By 1966 it was commonly understood that the basic goal in Humanistic Psychology was "self-actualization" or some such equivalent. The cumulative effect of events, however, made it increasingly clear that self-actualization did not go far enough in meeting needs not included in the initial definition of Humanistic Psychology (Sutich, 1961). In a paper titled "Transpersonal Psychology: An Emerging Force" (1968), the author published a brief announcement regarding the new force. At first it appeared to be a direct outgrowth or extension of Humanistic Psychology. Later it became apparent that this was so only in a narrow, historical sense, in that the emerging transpersonal force was related to assumptions that differed significantly from those that were basic to the "growth-oriented" humanistic position. A new paradigm had emerged. Within the past five years, the assumptions underlying the transpersonal orientation have become clear enough to state some, if not all, of them. They appear in a previous issue of this journal (Sutich, 1972).

However, instead of listing these assumptions immediately, the author feels it might be valuable to briefly review what appear to be the basic assumptions of the humanistic orientation. Probably the most relevant assumptions were stated in a 1949 paper titled "The Growth Experience and the Growth Centered Attitude" (Sutich, 1949, 1967). The assumptions read as follows:

We assume that there is both a need and a capacity for continuous
emotional growth in every individual, and that in this respect all individuals are equal. We also assume that individuals vary, or may vary, in the level of actual emotional development, at any given time, in comparison with other individuals or themselves. This includes the possibility of regressive as well as progressive change. It was further stated in the same paper that any person’s active expression of a need for further or continuing emotional growth was a matter of his relationship toward his own growth impulses and the various distortions, neurotic or otherwise, that had been acquired in his personal history and had become barriers to further growth.

These assumptions were basic to the launching of the Journal of Humanistic Psychology (Spring 1961) and to the founding of the Association for Humanistic Psychology (August 1963). The development of the humanistic orientation has since become a contemporary reality of enormous and continuing significance.

By the end of 1967, work had already begun on the new force in psychology, first under the title Transhumanistic and later Transpersonal Psychology (Sutich, 1969). One phase followed on the heels of another, and the new transpersonal orientation began evolving at an accelerating rate. There is now a governing body under the title Transpersonal Institute. The most recent development is a membership division, the Association for Transpersonal Psychology (Sutich, 1972).

In this connection there is an immediate concern about the careful development of a new area of therapeutic activity and its related theories and practices. [refer specifically to Transpersonal Therapy.]

In the course of drafting the Articles of Association of the new prototype membership organization, it became necessary to formulate major assumptions that seem to underlie the transpersonal orientation (Sutich, 1972). They are incorporated in the Articles, and read as follows:

1. Impulses toward an ultimate state are continuous in every person.
2. Full awareness of these impulses is not necessarily present at any given time.
3. The realization of an ultimate state is essentially dependent on direct practice related to a “path” and on conditions suitable to the individual concerned.

*For the purpose of this presentation, the term “path” is used to indicate a course of action or conduct centered into or for the purpose of realizing an ultimate state.*
Every individual has the right to freely choose his or her own path.

Every individual has the right to change from one personal path to another if, and whenever, he so desires.

The immediate question is, of course, "What is Transpersonally Oriented Therapy?" At the present time it may be described as that therapy which is directly or indirectly concerned with the recognition, acceptance and realization of ultimate states. As such, it is not "new," but perhaps the oldest of all therapeutic approaches. It has been a vital part of most, if not all, of the systems throughout history that have been concerned with the realization of ultimate states. Transpersonal Therapy is concerned with the psychological processes related to the realization (i.e. making real) of such states as "illumination," "mystical union," "transcendence," "cosmic unity," etc., as well as concerned with the psychological conditions or psychodynamic processes that are directly or indirectly a barrier to such transpersonal realizations.

Necessarily, throughout history, as well as today, countless numbers of individuals have had different relationships to their impulses toward ultimate states as well as to their impulses toward emotional growth, and have had varying levels of development in relation to both at different times in the course of their life cycles.

Different levels of development, experience and concern have not always been dealt with in ways that have been of maximal value to the client or patient and his therapist. Psychoanalysis, for example, was not originally and is not now designed to deal with impulses toward ultimate states. Behaviorism's fundamental assumptions, as well, have not been directly related to transpersonal experiences and concerns of the client. Nevertheless, both systems have, within limits, often been helpful in dealing with human problems which fall within the primary focus of their psychological systems. My own work in and support of humanistic psychology demonstrates the regard I hold for the importance and value of its area of primary concern and effort.

With regard to the kind of work done in the different areas of psychological concern, Baba Ram Dass, formerly a professor

1Initially, at the Squaw Valley Panel, the expressed concern was with transpersonally oriented therapy. In less than six months, however, it has become apparent that the transpersonal orientation has undergone considerable extension into areas that include counseling, research, and teaching. Reports on new applications of the transpersonal orientation may be expected in forthcoming issues of this Journal.
interpersonal and intrapersonal

importance of humanistic and other therapies

of psychology at Harvard, has stated in a lecture that there is a 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. (Also, I have been informed that Dr. Roberto Assagioli, founder of Psychosynthesis, now uses the term "transpersonal" instead of "spiritual" in connection with his work, because the latter term has so often been misused.) It is this area of work, intrapersonal rather than interpersonal, that is the primary focus of transpersonal psychology. (Presumably a high level of spiritual or transpersonal concern is conducive to or facilitates interpersonal development and vice versa.)

It seems desirable to comment further on the question, "What is the relationship of Transpersonal Therapy to Humanistic and other kinds of primarily interpersonal therapy?" Probably without exception, all human beings have some "unfinished business" in the interpersonal psychodynamic realm, whether they know it or not. Anyone engaged in a transpersonal approach in therapy, therefore, necessarily deals with such material in himself and in others. In my own professional practice, I work with all kinds of "neurotic" compulsions, phobias, anxiety, etc.) in clients, whether or not they are personally committed to a spiritual path. Others, such as Psychosynthesis therapists, also work with both interpersonal and transpersonal problem areas. Since the entire spectrum of levels of pathology and of positive human possibilities are the appropriate concern of the Transpersonal therapist, he is interested in and supportive of psychological work being done throughout this range.

If the primary focus of Transpersonal Therapy can be accepted as a valid area, 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:

That the therapist or counselor:

(1) Is on his or her own spiritual or transpersonal path.

(2) Accepts the right of any person he or she is working with to pursue his or her own path and to change to another if he or she so desires.

(3) Has a commitment to the principle that all human beings have continuous impulses toward emotional growth and
ultimate states and that the chief responsibility of a Transpersonal therapist is to function in the best way he knows how, to help in the realization of emotional growth as well as ultimate states.

(4) Has a reasonable knowledge, among other psychological principles, of the role of mechanisms of self-deception throughout the life cycle, including their function in himself.¹

(5) 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 several years I have been engaged in transpersonal therapy work, numerous questions have come up that have had to be dealt with. I shall conclude this paper by presenting a sampling of questions that seem to merit serious consideration.

(1) What are the various possible areas in which transpersonal psychology may be applied?
(2) What is the role of meditation in transpersonal psychology?
(3) Is meditation sufficient therapy for neurotic and other psychopathological states?
(4) In what ways can a transpersonal therapist or counselor work with individuals who are not on a spiritual path?
(5) These days one frequently encounters terms and phrases from the great spiritual traditions, such as the Buddhist concepts of "expedient teachings," "right attitude," "right understanding," "right action." What do these terms mean? In what ways do they relate to transpersonal psychology?
(6) What is appropriate and inappropriate in accepting payment for transpersonal therapy?
(7) Is transpersonal psychology a system?
(8) 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?
(9) What is the importance of self-deception, and awareness

¹I am deeply indebted to Lama Chogyam Trungpa, Rinpoche, for corroboration of this long standing personal and professional observation.
of self-deception, in transpersonal functioning?

(10) What is required in the training and/or development of transpersonal therapists?

(11) How can transpersonal therapists most harmoniously and helpfully interact with teachers and counsellors of various Eastern and Western religious practices and spiritual disciplines?

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VARIETIES OF TRANSPERSONAL THERAPY

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OVERVIEW

Basically, transpersonal therapists do two main things. They help others to have and to comprehend transcendent, mystical, or spiritual experiences; and they help others to live their daily lives in ways which foster spiritual unfoldment.

In this paper I shall endeavor to describe transpersonal therapy as, on the one hand, the employment of transpersonal energies during "regular" psychotherapy, and, on the other hand, as the utilization of "standard" psychological knowledge for transpersonal purposes. Of course one need not be a Ph.D. or an M.D. in order to be a spiritual counselor. Indeed, as is well known, there is as yet little overlap in membership between the recognized groups of Professionals and Spiritual Leaders. This paper, however, is presented primarily from the viewpoint of ordinary, Establishment-approved Western psychology and psychotherapy. I have been educated within that tradition; I feel at home with contemporary psychological jargon, and have used it in my therapeutic work for a goodly number of years. More importantly, it has also been my observation that one must have basic familiarity with normal and abnormal psychology in order to work intelligently with supernormal (transpersonal) processes. Unfortunately, many persons who lack formal education in standard normal and abnormal psychology seem simply to be quite naive in these important areas. In any case, it is my belief that the effective practice of transpersonal therapy requires a broad general knowledge of human nature,

Most of what we ordinarily consider nowadays under the heading of Psychotherapy can appropriately be called per-
sonal and/or interpersonal therapy. These various standard therapies are primarily or entirely concerned with physical, mental, and emotional experience—all within a social context. By contrast, transpersonal therapy is concerned with interrelations between body, mind, emotions, and what we might call the spirit—sometimes in a social, sometimes in an impersonal, context.

A primary consideration in choosing or devising an effective therapy program for any given patient is the general level of pathology he manifests—or, to put it positively, the basic level of health and development of that person. Incidentally, the general level of health or illness tends also to determine the terms we use for persons we are trying to help: the sicker ones tend to be called "patients"; then come "clients," etc., and finally "fellow seekers" or some such fully egalitarian term.

People at any level of pathology may have important transpersonal experiences which are intermingled with whatever else they happen to be experiencing at that time in their life. Thus, at the level of psychosis, or serious freaking out, transpersonal experience is often mixed with important delusions and/or hallucinations. The same patient might have totally unfounded paranoid mental images ("visions") of Red Chinese killers who threaten his life, and might also have mystical dreams or visions demonstrating his fundamental kinship with all human beings. Dr. Stanislav Grof is one who has done pioneering work in this turbulent area, helping psychotics to utilize transpersonal revelations as one means for overcoming their mental disintegration (Grof, 1972, in press).

At the level of neurosis, or numerous heavy hangups, transpersonal experiences tend to be mixed with various kinds of self-deceptions, including full-blown forms of classic Freudian defense mechanisms. Thus, for example, a genuinely gifted psychic who truly aspires to inner purity may largely deny his own repressed lusts and miscellaneous neurotic traits; and obvious, self-admitted anxiety neurosis may exist in a non-psychic person who sometimes has beautiful and valuable religious or mystical experiences. The history of metaphysical groups is laden with instances of this luxuriant mixture of hysteria and transcendence, of devotion and phonus-balonus, of mere imagination and genuine ESP, of lofty philanthropic inspiration and childish personal wish-fulfillment (Garrett, 1950; Godwin, 1972; McHargue, 1972).
At the humanistic level, the level of positive development of personal capacities, transpersonal experiences tend to blend with emotional ecstasies and with creative personal imagination. Many gifted artists, and many normal encounter-group member, has found that a free flow of personal fantasy expression (occurring for instance while observing the dawn or taking an imaginary Fantastic Voyage through one's own body) can sometimes lead to cosmic experiences which go far beyond ordinary personal self-concepts or merely self-expressive behavior. Maslow is probably the best-known documentor, so far, of the partly personal, partly transpersonal, experiences which take place as people approach what he aptly calls the farther reaches of human nature (Maslow, 1964, 1972).

At these first three experiential levels, one tends to perceive everything from the standpoint of one's personal ego and its relation to the world. At the transpersonal level, self-oriented ways of experiencing are gradually or periodically superceded, and one tends more and more to experience life from a cosmic perspective. During such experiences, it is as if one's personal self had at least partially been dissolved into the cosmos, so that the "experiencing" entity is now impersonal and of indescribable magnitude. Assagioli is a leader among the relatively few modern psychotherapists who work systematically with people in a detailed program of first developing, then transcending, their personal selves (Assagioli, 1965).

**TYPES OF ACTIVITY IN TRANSPERSONAL THERAPY**

There are a number of noteworthy kinds of activity currently engaged in by transpersonal psychotherapists. Here are some with which I personally am most familiar,

1. The first, most elementary, kind of transpersonal therapy is simply to hear, to understand, and to accept descriptions of transpersonal experiences which have been disturbing to a client. For example, I recall an attractive, relatively unsophisticated college student whom I will call Bonnie, whose father had recently died. After his death Bonnie had had a series of vivid dreams and waking visions during which he had appeared to her. He had presented her with specific practical advice, such as "Buy such and such." Also, he had encouraged her to embark on a spiritual course. While he was alive he had
not given her spiritual advice, and the subject of a personal spiritual path was one to which she had devoted rather little thought. She asked me anxiously, "What does all this mean? Am I going crazy?" She had not had other weird thoughts of any consequence, she said, although she did have normal emotional problems regarding love, school, and career.

What I did, besides listen, was to indicate to Bonnie that events such as she had described were neither crazy nor terribly rare. I directed her to writings about similar "ghostly" experiences by others, including some famous and thoroughly sane individuals. Then we simply concentrated upon resolving her everyday conflicts, and pondered her first experiences in meditation.

2. A class of activity somewhat related to this first kind is the providing of theoretical frameworks which can explain unassimilated transpersonal experiences, and can be helpful to a patient in determining basic life goals. An illustration is my work with Bert, a 30-year-old marginally-employed man whom some would term a hippie, who had a variety of mystical experiences while using LSD. Except for certain unpleasant precognitive dreams, he did not feel uncomfortable about his unusual experiences as Bonnie had been bothered by hers. Bert had come to me fairly interested in meditation and in finding a spiritual path, but also preoccupied with mundane personal hangups regarding work, sex, love, and traumatic boyhood memories.

First I cast a horoscope for him to try to get a better idea of his basic tendencies: what came natural to him and what was difficult. Because he was already interested in astrology, his horoscope gave us a basis for communication as well as some useful general information about him. Then we discussed the highs and lows of his daily life, in relation to the concept of chakras and their relative development. This seemed to be a most useful framework for Bert. He and I agreed that he had more fourth-chakra activity than most people, hence his attraction to a spiritual path. But we could also see that Bert, as is typical of seekers, had a number of emotional problems at the first three chakra-levels which needed to be resolved before he could really concentrate upon matters pertaining to the fourth, or any higher, level. In the past, when others had described his hangups to him in Freudian terms or encounter-group terms, Bert had tended simply to deny the problems or to say that they were unimportant in relation to these higher (spiritual) experiences he was having. When he had the chakra
framework in his mind, he could more easily accept and work upon his centrally important personality problems.

3. A third transpersonal therapy category is providing counseling for psychics and for persons already established on a conscious spiritual path. Such counselees usually already feel that they have a satisfactory understanding of transpersonal concepts; but they also have significant personal problems, and do not feel that they can receive effective help from a therapist who appears to them to be non-spiritual, ignorant of psychic processes, or too pathology-oriented, like most orthodox psychotherapists.

For example, I recall a woman I will call Helen, who had very marked psychic gifts, but who had little self-confidence when speaking in public. She felt close to God, and usually could solve her problems adequately with the help of prayer and meditation. With this one persistent problem, however, she thought that somebody like myself who had a background in standard psychology could be most helpful to her. She already knew me personally, and knew that I had a transpersonal orientation. To make a long story short, she and I used modified Rational-Emotive Therapy on the particular problem of low self-confidence, while on her own initiative she continued to meditate and to deal with other problems through directly spiritual means.

A second woman of considerable psychic ability, whom I will call Corinne, had heard through her grapevine that I was supposed to understand these things, and had come to me asking how she could best augment and apply her paranormal gifts. That is, she was in effect asking me for psychic vocational counseling. As we talked, it became clear that she had serious problems in relating to other family members, and that these relationships were what she most needed to work on at the time. In our discussion we often used astrological and metaphysical terminology. In addition, one day when she wanted to talk about me, instead of simply telling me her feelings and fantasies about me as other clients often do, Corinne gave me a surprisingly penetrating psychic reading of my history and personality. Despite these unusual elements in our dialogue, I felt that basically we were involved in standard personal counseling and psychotherapy—until she could become free enough from interpersonal preoccupations to concentrate again upon transpersonal development.

4. Another kind of transpersonal therapy is helping people to
think through and decide whether or not they will participate whole-heartedly in a spiritual discipline. Here are a few contrasting outcomes from my own experience. One male psychology major decided to drop out of graduate school, to move to another city, and to begin serious study of Yoga. A certain female psychology major, on the other hand, decided not to try to find personal enlightenment through Zen, which she had begun to study and practice, but she did decide to live with a young man who was deeply involved in a quest for full satori. A third young person, also in graduate school, decided to postpone the whole business of spiritual paths for a while, and to continue being a swinger.

5. A type of activity which is becoming increasingly common in transpersonal therapy is meditating with clients. This is a very complex subject. Among the several factors which deserve serious consideration by would-be meditation-therapists, these are outstanding: the great variety of possible forms or modes of meditation (Naranjo and Ornstein, 1971); the great differences among clients (and therapists, for that matter) in regard to amount of experience and degree of involvement in meditation; and the existence of numerous different reasons for using— or not using-meditation with any given client at any particular time.

The most thorough-going use of meditation, of course, is in ashrams, zendos, and other spiritual centers, in which psychotherapy is a mere by-product of a larger psycho-spiritual enterprise. At the other end of the scale, we find therapists employing meditation or pseudo-meditation as just one more "up-to-date technique," which is offered to all comers with cheerful impartiality. My own experience with meditation in therapy includes the following elements:

a) I sometimes meditate upon my clients and my interactions with them. At one level, this practice is similar to the reflecting about patients which is engaged in by many therapists of all types, which often produces useful insights into clients and client-therapist relations. At another level, the results of such reflection will vary considerably, in line with particular attitudes and philosophies of the therapist. For example, in earlier, non-transpersonal years, I found such reflections very helpful, but primarily related only to diagnoses and to other cognitive processes. Now my reflections continue to produce useful ideas about clients and myself-as-therapist, but in addition they have a pervasive feeling of participation-in-larger-processes, so that they help me to keep a more transpersonal perspective on life in general, and on therapy in particular.
b) With rare exceptions, I do not encourage people to meditate, or to increase the amount of their meditation, unless they have already expressed an interest in doing so. These days, of course, many persons are already trying to meditate, and are eager for company or for encouragement in their practice. With non-meditators, however, I use non-meditative therapy approaches. There are plenty of other ways to help people; and unrequested “pushing” of meditation seems often to be confusing or threatening, or simply inappropriate.

c) I do not try to tell people how to meditate, even if asked to do so. I emphasize the importance (or is it necessity?) of finding one’s own ways to meditate; and if clients request it, I discuss some possible ways which might suit them. Then I encourage them to follow their own inner sense of what to do next. The only meditation assignment which I am likely to give is to sit and meditate upon this question: In what way, if any, should I myself meditate?

d) I meditate with clients when it seems appropriate, usually at their request. This is done only after it is already evident that meditation is personally meaningful to both of us, and that we each have some reason for this sort of transpersonal communion. These meditations often have therapeutic side-effects (for both of us), but they are undertaken not so much for so-called therapeutic purposes—for diminution of symptoms, or for personality change—as for the sake of greater transpersonal attunement. Psychotherapy as such is essentially directed toward improved ego function, and therefore places emphasis on the personal ego; meditation moves toward dissolution and transcendence of ego.

e) When patients request consultation about their own meditation practice, I give it, to the best of my ability, and I gladly refer them to centers for spiritual training (ashrams, zendos, etc.), where meditation is taught by advanced meditators. In order to make such referrals, one needs to have knowledge concerning a variety of different spiritual groups, and to have a sense of which ones might best suit any particular aspirant.

6. Another increasingly common practice, among those transpersonal therapists who discover the appropriate gifts within themselves, is the utilization of psychic and/or spiritual healing in conjunction with counseling. This is a large and important subject in itself, beyond the scope of this paper. Here I will merely observe that, as in other aspects of transpersonal work, it is important that the purveyor of spiritual healing and psychotherapy...
healing be highly alert that he not use this practice to inflate his own self-esteem. Likewise, he should carefully consider how important or unimportant a particular physical problem is, in relation to the larger issue of overall personal-transpersonal development. Sometimes it is simply a mistake to focus on physical problems.

Healing may be a helpful adjunct to transpersonal counseling, however, in at least two ways: it may minimize the distracting effect of nagging or frightening physical problems, and it may remind both healer and healee of the awesome spiritual energies which are always potentially available to any seeker.

7. Finally I will mention what is probably the most basic and mutually beneficial practice in transpersonal therapy: the providing of encouragement to other people, especially by one’s own example, to live transpersonally day by day. This involves the hard work of actually applying and developing those fundamental human virtues which have been taught by all high spiritual beings—such as patience, reverence, and selfless love.

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