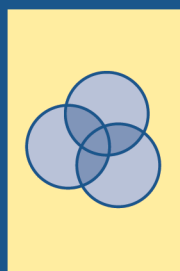


# Transpersonal Psychotherapy

Second Edition



—edited by—

*Seymour Boorstein, M.D.*

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# Transpersonal Psychotherapy

SUNY Series in the Philosophy of Psychology  
Michael Washburn, editor



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Second Edition

*edited by*  
Seymour Boorstein, M.D.

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This book is lovingly dedicated to my wife, Sylvia.

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## PREFACE TO THE SECOND EDITION

THE IMPETUS TO PUBLISH A REVISED EDITION of this book came from two sources. Historically, the thoughts which led up to the first edition took form in 1978, with the book itself coming out in 1980. At that time, transpersonal psychotherapy and the ideas relating to it had not been widely disseminated, resulting in very few therapists being familiar or comfortable with the approach. Also, at that time, there were very few schools of psychology teaching these ideas. Most of us were groping in the dark to establish theories of how any of this worked. Compared to the detailed and clinically relevant writings of so many traditional therapists, the transpersonal field looked rather primitive at the end of the 1970s. We simply did not have the language, theory, concepts, etc., to do justice to what we were seeing and experiencing with our patients.

In the seventeen years since the first edition was conceived, the field has grown in many ways. As a country, we have become much more interested in spiritual matters. A look at the *New York Times* best-selling book list provides an instant “cultural measure” of what people are reading. Books dealing with spiritual issues and some of the esoteric thoughts associated with them now appear in great number on that list. Since 1978, we have seen, and welcomed, the proliferation of training centers where students are attempting to integrate traditional psychotherapy with spiritual matters.

When the first edition was published, it sold very slowly at first. As interest by the public sector and training institutions increased, sales rose and in ten years the first edition had to be reprinted. Sales and interest continued to grow, and the second printing sold out. A decision had to be made: to go ahead with a third printing of the first edition or to create a newly revised edition.

This leads me to the second initiator of a revised edition. Since the first publication, many new and talented therapists have matured and their thoughts and perceptions have grown. Ken Wilber has written prodigiously and importantly for our field. His pre/trans fallacy concepts should be a cornerstone for all transpersonal therapists. In addition, many of the old-timers in the field have sharpened the focus of their thinking, so that the more traditional clinicians can no longer accuse us of sloppy thinking (as they used to). However, we still have a lot of catching up to do, and it is to that end that we have prepared this revised edition.

There are two events that further spurred me on to edit a revised edition: In 1994, the DSM-IV (official American Psychiatric Association diagnostic category code book) included, for the first time, a category for spiritual problems or relationships to spirituality. The implications of this addition are far-reaching. Since the DSM-IV is used by insurance companies and other payers of therapists, it means that spiritual problems have now been *officially* recognized and legitimized. With all of the new health-care issues emerging, this will probably translate into funding for psychotherapy in the area of spiritual issues.

Secondly, there is an almost explosive interest in Eastern and Western Europe, Russia and its old colonies, and Japan and Korea in the area of the transpersonal. In 1988 the first edition of this book was translated and published in German; a Hungarian edition will be published in 1996; and a Korean edition is in the planning stage.

In preparing this new edition, it was clear that many of the original chapters would have to be omitted to make room for new ideas, concepts, and approaches born since 1978. Approximately two-thirds of the original chapters have been retained—mainly for two reasons. Firstly, they provide a historical view of some of the origins of the field of transpersonal psychotherapy. (The original introductory paragraphs have been purposely left intact to give the reader an idea of how we viewed these matters in 1978.)

Secondly, one can see in many of these chapters seminal ideas, many of which are as relevant today as they were then. For example, I could never have imagined when I wrote *Anger and the Fear of Death* in 1980 how important those ideas would be for the chapter I have just written on relationships for the revised edition.

How was I to select nine or ten new chapters for the revision? It was clear that for every paper chosen there were at least two or three others that simply could not be included because of space limitations. I here offer my apologies to all the clinicians whose work I could not include in this volume. I hope this new edition of *Transpersonal Psychotherapy* will inspire others to carry on the project of presenting the new theories and methodologies emerging in our field.

Not by accident, the new chapters emerge from Hindu, Buddhist, Christian, Jewish, and shamanic traditions. Since the first edition was conceived, the field of past-life regression therapy has mushroomed with training centers, certification, and conferences offered internationally, as well as in the United States. Dr. Roger Woolger is one of the many leading practitioners and writers in the field, and his chapter provides an entry to begin explorations in this rich and very complex area. Drs. Walsh and Vaughan have rewritten their earlier chapter to bring us their current thinking. Also new for this volume are two chapters by Dr. Stanislov Grof reflecting the cutting edge of

his thinking on the theory and practice of the transpersonal field. Dr. Charles Tart, another pioneer of the transpersonal field, writes about helping the dying and the possible survival of death.

One of the most distressing and sad occurrences in our present culture is the very high failure rate of marriages and relationships. We see, also, much evidence of relationship failures on the emotional level, even where the relationship appears intact superficially. This sad phenomenon has spawned many fine books to help people in relationships.

About 40 to 50 percent of my practice is working with couples. Where I can introduce a spiritual factor, the healing usually progresses more rapidly. Because I have observed this in my practice, I have included some transpersonal ideas I have in this area which integrate current brain studies and couples' psychotherapy.

Most of the new chapters reflect the degree to which transpersonal therapists are prepared to reveal themselves about their thinking and work. As therapists, we know this takes courage in general and is especially challenging when we reveal our views on spiritual issues. It is my hope that therapists will begin to be more open about their work, so that we can all learn what our colleagues really do and think.

It is crucial that you, the therapist-reader, approach each chapter as a *beginning* guide in the area discussed and that you explore the bibliography for more details. In addition, you might consider further investigation of an area by finding individuals or groups who are already using the approach described.

If any one of these chapters serves as a launching pad for the reader to do further research and/or become involved in utilizing transpersonal concepts in conjunction with traditional psychotherapy, we will have fulfilled the promise we made to ourselves and to you in 1978.

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## ACKNOWLEDGMENTS

I WANT PARTICULARLY TO THANK MARTHA LEY for her valuable editorial assistance on this edition. I also want to thank Charles Simpkinson who urged me at the spring 1994 Kripalu conference to revise the original edition of *Transpersonal Psychotherapy* and reissue it. I took his suggestion to heart, and this book is the result.

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# Introduction

*Seymour Boorstein*

Perhaps the time is now ripe when the mystic can break the glass through which he sees all things darkly, and the rationalist can break the glass through which he sees all things clearly, and both together can enter the kingdom of psychological reality.

—N. Brown, *Life Against Death*

MY OWN INTEREST IN THE TRANSPERSONAL began about nine years ago, around the time of my father's death. It was not long before this personal interest extended itself into my professional work as a classical Freudian analyst. Today, my practice embraces both the traditional and the transpersonal in a way most clearly reflected in the two chapters I have contributed to this collection.

At a meeting of transpersonal psychotherapists in San Francisco in 1976, I met Kathleen Speeth. Dr. Speeth had spent some of her childhood in Gurdjieff's home, and that exposure to transpersonal and mystic concepts provided a rich heritage for her professional life. As she moved from the transpersonal to the classical approach to psychology, I was moving in the other direction. The conversational bridge we built to connect these converging paths eventually led to this book.

We believed that many therapists in this country were practicing transpersonal therapy but that most of them were hidden from public and professional awareness—as was the field of transpersonal psychology itself. There was no easily available forum for the opening up of discussion in this area, so we examined ways of establishing one.

This collection, I hope, begins this process. Together, we collected the names of many authors and practitioners whom we knew to be working in this field, and asked other therapists to suggest potential contributors. Correspondence with one author sometimes led us to another, and thus the collection began to take form.

The ground rules suggested to potential authors were simple: first, we provided each contributor with our broad working definition of the transpersonal; second, we asked that the papers have a clinical orientation and contain illustrations of how the author actually applied transpersonal approaches to his or her clients' treatment. Apart from our explicit intent to

## 2 Introduction

represent as many major Eastern and Western approaches as possible, we gave no other guidelines to the contributors, believing that maximum flexibility would facilitate maximum creativity.

Before the final manuscript was ready, Dr. Speeth regretfully had to withdraw from the project; unavoidable delays in publication had created a conflict with her other commitments. So it is that the book bears my name, and I must bear the responsibility for its final form.

This book, then, is a beginning attempt to build a literature to breach the current wall between the sacred and the psychotherapeutic. Recognition of the healing potential hidden in the sacred technologies of the great religious traditions, and particularly of Eastern practices, has been growing in recent years. In 1976, the Group for the Advancement of Psychiatry wrote a report of over one hundred pages entitled *Mysticism: Spiritual Quest or Psychic Disorder?* because it saw that “mysticism has become a significant force in our time” (GAP [Group for the Advancement of Psychiatry] 1976). That same year, *Newsweek* declared that at present there are four major forces in psychology: behavioral, psychoanalytic, humanistic, and transpersonal.

Attributing such importance to the transpersonal may be surprising to many psychiatrists and psychologists; it is an aspect of psychology that has relatively little formal literature and certainly no widely accepted definition.

Early transpersonal thinkers include William James, who systematically explored states of healthy and higher consciousness (James, 1961); Carl G. Jung, whose concept of individuation transcended the personal (Jung, 1933); Roberto Assagioli, who translated certain spiritual practices into workable psychotherapeutic tools (Assagioli, 1965); and Abraham Maslow, whose interest in self-actualizing people, their experiences, and values has exerted a powerful influence on postindustrial America (Maslow, 1968, 1971). Charles Tart, the parapsychologist, was a pioneer in collecting interpretations of human psychology by various spiritual traditions in his massive *Transpersonal Psychologies* (Tart, 1975 [new edition 1992]).

It is uncertain who first used the term *transpersonal psychology*. A. J. Sutich (1976) gave an interesting account of the development of the term, limited by what was known at the time he wrote. He quotes a letter from Abraham Maslow to Stanislav Grof:

The main reason I am writing is that in the course of our conversations we thought of using the word “transpersonal” instead of the clumsier word “transhumanistic” or “transhuman.” The more I think of it, the more this word says what we are all trying to say, that is, beyond individuality, beyond the development of the individual person into something which is more inclusive than the individual person, or which is bigger than he is. What do you think? (p. 16)



Earlier references have come to light since, however. Ira Progoff used the term in his contribution to the 1955 Festschrift on Jung's eightieth birthday, later published (1956); Eric Neumann (1954) had used it the year before; and Dane Rudhyar had applied the word *transpersonal* to astrology back in the twenties. Perhaps yet earlier mentions will still be uncovered.

The *Journal of Transpersonal Psychology* began publication in 1969. Each issue contains this definition of the field: "Meta-needs, transpersonal process, values and states, unitive consciousness, peak experiences, ecstasy, mystical experience, being, essence, bliss, awe, wonder, transcendence of self, spirit, sacralization of everyday life, oneness, cosmic awareness, cosmic play, individual and species-wide synergy, the theories and practices of meditation, spiritual paths, compassion, transpersonal cooperation, transpersonal realization and actualization; and related concepts, experiences and activities." Despite its partial circularity, this definition indicates well the class of interests, experiences, and events gathered under the appellation of "transpersonal."

Those who practice psychotherapy within this general context can be considered transpersonal psychotherapists. One description of the field of transpersonal psychotherapy is provided by James Fadiman and Kathleen Speeth:

Transpersonal psychotherapy includes the full range of behavioral, emotional and intellectual disorders as in traditional psychotherapies, as well as uncovering and supporting strivings for full self-actualization. The end state of psychotherapy is not seen as successful adjustment to the prevailing culture but rather the daily experience of that state called liberation, enlightenment, individuation, certainty or gnosis according to various traditions. (in press)

From this perspective, transpersonal psychotherapy differs from the traditional approaches not so much in method or technique as in orientation and scope. There may be technical innovations such as meditation, visualization, and awareness training, borrowed from the spiritual traditions of the world, but the essential difference lies in the attitudes of the therapist, attitudes that shape the course of therapy. He neither avoids the issues of value and meaning in a human life nor places them outside the bounds of therapeutic work; rather he explores them, either as they arise in the working through of personal suffering or when their resolution frees the patient's energies for deeper confrontation with the dilemmas we all face.

Without the transpersonal perspective, traditional psychotherapy gives an implicit message of pessimism, which might be stated without too much exaggeration as, "Know thyself and adjust to the absurd!" The transpersonal ingredient alters this implication to "Know thyself, transcend defenses, transferences, projections, and even beliefs, and attain the station of one who

has outgrown the need for such childish things, as the great human beings of all times and places have done!" It might be added that this station involves the full realization of human possibilities; it is in no way connected with schizoid withdrawal, megalomaniacal delusions of grandeur, or flashy demonstrations of parapsychological prowess.

As more people in the West turn to meditation and other spiritual practices, and relationship with a spiritual teacher becomes less uncommon, the transpersonal psychotherapist must become adept in discriminating between the uses and abuses of extraordinary or at least extracultural experiences. Just because a technique may have a noble origin does not keep it safe from possible misuse by neurotic or psychotic trends in the personality. To see all spiritual practices as necessarily free of individual pathology is as blind a view as the rigidly orthodox position that all spiritual aspirations and practices are merely symptomatic.

An objective and experienced therapist needs to discriminate, to be willing to put down preconceptions in favor of looking at, listening to, and realizing what is actually happening in each particular circumstance. For example, meditation can put one in touch with a fine and essential part of oneself; it can also be used to rationalize compulsive withdrawal in a family power struggle, or symbolically to blot out a hated world. The relationship to guru or guide can be a lifesaving reorientation; it can also be distorted with transference gratifications. Altered states of consciousness—easily produced with concentration and breathing practices—may help free a person from constricting linguistic schema; or they may feed paranoid ideation, accentuate schizoid trends, and act generally in the service of resistance. And the initial glow and romanticism of inexperienced meditators may be just what is needed to allow for the modification of destructive habits; or it may be used to avoid the here and now of life's problems, including therapeutic transference reaction.

In working on such areas as anxiety, depression, sense of identity, and reality testing, traditional psychotherapy attempts to strengthen the ego so that it can endure the eventual weaning from unreality that human maturity requires. Although meditation or other specifically transpersonal practices used alone might eventually unravel a modern anxiety neurosis or depression, therapeutic techniques are more specifically designed for the usual people and settings with which therapists work. The therapist can greatly hasten transpersonal processes by first using ordinary methods to bring into the patient's consciousness what has been repressed. For example, beneath a depression, a patient may be unconsciously clinging to the idea that his childhood mother should "make up" to him all his previous deprivations. By working with transferences in the traditional fashion, the therapist can help the patient bring to the surface this area and all the feelings it involves. It might then be appropriate for the experienced therapist to offer certain meditative techniques to facilitate the letting go of the ideas and feelings.

But how is the therapist to gain experience? In the two decades since Norman Brown suggested that the mystics and rationalists among us (and within us) might come to an understanding, many psychotherapists of widely differing theoretical persuasions have been tentatively exploring the common ground where this uncommon realization might take place. A rather large body of unshared experience has developed, the communication of which is likely to cross-pollinate and enrich us all. It is to provide a measure of vicarious experience and to support the formation of a community of like-minded individuals within the helping professions that I have undertaken this collection of papers.

The contributions are remarkably diverse. They reflect a spectrum of perspectives—from the tough-minded, precise extrapolations from behavioristic methodology of Les Fehmi and Fern Selzer, through the creative clinical pharmacology and theory development of Stanislav Grof, to the tender empathy of Norman Don. Not all of the papers represent my own orientation. Each, however, is a potentially valuable stimulus to other therapists.

There are possible dangers in working with the spiritual and psychological domains simultaneously. Can therapists be adequately competent in both areas, sufficiently certain to avoid the pitfalls of their own counter-transference traps and spiritual biases? Can therapists work in areas beyond those to which they have personally progressed? Many classical therapists who are atheists or agnostics implicitly endorse their own belief systems by the kind of attention they give to the religious aspirations of their clients. Will transpersonally oriented therapists be guilty of the same kind of suggestion, albeit in the opposite direction? What are the implications of prescribing meditation practices or other techniques derived from spiritual traditions as adjuncts to treatment?

Clearly, the practice of transpersonal psychotherapy requires the very best of which the therapist is capable: experiential knowledge rather than opinion; attention instead of preconception; certainty in place of theory. The papers presented here are like the experiences of the elephant in the dark in the old Sufi fable: one man feels the tail and declares that the elephant is like a rope; the next feels the ear and exclaims that the elephant is like a palm leaf; the third grabs the trunk and yells that the elephant is like a snake; and the fourth runs his hand over the hide and protests that the elephant is like the bark of the tree (Shah, 1971b). The synthesis of many opinions into a fuller picture is the perennial task of each human mind and one of the marks of psychological awakening.

The ultimate goal of the spiritual quest is the experience of oneness with the universe. As Ken Wilber points out in *The Spectrum of Consciousness*, humanity's task is to remember or become aware of those aspects of itself which it has forgotten or repressed (1977). Thus, different parts of the spectrum are remembered or made available by different approaches. For example,

the psychoanalytic approach will permit one to remember and accept as part of oneself that which has been repressed in the unconscious; certain body approaches such as Reichian therapy, bioenergetics, and Rolfing permit one to become aware of certain aspects of the body that may have been repressed or made unconscious. Other aspects of the unconscious are elicited in Jungian work where certain archetypes and aspects of the shadow can be owned or remembered. Various kinds of work can be done on the subtle energy fields, and these, too, can become part of our awareness. Finally, through various meditational or contemplative approaches, direct awareness of unity with the rest of the universe can also be achieved.

As you read the following papers, it might be well to keep in mind what the Buddha said in the Kalamas Sutra:

Do not believe in what you have heard; do not believe in traditions because they have been handed down for many generations; do not believe anything because it is rumored and spoken of by many; do not believe merely because the written statement of some old sage is produced; do not believe in conjectures; do not believe merely in the authority of your teachers and elders. After observation and analysis, when it agrees with reason and it is conducive to the good and benefit of one and all, then accept it and live up to it.

# I

## The Dimensions of Transpersonal Psychotherapy

To refer to the dimensions of transpersonal psychotherapy in the title of this section is tantamount to presenting myself with a paradox. For the true dimensions of the transpersonal are unseen and boundless. Yet, while the transpersonal field may have no finite limits, it does have—at least in the beginning, novice stages—direction.

To fix direction, it is humanly necessary to take a starting point. While the historical starting point of this field is older than oral or recorded history, the present-day articulation of that direction is most concretely attributed to Anthony Sutich, founder of the *Journal of Transpersonal Psychology* and the parallel association. Without his work, this collection of papers would not be possible in its present form.

To take direction in a theoretical mode, it is humanly necessary to build a foundation. Roger Walsh and Frances Vaughan attempt to provide this foundation by building a comparative model of the person and psychotherapy. It is a model that provides for the concept and potential of consciousness. For this edition, the authors have updated their chapter on the comparative model.

To take direction in a personal mode is as difficult and exciting as formulating a theory—and equally challenging. The journey into consciousness is full of unexpected twists, leaps, and backtracking to take a higher road. Gerald May shares his personal journey with us, a journey that takes him away from “fixing” within a medical perspective to “healing” within a transpersonal perspective. It is a journey as potentially full of light and shadow as the therapeutic journeys I share with my patients.

Stanislov Grof's chapter explores his views on non-ordinary states of consciousness and experiences which transcend the limitations of three-dimensional space and linear time. He explains that, as a rule, the traditional Western culture does not consider the transcendent experiences to be real, in part because they do not fall into the framework of mechanistic science.

## 8     *Transpersonal Psychotherapy*

Consciousness, once accepted as both a starting point and an infinite end point, then pervades all aspects of human thought and feeling—from the creation of new schools of exploration to the construction of theory, to intimate, personal change in life values and orientation. It provides unique direction for each individual; it only remains for the individual to accept the presence of consciousness in himself or herself.



# 1

## Transpersonal Psychotherapy History and Definition

*Anthony J. Sutich*

No one can open this collection so appropriately as the late Anthony J. Sutich. His chapter, perhaps better than any other in the collection, outlines the origins, early definitions, and questions raised by this emerging field of transpersonal psychology and therapy.

Sutich and his chapter are really their own introduction. The content itself demonstrates how the author explored consciousness first within the field of humanistic psychology. One might think that, after having helped to found both the association and the journal for that field, he would have been content to rest. On the contrary, his determination to explore all areas of consciousness that presented themselves to him led to his founding of the journal and association for transpersonal psychology as well.

It is relatively difficult to formulate assumptions for any new field. It is even more difficult to perform the often ignored task of relating those assumptions to what preceded them in the field. Sutich does just this in many of his papers and was instrumental in building a bridge between humanistic psychology and the transpersonal area to which this collection is devoted.

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This article is based on a presentation made at a panel discussion (with Stanislav Grof and Thomas N. Weide) at the annual meeting of the Association for Humanistic Psychology, September 1972. The author expressed his "deep indebtedness" to Sonja Margulies and Weide for their assistance in preparing this article. It has been further adapted for use in this collection with kind permission and approval of Miles Vich, editor of the *Journal of Transpersonal Psychology*.

Sutich's classic chapter concludes by raising a number of pertinent questions about the transpersonal field and its relation to therapeutic practice. In concluding his piece with these questions, he has pointed directions for the other chapters in this collection, which consciously or unconsciously address themselves to many of his questions.

IN 1968, I PUBLISHED a brief paper announcing the growth of a new force in psychology which appeared to be a direct outgrowth of humanistic psychology; the paper was titled "Transpersonal Psychology: An Emerging Force." After the publication of this paper, it gradually became apparent to us that this new transpersonal force was more than "an outgrowth"; the assumptions which lay behind the transpersonal position differed significantly from those basic to the "growth-oriented" humanistic position. A new paradigm had emerged.

Probably the most relevant assumptions of the humanistic psychology position appeared in an early paper of mine, "The Growth Experience and the Growth Centered Attitude" (1949, 1967). These assumptions were basic to the launching of the *Journal of Humanistic Psychology* in spring 1961, and to the founding of the Association for Humanistic Psychology in August 1963. By 1966, it was commonly understood that the basic goal in humanistic psychology was "self-actualization" or some equivalent of that.

The major assumptions underlying the transpersonal position continued to evolve (Sutich, 1968, 1969) and were first clearly formulated when we were founding the Association for Transpersonal Psychology, a division of the Transpersonal Institute (Sutich, 1972). These may be summarized as follows:

- Impulses toward an ultimate state are continuous in every person although full awareness of these is not necessarily present at any given time.
- The realization of an ultimate state is essentially dependent on direct practice related to a "path" (course of action or conduct entered into for the purpose of realizing an ultimate state) and on conditions suitable for the individual concerned.
- Every individual has the right to freely choose his or her own path and to change from one personal path to another if or when he or she so desires.

### Transpersonally Oriented Therapy

With these assumptions in mind, transpersonally oriented therapy may therefore be described as therapy directly or indirectly concerned with the recognition, acceptance, and realization of ultimate states. As such, it is not new;



rather, it is perhaps the oldest of all the therapeutic approaches. Through history it has played a vital part in most if not all systems concerned with the realization of ultimate states.

Transpersonal therapy is also concerned with the psychological processes related to the realization, or making real, of states such as "illumination," "mystical union," "transcendence," and "cosmic unity." It is also concerned with the psychological conditions or psychodynamic processes which directly or indirectly form barriers to these transpersonal realizations. In both the past and the present, individuals have necessarily had different relationships to their impulses toward ultimate states and emotional growth; they have also varied in their levels of development in these at different times in their life cycles.

Different levels of development, experience, and concern have not always been dealt with in ways of maximal value to either client/patient or therapist. Psychoanalysis, for example, was not originally, and is not now, designed to deal with impulses toward ultimate states. Neither have behaviorism's fundamental assumptions been directly related to the client's transpersonal experiences and concerns. Nevertheless, within limits, both psychoanalysis and behaviorism have often been helpful in dealing with human problems which fall within the primary focus of particular psychological systems.

My own work in and support of humanistic psychology demonstrates the regard I have for the importance and value of its primary concern and effort. However, Baba Ram Dass, former professor of psychology at Harvard, has highlighted in a lecture the discontinuity between the level of work done in relation to self-actualization, the maximal goal of the humanistic orientation, and the work done toward the realization of ultimate states. I have been informed, too, that Roberto Assagioli, founder of psychosynthesis, now uses the term *transpersonal* instead of *spiritual* in his work, because the latter term has so often been misused. It is this area of work—the intrapersonal rather than the interpersonal—that is the primary focus of transpersonal psychology. A high level of spiritual or transpersonal concern is presumed conducive to or facilitative of interpersonal development and vice versa.

## Transpersonal Therapy in Relation to Humanistic and Other Interpersonal Therapies

Probably all human beings have some "unfinished business" in the interpersonal psychodynamic realm, whether they know it or not. Those engaged in a transpersonal therapeutic approach, therefore, necessarily deal with such material in themselves and in others. In my own practice, I work with all kinds of "neurotic" conditions in clients—compulsions, phobias, anxiety—whether or not these clients are personally committed to a spiritual path.

Others, such as psychosynthesis therapists, also work with both interpersonal and transpersonal problems. Because the full range of pathologies and positive human possibilities is the appropriate concern of the transpersonal therapist, he or she is interested in and supportive of psychological work being done across the entire spectrum.

If the primary focus of transpersonal therapy can be accepted as valid, it seems appropriate to ask, What are the requirements for functioning as a transpersonal therapist? With the understanding that I consider the crucial issue in transpersonal therapeutic or counseling work to be the perspective, attitude, or orientation of the therapist himself, I suggest the following as a preliminary or tentative statement of requirements.

The therapist or counselor:

- is on his (her) own spiritual or transpersonal path.
- accepts the right of any person with whom he (she) is working to pursue his (her) own path and to change to another if that seems desirable.
- has a commitment to the principle that all human beings have continuous impulses toward emotional growth and ultimate states, and accepts that the chief responsibility of a transpersonal therapist is to function in the best way he (she) knows how, to help in the realization of emotional growth as well as ultimate states.
- has reasonable knowledge, among other psychological principles, of the role of self-deceptive mechanisms throughout the life cycle, including their function in himself (herself).\*
- accepts all individuals as having impulses toward ultimate states whether or not they are on a personal path. More specifically, this means working with individuals as much as possible through techniques and forms of relating that are directly relevant to their current state.

## Some Pertinent Questions

During the years I have been engaged in transpersonal therapy work, numerous questions have arisen with which I have had to grapple. I conclude this chapter by presenting a sampling of those that seem to merit serious consideration:

- What are the various areas in which transpersonal psychology might be applied?
- What is the role of meditation in transpersonal psychology? Is meditation sufficient therapy for neurotic and other psychopathological states?

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\*I am deeply indebted to Lama Chögyam Trungpa Rinpoche, for corroboration of this long-standing personal and professional observation.

- In what ways can a transpersonal therapist or counselor work with individuals who are not on a spiritual path?
- These days one frequently encounters terms and phrases from the great spiritual traditions, such as the Buddhist terms “expedient teachings,” “right attitude,” “right understanding,” and “right actions.” What do these terms mean? In what ways do they relate to transpersonal psychology?
- What is appropriate and inappropriate in accepting payment for transpersonal therapy?
- Is transpersonal psychology a system?
- When using a transpersonal orientation, how does one select appropriate therapeutic techniques for those who are not, as well as those who are, on a spiritual path?
- What is the importance of self-deception, and of awareness of self-deception, in transpersonal functioning?
- What is required in the training and/or development of transpersonal therapists?
- How can transpersonal therapists most harmoniously and helpfully interact with teachers and counselors of various religious practices and spiritual disciplines, Eastern and Western?

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## 2

# Comparative Models of the Person and Psychotherapy

*Roger Walsh and Frances E. Vaughan*

Both theoreticians, practitioners, and authors in the transpersonal field, Roger Walsh and Frances Vaughan combine forces in this chapter to provide a strong yet open foundation for exploring the transpersonal. Moving into areas of inquiry largely ignored by the schools of psychoanalysis, behaviorism, and humanistic psychology, the authors see transpersonal psychology as “the fourth force of Western psychology,” a force that draws from both Eastern and Western world views.

The authors view the term transpersonal psychology as still developing. However, they summarize its connotations as having close relationships with health, well-being, and consciousness. Transpersonal psychotherapy, therefore, places greater emphasis and importance on these three elements than traditional psychotherapy while still including traditional therapeutic areas.

In a courageous attempt to develop some testable hypotheses for this rapidly changing field, Walsh and Vaughan first construct a transpersonal model of the person, its four major dimensions being consciousness, conditioning, personality, and identification. As may be expected, the first of these dimensions, consciousness, has high importance in the model. The concept of consciousness is, in the authors' view, greatly limited in traditional schools which allow for no higher states. Correspondingly, whereas consciousness is much more than most of us have hitherto imagined, conditioning is much more tyrannical and pervasive. Personality, on the other hand, is accorded less importance as a

psychological concept; in this transpersonal model it is seen as “only one aspect of being, one with which the individual may, but does not have to, identify.” While the fourth dimension of this model—identification—bears a superficial resemblance to other models of the person, the concept here is associated with internal as well as external phenomena and processes. The implications of this are important because, as Walsh and Vaughan explain, “identification with mental content renders the individual unconscious of the broader context of consciousness which holds this content. . . . Thus identification sets in train a self-fulfilling prophetic process.”

What are the implications of this model of the person for therapy? The most frightening implication is that some of the material presented in therapy and interpreted as psychopathological is, in fact, not psychopathological at all; it is transpersonal. The authors refer, for example, to a recent report that classified mystical experiences as borderline psychotic processes. This is not to say that transpersonal psychotherapy ignores traditional goals of therapy; rather, it adds to them such goals as actually disidentifying from and transcending the traditional psychodynamic processes the clients are already working through. Because the approach to therapy draws on karma yoga principles, the therapist-client relationship ceases to be hierarchical, and the modeling that takes place is more closely aligned with a learning-to-cope model than a competency one. Both therapist and client use their encounters as opportunities for growth. In using any technique, be it yoga or meditation, or another, more traditional one, both therapist and client have a commitment to openness and self-examination.

In comparing the transpersonal approach with classical psychoanalysis, analytical psychology, behaviorism, humanistic psychology, and existentialism, these authors provide incisive insights into the similarities and differences. These insights and their examination of the current limitations of the transpersonal field will likely prove surprising and illuminating to practitioners and cynics alike.

IN RECENT YEARS TRANSPERSONAL PSYCHOLOGY HAS EMERGED as the fourth force of Western psychology. Its distinguishing characteristic is an expansion of the field of psychological inquiry to embrace areas of human experience and behavior associated with health and development beyond conventional levels, areas largely ignored by the first three schools—psychoanalysis, behaviorism, and humanistic psychology. These areas include, in addition to exceptional psychological health and well-being, subjects such as altered states of consciousness, peak experiences, self-realization, meditation, and other techniques which transcend the more traditional limiting models of human potential (Tart, 1975). In so doing, transpersonal psychology draws on the contributions of both Eastern wisdom and Western science.

The purpose of this chapter is to suggest possible theoretical foundations for transpersonal psychology and therapy by, first, delineating a model of the psyche; second, explaining and examining transpersonal psychotherapy from this model; and third, comparing transpersonal with other forms of therapy.

## Defining Transpersonal Psychology and Psychotherapy

Defining transpersonal psychology and psychotherapy can be difficult. This may be partly because transpersonal experiences raise all the problems of state dependency and cross-state communication discussed by Tart (1972, 1975). Because definitions may be constricting, especially for developing fields, it is useful to consider those for transpersonal psychology as being in process rather than definitive, in order to allow for continuing growth and evolution (Sutich, 1975).

With these caveats in mind, let us consider the following definitions:

*Transpersonal experiences* may be defined as experiences in which the sense of identity or self extends beyond (*trans-*) the individual or personal to encompass wider aspects of humankind, life, psyche, and cosmos.

*Transpersonal psychology* is the area of psychology that focuses on the study of transpersonal experiences and related phenomena. These phenomena include the causes, effects, and correlates of transpersonal experiences and development, as well as the disciplines and practices inspired by them.

*Transpersonal psychotherapy* is therapy informed by a transpersonal perspective which recognizes the value and validity of transpersonal experiences and development.

With the introduction of a variety of consciousness-altering techniques, an increasing number of people, including mental health professionals, are beginning to have a range of transpersonal experiences. Such experiences can be extremely powerful and have far-reaching implications for the individual's identity, lifestyle, and philosophy (White, 1973).

### A Transpersonal Model of the Psyche

Four major dimensions of this transpersonal model are consciousness, conditioning, personality, and identification. Using these headings, we will summarize basic tenets of a transpersonal model and compare them with traditional Western assumptions.

#### *Consciousness*

The transpersonal model clearly holds consciousness as a central dimension. Traditional Western schools of psychology have held differing positions with



regard to consciousness. These range from behaviorism, which ignores it, to psychodynamic and humanistic approaches, which pay more attention to its contents than to consciousness itself.

A transpersonal model views “normal” consciousness as a defensively contracted state of reduced awareness. This normal state is filled to a remarkable and unrecognized extent with a continuous, mainly uncontrollable flow of fantasies which exert a powerful though largely unrecognized influence on perception, cognition, and behavior. Prolonged self-observation inevitably reveals that normal experience is perceptually distorted by the continuous, automatic, and unconscious blending of inputs from reality and fantasy in accordance with our needs and defenses (Tart, 1975; Thera, 1972; Walsh, 1977; Wilber, 1977).

Optimum consciousness is viewed as being considerably greater than normal consciousness and potentially available at any time, if the defensive contraction is relaxed. Growth, therefore, involves letting go of this defensive contraction and removing obstacles to the recognition of the ever-present expanded potential. This is achieved by quieting the mind and removing the perceptual distortion and constriction imposed by the fantasies (Assagioli, 1965; De Ropp, 1968; Ouspensky, 1949; Ram Dass, 1976, 1977; Speeth, 1975; Walsh, 1977).

The fundamental task which gives the key to many realizations is the silence of the mind. . . . All kinds of discoveries are made, in truth, when the mental machinery stops, and the first is that if the power to think is a remarkable gift, the power not to think is even more so. (Satprem, 1968)

Traditional Western approaches differ from the transpersonal in implicitly assuming that normal consciousness is close to maximum developmental levels.

The transpersonal perspective holds that a large spectrum of altered states of consciousness exists. Some states are seen as potentially useful, possibly having specific functions. Others are true “higher” states—higher being used here in Tart’s sense, namely, possessing the properties and potentials of lower states together with some additional ones (Tart, 1972). A wide range of literature from a variety of cultures and growth disciplines attests to the attainability of these higher states (Buddhagosa, 1923; Byrom, 1976; Goldstein, 1976; Goleman, 1976, 1977; Kapleau, 1967; White, 1973). The traditional view again differs in holding that only a limited range of states exists, such as waking, sleeping, dreaming, and intoxication. Furthermore, the traditional view sees nearly all altered states as detrimental; “normality” is considered optimal.



### *Conditioning*

A transpersonal perspective holds that the "normal person" is much more ensnared and trapped in conditioning than we appreciate, but that significant freedom from this conditioning is possible, at least experientially (Goleman, 1977). The aim of transpersonal psychotherapy includes efforts to begin the extraction of awareness from this conditioned tyranny of the mind (Ram Dass, 1987).

One form of conditioning is attachment. This has been examined in detail by Eastern disciplines. Attachment is closely associated with desire; when attachment is present, it signifies that nonfulfillment of desire will result in pain. Therefore, attachment plays a central role in the causation of suffering (e.g., addictions), while letting go of attachment is central to its cessation. These principles are clearly stated in the Buddha's Noble Truths (Buddhagosa, 1923; Guenther, 1976). Or in Carl Jung's words: "Whenever we are still attached, we are still possessed; and when one is possessed, it means the existence of something stronger than oneself" (Jung, 1962, p. 114).

### *Personality*

Personality has been accorded a central place in previous schools of psychology. Indeed most psychological theories have held that a person is the personality. Many books on psychological health and well-being have addressed "the healthy personality" (e.g., Chiang & Maslow, 1969). Health has usually been viewed as primarily involving a modification of personality (Heath, 1977, 1978). Transpersonal psychology accords less centrality to personality. It is seen as only one aspect of being, one with which the individual may, but does not have to, identify. Healthy adult development may involve a disidentification from personality rather than solely a modification of it (Wilber, 1977, 1978).

### *Identification*

Traditional psychologies usually recognize identification with external objects only; they have defined identification as an unconscious process in which the individual becomes like or feels the same as something or someone else (Brenner, 1974). Transpersonal and a variety of Eastern psychologies, while recognizing external identification, hold that identification with internal (intrapsychic) phenomena and processes is even more important. Identification is seen as a crucial concept and is thus conceptually extended beyond traditional Western limits. Furthermore, this type of identification goes unrecognized by the majority of individuals, including therapists and behavioral scientists, because we are all so involved in it; we become so identified that it never even occurs to us to question that which it seems so clear that we

are (Wilber, 1977, 1978). Consensually validated identifications go unrecognized because they are not called into question; indeed, any attempt to question them may meet with considerable resistance from others.

Attempts to awake before our time are often punished, especially by those who love us most. Because they, bless them, are asleep. They think anyone who wakes up, or . . . realizes that what is taken to be real, is a dream, is going crazy. (Laing, 1971, p. 82)

This process of identification has far-reaching implications. Identification with mental content renders the individual unconscious of the broader context of consciousness which holds this content, a process that may be central to trance states. When the individual identifies with mental conflict, this content is transformed into the context within which he or she interprets other content, determines a reality, adopts a logic, and is motivated. For example, if a thought such as "I'm scared" arises, is observed, and is seen to be what it is—just another thought—then it exerts little influence. However, if the thought is identified with, then the individual is scared, and a whole series of fearful thoughts is likely to arise. Nondescript feelings are then interpreted as fear. Thus, identification sets in train a self-fulfilling prophetic process.

We are dominated by everything with which our self becomes identified. We can dominate and control everything from which we disidentify. (Assagioli, 1965, p. 22)

As long as we are identified with an object, that is bondage. (Wei Wu Wei, 1970, p. 6)

It may be that thoughts and beliefs constitute the operators which construct, mediate, guide, and maintain this identificatory constriction of consciousness and act as limiting models of what we think we are. Some may be adopted as strategic, defensive decisions about who and what we must be in order to survive and function optimally. Yet, they must be opened to disconfirmation and disidentification in order to allow growth.

It is significant to note the similar conclusions about the powerful effects of thoughts reached by explorers of the mind, even though they may be separated by millenia:

Within the province of the mind what I believe to be true is true or becomes true, within the limits to be found experientially and experimentally. These limits are further beliefs to be transcended. In the province of the mind there are no limits. (Lilly, 1972, p. 5)

We are what we think.  
All that we are arises with our thoughts.  
With our thoughts we create the world.  
(The Buddha, quoted in Byrom, 1976, p. 3).

Understanding the nature of thoughts and the process of disidentification may therefore help explain transpersonal states of consciousness in which the sense of identity expands beyond the individual ego or personality, even to the extreme of nondual states in which people experience themselves as connected with, or one with, the whole universe. Such states are explored by a variety of transpersonal disciplines (Goleman, 1988; Wilber, 1977).

## Principles of Transpersonal Therapy

Before we discuss the principles of transpersonal therapy, it is relevant to consider the importance of a transpersonal perspective for therapeutic work.

Because the transpersonal acknowledges a wider spectrum of psychological well-being than traditional approaches, it affords individuals who are ready the opportunity of working at these levels. Perhaps most important is the fact that the transpersonal recognizes the importance and eupsychian nature of transpersonal or transcendental experiences; these can then be appropriately treated as valuable opportunities for growth. This is very different from some other approaches which fall into what Ken Wilber calls "the pre/trans fallacy" of confusing transpersonal experiences with prepersonal manifestations of psychopathology. Failure to recognize this distinction can easily lead to pathologizing interpretations, with consequent damage to, and suppression of, healthy processes that can lead into the transpersonal realm.

A general principle here is that it is difficult to see beyond our own level, and those individuals and systems that have not recognized the possibility of, or experienced, transpersonal awareness may interpret such experiences from an inappropriate and pathologizing perspective. This is sadly and starkly demonstrated by a report on mysticism by the Group for the Advancement of Psychiatry (GAP, 1977). This document generally interpreted mystical experiences as manifestations of borderline psychotic processes. Its authors thus exhibited a marked lack of understanding of altered states, an understanding readily apparent to anyone with experiential as well as intellectual knowledge of these areas (Deikman, 1977).

The goals of transpersonal therapy include both traditional ones, such as symptom relief and behavior change, and, for appropriate clients, the introduction of a variety of methods aimed at the transpersonal level. The latter include the provision of an adequate conceptual framework for

handling transpersonal experiences; information on psychological potential; realization of the importance of assuming responsibility, not only for one's behavior but for one's experience; discovery of the possibility of using all life experience as a part of learning; experiencing the existence and potentials of altered states; and understanding the usefulness, limits, and dangers of attachment to fixed models and expectations. In addition to working through psychodynamic processes, the therapist may also assist the client in beginning to disidentify from them.

The tools used include both Eastern and Western methods. Various forms of meditation and yoga may be added to more traditional techniques. One of the major distinguishing features of such tools may be that their primary aim is not so much to change experiences directly as to change the individual's relationship to them by heightened, mindful awareness.

Approaches such as meditation and karma yoga are largely independent of therapist-client interaction. The client can practice them in daily life and thus make more efficient use of the therapeutic contact as well as begin to use all life experiences for learning. The following cases exemplify some of these processes.

A forty-five-year-old woman who had been making good progress in therapy for a year and had become increasingly sensitive to her inner experience, developed marked resistance to further exploration and became unable to maintain her former sensitivity. My response as her therapist was initially one of support and encouragement, but when this was unsuccessful, I became less patient and began subtly pressuring her.

Gradually it became apparent to me that I was attached to her maintaining her former gains. The resultant coercion set up a dialectic which only reinforced her defensiveness and my attachment. When I recognized what was happening, I discussed it with her. I pointed out that my attachment had fueled her defenses and vice versa, that this was an example of my attachment to success, and that I would endeavor to let it go and to use this opportunity to work on the attachment as much as possible. For her part she should note her responses to the experience of coercion and communicate whenever she felt pressured, since this would be helpful to both of us.

Although this proved of considerable benefit, she did not overcome her defensiveness more fully until some two months later, when she went on a two-week meditation retreat. She emerged from it with a new level of sensitivity and openness to experience, and progressed in therapy at a significantly faster rate. (Walsh)

One young woman, deeply committed to her spiritual practice of meditation, came into therapy when she was having marital problems.

She was making considerable progress in resolving these problems and reconciling herself to her husband's critical attitudes, when I went on vacation for a month. During my absence my client wanted to continue her work and sought out another therapist. This therapist was unsympathetic to her practice of meditation. She felt misunderstood and discounted, and labeled herself "weird" because the therapist did not share her spiritual values. When I returned, it was evident to both of us that the attitude of the interim therapist, although he had said very little, had had a decidedly detrimental effect on her self-image. (Vaughan)

Two features of the transpersonal psychotherapeutic relationship deserve special mention: modeling and karma yoga. The importance of modeling has now been clearly recognized in the behavior modification and social learning literature, and information on its potency suggests that other therapies may have underestimated its power (Bandura, 1969, 1977b). Since modeling may be a universal, although sometimes unwitting, therapeutic process, the distinguishing factor is that which the therapist models rather than the process itself. For a transpersonal orientation, this type of modeling is closely linked to the concept of karma yoga, the yoga of service.

Traditional psychoanalytic models encourage therapists to minimize their affective involvement, offer themselves as blank projection screens, and put aside their own feelings, reactions, and personal growth for the growth of the client. The humanistic-existential model, however, has emphasized the importance of participation by therapists in all their humanity in the therapeutic relationship, opening themselves fully to the client's and their own reactions (Bugental, 1965, 1976).

To this human participation, the transpersonal orientation adds another perspective: the therapist may serve the client best by viewing the therapeutic relationship as a karma yoga to foster his or her own transpersonal growth through consciously serving the client. The forms this service may take are many and may even be externally indistinguishable from other therapeutic endeavors. But they are undertaken within the context of optimizing growth through service. The situation is seen as one in which therapist and client work together in the ways most appropriate to their particular roles. The therapist's openness and willingness to view therapy as a process of learning and service can provide useful modeling for the client.

The type of modeling appropriate to a transpersonal perspective differs from traditional approaches. In the latter, the therapist is usually portrayed as an expert who can provide information and is thus a model of competency. In a transpersonal approach, the therapist both shares competence and also provides a learning-to-cope model, where appropriate, in a relatively transparent manner. Learning-to-cope models are ones who acknowledge and share their own efforts to learn and cope with issues. Since transpersonal



therapists may combine both varieties of modeling, it is of interest that studies of modeling have demonstrated that the learning-to-cope model is frequently more effective than the competency one (Bandura, 1969, 1977b).

Such modeling provides a high degree of mutuality between therapist and client, because both share the same growth-oriented intention for the therapy, are less hierarchically distanced, and each can learn from the other. Indeed, the therapist may enhance this process by interacting with appropriate openness and authenticity with clients working at this level, and by offering the client the opportunity to engage in a mutually facilitating, two-way feedback.

In transpersonal therapy the value and attitudes of the therapist are thus of crucial importance, and the effects of modeling can be recognized not only in overt behavior but in subtle attitudes as well.

## A Comparison of Transpersonal with Other Forms of Therapy

Transpersonal psychotherapy can be distinguished from traditional approaches on a variety of dimensions. We shall first discuss the distinguishing general principles and then make comparisons with specific therapeutic schools.

The major aims of traditional approaches might be summarized as primarily oriented toward changing mental contents and sometimes to exploring questions such as, Who am I? or What type of person am I? A transpersonal approach, while it includes these aims, expands them to incorporate further goals derived from the transpersonal model discussed earlier.

Important among these is enhancing awareness. To do this, perception may be trained as in meditation where the individual may learn to observe mental content rather than primarily attempting to change it. As Fritz Perls observed, "Awareness per se—by and of itself—can be curative" (1969a, p. 16). In addition to watching mental content, the individual may also aim to disidentify from it (Vaughan, 1977, 1979), a process which explores not only the question of Who am I? but also, What am I?

For example, a client presenting to a traditional therapist feelings of inadequacy would be viewed as having low self-esteem, poor ego strength, or negative self-attributions, according to the therapist's particular discipline. If a psychodynamic approach were employed, then the therapist might attempt to determine the genesis of these thoughts and to have the client examine their origins. Behavioral and cognitive approaches might attempt to modify them directly by environmental change, differential reinforcement, or thought substitution (Rimm & Masters, 1975; Thoresen & Mahoney, 1974). Whatever the approach, the effective aim would be to modify the client's belief and experience about what type of person he or she is.

A transpersonalist might use these approaches, too, but would also recognize that the problem represented an example of identification with negative thoughts and emotions.

A young woman who came to therapy suffering from severe anxiety, loneliness, and fear of men, perceived all men as threatening and potentially dangerous. In therapy, as she learned to relax and allow her own violent fantasies to become more conscious, she was able to see how her fears distorted her perceptions of reality to such an extent that she felt continually threatened. Through relaxation training and meditation she was able to acknowledge her negative thoughts and disidentify from them. As self-awareness expanded, she became increasingly willing to take responsibility for her own state of consciousness. Anxiety was greatly reduced, and she was eventually able to establish satisfying relationships with both men and women. (Vaughan)

Such a problem would be viewed as only one example of many types of identification with which the client was unwittingly involved. The distinguishing feature of this particular identification would be that it caused discomfort of clinical proportions. Thus, if the transpersonal therapist chose to employ a meditative approach that involved training awareness with the aim of reducing automatic identification with thoughts, it could result in the client's having not only a different belief about what type of person she was but an alteration in the more fundamental perception of what she was.

The relative extent to which traditional and nontraditional techniques are employed varies with the individual client, and they may well be mutually facilitative. It would seem, however, that the goals of meditation and other transpersonal approaches extend beyond those of traditional Western psychotherapy. Eastern traditions suggest that our usual state of consciousness is colored by illusions and is dreamlike. When this illusion is mistaken for reality, the Western therapist may help prevent the dream from becoming a nightmare, but Eastern approaches to consciousness also aim at awakening (Jung, 1973; Walsh, 1977; Wilber, 1977, 1978).

The expanded version of psychology which the transpersonal perspective offers is not only a general synthesis of East and West but also an integration of various Western approaches. In *The Spectrum of Consciousness*, Wilber (1977) distinguishes three primary levels of consciousness: the ego, the existential, and the level of Mind. The ego level concerns the roles, self-image, and analytical aspects of our mind with which we identify. The existential concerns our basic sense of existence, the meaning of life, confrontation with death, aloneness, and the central experience of being-in-the-world. Together, these two levels constitute our identity as separate, self-existent

individuals. It is with these levels that most Western therapies are concerned, assuming that humans are condemned to live out their lives as isolated, alienated individuals, inherently and permanently separated from the rest of the universe. Such approaches aim at strengthening the ego.

Each therapeutic approach may contribute to health and well-being in its own way at its own level and is not necessarily better or worse than another. Rather, each is simply addressed to different levels. Ideally, the transpersonal recognizes the potential of each level and makes optimum use of the contributions of both East and West to intervene at the appropriate level.

The following is an attempt to compare the transpersonal with some other major Western traditions: psychoanalysis, Jungian analytical psychology, behaviorism, humanistic, and existential psychologies.

### **Classical Psychoanalysis**

In psychoanalysis the human being is presumed to be inherently locked in mental conflict which can be reduced but never fully resolved (Brenner, 1974). The individual must therefore constantly guard against and control this conflict. A strong ego, the mediating factor between an irrational id and a controlling super ego, is considered the hallmark of health. Health is often defined, by default, as the absence of pathology.

From a transpersonal perspective, this is insufficient. There is no quarrel with the premise that a strong, healthy ego is an asset in meeting the demands of life, but the transpersonal concept of health goes beyond belief in ego development as the summit of mental health. While the conflicts of the ego may indeed be unresolvable, they can be transcended.

### **Analytical Psychology**

Of all the schools which have developed and departed from Freud's original work, the depth psychology of Carl Jung—also called analytical psychology—has been the one most concerned with transpersonal levels of experience. The in-depth exploration of the psyche in Jungian work extends beyond both the ego and existential levels when it deals with archetypes and the collective unconscious. Jung himself was the first Western psychotherapist to affirm the importance of transpersonal experience for mental health. He wrote that the main thrust of his work was not the treatment of neurosis but the approach to the numinous, or transpersonal dimensions of experience. He claimed that “the approach to the numinous is the real therapy, and inasmuch as you attain to the numinous experiences you are released from the curse of pathology” (Jung, 1973, p. 377).

Analytical psychology recognizes that the psyche has within it the capacity for self-healing and self-realization. A good deal of attention is devoted



to the mythological dimension of experience, and the images of dreams and active imagination are valued as powerful therapeutic agents. However, Jungian work remains predominantly concerned with the contents of consciousness rather than with consciousness itself as the context of all experience. It therefore stops short of valuing the direct, imageless awareness attained in the practice of some meditative disciplines.

### Behaviorism

The defining characteristic of behaviorism is its insistence on the measurability and verification of behavior and behavior change (Bandura, 1969, 1977b). By careful, methodical, empirically based growth, it has developed a technology which is often highly effective in the treatment of delimited behavioral problems.

However, its strength also dictates its limits. The rigid demand for measurement of observable behavior has tended to remove subjective experience from consideration. Such dimensions as consciousness and, until recently, even thoughts and feelings have been ignored. Classical behaviorism is therefore unable to encompass some of the most central aspects of the human condition and has little to say about positive health and well-being. Rather, it has been limited mainly to the treatment of pathologies that have clearly defined, overt, and relatively simple behavioral characteristics.

At the present time, however, cognition and cognitive mediation of behavioral manifestations are being increasingly investigated in cognitive behavior modification and cognitive therapy (Mahoney, 1974). Self-control is being increasingly emphasized (Thoreson & Mahoney, 1974), and self-efficacy has been advanced as a major mediator of therapeutic change (Bandura, 1977a).

Some transpersonal techniques can readily be viewed from a behavior modification framework. For example, a variety of meditations aim to enhance feelings of love and then to use these feelings to inhibit negative emotions such as anger; clearly these practices are based on a form of reciprocal inhibition, which behaviorists use to replace anxiety with relaxation. The Buddha's explicit instructions for such techniques (Buddhagosa, 1923) suggest that some of the principles of this discipline were recognized over two thousand years ago.

In a similar way, transpersonalists have recognized the importance of modeling, on which behaviorists have amassed a significant body of research data. There is, however, a major difference between the schools, a difference which relates to the subtlety of the behavior and phenomena which are modeled. In general, behaviorists have concerned themselves primarily with relatively gross, easily measured behaviors, whereas the transpersonalists have been interested in more subtle experiences and behaviors.

If the field of transpersonal psychotherapy is to be advanced, it needs empirical testing and validation of many current assumptions and practices. Here, the behaviorists have much to teach us. Similarly, as behaviorists appreciate the need for a broader, less restricted and dehumanizing perspective, they may turn to the experiential psychologies for guidance. Although it may still be far off, some type of rapprochement is clearly desirable.

### Humanistic Psychology

At first glance, the distinctions between humanistic and transpersonal psychotherapy are less apparent. Both are growth-oriented models concerned as much with health as pathology, and both are holistic, attempting to deal with the whole person.

However, their central concepts of health are different. From the usual humanistic standpoint, the healthy individual is self-actualizing and aims for a balanced integration of physical, emotional, and mental dimensions. The spiritual dimension, however, may be ignored or even invalidated by the humanistic approach, whereas for the transpersonal it is central.

Humanistic psychology addresses itself predominantly to the ego and existential levels. The development of personality and the achievement of ego goals are central. From a transpersonal perspective, these are accorded less centrality. Here, the human capacity for self-transcendence beyond self-actualization is recognized as a further developmental possibility.

Many humanistic psychologists are not particularly interested in exploring transpersonal experiences. Transpersonal psychologists, however, are expected to have some firsthand experience of such states in order to work effectively with those who seek guidance in dealing with them. A therapist who does not have firsthand knowledge may unwittingly invalidate clients' transpersonal experiences, often to their detriment.

### Existentialism

The existential approach comes close to the transpersonal in its concern with the search for meaning and purpose, the confrontation of death and aloneness, the necessity for choice and responsibility, and the demands of authenticity (Bugental, 1965, 1976). The same is true for the view that we shape our reality by our beliefs. For example, freedom seems real when we believe in it; we have to know that we can have it before we can exercise it. The same is true of many other values which we can choose to cultivate.

Facing these questions and challenges at the existential level may lay the groundwork for transpersonal work. This, in turn, can penetrate the mask of our separate and alienated individuality to reveal the transpersonal self, which experiences the underlying interconnectedness of all life. The experi-

ence of freedom, with all its paradoxes, and the raw experience of being-in-the-world that the existentialists portray can open the way for the personal transformation which leads to transcendence. Existentialists, however, usually regard the separate, ego-defined identity as inescapable and do not make the leap beyond dualistic knowledge into transpersonal experiences.

Existentialists might be said to have rediscovered the first Noble Truth of Buddhism—namely that life is imbued with suffering—but not to have discovered a way out. The primary recommendation is therefore a heroic attitude of, for example, resoluteness and engagement in the face of apparent existential inevitabilities. However, the Buddha went further, and in the remaining three Noble Truths he pointed a way to freedom from the existential dilemma, leading to the transpersonal realm beyond the ego and existential levels.

### Limitations of Transpersonal Psychotherapy

The preceding sections describe some of the characteristics of transpersonal psychology and psychotherapy. What, then, are the factors that currently limit this field?

First, the transpersonal clearly lacks an adequate experimental foundation. Of course, the same can be said of most other psychotherapy schools, but that is hardly an adequate response. Many of the concerns of the transpersonal therapist lie outside the range of interest, competence, and investigative arenas of most researchers. Therefore, many assumptions, though experientially satisfying, remain experimentally untested. There has been an understandable but regrettable and unsustainable tendency to think that if experimenters are not interested in this area, that is their problem. Yet if the transpersonal is truly to be what it claims to strive for—namely an effective synthesis of Eastern wisdom and Western science—its practitioners need to do all they can to ensure that their work is subjected to careful scientific scrutiny. The history of psychotherapy is filled with partisan assumptions and claims of superiority, which have remained intact only as long as they remained unexamined (Karasu, 1977; Luborsky, Singer, & Luborsky, 1975). While there is a growing body of research on meditation, which is supportive on the whole, few other transpersonal areas have been examined.

This raises the interesting question of the applicability of traditional scientific paradigms to the investigation of transpersonal phenomena. The necessity for novel approaches—approaches less interfering, more sensitive to subjective states, and involving the experimenter as a trained participant-observer—has been frequently recognized, but such approaches are still little used (Maslow, 1966; Shapiro & Walsh, 1984; Tart, 1992; Walsh, 1977). With rare exceptions, the transpersonal has to-date been little integrated with other

Western psychologies and therapies. Hopefully, increased knowledge will correct this schism.

To anyone who has explored the transpersonal realms in any depth, it is apparent that intellectual comprehension demands an experiential foundation (Deikman, 1977; Walsh, 1977, 1978). Experiential knowledge is clearly a limiting factor for conceptual understanding. Indeed, the individual needs to recognize this through experience before he or she can appreciate its power and implications. Failure to appreciate it has led to countless misunderstandings, discountings, and superficial and pathologizing interpretations of the transpersonal. Even the most intellectually sophisticated mental health practitioners, if they are experientially naive, may make such errors—errors like those made by the Group for Advancement of Psychiatry's (GAP, 1977) report on mysticism and psychiatry. Both therapists and investigators need to be aware of this and to undertake their own personal experiential work. Since both the transpersonal realm and the potential for growth exceed the explorations of most of us, it is probably safe to say that the limits of our psychological growth represent one of the major limiting factors for this field.

Transpersonal psychotherapy places a number of stringent demands on its practitioners. These are not unique to the transpersonal; rather, they represent subtler, deeper demands than other therapies because the phenomena with which we are working are themselves subtler and deeper. This may perhaps represent an example of a general *principle of increasing subtlety*: as we move toward greater health, the psychological phenomena with which we must work become increasingly subtle, and the tools most suitable for dealing with them become correspondingly less active and interfering, and more simply observing, accepting, and allowing (Walsh, 1976, 1977).

Because we are both the instruments and the models for what we have to offer, we must seek to live and be that which we would offer to our clients. With few empirical guidelines, we must rely heavily on ourselves for guidance and strive for integrity and sensitivity. Nowhere in the field of psychotherapy is the therapist's growth more important for both client and therapist.

## Postscript

In the two decades since the original preparation of this chapter for the first edition, the transpersonal field and our thinking have progressed significantly. For updated, expanded discussions of issues raised in this chapter see Frances Vaughan, *The Inward Arc: Healing in Psychotherapy and Spirituality*, Nevada City, Calif.: Blue Dolphin Press, 1995; and R. Walsh and F. Vaughan (eds.), *Paths Beyond Ego: The Transpersonal Vision*, Los Angeles: J. P. Tarcher, 1993.

# 3

## A Pilgrimage of Healing Personal Thoughts of a Transpersonal Psychotherapist

*Gerald G. May*

“The world needs places to heal,” wrote two women recently at the conclusion of internships at battered women’s shelters (Miyazaki & Youngdahl, 1979, p. 2). They were speaking of this need not only for the women with whom they worked but also for themselves. The pilgrimage towards healing or wholeness is as ancient as human existence; the writings about the journey are as ancient as writing itself. Whether it be Odysseus, interns, experienced practitioners, the victims of violence, or anyone else, each traveler knows something about the uniqueness of his or her own journey and has glimpses of its universality.

Gerald May, in this warm, personal chapter, shares both the unique and the universal aspects of his own journey in a way that each of us can understand, no matter how far we have traveled. Who of us has not experienced what May describes—taking the giant step from familiar territory to a region of untested ideas and experiences; feeling the effort, anguish, and excitement of making an important personal discovery and afterward coming home with the knowledge that, though the world about us seems unchanged, inside we shall never be quite the same again?

The familiar territory from which May started his personal and professional journey was that of medicine and psychiatry. With disarming honesty he describes how his training and intense desire to alleviate suffering led to objective distancing, loss of empathy, and a search for



personal gratification. In his desire to become a good therapist and to effect change in people, his clients became “things one wishes to fix.”

Frustrated and angry at the apparent ineffectiveness of accepted techniques, May moved into unfamiliar territory—meditation, biofeedback, rediscovery of religious roots, mysticism—where he regains some of his sensitivity to and empathy with human suffering. Speaking now from the vantage point of the homeward journey, he shares with us a number of lessons he has learned, deceptively simple lessons that can be simply expressed only because they are profoundly understood. “One thing I’ve learned,” he says, “is that there is a difference between healing and fixing.”

To learn thoroughly the lessons that May has learned and continues to learn requires considerable courage, because it requires “the sacrifice, at least temporarily, of both one’s self-importance and one’s preconceptions and prejudices.” In their place, for that time, there is “only space.” One of the techniques May uses himself and encourages his clients to use is meditation, which he describes unpretentiously as “just sitting there for a while, letting things come and go.” He sees it as a “kind of open awareness” which allows the meditator to begin to see life as-it-is.

May believes that this ability to tell the difference between what is invented and what is not is one of the fundamental issues of transpersonal therapy. It is also, for him, fundamental to growth and healing. In this chapter, then, he challenges us to pursue our own journeys, to live a question posed by those two interns: “Are we willing to give up who we are in order to be who we are not yet?” (Miyazaki & Youngdahl, 1979, p. 2). Odysseus, intern, practitioner, client, person—whatever we are, we would do well to be as honest in our responses as May is in this chapter.

I HAVE NEVER BEEN ABSOLUTELY CERTAIN what transpersonal psychology is. But it has something to do with a recognition of life being more than we perceive it to be. It seems to acknowledge that most of our perceptions are colored and clouded by the images we make of reality, the prejudices, preconceptions, and expectations that we bring to experience. It holds out the hope that, if we could but clear our vision of the world and see things just-as-they-are, the suffering of human minds would greatly be eased. For me, the learning of these lessons has been a pilgrimage of healing.

The meaning of pilgrimage is that one starts from a certain familiar territory where the world makes sense and there are few surprises. Then one begins a journey into lands that are not so familiar and where things don’t make the same kind of sense. During the journey, many things seem special, dramatic, promising, and fearful. And one knows that one is learning something very important. Then, when the journey is finished, one goes home

again—back to the same old place, with the same old things going on. Nothing has happened to change the world, and on the outside one may not appear to be much different for having taken the trip. But inside, there is a difference. Something has indeed happened, but it is so subtle that its quality escapes definition.

This going-home phase of pilgrimage is often overlooked, but it is the most important part. One cannot have made a pilgrimage unless one goes home afterward. It's like the old Zen saying, "At first the trees were just trees and the mountains were just mountains. Then, when I began to practice Zen, the trees were no longer trees and the mountains no longer mountains. Now, after I have practiced a long time, the trees are just trees again, and the mountains just mountains."

The starting place of my professional pilgrimage was very familiar territory indeed. I saw around me minds that were suffering, and I did not understand why. I wanted to help ease this suffering, so I learned many things—the anatomy and physiology of the human body, the neurochemistry of brains and the psychodynamics of minds, the categorization of people's problems from adjustment reactions to schizophrenia, and all the theories of therapy.

Somehow in this process, people became things. When a student begins to study the behavioral sciences, he or she naturally learns to look at people's problems objectively. And just as naturally the student soon begins to look at people objectively, too: There's me (the subject) studying people (the objects). Perhaps it is necessary to go through this, but it is deeply frightening. It is frightening because you begin with a feeling of empathic sensitivity to the suffering of others, and then, while you're trying to learn how to ease that suffering, you find out that you are distancing yourself from the humanity of those very people. And usually this distancing and objectification grow into a desire for personal gratification—I want to be a good therapist . . . I want to be able to effect change in these people. At this point, the people become things you wish to fix.

When I was in high school, I had a friend with whom I used to spend a lot of time, driving around town, getting root beers at the A&W, looking for girls we could pretend we were going to pick up. One evening while we were driving, he began to cry. I didn't know what to do, so I pulled the car over and asked him what was wrong. He told me he'd been having nightmares, that he'd felt afraid nearly every day during the past several weeks, and that he thought he was going crazy. He ended his story with "Oh, I wish I were dead."

"Ah, come on," I said. "It can't be that serious."

"Yeah? Well, I just talked with Reverend Wilson today, and he said—he said—" He was crying so hard he could barely get the words out. "He said I was a latent homosexual."

I hardly knew what that meant at the time, so I just responded with “Hogwash!” I don’t remember what we said after that, but it wasn’t long until we were back at the A&W, making comments about the girls.

About a decade later, in the middle of my psychiatric residency, I had been called to see a young woman who had scratched her wrists. “Would you like to tell me about it?” I asked. She proceeded, through her tears, to tell me about a series of broken love affairs, job failures, and drug abuse. “I just can’t get it together. I wish I’d never been born.”

“Well, I think you’d better come in the hospital for a while, and we can get these problems ironed out.”

Somewhat reluctantly she let herself be admitted to the hospital, was given antidepressant medication, and listened to. I saw her regularly to ascertain her progress, and we’d talk about her troubles. I would try to help her explore her background, hoping she could get some understanding of why she had the problems she had. Then, while she was on a weekend pass from the hospital, she met a young man with whom she hit it off very well. Her depression lifted and she was discharged. I never saw her again.

Several years later I was working in a drug abuse clinic and was seeing a young man who had been in therapy with me for eight months. For the past four of those months he had been drug free, but this day he came in high. “You shot up again, didn’t you?”

“Yeah. Man, I can’t take it anymore. I know you tried to help me and I let you down, but it’s just too much.”

“Well, let’s talk about it some more,” I said. I tried to sound professionally optimistic, but I know he heard the anger and disappointment in my voice. We talked for an hour or so, then he left, and that was the last I ever heard of him. That kind of thing had been happening a lot. All these suffering, drug-abusing people, and I’d use all my therapeutic techniques on them, and nothing would work.

Every time I’d try to evaluate this state of affairs, I’d find myself walking a very thin line. On one side of the line I would say, “I’m an incompetent therapist. Somewhere in my training I didn’t read that important paragraph which said how to really help people.” And on the other side of the line I’d say, “There’s nothing that can be done for people like this. They’re not motivated. They ought to be in jail instead of in a clinic.”

All of this was part of a pilgrimage, but I didn’t know it at the time. I had begun with empathy and some kind of open awareness of suffering, and had responded with whatever seemed best at the time. Then, with training, I responded with objectivity and used supposedly tried-and-true techniques to fix people’s problems. Later on, when I saw the inadequacy of the techniques in certain situations, I felt frustrated and angry—not out of empathy for the suffering of others anymore, but because I wasn’t being an effective therapist.



About that time, I began to speak with people who had overcome their addictive problems. Looking for “the answer,” I asked them how they had done it. Their responses all seemed to indicate that they had had some kind of experience, a sort of eye-opening, clarifying, different vision of the world and of themselves. It had had virtually nothing to do with therapy, but somehow it had changed their lives.

Thinking there might be a new technique in this, I tried to clarify what that experience was, how it happened, how to make it happen. And that is what opened the door for me to what is now known as “transpersonal.”

For the experience they described was a transpersonal one. It was one in which, at least for a while, all their preconceived images of themselves and of the world dropped away, and they saw life just-as-it-is, without naming, judging, manipulating, or thinking about it in any way.

Many years have passed since then. Years of chasing after that experience, at first thinking it was something special, some altered state of consciousness to be achieved through meditation, biofeedback, psychedelics, or religious conversion. Years of talking and reading and learning the language of mysticism. Years during which I rediscovered my own religious roots with totally new eyes. And, gratefully, years during which some of the objectification of people lessened and some of that naive sensitivity to human suffering returned. I was struck by that not too long ago when a person told me of his distress and I felt it with him saying, “Ah, come on, it can’t be that serious.” And he said something else, to which I responded, “Hogwash!”

The pilgrimage is far from over, but I can see home coming up on the horizon. And the trees and mountains look a lot more like trees and mountains than they used to. And inside, I think I’ve learned something.

For one thing, I’ve learned that there is a difference between healing and fixing. If I try to fix the person that I see before me, I am embarking on a path that will lead both of us into ever-increasing separation and alienation. But if I can blink my eyes and see what’s there, and *quit thinking about it*, then there may be some space for healing to occur. For healing is not something I do to someone else, nor is it something one does to oneself; rather it is a process within us, happening—*just happening*—if we can get out of its way.

Getting out of the way is very difficult. Most people suffer because they get in their own way. Then they go to therapists who also get in the way. Though this kind of approach can cause considerable change in a person, that change is likely to encourage greater suffering later on.

For example, a middle-aged woman says: “For years I’ve been a nobody. I’ve lived my life for my husband and my children. Now the children are grown, and my husband’s running around, and I’m sick of it. I’m tired of being held down. I want to make something of myself. I want to be my own person.” She wants to get in control of things, build a new identity, and create

a self-image she can be proud of. It sounds admirable, and it's certainly normal, but it's also asking for trouble. For what happens if she succeeds? She will have struggled to build an image of personal and interpersonal competence, an image she'll have to maintain. Having struggled to establish an independent identity, she will need to struggle to preserve that identity, perhaps to increase it. It will feel good to be autonomous, powerful, in charge of herself, but it will require great energy, and sooner or later she will tire. Having come from the one extreme of feeling held down by the world, she will be tempted to go to the other extreme of trying to feel on top of the world. In so doing she will have got in her own way. If you are *either* held down by the world *or* on top of it, you can't possibly feel at one with the world. The sky, which might have been a sister, now becomes a thing to look at. And other people, whom you might have experienced as a shared unity of consciousness, now become objects to be dealt with, things either to be feared or ruled.

So I might want to say, "Of course you need not be held down. And maybe you need some time of self-determination to balance things out a little. But watch out. Because, whether you are derogating yourself or determining yourself, you are indeed making a big deal of yourself. And whenever you do this, you will find you are separating yourself more and more from the world around you, and getting in your own way more and more." And I might go on to say, "Blink your eyes now, and then look around. Take a breath, and listen to the sounds around you. This is the way things are, before any thought about it, before any fear or desire, before you or I do anything to it. This is just the way it is, and here there is no holding down or striving forth, no struggle and no contempt. Anything else is something we add to this, something that comes from our images and desires, something that will make it all very complicated and worrisome, something that will pull us apart and make us forget who we really are."

These are things I might say—things I think I'd like to say in such a situation. But I don't really know whether I'd say them or not. I know that she has her image of the world and I have mine, and one thing I don't want to do is to complicate her images. I hope that I can be blinking my eyes and breathing and practicing what I preach. Then whatever is said is whatever is said—there's no way to predict.

There is a risk in all of this. To see life as-it-is requires the sacrifice, at least temporarily, of both one's self-importance and one's preconceptions and prejudices. And for however long it lasts, there is nothing to replace what has been sacrificed. Only space. For most of us, the thought of this kind of sacrifice is very threatening, and we cannot rationalize ourselves into comfort about it. The more we think about this non-self-defining, nondesiring, noncontrolling realm of being, the more anxious we are apt to become. So

there is a need for either faith or trust, or some combination of both, to substitute for thinking.

If faith is present, you are fortunate. You can say something that means “Thy will be done” and go on simply living the best way you can with your eyes as open as possible. But faith, it seems, either is there or is not there. As with healing, you can’t make it happen. You can try to get yourself out of its way, but you can’t fabricate it. Trust, however, is different. Trust is something built on personal experience, and it is for this reason that I now encourage myself and my clients to practice some form of meditation.

In meditation, you have the opportunity of easing your grip on all your preconceptions, images, and self-importance, the opportunity of allowing them to fade away for a while and finding out that you are still there. The repeated experience of this builds a trust that you do not have to figure life out or cling to a self-image, that you do not have to commandeer your own spirit or jump to fix every problem you detect in yourself. There are times in meditation when life can be seen just-as-it-is. Then you realize that all the neurotic and interpersonal hassles a person struggles with are merely figments of an overzealous mind. This is, of course, very reassuring, and you often find yourself giggling at your emotional turmoil. When this happens, healing is very close at hand.

So meditation, as I see it, is not really a tool of or an adjunct to therapy. It is not something I tell someone to do in order to fix him or her. Rather, it is just a way of seeing. It is not even, in my opinion, an alteration of consciousness. It seems to me that one’s consciousness is *already* altered most of the time by thoughts, images, and desires *about* life. Meditation is just a way of opening one’s eyes to see what’s really there.

There’s nothing very dramatic about this kind of meditation. It’s just sitting there for a while, letting things come and go. It is simply maintaining some attentiveness while all the thoughts and sounds and feelings rise and fall. Or being watchful while you are eating, talking, working, reading, or whatever—just to *notice* what’s going on with a minimum of judgment or manipulation.

There are many ways of facilitating this kind of open awareness. Muscular relaxing, breathing exercises, and different ways of centering attention can all help your mind quiet down a little and allow the clouds to pass away from consciousness. But these are just gimmicks to nurture seeing, and it is probably wise not to become infatuated with any of them. It is best, I think, just to blink your eyes, take a breath, and see. And to stay with that seeing until you begin to add something to it. Then to blink your eyes, take a breath, and see again.

In daily professional practice, I make an attempt to encourage this kind of seeing. When feelings are discussed, for example, I ask people to watch

how those feelings seem to rise and fall in consciousness as well as to explore their possible psychodynamic roots. And I ask people to compare their state of mind when their attention is riveted to their problems with their state of mind when they have “momentarily forgotten” their problems. What is the difference, and who is this one who is there seeing both situations? What this nurtures is a growing sense that there are not only many ways of perceiving life, many realms of mental activity, but also a constant consciousness that is not affected by *any* kind of experience.

One comes to learn that neuroses occur totally within the realm of mental images. To work on neurosis within that realm means to invest more energy in that realm, hoping to achieve *another* mental image that is fulfilled, complete, mature, and integrated. There is nothing wrong with this. The only question is how much time and energy one wishes to invest in working with and reacting to these mental images as compared with how much time and energy one has left to live one’s life simply and directly as it is.

Jim and Lisa have been married for twelve years. They have not been getting along well at all. They argue a lot and have many periods of cold silence. They seek counseling and spend most of their therapy time defending themselves. At various times, both Jim and Lisa find themselves doubting whether the marriage can work. This feeling creates even more disturbance, because the prospect of going it alone is frightening to both of them.

One day there is a windstorm, and the tree in front of their house is blown down. No one is hurt, but the front porch is damaged and a window is broken. Immediately Jim and Lisa are working together, clearing the broken branches, repairing the window and the porch. Afterwards, it dawns on them that, in spite of all their troubles, they worked very well with each other. Jim even recalls watching Lisa working on the porch and feeling something tender for her. When they talk about this, they realize that in many areas of their life they *do* work well together—in responding to a hurt child, in preparing meals, in driving to the store—as well as in more dramatic situations.

With a little perspective at this point, it might be possible for Jim and Lisa to see that their problems are, in large part, a result of where their attention is placed at any given time. When their attention is on the day-to-day task of living, with their mundane, automatic solutions, there is no great difficulty. But when they start *thinking about* themselves and each other, when they start reacting to their mental images of themselves, when they become caught up in their concepts of what each is doing to the other, that’s when the problems happen.

In reality, there are only two important things in a relationship. One is affection, and the other is living one's life. All the rest is invented.

Distinguishing between what is invented and what is not is, I think, one of the core issues of transpersonal psychotherapy. This way of seeing does not come easily. As it does come, however, it not only addresses the specific psychological problems for which one has sought help but also opens the doors to constantly fresh perceptions throughout the remainder of one's life.

Some months ago, after a particularly strong experience of what seemed real and what seemed invented, I wrote the following. I doubt that I would be able to describe it any better than this:

With completely open arms I would embrace all this. Just-as-it-is. Nothing added or subtracted. The beauty is indescribable.

By night my mind makes images of life, preparing for the morning. As a dream it does this, and its work is long and hard.

When dawn comes and I wake up, the images are ready—already laid over my consciousness like so many veils.

There is an image of me—of who I am and was and will be. Clinging to this or that characteristic of myself, sensing some kind of identity.

There are images of those around me, of my loved ones, colleagues, neighbors. These are images filled with longing, scorn, prejudice and possessiveness, and, occasionally, fear.

There are images of my environment, of time and space and form, telling me the names and purposes of things. Without these I might try to drink the sunlight or wear a chair upon my feet. Would that be so bad?

And there are images of my own thoughts and feelings. Some energy arises in my chest, and it attracts my attention. Then without a moment's pause my mind selects the appropriate image. "Longing," I say. "Wanting, needing, not having—hunger." A name for this energy in my chest, but it all happens so quickly I don't even know it's my label. It seems I actually *feel* wanting, longing, hunger.

And then the dance of the images begins. Over the raw and pure essence of things as they are, I have placed the many-colored veils and filters of things as I want them to be, and the world becomes dulled, and cumbersome, and very complicated.

My image of me reacts with my image of you and your image of you and your image of me, in an arena of our images of the way things are around us, in a time frame which is only



image; and it is all driven by energy disguised as emotions, striving for concocted goals, running from imagined fears, playing in an invented space between us.

There is a certain quality of feeling about this image-dance. A subtle thing, but recognizable. It feels as if there is some tenseness about my eyes and forehead, and my shoulders scrunch up a little bit. There is something closed-in, tight, confining about my consciousness, almost as if all the images have packed themselves together tightly, encompassing the entire sphere of my vision. There is no space. The air is stuffy.

Recognizing this, seeing this image-of-my-images, my eyes blink hard and I shake my head a little. Take a deep breath and blow it all away.

And then, oh, just for a fraction of a second, just an instant, it all becomes clear. The world sparkles with diamond sharpness of detail and—just then—things are as-they-are. The images have fallen away, simply not there, and beyond them, through them, the indescribable beauty!

Here now in this precious moment there is no difference between me and you, no pulling of this against that, no struggling of feeling—just this, all of it, as-it-is. Wonderful, exquisite, awesome and immense, the universe opens its heart, and love is the very air.

This mind, so busy through the night in its image factory, is resting now. The clouds in its water settle, its surface calms, and in that instant it is pure water, still water, reflecting like a perfect mirror all the things of this life.

But somewhere in the murk, the deep, still cloudy underwater caverns of my brain, a turbulence of death and fear takes place. “Too long,” it rumbles, “too long I have been without knowing who I am. Too long in this awesome bliss, too long.” It churns the deep and ruffles the surface, and the mirror becomes erratic, distorting again, pretending all over again, and I am caught.

This is the cycle of my days, the changing weather of my mind, evolving, growing, dying, resurrecting, to what end? I think I know, but these are images reflected from a restless mind. I think I was given this gift of consciousness in order that I might appreciate and know the wonder of life. But I have used it to play God. I have changed wonder into wanting, and awareness into mastery and self-preservation. I think this is true, but of course I do not know. All I know is that another time will come, soon,

maybe in this very next instant, when it will all be clear again.  
And then the reasons won't matter anymore.

With completely open arms I would embrace all this. Just-as-it-is. Nothing added or subtracted. The beauty is indescribable.

Whatever transpersonal psychology really is, I hope it will never be defined as objectively as analytical and behavioral psychology have been. If and when that should happen, transpersonal psychology will cease to be the catalyst for pilgrimages in growth and healing that it now is. It will become simply another in the long line of mental conceptualizations which we human beings use to complicate our lives.

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# 4

## Theoretical and Empirical Foundations of Transpersonal Psychology

*Stanislav Grof*

Stanislav Grof emphasizes that transpersonal psychology recognizes spirituality and non-ordinary states of consciousness (NOSC) as important dimensions of the human psyche. In this chapter, he shows that a transpersonal orientation is not only scientifically justified, but that it also leads us to new approaches to many practical problems in the therapeutic area (psychological and medical). Further than that, Grof proposes, it even has particular relevance to solving global problems facing our planet.

The author focuses on the perinatal area of our lives, not only for its own importance, but also because “it represents an important gateway to the transpersonal domain of the psyche.” He makes the important differentiation between spirituality, which is “universal, all embracing, and based on direct experience” and religion, which is based on dogma or religious scripture.

Spiritual experiences manifest as the experience of the immanent divine and the transcendental divine, where the latter involve transcendence of the usual boundaries of space and time. Cartesian-Newtonian science finds it very difficult to accept the idea that “everything we can

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