimensions of emotional perception and expression, and includes the subcategories of Emotional Self-Awareness, Assertiveness, Self-Regard, And Self-Actualization. The second category of interpersonal abilities Includes Interpersonal Relationships, Social Responsibility, and Empathy. This construct overlaps with Goleman's ECI category of social awareness but not with Mayer & Salovey's (1993) MEIS which does emphasize social interactions. The category of Adaptability includes problem solving, reality testing, and flexibility. The category of stress management includes stress tolerance and impulse control. And the category of general mood includes happiness and optimism. The latter three categories are largely unique to the EQ model. The EQ-i's four scales have internal consistency alphas ranging from .69 to .89 with a full-scale alpha of .76 (Bar-On, 1997).

Mayer, Salovey, & Caruso (2000) criticized the EQ-i's inclusiveness, noting that the full scale correlates highly with measures of personality (e.g., optimism) and mental ability (e.g., problem solving), which is why they refer to it as a mixed model. Its inclusiveness however, may also account for its ability to predict occupational performance, job satisfaction, and the ability to cope with work-related stress (Bar-On, 1997). The contrast between Bar-On's general model of EI and Mayer & Salovey's narrower model may explain the modest correlation between them ($r=.36$, Mayer, Salovey, & Caruso, 2000). A more detailed account comparing their subscales can be found in Bar-On, 1997 and Ciarrochi, Chan, & Caputi (2000). The fact that the EQ-i utilizes a self report measure whereas the MEIS utilizes an ability measure may additionally help explain the low correlation between them. The EQ-i does incorporate several validity scales, including those that assess the respondent's tendency to have exaggerated positive or negative responses. The score's adjusted based on those validity scores.

Implications for Organizational Consultants. The relatively weak relationship between these scales, which are supposed to be measuring something similar, suggests that they may be measuring somewhat different constructs or at least different aspects of the same construct. This conclusion has significant implications to both investigators and organizational consultants. Academic researchers studying EI must conceptually and empirically reconcile weak correlations between existing instruments that are all ostensibly measuring EI (Ciarrochi, Chan, & Caputi, 2000). Either the models or measures need revising, or more apt names for what they are really measuring are needed.

Organizational consultants must therefore be careful not to assume that there is a single, universally accepted measure of EI. It is likely that the three measures of EI reviewed here are measuring divergent skills, and that the format which the measures utilize in data acquisition may impact the validity of that data. In particular, self-report measures of EI (e.g., ECI) are more likely to have poor criterion validity and have low relation to performance-based measures of EI (e.g., MEIS) (Janovics & Christiansen, 2001).

As a practical matter, in organizational settings in which report bias is more likely, performance based measures of EI are particularly warranted (Smither, 1998). For example,

in the area of personnel selection (Cook, 1998), the ECI is likely to be more biased than the MEIS given the risk of self assessment distortion among job applicants (Jeanneret & Silzer, 1998). In organizational contexts in which more inclusive measures are useful, the ECI's self-report bias must be weighed against its comprehensive scope, which in this context is advantages. The EQ-i provides an option for measuring a more comprehensive conceptualization of EI with self-report methods, while at the same time using built-in validity scales to compensate for report bias.

Other models of EI. Davis (1996) and Marlow (1986) conceive of EI as social perspective taking and empathy- the ability to free oneself from one's own view and to recognize and understand the thoughts, feelings, and motives of the self and others. Indeed EI, as measured by the MEIS, correlates with self-reported empathy ($r=.43$) (Mayer, Salovey, & Caruso, 2000). Additionally, Bar-On's (1997) conceptualization of EQ explicitly includes empathy among its list of interpersonal abilities, and is shown to be inversely correlated with antisocial characteristics ($r= -.52$) and aggression ($r= -.45$) (Bar-On, 1997). This suggests that the more empathy an individual has, the higher his EI and the less likely he is to act inappropriately or aggress in social situations. In terms of consulting, these measures of empathy are especially encouraged for implementation in organizational situations wherein frustration, anger, and aggression have historically been found to be frequent or intense. Which measure is most valid in which context has yet to be evaluated.

Cooper (1996) proposed another globally inclusive model of EI he calls the EQ Map. He defined EQ as "the ability to sense, understand and effectively apply the power and acumen of emotions as a source of human energy, information, trust, creativity, and influence" (Cooper, 1996, p.1). He conceptualized EQ using five major dimensions with several subscales in each. Like most EI models, the model includes an Emotional Awareness dimension with the subscales of Self-Awareness, Emotional Expression, and

Emotional Awareness of Others. However, like Goleman's ECI and Bar-On's EQ-i, Cooper's model is highly inclusive. Among its additional dimensions are Competencies that include Intentionality, Creativity, Resilience, Interpersonal Connections, and Constructive Discontent. The EQ-Map also includes a Values and Attitudes dimension that is composed

of Outlook, Compassion, Intuition, Trust, Personal Power, and Integrated Self subscales. Unlike other EI models, it also aims to capture information on the Current Environment of an individual who is attempting to adapt to that environment, operationalized by Cooper in terms of the Life Pressures and Life Satisfaction subscales. This makes it more consistent with systems theory models of emotions (Robins & Novaco, 1999). Also unique to the EQ-Map was Cooper's inclusion of a dimension of

Outcomes which lists General Health, Quality of Life, Relationship Quotient, and Optimal Performance subscales. Given its highly inclusive and comprehensive structure, the EQ-Map is a good measure if more than emotional dimensions are the focus of study. In particular, if a consultant's aim is to also evaluate interpersonal and environmental dimensions, the EQ-Map is likely to be a better choice of comprehensive inventories as compared to the ECI and the EQ-i.

Davies, Stankov, and Roberts (1998) provided an even more limited conceptualization of EI than Mayer & Salovey. They conducted an empirical evaluation of the construct and discriminant validity of EI models using a wide variety of instruments of cognitive aptitudes, verbal abilities, social functioning, and personality variables. They concluded that once personality variables, traditional intelligence, and general cognitive abilities factors are accounted for, there is very little variance left for EI but the "the ability to perceive emotional information in visual and auditory stimuli" which is how they define and measure EI (Davies et. al., 1998, p. 1001). They consequently suggested that the current models of EI may be describing something other than a single, distinct construct. More details on these and other models can be found in Bar-On & Parker (2000, pp. 320-388) and Cherniss & Goleman (2001, pp.83-132).

CRITICISMS AND LIMITATIONS OF EI

Despite the exuberance regarding EI in both academic and organizational settings, there have also been those who have criticized the construct, due in some part to that very exuberance (Fisher, 1998; Shiller, 2000). Among those critics, Barrett, Miguel, Tan, & Hurd (2001) are perhaps the most ardent skeptics of both the construct of EI as well as its testing, which they perceive to be simply a subset of personality testing. Barrett et al. (2001) presented a comprehensive meta-analysis that they argued provided converging evidence that EI lacks both validity and reliability. They noted that Goleman's assertion that EI is more important than cognitive abilities was based on data that they contend supported exactly the opposite findings. Moreover, they argued that the construct validity and operational measurement of EI constructs is inadequate (Barrett 1992). In particular, they contended that a scale from one EI test which predicts job performance in one organization cannot be generalized to another test having a scale with the same name (Barrett et al., 2001). In this paper, the authors indeed present a comprehensive set of examples in which EI advocates seemed guilty of selectively reporting and excluding data, making of claims without empirical evidence to support those claims, and the convenient relabeling of phenomena to support their assertions (Barrett et al., 2001). In reporting these negative EI results from their prodigious meta-analysis however, they contrasted them from the positive results in which EI dimensions were shown to be highly relevant to predicting successes in the workplace. Thus, although they identified genuine weaknesses that future EI researchers need to address, the field of EI itself also presented a considerable set of positive results (Cherniss & Goleman, 2001) that need to be categorized, quantified, and standardized to better understand the conditions under which those results occur and find a common language to communicate about them in the scientific and consulting literatures.

EI IN THE WORKPLACE

Despite the diversity among EI models and the heated debates regarding their validity and reliability, there is a growing body of evidence that suggests that whatever EI is, it seems to be relevant to the workplace, can be promoted through training, and potentially has significant implications to the bottom line (Cherniss & Goleman, 2001).

A comprehensive review of the effects of EI in the workplace can be found in Goleman (1998), who asserts, e.g., that in leadership nearly 90 percent of the competencies necessary for success are social and emotional in nature including self-confidence, flexibility, empathy, and the ability to get along with others (Lusch & Serpkeuci, 1990; McClland, 1999; Rosier, 1996; Spencer & Spencer, 1993).

In their comprehensive volume regarding EI in the workplace, Cherniss & Goleman (2001) reported several key findings. Among sales representatives for a large American appliance manufacturer, those who were most conscientious (defined by EI related dimensions such as self-disciplined, careful, and scrupulous) had the largest volume of sales (Cherniss & Goleman (2001, p. 34). Concerning hiring, training, and managing performance, it appears that star performers do not have to be at ceiling on every EI measure in order to demonstrate superior performance, but rather only to pass a threshold on several of the measures across Goleman's four clusters (Cherniss & Goleman, 2001, pp. 159-181). In terms of hiring at the highest level of the organization, data from over 500 top executive hires across three continents, demonstrated that the usual process of just using technical skill and measures of cognitive ability are lacking. Emotional competencies are reported to be better predictors of success (Cherniss & Goleman, 2001, pp. 182-206) and consequently are recommended to be counted more heavily than one's intellectual ability score as a method for improving senior-level hiring practices. Consultants advising applicants should note that EI predicts both the interviewer's affective response and their likelihood of hire (Fox & Spector, 1999).

Very recent work that is currently being published is beginning to shed light on team-based EI measures (Workgroup EI Profile, Version 3 (WEIP-3) (Jordan, Ashkanasy, Hartel, & Hooper, 2002 forthcoming). These early findings suggest that high EI teams outperform low

EI teams but only in the initial stage of their tasks. Over time, their performance seems to equalize. These results suggest that EI in the workplace provides a similar expertise and cohesiveness that emerges over time experientially. That savings of time for reaching proficient collaboration among group members may significantly enhance the bottom line.

SELECTING FOR EI

Some studies (e.g., Harris Education Research Council, 1991) have suggested that more than half of employees lack the motivation to keep learning and improving in their jobs. It is also suggested that 40% are not able to work cooperatively with fellow employees, and only 19% of those applying for entry-level jobs have sufficient self-discipline in their work habits (Harris Education Research Council, 1991). This implies the need for careful selection of new hires.

An EI competency-based selection program was implemented by L'Oreal for hiring sales people (Spencer & Spencer, 1993). In an interview, applicants were asked to generate several positive and negative situations that they were then asked to resolve. Their responses were analyzed for EI competencies and applicants scoring highest on those were hired. The competency based selected employees were estimated to have generated a total of \$2,558,360 more revenue annually than their counterparts who were selected by the traditional criterion of cognitive skills and technical knowledge. Such results support the use of EI instruments as screening tools for selecting employees. As is pointed out in other sections, given the weaknesses of any one tool, using multiple tools is likely to provided greater validity.

CONSULTING TO INCREASE EI IN THE WORKPLACE

American industry currently spends over \$50 billion each year on training and four out of five leading-edge companies report that EI is one of the areas they are trying to promote in that training (American Society for Training and Development, 1997; Cherniss & Adler, 2000). Burke & Day (1986) conducted a meta-analysis of the effectiveness of management training programs, many of which are the precursors of today's EI training. They found that human relations training programs were, on average, highly effective as evaluated by both objective measures such as performance and absenteeism or subjective measures such as self awareness and behavior ratings by coworkers and supervisors. Such training can result in more than a standard deviation of improvement in performance (Bar-On & Parker, 2000, p. 437; Latham & Frayne, 1989), an increase that "is worth between 19 percent and 48 percent of economic value added in nonsales jobs and results in a 48 to 120 percent increase in productivity in sales jobs (Cherniss & Goleman, 2001, p. 48).

Goldstein and Sorcher (1974) pioneered a set of techniques that can be seen as being directly related to modern EI concepts. Their approach used modeling, role playing practice, feedback, and reinforcement for training supervisors to be more effective in handling the interpersonal aspects of their jobs. Their methods included the use of training videos to simulate the appropriate behaviors for addressing problematic workplace situations. Once key aspects of those behaviors were discussed, the trainee would emulate those behaviors and be reinforced towards mastery level performance. This type of modeling training has been reported to be highly effective (Russ-Eft & Zenger, 1997).

A more recent trend involves that of executive coaching (Kilburg, 2002; Goldsmith, Lyons, & Freas, 2000), wherein a wide range of managers and executives' EI competencies are evaluated and individualized programs for improvement of those competencies are developed and implemented. Outcome studies of such programs indicate that the targeted competencies are significantly improved relative to nontargeted competencies in the same person (Cherniss

& Adler, 2000 Peterson, 1996) but far more empirical research is needed (Kampa-Kokesch & White, 2002).

Given results of this kind, MBA programs such as that found in Case Western Reserve University's Weatherhead School of Management have begun to explicitly provide training for social and emotional competencies as part of their curriculum. As a result, compared to their counterparts who proceed through the more traditional program, there is evidence that students who are provided with the EI training, longitudinally demonstrate positive change in initiative, flexibility, achievement drive, empathy, self-confidence, persuasiveness, networking, self-control, and group management (Boyatzis, 1996).

Based on the existing research, the Consortium for Research on EI in Organizations has recently empirically identified the factors that most effectively lead to social and emotional learning in work settings (Cherniss, Goleman, Emmerling, Cowan, & Adler, 1998), and which constitute the modern EI training protocol. First, given the neural and behavioral entrenchment of emotional pathways, repeated practice is needed to facilitate change with the expectation that it will take time and there will be setbacks. Techniques for maintaining a client's motivation must be implemented regularly. In the first phase of change using such approaches, a consultant evaluates the competencies that the organization demands and in which the client is apparently lacking (Spencer, McClelland, and Kelner, 1997) and must both enable the client to see the benefits of mastering those competencies as well as socialize him to the process of acquiring them through cognitive, behavioral, and physiological changes. For example, supervisors are more likely to work towards gaining empathy if they feel confident that increasing their empathic responses will produce more committed, motivated, and productive employees (Davis, 1996; Marlow, 1986). One must also evaluate whether the client is committed and realistic as to the requirements for change. If not, more time should be spent on increasing the client's motivation to change. Once the motivation is high, specific, meaningful, realistic goals are likely to maintain that motivation (Lock & Latham, 1990). These goals should be developed in collaboration with the client so that the consultant is not pursuing goals that are contrary to the client's objectives. Importantly, the organization should provide a supportive environment for developing, practicing, and encouraging the EI

competencies. This includes having in place supervisors who will both model and reinforce those competencies (Manz & Sims, 1986).

In the second phase, the client attempts several changes. He seeks to improve his ability to identify his own emotions and to distinguish them from the emotions of others and improve his ability to use multiple and increasingly subtle cues to identify others' emotions. In this phase the client additionally attempts to increase his empathy in regarding others' emotions, improve his ability to identify contingencies between cognitive appraisals and emotions, and improve his ability to regulate his emotions. The client also learns to integrate thoughts, emotions, and physiological arousal and behavior to achieve social tasks, increase tolerance for ambiguity and complexity of emotional experiences, identify environmental cues that influence emotions, and develop reward contingencies for practicing higher EI.

Much of this work is quite interpersonal and a good relationship must therefore be established between the consultant and the client. Because emotional states have behavioral and physiological components and are thus highly experiential (Ekman & Davidson, 1994), a good deal of the EI training needs to be experiential (Robins & Hayes, 1993). This requires repeated practice and role playing, with feedback and homework between sessions to continue practicing the new emotional responses and behavioral techniques. A final step of this phase is to inform clients that setbacks are inevitable and should not be taken as a sign of failure. This can help prevent relapse, which adds considerable value to the training and which has been found among management to help increase transfer of skills to the job (Tziner, Haccoun, & Kadish, 1991).

Although clients are, in this model by this phase, able to implement EI competencies, that implementation is not necessarily fluent nor automatic. In the third and last phase, therefore, clients need to be encouraged to form social support groups with similarly minded people who also want to practice their EI skills and will provide mutual reinforcement (Powell, 1994). As a last step of an EI intervention, the consultant should evaluate the outcome of that intervention. This includes not just using measures such as the ECI or EQ-i to assess EI competencies gained, but also evaluating the intervention's effectiveness with other measures of performance and productivity (Jeanneret & Silzer, 1998; Smither, 1998).

Unfortunately, outcome measures are rarely taken and when they are, they are usually in the form of participants' opinions of the intervention (American Society for Training and Development, 1997).

As a point of caution, some EI intervention effects may be misleading. For example, American Express implemented an emotional competence program for its financial advisors (Hays, 1999). Although those in the program were reported to have experienced an 18.1% increase in business performance, it was only 1.9% higher than the 16.2% increase for control group members who did not participate in the training. Other EI effects, when promoted in isolation, may actually be detrimental to performance.

Emotional regulation of anger, e.g., may result in reduced overall levels of functioning. In organizational systems in which anger serves a particular and necessary function (Robins & Novaco, 1999), the unilateral reduction of anger may cause the valuable part of the function no longer to be addressed. An executive's anger, e.g., may have come to be the instigating factor for increasing employees' motivation (Steers & Porter, 1991), and eliminating that anger may eliminate the motivation. It is therefore recommended that a systems analysis be conducted prior to undertaking EI interventions, predicting in advance possible adverse perturbations that may result in that system, and address system-wide changes in congruence with the EI intervention.

THE CONSULTANT'S OWN EI

Consulting for EI often necessitates consulting with EI. The consultant must communicate information, not just with technical skill, but with positive role modelling of EI as well. For example, considerable empathy is often needed in assisting a client with the task of changing his perception of self and others. The general process of consulting involves going into a new domain that is often conflict ridden, trying to understand the dynamics of that domain, and attempting to facilitate positive outcomes (Hale, 1998). Inevitably, the consultant will run into internal politics, power struggles, animosity, group affiliation pulls and pushes, and the complex emotion currents of the organization (Brown, Pryzwansky, & Schulte, 2000). Although consulting is often interesting, curious, and satisfying, the nature of the job can also promote frustration, anger, and anxiety (Deutsch & Coleman, 2000). If that were not the case, the organization probably wouldn't need a consultant. In order to meet these consulting challenges, one must have the competency of identifying those emotions when they occur in others and self, and be able to regulate them (Deutsch & Coleman, 2000). Moreover, emotional responses from employees and executives, if perceived with EI, can provide information that speaks volumes (Brown, Pryzwansky, & Schulte, 2000; Schwarz & Clore, 1988).

The consultation processes themselves thus seem to demand at least a moderate amount of EI. A consultant, particularly if hired to train clients for EI, needs that much more of it as she is also serving as an example for the clients' observational learning. The clients are acquiring EI both through factual information acquisition as well as through observing the emotional responses of the consultant (Russ-Eft & Zenger, 1997). This implies that consultants in the EI realm have a responsibility to continue to develop their own EI competencies and that organizations should use a consultant's level of EI as part of their process for selection.

SUMMARY AND CONCLUSIONS

Emotions and EI have been established as being highly relevant aspects of the workplace. The weak relationship between EI scales suggests that they may be measuring somewhat different constructs or at least different aspects of the same construct. This conclusion has implications to both investigators and organizational consultants. Academic researchers studying EI must reconcile the weak correlations among existing measures that are ostensibly measuring EI. They need to either converge on a few theoretical models and operationalized measures of EI that improve on those correlations or rename the existing instruments as to more accurately reflect the diverse constructs they are measuring. Concurrently, consultants must recognize the likelihood that present models and measures of EI are likely to be identifying divergent skills and thus must decide when and where to apply each scale. Empirical studies of the discriminant and convergent validity of scales based on the existing EI models have barely begun but already reveal that the comprehensive models of EI seem to include both emotional measures as well as reinvention of older concepts such as personality, whereas the narrower models may indeed be measuring a genuinely novel construct.

As a practical matter, whether or not the more inclusive models and scales are measuring constructs other than EI may be an issue of greater concern to the researcher than to the organizational executive. EI, personality traits, and thinking abilities are all useful for the workplace and need to be measured, regardless of how they are parsed out linguistically. Although the narrower scales are more likely measuring just EI, it is likely rare that an executive would want a potential employee to have only high EI but not positive personality traits or high intelligence. The exception might be a case wherein emotional regulation skills are a specific priority and the employer does not want to dilute the effects of measuring it with other constructs. Otherwise, the worries about the construct and content validity of the various measures of EI should be left to the academics, whereas the practical usefulness of using multiple measures can be enjoyed by consultants and their clients.

Epilogue

Industry and culture have always had interlacing histories. Indeed, the history of ideas can be told (and frequently is) as the story of the economic and industrial forces that connect, collide and converge throughout the history of human civilization. Little surprise then, that at the thickest of these intersections – these nodes – are institutions of higher learning, themselves exporting products every bit as valuable as the material industries upon which they are built. That product is knowledge – and in the Information Age, knowledge is more than mere memorization, or mastery of a static craft, it means becoming part of a dynamic process in which knowledge itself is discoverable for oneself.

Silicon Valley is home to the world's largest tech companies – a region whose name is synonymous with the very entrepreneurial spirit itself. It is also located at the epicenter of a new wave of research on mindfulness and spirituality, sharing many faculty members with Stanford University's variety of groundbreaking programs in wellness, spirituality, and positive psychology. These two forces - the transformative and the tech - together, form the double helix of the culture of Sofia University. For just as the wider culture of Silicon Valley itself was created from the very same forces of industry and culture that launched the digital revolution, so too have those very same dynamic forces aligned in such a way as to launch *another* kind of revolution in higher education: incorporating transformative practice with clinical science, as well as rigorous training, knowledge, and scholarship into a vision of engaged and relevant work.

This is the legacy of Sofia University; this is the vision of its president, Liz Li.

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