

BEYOND THE EGO: TOWARD TRANSPERSONAL MODELS OF THE PERSON AND PSYCHOTHERAPY¹



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By their own theories of human nature psychologists have the power of elevating or degrading this same nature. Debasing assumptions debase human beings; generous assumptions exalt them. [G. W. Allport, 1964]

SUMMARY

All psychologies posit either explicit or implicit models of the person which shape perception, organize experience, and determine methods of inquiry. A transpersonal model, like a humanistic model, focuses on the human potential for growth, health, and well-being. It goes beyond existing models to include self-transcendence, and it emphasizes the centrality of consciousness in shaping experience and enhancing well-being.

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The four major dimensions of this transpersonal model of the person are consciousness, conditioning, personality, and identity. Optimum consciousness is viewed as being considerably more expanded than the usual waking state which tends to be defensively contracted and filled with fantasies that distort perception. Growth takes place when the defensive contraction is relaxed and perceptual distortion is reduced. While ordinarily trapped by conditioning, a person can learn to transcend this conditioning. Personality is viewed as only one aspect of being with which the individual may or may not be identified. The possibility of identifying with consciousness as the context of experience rather than with the personality is suggested. Unrecognized identifications and unexamined beliefs maintain constrictions of identity which are taken for granted.

Principles of psychotherapy derived from this model include working in an expanded context that recognizes the potential value of transcendental experience. Psychodynamic issues are included but may be transcended. Personal responsibility for both internal and external experience is emphasized, and techniques include both Eastern and Western methods for working with consciousness. The practice of therapy is viewed as a form of karma yoga, and the power of modelling is stressed. The goals of transpersonal psychotherapy include awakening to the illusory nature of any limited identification. The transpersonal approach is compared to psychoanalysis, analytical psychology, behaviorism, existentialism, and humanistic psychotherapy.

THE POWER OF MODELS

In recent years there has been an increasing awareness of the power of cognitive models and beliefs to shape our perception of reality. Especially when they are implicit, assumed, or unquestioned, these models come to function as self-fulfilling, self-prophetic organizers of experience which modify perception, shape investigation, and suggest areas and methodologies of inquiry, as well as their interpretation (Bandura, 1978; Maslow, 1971).

All psychologies posit either explicit or implicit models in response to the fundamental question: "What is a person?". Most psychologies arise from the recognition and emphasis of a specific area or dimension and tend to perceive and interpret selectively all experiences and behavior from that perspective. Such a fixed positional stance and interpretation may be strongly reinforced by the self-prophetic nature of models plus the overdetermined nature of behavior, so that any particular motivation or component tends to enter into the determination of most or all behaviors. The danger of such selective self-reinforcement is that the adherents of any particular viewpoint or theory may conclude that their findings pro-

vide exclusive support for their model. They may thus lose sight of alternative perspectives and interpretations of phenomena which lie outside the model, and of the complexity, richness, and overdetermination of human psychology.

MODELS OF HUMANISTIC AND TRANSPERSONAL PSYCHOLOGY

Humanistic and transpersonal psychology emerged in recent decades partly in response to the concern that the previous two major Western models, behaviorism and psychoanalysis, had been limited by such factors. Especially, it was felt that they were limited in being derived largely from studies of psychopathology; in attempting to generalize from simple to more complex systems; and in ignoring certain areas, concerns, and data relevant to a full study of humans. Neglected areas included certain central and unique features of the human condition such as values, will, and the search for self-actualization and self-transcendence. This neglect had been sometimes accompanied by inappropriately reductionistic and pathologizing interpretations. Indeed, it was argued that the psychoanalytic perspective effectively made it impossible to study health-oriented or health-motivated behavior except inasmuch as it was considered a defense, or at the very best, a compromise, with basic destructive forces. Thus, self-actualization and self-transcendence could not be accorded validity even though other psychologies contain detailed descriptions of them. Similarly, previous models allow only for psychotherapy which essentially aims at adjustment, not self-actualizing or self-transcending growth. As Gordon Allport (Smith 1976) noted, we have "on the psychology of liberation—nothing." In fact, Freud's collected works contain over 400 references to *neurosis* and *none* to *health*.

Thus it was argued that while the behavioral and psychoanalytic models had made major contributions, they also had certain deleterious effects. It should be noted that the recognition of deficiencies represents a necessary and desirable phase in the evolution of theory. Any model is necessarily limited and selective and evolution involves the continued recognition of the limits and biases of current models and their replacement by more comprehensive ones. Yesterday's model becomes a component of today's; what was context becomes content, and what was the whole set becomes an element or subset of the larger set. Furthermore, the new model is not *true*, but hopefully a more accurate and comprehensive picture of the larger reality it attempts to describe.

Thus, the transpersonal model presented here incorporates areas beyond the usual humanistic view. However, it is not *the truth*, but only a larger, though necessarily still limited, picture. It, in turn, will presumably be replaced by other models. Unfortunately, with time we usually come to believe our models and to resist their replacement, thus slowing the evolutionary process (Kuhn, 1970).

In addition to the desire to complement and expand the preexisting models, there are several additional factors which facilitated the emergence of humanistic and transpersonal psychology. Several of them occurred within the culture at large. The recognition of the inadequacy of the materialistic dream and the advent of the human potential movement nudged mental health practitioners to reassess their conceptions of motivation and potential. Similarly, the widespread use of psychedelics plus psychedelic research led to a recognition of the significance of altered states of consciousness. With this, plus the recognition of related phenomena such as state dependent learning and state dependent communication, the door was open for the study of a range of consciousness-altering technologies such as meditation and yoga. In addition, certain of the Eastern psychologies which had formerly appeared arcane if not nonsensical were becoming appreciated as state-specific technologies designed for the induction of higher states of consciousness. This recognition, which followed by several years the surge in public interest in these practices, has only just begun to be widely appreciated by professionals, but has formed one of the major interests of transpersonal psychology. In addition, empirical research on such practices as meditation, yoga, biofeedback, and on psychologically healthy individuals, has lent further support to the need for broader interpretations of the human potential.

What then are the general features of the humanistic and transpersonal psychological models of the person? Perhaps their most fundamental claim is that our current theories provide only partial pictures of psychological capacity. As such, they acknowledge an expanded range of human experience and potential including possibilities of development of psychological growth and well-being far beyond traditionally recognized limits. For the humanistic psychologist this "more" includes self-actualization while for the transpersonal psychologist it includes not only self-actualization but a spectrum of states of consciousness including true "higher" states and even enlightenment or liberation.

Defining Transpersonal Psychology

Transpersonal psychology thus aims at expanding the field of psychological inquiry to include areas of human experience and behavior asso-

ciated with extreme health and well-being. Such inquiry includes such subjects as altered states of consciousness, peak and plateau experiences, self-transcendence, meditation, yoga and other methods for expanding awareness. As such it draws on both Western science and Eastern wisdom in an attempt to integrate knowledge concerned with utilizing consciousness for the fulfillment of human potential. The purpose of this article is to provide a theoretical framework for transpersonal psychology and psychotherapy by delineating a transpersonal model of the person. In this model we shall examine four major dimensions of our concepts about who and what we are, namely consciousness, conditioning, personality, and identity.

The term transpersonal was adopted after considerable deliberation to reflect the reports of people practicing various consciousness disciplines who spoke of experiences of an extension of identity beyond both individuality (the personal) and personality. Thus a transpersonal model cannot strictly be called a model of personality since personality is considered only one facet of our psychological nature. Defining transpersonal psychology and therapy is difficult since transpersonal experiences are essentially altered states and this raises all the problems of state dependency and cross state communication which Tart (1969, 1972, 1975a, 1975b) has discussed. Since definitions, like models, can be constricting it is useful to consider those for transpersonal psychology as still evolving rather than complete, in order to allow for further growth and evolution. With these caveats in mind, the following definitions are suggested.

Transpersonal psychology is concerned with the study of optimum psychological health and wellbeing. It recognizes the potential for experiencing a broad range of states of consciousness, in some of which identity may extend beyond the usual limits of the ego and personality.

Transpersonal psychotherapy includes traditional areas and techniques, adding to these an interest in facilitating growth and awareness beyond traditionally recognized levels of health. In so doing, the importance of modifying consciousness is emphasized, and the validity of transpersonal experience and identity is affirmed.

With the introduction of a variety of consciousness-altering technologies an increasing number of people, including mental health professionals, are beginning to have a range of transpersonal experiences. Grof (1975) has provided a useful definition of transpersonal experiences as those involving an expansion of consciousness beyond customary ego boundaries and beyond the ordinary limitations of time and space. In his research with LSD psychotherapy Grof noted that all of his subjects

eventually transcended the psychodynamic level and entered transpersonal realms. This potential may also be achieved without chemicals either spontaneously (Maslow, 1971; Greeley, 1975), by practicing various consciousness disciplines (e.g. meditation and yoga, Shapiro & Walsh, 1980; Walsh & Vaughan, 1980, in press) and in advanced psychotherapy (Bugental, 1978). It seems therefore that such experiences represent an essential aspect of human nature which must be taken into account in any psychological theory that attempts to delineate a model of the whole person.

Such experiences can be extremely powerful and hold far-reaching implications for the individual's identity, relationships, life style, motivations, and philosophy (White, 1973). Unfortunately, it is difficult to translate these experiences into a coherent, descriptive, and theoretical framework, especially one satisfying and convincing to those without such experiences (Frank, 1977). With little empirical data or theory to provide a firm foundation, individuals with such experiences may grasp at speculative explanatory systems, either psychological, philosophical, or religious. However, if understanding of this area is to advance, it may be necessary to develop a testable framework (Popper, 1972). Delineating a transpersonal model of the person is an attempt at beginning this process.

A MODEL OF THE PERSON

The four major dimensions of this model are consciousness, conditioning, personality, and identity. Using these headings, we will summarize what seem to us to represent the basic tenets of a transpersonal model and compare them with traditional Western assumptions.

Consciousness. The transpersonal model holds consciousness as being a central dimension which provides the basis and context for all experience. Traditional Western psychologies have held differing positions with regard to consciousness. These range from behaviorism which prefers to ignore it because of the difficulty of researching it objectively, to psychodynamic and humanistic approaches which acknowledge it, but generally pay more attention to the contents than to consciousness *per se* as the context of experience.

A transpersonal model views our usual consciousness as a defensively contracted state. This usual state is filled to a remarkable and unrecognized extent with a continuous flow of largely uncontrollable thoughts and fantasies which exert an extraordinarily powerful though unappreciated influence on perception, cognition, and behavior. Skillful self-observation

inevitably reveals that our usual experience is perceptually distorted by the continuous, automatic, and unconscious blending of input from reality and fantasy in accordance with our needs and defenses. In the words of Ram Dass (1975): "We are all prisoners of our minds. This realization is the first step on the journey of freedom."

Optimum consciousness is viewed as being considerably greater, and potentially available at any time, should the defensive contraction be relaxed. The fundamental perspective on growth is therefore one of letting go this defensive contraction and removing obstacles to the recognition of the expanded ever-present potential through quieting the mind and reducing perceptual distortion (Ouspensky, 1949; Rajneesh, 1975; Ram Dass, 1976, 1977; Vaughan, 1979).

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, p. 38].

The transpersonal perspective holds that a large spectrum of altered states of consciousness exist, that some are potentially useful and functionally specific, (i.e. possessing some functions not available in the usual state but lacking others) and that some of these are true "higher" states. Higher is here used in Tart's (1973, 1975a) sense of possessing all the properties and potentials of lower states, plus some additional ones. Furthermore, a wide range of literature from a variety of cultures and growth disciplines attests to the attainability of these higher states (DeRopp, 1968; Goleman, 1977, 1980; Kapleau, 1967; Riordan, 1975). On the other hand, the traditional Western view holds that only a limited range of states exist (e.g., waking, dreaming, intoxication, delirium). Furthermore, nearly all altered states are seen as detrimental and "normality" is considered optimal.

Viewing our usual state from an expanded context results in some unexpected implications. The traditional model defines psychosis as a distorted perception of reality which does not recognize the distortion. From the perspective of this multiple states model our usual state fits this definition, being suboptimal, providing a distorted perception of reality, and failing to recognize that distortion. Indeed, any one state of consciousness is necessarily limited and only relatively real and hence from the broader perspective psychosis might be defined as attachment to, or being trapped in, any single state of consciousness (Ram Dass, 1977, 1978).

Since each state of consciousness reveals its own picture of reality (Wilber, 1977), it follows that reality as we know it (and that is the only way we know it), is also only relatively real. Put another way then, psychosis is attachment to any one reality.

We grow up with one plane of existence we call real. We identify totally with that reality as absolute, and we discount experiences that are inconsistent with it. . . . What Einstein demonstrated in physics is equally true of all other aspects of the cosmos: all reality is relative. Each reality is true only within given limits. It is only one possible version of the ways things are. There are always multiple versions of reality. To awaken from any single reality is to recognize its relative reality. [Ram Dass, 1978, p. 21].

Thus the reality we perceive reflects our own state of consciousness and we can never explore reality without at the same time exploring ourselves, both because we are, and because we create, the reality we explore.

Conditioning. With regard to conditioning, the transpersonal perspective holds that people are vastly more ensnared and entrapped in their conditioning than they appreciate, but that freedom from this conditioning is possible (Goleman, 1977). The aim of transpersonal psychotherapy is essentially the extraction of awareness from this conditioned tyranny of the mind. This is described in more detail in the section on identity.

One form of conditioning which Eastern disciplines have examined in detail is attachment. Attachment is closely associated with desire and signifies that nonfulfillment of the desire will result in pain. Attachment therefore plays a central role in the causation of suffering, and letting go of attachment is central to its cessation (Buddhagosa, 1923; Guenther, 1976).

Whenever there is attachment

Association with it

Brings endless misery. [Gampopa (Ram Dass, 1978)]

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.]

Attachment is not limited to external objects or persons. In addition to the familiar forms of attachment to material possessions, special relationships and the prevailing status quo, there may be equally strong attachments to a particular self-image, a pattern of behavior or a psychological process. Among the strongest attachments noted in the consciousness disciplines are those to suffering and to unworthiness. Insofar as we believe that our identity is derived from our roles, our problems, our rela-

tionships, or the contents of consciousness, attachment is reinforced by fear for personal survival. "If I give up my attachments, who and what will I be?"

Personality. Personality has been accorded a central place in most previous psychologies and indeed many psychological theories hold that a person is his or her personality. Interestingly enough, the most common title given to books on psychological health and well-being has been "The Healthy Personality" (e.g. Chiang & Maslow, 1969). Health has usually been viewed as primarily involving a modification of personality. From a transpersonal perspective, however, personality is accorded relatively less importance. Rather, it is seen as only one aspect of being with which the individual may, but does not have to, identify. Health is seen as primarily involving a shift from exclusive identification with personality rather than a modification of it.

Likewise the personal drama or story which each person has to tell about him or herself is also seen in a different perspective. According to Fadiman (1979), personal dramas are an unnecessary luxury and interfere with full functioning. They are part of our emotional baggage, and it is usually beneficial for a person to gain some detachment or disidentification from his or her dramas, as well as from the personal dramas of others.

Identity. Identity is seen as a crucial concept and is conceptually extended beyond traditional Western limits. Psychodynamic theories have discussed identification with external objects defining it as an unconscious process in which the individual becomes like or feels the same as something or someone else (Brenner, 1974). Transpersonal and Eastern psychologies recognize external identification but maintain that identification with internal (intrapsychic) phenomena and processes is even more significant. Here identification is defined as the process by which something is experienced as self. Furthermore, this type of identification goes unrecognized by most of us including psychologists, therapists, and behavioral scientists, because we are all so involved in it. That is, while we may ask "Who am I?", consensually validated identifications tend to 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].

The process of disidentification has far-reaching implications. The

identification of awareness with mental content renders the individual unconscious of the broader context of consciousness which holds this content. When awareness identifies with mental content this content becomes the context from which all other mental content and experience are viewed. Thus the content-become-context now interprets other content, and determines meaning, perception, belief, motivation, and behavior, all in a manner which is consistent with and reinforces this context. Furthermore, the context sets in motion psychological processes which also reinforce it (Erhard, 1977, 1980; Walsh, 1978).

For example, if a thought, "I'm scared," arises and this thought is observed and seen to be what it is (i.e., just another thought), then it exerts little influence. However, if it is identified with, then the reality at that moment is that the individual is scared and is likely to generate and identify with a whole series of fearful thoughts and emotions, to interpret nondescript feelings as fear, to perceive the world as frightening, and to act in a fearful manner (Kiesler, 1973). Thus identification sets in train a self-fulfilling, self-prophetic process in which experience and psychological processes validate the reality of that with which it was identified. For the person identified with the thought "I'm scared" everything seems to prove the reality and validity of his or her fear. Remember that with identification the person is unaware of the fact that their perception stems from a thought "I'm scared". This thought is now not something which can be seen, rather it is that from which everything else is seen and interpreted. Awareness, which would be transcendent and positionless, has now been constricted to viewing the world from a single self-validating perspective. This is similar to the process which occurs with unrecognized models as described earlier.

We are dominated by everything with which our self becomes identified. We can dominate and control everything from which we disidentify [Assagioli, 1965].

As long as we are identified with an object, that is bondage. [Wei Wu Wei, 1970].

It may be that thoughts and beliefs constitute the operators or algorithms which construct, mediate, guide, and maintain the identificatory constriction of consciousness and act as limiting models of who we believe ourselves to be. As such they must be opened to review in order to allow growth. It may be that beliefs are adopted as strategic, defensive decisions about who and what we must be in order to survive and function optimally.

When it is remembered that the mind is usually filled with thoughts with which we are unwittingly identified, it becomes apparent that our usual state of consciousness is one in which we are, quite literally, hypnotized. As in any hypnotic state, there need not be any recognition of the trance and its attendant constriction of awareness, or memory of the sense of identity prior to hypnosis. While in the trance, we think we are the thoughts with which we are identified! Put another way, those thoughts from which we have not yet disidentified create our state of consciousness, identity, and reality!

We are what we think.

All that we are arises with our thoughts.

With our thoughts we make the world. [Byrom, 1976, p. 3].

We uphold the world with our internal dialogue. [Castaneda, 1974].

The general mechanisms underlying the hypnotic nature of our usual state are probably similar for all of us, although the contents vary between individuals and between cultures. Within cultures common beliefs and realities tend to be powerfully inculcated and shared (Elgin, 1980; Wilber, 1977).

What is unconscious and what is conscious depends . . . on the structure of society and on the patterns of feelings and thoughts it produces The effect of society is not only to funnel fictions into our consciousness, but also to prevent awareness of reality. . . . Every society . . . determines the forms of awareness. This system works, as it were, like a *socially conditioned* filter; experience cannot enter awareness unless it can penetrate the filter [Fromm, 1970, pp. 98-99, 104].

From this perspective ego appears to come into existence as soon as awareness identifies with thought, to represent the constellation of thoughts with which we tend to identify and to be fundamentally an illusion produced by limited awareness. This is a sobering thought both in its personal implications and in as much as our traditional Western psychologies are ego psychologies and hence are studies of illusion.

Beyond Identification

The task of awakening can thus be viewed from one perspective as a progressive disidentification from mental content in general and thoughts in particular. This is clearly evident in practices such as insight meditation where the student is trained to observe and identify all mental content rapidly and precisely (Goldstein, 1976; Goleman 1977). For most, this is a

slow arduous process in which a gradual refinement of perception results in a peeling away of awareness from successively more subtle layers of identification (Walsh, 1977, 1978; Wilber, 1980a, 1980b). This may be viewed as a process of dehypnosis (Walsh, 1979).

Finally, awareness no longer identifies exclusively with anything. This represents a radical and enduring shift in consciousness known by various names such as enlightenment or liberation. Since there is no longer any exclusive identification with anything the me-not me dichotomy is transcended and such persons experience themselves as being both nothing and everything. They are both pure awareness (no thing) and the entire universe (everything). Being identified with both no location and all locations, nowhere and everywhere, they experience having transcended space and positionality.

A similar transcendence occurs for time. The mind is in constant flux. At the most sensitive levels of perception attainable by perceptual training such as meditation, all mind, and hence the whole phenomenal universe, is seen to be in continuous motion and change, with each object of awareness arising out of, void into awareness and disappearing again within minute fractions of a second (Buddhagosa, 1923; Goldstein, 1976; Goleman, 1977). This is the fundamental recognition of the Buddhist teaching of impermanence (i.e., that everything changes, nothing remains the same) (Kornfield, 1977; Sayadaw, 1976). This realization can become one of the major motivating forces for advanced meditators to transcend all mental processes and attain the changeless unconditioned state of nirvana.

In this final state of pure awareness, since there is no longer identification with mind, there is no sense of being identified with change. Since time is a function of change this results in an experience of being outside, or transcendent to, time. This is experienced as eternity, the eternity of the unchanging now, and from this perspective time is perceived as an illusory product of identification.

Time is of your own making

Its clock ticks in your head.

The moment you stop thought

Time too stops dead [Frank, 1976, p. 45].

Mental contents and processes occur largely as a result of conditioning, a fact recognized by both Western and nonwestern psychologies. Identification with these contents results in the experience of a self which is controlled by conditioning. Once their identification is transcended then so are the effects of conditioning.

Conditioned thoughts and emotions still pass through the mind, but without identification with them awareness may now be experienced as unconditioned.

The experience of unconditioned pure awareness is apparently a blissful one, described in the Hindu tradition as comprised of *sat-chit-ananda*: awareness, being, and bliss. Without identification with painful thoughts and emotions there is no experience of suffering. Thus from this perspective the cause of suffering is identification.

Freed of unconscious distorting and limiting identifications and contexts, awareness is now capable of clear, accurate perception. Hence in Tibetan Buddhism it is called a "crystal mirror" because of its clear, faithful reflection of reality. Furthermore, with no exclusive identification, mirror and that which it perceives, subject and object, are perceived as one and the same thing. Awareness now perceives itself as being that which it formerly looked at, for the observer or ego, which was an illusory product of identification, is no longer experienced as a separate entity.

Furthermore, since a person in this state experiences him or herself as being pure awareness at one with everything yet being no thing, each person also experiences him or herself as being exactly the same as, or identical with, every other person. From this state of consciousness the words of the mystics proclaiming "we are one" make perfect sense as literal experience. With nothing except one's self in existence the thought of harming "others" makes no sense whatsoever, and it is said that such thoughts may not even occur (Goleman, 1977). Rather, the natural expressions of this state toward others are love and compassion. Descriptions of the experience of this state make it clear that these experiences are known to most of us only in those moments of transcendent insight afforded by peak experiences (Maslow, 1971). Thus, our capacity for understanding is limited by the constraints of cross state communication and lack of direct experience. Hence it is apparent that descriptions of these states may be partially incomprehensible to the rest of us and may be uninterpretable from the frameworks of traditional psychology. It then becomes very easy to dismiss prematurely such phenomena as nonsensical or even pathological, a mistake made even by some of the most outstanding Western mental health professionals (e.g. Freud's [1962] dismissal of oceanic experience as reflective of infantile helplessness, Alexander's [1931] description of meditation as self-induced catatonia, The Group for the Advancement of Psychiatry's [1976] description of mystics as exhibiting borderline psychosis). However, the transpersonal model attempts to provide for the first time, a psychological framework capable of comprehending religious experiences and disciplines.

"In as much as people in the state of consciousness known as enlightenment experience themselves as being pure awareness, everything and nothing, the entire universe, unconditioned, unchanging, eternal, and one with all others, they also experience themselves as being one with God. Here, God does not imply some person or thing "out there," but rather represents the direct experience of being all that exists. In the utmost depths of the human psyche, when all limiting identifications have been dropped, awareness experiences no limits to identity and directly experiences itself as that which is beyond limits of time or space, that which humanity has traditionally called God.

To me, God is a word used to point to our ineffable subjectivity, to the unimaginable potential which lies within each of us [Bugental, 1978, p. 139].

THE MODEL OF PSYCHOTHERAPY

From this model derive a number of principles of transpersonal therapy. However, before beginning a discussion of these principles it may be worth considering the importance of a transpersonal perspective for therapeutic work. In acknowledging a wider spectrum and greater potential for psychological well-being and transcendence than do traditional approaches, it affords individuals who are ready to do so the opportunity of working in an expanded context. Since it recognizes the importance of transpersonal/ transcendental experiences these can be treated appropriately as valuable opportunities for growth. Individuals and systems which do not recognize the possibility of transpersonal awareness tend to interpret such experiences from an inappropriate and pathologizing perspective. This can easily lead to pathologizing interpretations and damaging suppression for healthy individuals who are beginning to move into the transpersonal realm.

The goals of transpersonal therapy include both traditional ones such as symptom relief and behavior change, and where appropriate, optimal work at the transpersonal level. This may include the provision of an adequate conceptual framework for handling transpersonal experiences; information on psychological potential; and the importance of assuming responsibility, not only for one's behavior, but also for one's experience. In addition to working through psychodynamic processes the therapist aims to assist the client in disidentifying from and transcending psychodynamic issues. Thus the therapist may instruct the client in the possibility of using all life experience as a part of learning (*karma yoga*), the potentials of altered states and the limitations and dangers of attachment to fixed

models and expectations. The therapist may also intend that the therapeutic encounter be used as a karma yoga to optimize growth of both participants in a mutually facilitating manner. These goals in turn facilitate the aim of enabling the client to extract awareness from the tyranny of conditioning.

Transpersonal therapeutic techniques include both Eastern and Western methods for working with consciousness. Various forms of meditation and yoga may be added to more conventional techniques. The primary aim of these tools is not so much to change experience *per se*, as to alter the individual's relationship to it by heightened mindful awareness coupled with a willingness to allow it to be as it is.

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

! Psychoanalytic models of psychotherapy portrayed ideal therapists as those who minimized affective involvement, offered themselves as blank projection screens, and put aside their own feelings, reactions, and personal development for the benefit of the client. The humanistic existential model, on the other hand, emphasized the importance of participation by therapists in the therapeutic relationship, opening themselves fully to the client's experience and to their own reactions (Bugental, 1965, 1976).

To this participation the transpersonal orientation has added the perspective that the therapist may benefit both the client and him or herself best by using the relationship to optimize his or her own transpersonal growth through consciously serving the client. This may take many forms and may be indistinguishable externally from other therapeutic approaches, but is always performed within the context of optimizing growth through service. Indeed, working with one's own consciousness becomes a primary responsibility. The growth of one participant in the therapeutic relationship is seen as facilitating that of the other, and by holding the relationship in the context of service and karma yoga, the therapist attempts to provide both an optimal environment and model for the client. Where the therapist is consciously serving the client there is no hierarchical status accorded to being a therapist. Rather the situation is held as one

in which both therapist and client are working on themselves, each in the way that is most appropriate to their particular development. The therapist's openness and willingness to use the therapeutic process to maximize his or her own growth and commitment to service is viewed as the optimal modeling that can be provided for the client.

The means by which the therapist transforms the process into a karma yoga are several. First and perhaps most importantly is simply the intention to do so. Coupled with this is the intention to remain as aware and meditatively mindful as possible at all times.

In some traditional approaches the therapist is portrayed as what is called a "competent model" who is fully competent at that which he or she is trying to teach. However, the transpersonal therapist may share his or her own unresolved questions where appropriate and attempts to be as transparent as possible. The karma yogic therapist thereby combines the "competent" and the so-called "learning to cope" varieties of modeling. Interestingly, studies of modeling have demonstrated that the learning to cope model is frequently more effective than the competent one (Bandura, 1969, 1977b).

Such modeling provides a high degree of mutuality between therapist and client since both share a growth-oriented intention for therapy, are less hierarchically distanced, and function as teachers for one another. Indeed, the therapist may enhance this process by assuming responsibility for interacting with clients working at this level with complete openness and honesty, asking the client to engage in a mutually facilitating two-way feedback of any apparently withheld or incorrect communication. Such an approach demands a strong commitment by the therapist to hear the truth about him or herself, and it is this which may possibly provide the optimum modeling for the client.

Transpersonal psychotherapy can be distinguished from other approaches on several dimensions which will be discussed below. However it should be noted that such comparisons are not without dangers. All therapies share considerable areas of commonality and any comparison risks magnifying and solidifying differences without acknowledging the overlap. Then too, there are often major discrepancies between therapy as it is idealistically described and as it is practiced. Furthermore, therapists of different theoretical persuasions will perceive the same therapeutic interaction differently. Finally, biases are hard to eradicate no matter how objective authors attempt to be. These caveats should be born in mind during the following discussion.

A transpersonal approach may include traditional aims while incorporating further goals derived from the transpersonal model of consciousness discussed earlier. These include increasing awareness or consciousness and may include experience of altered states with the ultimate aim of attaining a true "higher" state. For example, perception and concentration may be trained as in meditation with the individual learning to observe mental content rather than attempting to change it. The appropriate aphorism might be "watch everything, do nothing!" As Perls (1969, p. 16) observed, "Awareness *per se*—by and of itself—can be curative." In addition to watching mental content the individual also aims to disidentify from it, a process which explores the more fundamental question of not only *who am I*, but *what am I*?

Thus, for example a client presenting to a traditional therapist complaining of feeling inadequate, incapable, inferior, 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, the therapist might attempt to determine the origin of these thoughts, whereas a behavioral approach might attempt to modify them directly by environmental change, differential reinforcement, or cognitive approaches (Thorensen & Mahoney, 1974; Rimm & Master, 1975). 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 transpersonal therapist, on the other hand, might use these approaches but would also recognize that the problem represented an example of identification with negative thoughts and emotions. In addition, this problem would be viewed as only one example of the many types of identification with which the client was unwittingly involved. The distinguishing feature of the particular identification would be merely that it caused discomfort of clinical proportions. Thus, if the transpersonal therapist chose to employ a meditative approach, this would involve training awareness with the aim of disidentifying from all thoughts, thus resulting in the client's having not only a different belief about *what type of person* he or she was, but an alteration in the more fundamental perception of *what* he or she was. The relative extent to which traditional and nontraditional techniques were employed would vary with the individual client. However, the goals of meditation and transpersonal approaches extend beyond those of traditional Western psychotherapy.

For example, the transpersonal model suggests that ego identification is illusory, "only a dream." In the West, when this illusion is mistaken for

reality, the therapist may help prevent the dream from becoming a nightmare, but a transpersonal approach to consciousness is aimed at awakening (Wilber, 1977).

COMPARATIVE PSYCHOTHERAPY

The expanded version of psychology which the transpersonal perspective wishes to offer aims at an integration of various Western approaches with those of the East. In *The Spectrum of Consciousness*, Wilber (1977) has distinguished three primary levels of consciousness, namely the ego, the existential, and the level of Mind of pure nondualistic consciousness. The ego level concerns the roles, self-images, and the analytical aspects of our mind with which we usually identify. The existential, on the other hand, concerns our basic sense of existence, the meaning of life, confrontation with death and aloneness, and the central experience of being-in-the-world. These two levels together constitute our identity as separate, self-existent individuals, and it is with these levels that most Western therapies are concerned, assuming that people are condemned by their very existence to live out their lives as an isolated, alienated individual, inherently and permanently separated from the rest of the universe. Such approaches aim at strengthening the ego.

Beyond the ego and existential levels is the level of "Mind" in which the individual experiences him or herself as pure consciousness, having let go of all exclusive identification, and transcended the me: not me dichotomy, resulting in a sense of unity with the cosmos. From this perspective the other levels are seen as illusions of identification and are accorded less importance (Vaughan, 1977; Wilber, 1977, 1979, 1980a, 1980b). This process of re-evaluating one state of consciousness from a new state is called subrationalizing (Deutsch, 1969).

Each therapeutic approach may contribute to health and well-being in its own way at its own level. What is appropriate at one stage or in one situation may not be appropriate at another. Different approaches are simply addressed to different levels and dimensions of consciousness and growth. Ideally the transpersonal recognizes the potential of all levels 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 the major Western traditions of psychoanalysis, analytical psychology, behaviorism, existential and humanistic psychology.

Classical Psychoanalysis

In psychoanalysis human beings are presumed to be incessantly 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 an over-controlling superego, is considered the hallmark of health, which is defined by default as the absence of pathology. This contrasts markedly with the transpersonal perspective in which the ego is considered as an illusory product of perceptual distortion and identification. There is no quarrel with the premise that a strong, healthy ego can be an asset in meeting the demands of life, or even that it may be a necessary prelude for more advanced work, but the transpersonal concept of health goes beyond belief in ego development as the summit of mental health. Thus, while the conflicts of the ego may indeed be unresolvable, they are transcendable via an expansion of identity beyond the ego to awareness itself. Just as from a psychoanalytic perspective the superego is recognized as an intrapsychic entity with which the individual may, but does not have to, identify, so from the transpersonal perspective the ego is viewed similarly. Such a shift in identity has the effect of greatly reducing the power of ego demands which can now be viewed with greater detachment. Ultimately the disidentification from ego and the discovery of one's own true nature may be considered tantamount to liberation or awakening.

Analytical Psychology

Of all the schools which have developed and departed from Freud's original work, the depth psychology of Carl Jung has been more concerned with transpersonal levels of experience than any other.

The deep exploration of the psyche in Jungian work extends beyond both the ego and existential levels to deal 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 dimensions of experience: "... the fact is 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]."

Depth psychology recognizes that the psyche has within it the capacity for self-healing and self-realization, but Jungian work remains predominantly concerned with the contents of consciousness rather than with

consciousness itself as the context of all experience. Thus consciousness is experienced only in relation to its objects. It therefore remains at a dualistic level and does not encompass the potential transcendence of subject-object dualism. Analytical psychology values the mythical dimension of experience, such as in the imagery of dreams and active imagination as a powerful therapeutic agent. However, it 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, 1977a; Rimm & Masters, 1975). By careful methodical empirically based growth it has developed a technology which is often highly effective in the treatment of delimited behavioral problems. Indeed, it must be recognized that behavior modification stands alone among the literally hundreds of therapies in having clearly demonstrated its effectiveness (Karasu, 1977; Parloff, 1975;).

However, its strength may also represent its weakness. 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. It is thus left unable to encompass some of the most central aspects of the human condition and has little to say about optimizing positive health and well-being. Thus, it has largely been limited to the treatment of pathologies with clearly defined overt behavioral characteristics.

At the present time, however, a major shift is becoming apparent. Cognition and cognitive mediation of behavior are being increasingly investigated, resulting in the recognizable field of cognitive behavior modification (Mahoney, 1974). Self-control is being increasingly emphasized and self-efficacy has been advanced as a major mediator of therapeutic change (Bandura, 1977a; Thorensen & Mahoney, 1974). Many transpersonal techniques can readily be viewed from within a behavior modification framework. For example, a variety of meditations which aim to enhance feelings of love and then use these feelings to inhibit negative emotions such as anger are clearly based on the principle of reciprocal inhibition which behaviorists use to replace anxiety with relaxation. Buddha gave explicit instructions for such techniques (Buddhagosa, 1923), suggesting that some of the principles of this discipline were noted over two thousand years ago.

Similarly transpersonalists have recognized the importance of modeling and behaviorists have amassed a significant body of research data concerning it. There is, however, a major difference concerning the subtlety of the behavior and attitudes which are modeled. Behaviorism has concerned itself primarily with relatively gross, easily measured behaviors, whereas the transpersonalists have been interested in more subtle states, attitudes, experiences, and behaviors.

The field of transpersonal psychotherapy needs some of the behaviorists' rigor in empirical testing and validation of many current assumptions and practices. Much work remains to be done in this area.

Humanistic Psychotherapy

The distinctions between humanistic and transpersonal psychotherapy are less apparent at first glance. Both are growth-oriented models concerned as much with health as pathology, and both are holistic (i.e., they attempt to deal with the whole person).

However the central concepts of health are different. From a humanistic standpoint, the healthy individual is self-actualizing, and humanistic therapy addresses itself predominantly to the ego and existential levels. The development of personality and the achievement of ego goals are central, whereas from a transpersonal perspective these are accorded less importance and may sometimes be seen as obstructions to transpersonal realization. Here the human capacity for self-transcendence beyond self-actualization is brought into perspective (Maslow, 1971; Roberts, 1978).

Humanistic psychologists may not be interested in exploring transpersonal experiences although some have clearly done so. Transpersonal therapists might be expected to have some first-hand experience of such states in order to work effectively with those who seek guidance in dealing with them. When therapists do not have such first hand knowledge, they may unwittingly invalidate their clients' experience (Grof, 1975).

Existentialism

The existential approach converges with the transpersonal and humanistic in its concern with the search for meaning and purpose, the confrontation of death and aloneness, the necessity of choice and responsibility, and the demands of authenticity (Bugental, 1965, 1976, 1978). It supports the view that we create our reality by our beliefs. For example, freedom becomes real when we believe in it. We have to know that we can have it before we can begin to exercise it. The same is true of love and other values which we

can choose to make real for ourselves. If we do not believe in the reality of love it is unlikely that we will experience it. By facing these questions we can come to terms with them from an existential perspective, but more than this, we can penetrate behind the mask of our separate and alienated individuality to experience the underlying unity and interconnectedness of all life. The experience of freedom, with all its paradoxes, and the raw experience of being-in-the-world which the existentialists portray, can open the way for the personal transformation which leads to transcendence. The existentialist, however, may remain locked in his or her separate ego-defined identity and fail to make the leap beyond dualistic knowledge into the direct intuitive knowing and expansion of consciousness which characterizes transpersonal experience.

In existentialism we see a reflection of the first Noble Truth of Buddhism, namely that all life is imbued with suffering. Caught in a no exit situation the individual struggles continuously to confront and reconcile life with its apparent inevitabilities. However, the Buddha went further and pointed the way out of this dilemma in the remaining three truths, in which he noted that:

(a) The cause of all suffering is attachment.

(b) The relief of suffering comes from the cessation of attachment.

(c) The cessation of attachment comes from following the eight-fold path, a prescription for ethical living and mental training aimed at attaining full enlightenment.

This path thus leads directly to the transpersonal realm beyond the ego and existential levels.

LIMITATIONS OF TRANSPERSONAL PSYCHOLOGY AND PSYCHOTHERAPY

If the preceding sections represent descriptions of transpersonal psychology and psychotherapy, or at least what they seek to become, what then are the factors which currently limit this field?

First, there is clearly an inadequate empirical foundation. Many of the concerns of the transpersonal therapist lie outside the range of interest, competence, and investigation of most researchers. Thus many assumptions, though experientially satisfying, remain experimentally untested. There has been an understandable but regrettable tendency to think that if experimenters are not interested in this area then that is their problem. But if the transpersonal is truly to be an effective synthesis of Eastern wisdom and Western science, then its practitioners need to do all they can to

ensure that their work is indeed 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 on the whole is supportive (Shapiro, 1980; Shapiro & Walsh, 1980; Walsh, 1979), few other transpersonal areas have been examined closely.

This raises the interesting question of the applicability of traditional mechanistic scientific paradigms to the investigation of transpersonal phenomena (Wilber, 1979, 1980b, 1980c). The necessity for novel approaches which are less interfering, more sensitive to subjective states, and involve the experimenter as a trained participant-observer has been frequently recognized but little used. To date the transpersonal has not been widely integrated with other Western psychologies and therapies, but hopefully increased knowledge will correct this situation.

To anyone who has explored the transpersonal realms in depth it is apparent that intellectual comprehension demands an experiential foundation (Deikman, 1977; Rajneesh, 1975; Ram Dass, 1977). Experiential knowledge is clearly a limiting factor for conceptual understanding. Indeed, it is necessary to have multiple *experiential* recognitions of this fact before its power and implications can really be appreciated. Failure to appreciate this has led to countless misunderstandings, discounting, and superficial and pathologizing interpretation of the transpersonal. Even the most highly intellectually sophisticated but experientially naive mental health practitioners may make such errors, as was shown by the Group for Advancement of Psychiatry's report on Mysticism and Psychiatry (1976). Both therapists and investigators need to be aware of this and to undertake their own personal experiential work. Since the transpersonal realm and potential for growth are so vast, far exceeding the explorations of most of us, it is probably safe to say that the limits of our personal growth represent one of the major limiting factors for this field.

Transpersonal psychotherapy places a number of stringent demands on its practitioners. This seems to reflect a principle of increasing subtlety. It seems that as one moves from working with pathology toward working with positive health, the phenomena, experiences, and barriers may become increasingly more subtle, the demands on the therapist more refined, and the appropriate techniques more fluid, more sensitive, and less interfering.

Since we are both the tools and models for what we have to offer, it is imperative that we 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 must therefore strive for integrity, impeccability, and sensitivity. Nowhere in the field of psychotherapy is the therapist's growth and work on him or herself more important for both client and therapist.

For what one person has to offer to another, is their own being, nothing more, nothing less. (Ram Dass, 1973, Audiotape).

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Eastern Regional Conference, "Humanistic Alternatives for Personal and Social Change"

May 16-18, 1980, Sheraton Hotel, Philadelphia
 Susannah Lipman, coordinator, 2 Washington Square Village, #6-T, New York, New York 10012

Northwestern Regional Conference

June, 1980
 Evergreen State College (date and site tentative)
 Kathy Proctor, coordinator, 13520 N.W. 29th Place, Bellevue, Washington 98005

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