TRANSPERSONAL THERAPY

Chapter 12

Chapter Outline

I. Therapies

A. Conventional Psychological and Biomedical Therapies
   1. The psychological and biomedical therapies.
      a. Psychodynamic
      b. Gestalt
      c. Humanistic
      d. Cognitive
      e. Behavioral
      f. Group
      g. Biological
      a. Is therapy generally effective?
      b. Are particular therapies effective?
      c. Are particular therapies effective for particular disorders?

B. Transpersonal Psychotherapy
   1. What is transpersonal psychotherapy?
      a. Topics awaiting study: Investigating the effectiveness of transpersonal psychotherapy.
   2. Underlying principles affirmed by most transpersonal therapists.
   3. How transpersonal psychology and spirituality relate to psychotherapy.

C. Transpersonal Therapy and Conventional Therapy Compared
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1. How mainstream therapies and techniques are generally regarded by transpersonal therapist.

2. How transpersonal therapists differ from conventional therapists.

3. How transpersonal crises are treated today that differs from the way they were treated in the past.

II. The Psychotherapeutic Process

A. The Aims, Goals, and Tasks of Transpersonal Therapy

1. What are the aims of transpersonal therapy?

2. What are the goals of therapy?
   a. Understanding the role that ideas, beliefs, and expectations play in the creation of personal experience.
   b. Becoming aware of and then examining the nature of those ideas, beliefs, and expectations that create personal experience.
   c. Understanding and appreciating the directing power of the conscious mind.
   d. Sorting out and reconciling contradictory beliefs.
   e. Soliciting the aid and assistance of the client's inner self-helper in the therapeutic process.

3. What are the primary tasks of psychotherapy?
   a. Facilitate the emergence and development of a stable, cohesive egoic identity in the client.
   b. Help the client penetrate beneath well-entrenched defensive patterns of the ego and confront what are called the "existential givens" of being human.
   c. Help the client realize how limiting it is to regard the ego as the whole self.
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4. Expected clinical (client) therapeutic outcomes.

B. The Content and Context of Transpersonal Therapy

1. Content is the client; the context is the therapist.
2. Client characteristics.
   a. What are the requirements to be a successful client in transpersonal psychotherapy?
3. Therapist characteristics.
   a. What do clinical guidelines and requirements for training transpersonal psychotherapists include?
   b. What are the requirements to be a successful transpersonal psychotherapist?
   c. Why is it necessary for the therapist to be familiar with various spiritual paths and contemplative practices?

C. The Practice of Transpersonal Psychotherapy

1. What does a transpersonal therapist do in the course of therapy?
2. What integral practices are commonly associated with transpersonal therapy?
   a. Active imagination
   b. Bioenergetics
   c. Biofeedback
   d. Body work
   e. Breathwork
   f. Cognitive reattribution
   g. Confession and forgiveness
   h. Dis-identification
   i. Dissociated states of consciousness
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j. Dream work
k. Emotional catharsis
l. Existential questioning
m. Gestalt dialog
n. Guided imagery
o. Hatha yoga and t'ai chi ch'uan
p. Holotropic breathing
q. Journaling
r. Meditation
s. Physical exercise and diet
t. Psychodrama
u. Self-suggestion
v. Sensory awareness

3. Different treatment modalities for different developmental pathologies of consciousness.

4. Meditation as a beneficial adjunct to traditional psychotherapies.

D. Perils and Promises of Transpersonal Therapy

1. What is a potential pitfall for transpersonal therapists in general?
   a. The conscious and subconscious tendency to impose their own beliefs on their clients.

2. What are potential pitfalls for the client in transpersonal therapy?
   a. Overly focus on the technique than the attitude with which it is used.
   b. A narrow self-absorption and limited focusing upon one's inner experiences that other people and daily concerns become neglected.
   c. Thirst for experiences unaccompanied by any effort to understand them.
   d. Ego inflation and sense of spiritual superiority and grandiosity.
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e. A one-sidedness in which only one part of one's being is developed to the exclusion of all the others.

3. Although transpersonal experiences are potentially healing, their effects are often temporarily unless what else occurs?

III. Transpersonal Psychotherapies

A. Psychosynthesis -- A Psychology with a Soul
   1. Personal psychosynthesis
   2. Spiritual psychosynthesis

B. Logotherapy

IV. Natural Therapies

A. Dreams, art, music, and the sound of falling rain.

B. The Self is the best therapist

C. Seth/Jane Roberts' "Magical Approach" to the art of creative living.
   1. Using one's brain to create a change in personal reality
   2. Putting one's new beliefs to the test of action and further development.
   3. The importance of self-suggestion.
   4. Healthy pleasures.
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Chapter 12

Learning Objectives

1. Describe the main differences between insight-oriented, behavioral, and biological therapies.
2. Compare and contrast the various methods, techniques, and therapeutic procedures used among the main forms of therapies used in mainstream psychology today.
3. Summarize the research investigating the effectiveness of therapy by answering the following questions: Is therapy generally effective? Are particular therapies effective? Are particular therapies effective for particular disorders?
4. Compose a definition of transpersonal psychotherapy that identifies its essential elements, the necessary qualities of the therapist, and the basic postulates that characterize a therapy as transpersonal.
5. Identify three "topics awaiting study" about which you would be interested in writing a research paper that would reveal something interesting about the nature, process, and outcomes of transpersonal therapy.
6. Identify and discuss eight fundamental assumptions that are affirmed by most transpersonal therapists.
7. Describe how transpersonal psychology and spirituality relate to psychotherapy.
8. Describe how most transpersonal therapists regard mainstream therapies and techniques.
9. Describe how transpersonal therapists differ from conventional therapists.
10. Describe how the way that transpersonal crises are treated today differs from the way that they were treated in the past.
11. Describe the aims of transpersonal therapy.
12. Identify and discuss the five goals of transpersonal therapy.
13. Explain why a key element to any successful therapy is to have the client become aware of his or her conscious thought, and to change his or her beliefs to bring them more in line with the kind of life he or she wants to experience.
14. Describe how the belief in and pursuit of perfection can serve a both a positive purpose and a negative purpose (e.g., lead to depression, anxiety, low self-esteem, fear of failure, broken marriages and friendships).
15. Explain why a steady program of meditation is beneficial for the development of self-knowledge.
16. Describe why it is so important to sort out and reconcile contradictory beliefs that the client may hold about self, body, world, and others.
17. Explain why soliciting the aid and assistance of the client's inner self-helper is useful in therapy.
18. Identify and discuss the three primary tasks of transpersonal psychotherapy.
19. Identify the expected clinical (client) therapeutic outcomes of transpersonal therapy.
20. Describe the content and the context of transpersonal therapy.
21. Identify the requirements to be a successful patient in transpersonal psychotherapy, and explain how individual differences influence one's choice of therapeutic techniques.
22. Outline the clinical guidelines and requirements for training transpersonal psychotherapists.
23. Identify important differences between the training of conventional psychotherapists and transpersonal therapists.
24. State the six requirements for the successful psychotherapist identified by transpersonal psychologist Bruce Scotton (1986).
25. State the five necessary characteristics of a successful transpersonal therapist identified by Anthony Sutich (1973).
26. Explain why it is necessary for the therapist to be familiar with various spiritual paths and contemplative practices.
27. Describe what a transpersonal therapist does during the course of therapy.
28. Name and describe five integral practices that are commonly associated with transpersonal therapy.
29. Name the appropriate treatment modalities for at least three different developmental pathologies of consciousness, identified by Wilber in his Spectrum model of consciousness.
30. Describe how meditation training may be used as a beneficial adjunct to conventional psychotherapy.
31. Identify some of the complications of meditation practice that may arise during therapy.
32. Identify a potential pitfall for transpersonal therapists during the practice of therapy.
33. Identify five potential pitfalls for clients undergoing transpersonal psychotherapy.
34. Identify what must occur in order for the potentially healing effects of transpersonal experiences to be enduring.
35. Identify two major transpersonal psychotherapies.
36. Discuss the content, context, and process of the system of transpersonal psychotherapy called Psychosynthesis.
37. Identify the seven dimensions or aspects of human life that Psychosynthesis endeavors to synthesize in its attempt to heal the psychological pain, imbalance, and meaninglessness that results from a fragmented, disconnected, divided psyche.
38. Distinguish personal psychosynthesis and spiritual psychosynthesis.
39. Perform a psychosynthesis exercise designed to contact one's Transpersonal Self and write up an account of the experience.
40. Discuss the content, context, and process of the system of transpersonal psychotherapy called Logotherapy.
41. Complete a short questionnaire designed to assess feelings of purpose in life and report the results.
42. Meditate upon the Desiderata and write up an account of the experience.
43. Describe the therapeutic effects that the natural therapies of dreams, art, music, and the sound of falling rain may have upon a mind and body troubled by personal difficulties.
44. Explain why the Self is the "best" therapist.
45. Evaluate and judge the value of Seth/Jane Roberts' "Magical Approach" to the art of creative living.
46. Describe the problem with most books on positive thinking.
47. Explain why requiring the client to put his or her new beliefs to the test of action and further development is important to therapy.
48. Describe the importance of self-suggestion to the process of initiating, maintaining, and removing a client's psychological symptoms.
49. Identify seven self-suggestions that may prove effective when used daily by the client.
50. Identify five practical directives or injunctions for the client to keep in mind when implementing positive self-suggestions.
51. Explain why "healthy pleasures" are an important part of any natural approach to healing.
Chapter 12 Summary

This chapter examines the unique contributions that transpersonal psychotherapies bring to conventional mainstream therapies. It begins by discussing the techniques commonly used in traditional psychological, behavior, and biomedical approaches to treatment of psychological disorders -- psychodynamic, gestalt, humanistic, cognitive, behavioral, group-oriented, and biological. Research evaluating the effectiveness of psychotherapy is examined that answers commonly asked questions: Is therapy generally effective? Are particular therapies effective? Are particular therapies effective for particular disorders? Transpersonal psychotherapy is then examined. Definitions of transpersonal therapy are presented and topics awaiting study pertaining to the investigation of the effectiveness of transpersonal psychotherapy are identified. The underlying principles affirmed by most transpersonal therapists is discussed. How transpersonal psychology and spirituality relate to psychotherapy is also examined. Transpersonal therapy and conventional therapy are compared and how mainstream therapies and techniques are generally regarded by transpersonal therapists is discussed. How transpersonal therapists differ from convention therapists is described. How transpersonal crises are treated today that differs from the way they were treated in the past is made clear.

The aims, goals, and tasks of the therapeutic process known as transpersonal psychotherapy are then identified and discussed. Five goals are discussed at length: (a) understanding the role that ideas, beliefs, and expectations play in the creation of personal experience, (b) becoming aware of and then examining the nature of those ideas, beliefs, and expectations that create personal experience, (c) understanding and appreciating the directing power of the conscious mind, (d) sorting out and reconciling contradictory beliefs, and (e) soliciting the aid and assistance of the client's inner self-helper in the therapeutic process. Three tasks of psychotherapy are highlighted: (a) facilitate the emergence and development of a stable, cohesive egoic identity in the client, (b) help the client penetrate beneath well-entrenched defensive patterns of the ego and confront what are called the "existential givens" of being human, and (c) help the client realize how limiting it is to regard the ego as the whole self. Expected clinical (client) outcomes of the therapeutic enterprise are identified. The content of transpersonal therapy resides with the client; the context of the therapeutic process resides with the therapist. The requirements to be a successful client in transpersonal psychotherapy are identified and discussed, as are the requirements to be a successful transpersonal psychotherapist. The question of why it is necessary for the therapist to be familiar with various spiritual paths and contemplative practices is explored.

The practice of transpersonal psychotherapy is then examined. The question of what a transpersonal therapist does in the course of therapy is addressed. A range of integral practices commonly associated with transpersonal therapy are distinguished: active imagination, bioenergetics, body work, breath work, cognitive reattribution, confession and forgiveness, dis-identification, dissociated states of consciousness, dream work, emotional catharsis, existential questioning, gestalt dialogue, guided imagery, hatha yoga and t'ai chi ch'uan, holotropic breathing, journaling, meditation training, physical exercise and diet, psychodrama, self-suggestion, and sensory awareness. The concept of different treatment modalities for different developmental pathologies of consciousness is discussed. Meditation as a beneficial adjunct to traditional psychotherapies is examined. The perils and pitfalls of transpersonal therapy are addressed. A potential pitfall for transpersonal therapist is the conscious and subconscious tendency to impose one's own beliefs on one's clients. Potential pitfalls for the client in transpersonal therapy include: (a) overly focus on the technique than the attitude with which it is used, (b) a narrow self-absorption and limited focusing upon one's inner experiences that other people and daily concerns become neglected, (c) thirst for experiences unaccompanied by any effort to understand them, (d) ego inflation and sense of spiritual
superiority and grandiosity, and (e) a one-sidedness in which only one part of one's being is developed to the exclusion of others.

The chapter then examines two major transpersonal therapies -- Psychosynthesis and Logotherapy. What can be called "natural therapies" are also identified and discussed -- dreams, art, music, the sound of falling rain, for example. The chapter concluded with a discussion of Seth/Jane Roberts' "Magical Approach" to the art of creative living. Guidelines and recommendations are provided highlighting the use of the conscious mind to create a change in the client's experience of personal reality, and putting newly-inserted therapeutic beliefs to the test of action and further development in the client's daily life. The importance of self-suggestion is emphasized with numerous examples provided. Transpersonal psychotherapy addresses the spiritual component of human personality and shows how this aspect of the person may be addressed and called upon in the psychotherapeutic process to facilitate healing.
Chapter 12

TRANSPERSONAL THERAPY

I. Therapy

Conventional Psychological and Biomedical Therapies

The psychological and biomedical therapies. Treatments of therapy have followed our understanding of mental illness and the theories of psychological disorders. Asylums were replaced by hospitals which were replaced by out-patient community facilities (deinstitutionalization) as biological therapies became more effective and managed care became more expensive. Insight-oriented therapies such as psychoanalysis, person-centered therapy, transactional analysis, gestalt therapy, and cognitive therapy aimed to effect change in disordered behavior by working with the person’s conscious ego-mind, thinking processes, beliefs and expectations, in order to have the patient achieve some understanding or awareness of and insight into the reasons, needs, and motivations “behind” the behavior that were believed causing it. Behavior therapies aimed to replace behavioral excesses and behavioral deficits with more desirable, adaptive behaviors without requiring patients to obtain insight into or understanding of subjective feelings, unconscious motivations, or conscious thoughts. Biological therapies focus on changing a client's experience and behavior by changing the chemical constitution of the body. There may be as many as 400 forms of therapy practiced in the clinical field today (Garfield & Bergin, 1994; Karasu, 1992). The methods, techniques, or therapeutic procedures used among the main forms of therapies are described below.

- Psychoanalytic therapy (Sigmund Freud) assumes psychological disorders are cause by subconscious conflicts among repressed ideas, impulses, and feelings, and therefore seeks to raise these to conscious level of awareness through non-directive free association, dream work, and working through clients’ interpretation, resistance and transference effects, reality-testing and self-control issues.

- Gestalt therapy (Fritz Perls,) directs patients to explore and act out conflicting parts of the personality.

- Humanistic therapy (Carl Rogers) aims at self-insight through non-directive conversations in a supportive, accepting, empathetic, genuine, open-minded environment, and by actively listening to positively help people focus on their strengths, listen to their hearts, expect the best, appreciate what they have, and live a balanced life.

- Cognitive therapy focus on how beliefs, attitudes, and automatic thinking (self-thoughts) create difficulties in the person’s experience and seek to effect behavior change by changing the client’s patterns of thinking. Transactional analysis (Eric Berne) focuses on a client’s beliefs of self-worth (I’m OK – You’re OK), and social roles (child, adult, parent) to encourage self-insight into the life scripts and social games they play. Rational Emotive Therapy (Albert Ellis) emphasizes the role of logic and reason in changing distorted thoughts about reality and negative thinking to alter behavior

- Behavior therapies (Joseph Wolpe) use counter-conditioning techniques, stimulus and reinforcement control, and modeling to change behavior.
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- Group therapy uses the experiences, feedback, reassurance, and support of group or family members to heighten awareness of individual member’s thoughts and feelings, boost self-esteem, communicate more openly, and develop coping skills.

- Biological therapies employ drug treatments (tranquilizers, antidepressants), electric shock (ECT), or surgery to modulate chemical and neurological functioning to bring about changes in behavior.

**Investigating the effectiveness of treatment.** Research indicates that at the present time no one type of therapy is superior to all others for all types of problems (Luborsky, Singer, & Luborsky, 1975; Nietzel, Bernstein, & Milich, 1994). Treatments by psychologists, psychiatrists, and social workers have been found to be equally effective in terms of clients' experiences and satisfaction in therapy (Seligman, 1995). Each of the major therapies are more helpful than placebo treatment or no treatment at all (Hollon, 1996; Lamberton & Bergin, 1994; Meltzoff & Kornreich, 1970; Smith & Glass, 1977; Smith, Glass & Miller, 1980), although between 5-10 percent of clients have been shown to actually deteriorate because of therapy as a result of the worsening of symptoms or the development of new ones (Mays & Franks, 1985). Not all therapies are created equal and one size does not fit all. Therapies differ in terms of the therapists' training experience, theoretical orientation, and personalities, for example (Kiesler, 1995). Highly effective and successful therapists are reported to "provide feedback to patients, help patients focus on their own thoughts and behavior, pay attention to the way they and their patients are interacting, and try to promote self-mastery in the patients" (Comer, 1998, p. 150; Korchin & Sands, 1983). Different therapies vary in their effectiveness according to the specific behavior or emotional problem being treated, the goals of the client, and the compatibility between client and therapist (Barlow, 1996; Zettle, Haflich, & Reynolds, 1992). Behavior therapies seems to be most effective in the treatment of phobias, bed-wetting, compulsions, and sexual disorders (Emmelkamp, 1994; Wolpe, 1990). Biological therapies appear to be the most effective treatment for schizophrenia (Meltzer, 1992). Cognitive therapy is effective in coping with depression and reducing suicide risk (Brown, Ten Have, Henrique, Xie, Hollander, & Beck, 2005; DeRubeis et al., 2005). Many therapists combine or integrate therapies into an eclectic approach that has proven effective (Beitman, 1996; Sander & Feldman, 1993), especially in cases of comorbidity – the occurrence of two or more psychological disorders simultaneously (Clarkin & Kendall, 1992). All the major therapies appear to "offer at least three benefits: hope for demoralized people; a new perspective on oneself and the world; and an empathetic, trusting, caring relationship" (Myers, 2010, p. 657; Frank & Frank, 1991; Strupp, 1986; Wampold, 2007). These three elements or benefits shared by all forms of therapy are also common ingredients of transpersonal psychotherapy.

**Transpersonal Psychotherapy**

**What is transpersonal psychotherapy?** Various definitions and approaches to transpersonal psychotherapy have been presented since the founding of the field of transpersonal psychology in 1968 with the publication of Maslow's (1968) Toward a Psychology of Being. The remarkable consistency in definitions over time can be seen in the following selected examples.

- **1979.** "Transpersonal psychotherapy may be conceived as an open-ended endeavor to facilitate human growth and expand awareness beyond the limits implied by most transitional models of mental health" (Vaughan, 1979a, p. 101).

- **1980.** "Transpersonal psychotherapy includes traditional areas and techniques of therapeutic concern; where appropriate, it adds to these an interest in facilitating growth and awareness beyond
traditionally recognized levels of health and, in so doing, emphasizes the importance of modifying consciousness and the validity of transcendental experience and identity is affirmed" (Walsh & Vaughan, 1980, p. 14).

- **1980.** "Transpersonal psychotherapy includes the full range of behavioral, emotional, and intellectual disorders as in traditional psychotherapies, as well as uncovering and supporting strivings for 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" (James Fadiman and Kathleen Speeth, quoted in Boorstein, 1996, p. 3).

- **1980.** "Transpersonally oriented therapy may. . . .be described as therapy directly or indirectly concerned with the recognition, acceptance, and realization of ultimate states. . . . .Transpersonal therapy is 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. (Sutich, 1980, p. 9)

- **1985.** Transpersonal psychiatrist Bruce W. Scotton (1985) defined transpersonal psychotherapy as "psychotherapy which seeks to establish a conscious and growth producing link between the patient and transpersonal experience" (p. 57).

  Transpersonal psychotherapy must, therefore, continually strike a balance between two somewhat opposing tendencies. On the one hand there is an emphasis on the wounds, problems, or developmental arrests of the individual as is suggested by the use of the word 'psychotherapy,' i.e., there is something to be treated. On the other hand there is an emphasis on the wholeness, the completion, or the fruition which is to be found in the collective, transcendent, or the spiritual. This emphasis is suggested by the word 'transpersonal' -- beyond the individual and the personal. Thus transpersonal psychotherapy shares with other therapies the belief that particular relationships and situations in the individual's life create symptoms and patterns which are amenable to treatment. It also shares with spiritual disciplines the belief that forces greater than the individual create a natural tendency towards healing and development in every individual, and that one can open to these forces and enhance this tendency. (Scotton, 1985, p. 57)

Scotton (1985, pp. 57-75) identified the following qualities as requirements essential for those practicing transpersonal psychotherapy:

(a) Openness to the transpersonal dimension  
(b) Ability to see the presence of numinous experience  
(c) Some knowledge of a variety of spiritual paths  
(d) Active pursuit of one's own spiritual development  
(e) A firm grounding in psychotherapy

- **1989.** Transpersonal psychotherapist Bryan Wittine (1989, pp. 269-287) identified the following as "basic postulates" of transpersonal psychotherapy.

  (a) An approach to healing and growth that addresses all levels of the spectrum of identity - egoic, existential, and transpersonal
(b) Recognizes the therapist's unfolding awareness of the Self and his/her spiritual world-view as central in shaping the nature, process, and outcome of therapy.

(c) A process of awakening from a lesser to a greater identity.

(d) Facilitates the process of awakening by enhancing inner awareness and intuition.

(e) The therapeutic relationship is a vehicle for the process of awakening in both client and therapist.

- 1997. According to transpersonal psychologist Brant Cortright (1997): "Transpersonal psychotherapy is the integration of spirituality and psychology" (p. 25). He identified the following characteristics of a transpersonal approach to psychotherapy.

  (a) Transpersonal psychotherapy is a theoretical framework that views psychological work within a context of spiritual unfolding.
  (b) Consciousness is central in transpersonal psychotherapy.
  (c) Transpersonal psychotherapy is multidimensional and experiential.
  (d) Transpersonal psychotherapy is heart-centered.
  (e) It is profoundly optimistic and hope-centered.
  (f) The transpersonal view of psycho-spiritual transformation extends far beyond the healing and growth of the self.

- 2003. The Department of Transpersonal Psychology, one of four academic departments within the Graduate School for Holistic Studies at John F. Kennedy University in Orinda, California., offers a Master of Arts in Counseling Psychology with a Transpersonal Specialization that promotes a vision of transpersonal psychotherapy within a holistic context that is described in a 2003 brochure.

  The transpersonal orientation emphasizes the counselor’s presence, openness and authenticity as being central to the therapeutic process; it maintains a respect for the client’s self healing capacities and seeks to evoke those capacities; and it views emotional dysfunction as an opportunity for growth rather than simply as an illness to be cured. (John F. Kennedy University, Department of Transpersonal Psychology, 2003 [Brochure].

Transpersonal psychotherapy then is a primarily focused on healing and integrating the splits and inner divisions that occur through social and cultural conditioning among the physical, emotional, mental, and spiritual aspects of a person's being (Vaughan, 1993). The conventional and traditional mainstream therapeutic goal of normal healthy everyday functioning is complemented by the recognition, acknowledgement, and acceptance of the healing potential of religious, spiritual, and transpersonal experiences.

**Topics awaiting study:** **Investigating the effectiveness of transpersonal psychotherapy.** This shared conceptual understanding of transpersonal psychotherapy has given rise to a wide range of published research studies and clinical case studies. **Figure 12-1** identifies topics awaiting study that can easily be used as a springboard for students who are interested in writing research papers about the nature, process, and outcomes of transpersonal therapy.
What underlying principles are affirmed by most transpersonal therapists? Many transpersonal therapists affirm the need for healing and growth at all level of personality development -- ego level, existential level, and transpersonal level (Vaughan, 1986). The therapist's unfolding awareness of the Transpersonal Self and his or her spiritual perspective on life is an important and essential element in the therapeutic process. The transpersonal therapist affirms the importance of expanding the client's narrow and constricted identification with the ego alone to include inner portions of his or her identity that the client has up to that point ignored, overlooked or denied. The healing nature of inner awareness and intuition in this process of awakening from a lesser egocentric form of identity to a greater inner Self identity is recognized, acknowledged, and accepted (Vaughan, 1979b). The transformative potential of the therapeutic relationship is recognized to be actual and real not only for the client but for the therapist as well.

Some underlying principles that unite transpersonal therapists are: Our essential nature is spiritual. . . . Consciousness is multidimensional. . . . Human beings have valid urges toward spiritual seeking, expressed as a search for wholeness through deepening individual, social, and transcendent awareness. . . . Contacting a deeper source of wisdom and guidance within is both possible and helpful to growth. . . . United a person's conscious will and aspiration with the spiritual impulse is a subordinate health value. . . . Altered states of consciousness are one way of accessing transpersonal experiences and can be an aid to healing and growth. . . . Our life and actions are meaningful. . . . The transpersonal context shapes how the person/client is viewed. (Cortright, 1997, pp. 16-21).

Figure 12-2 presents an elaboration of these principles and eight key assumptions underlying most psychotherapies that would call themselves "transpersonal" (Cortright, 1997).

How does transpersonal psychology and spirituality relate to individual psychotherapy?
Transpersonal psychology has called upon counselors, psychologists, and psychiatrists to recognize and treat "spiritual problems" as part of their clinical practice (Bragdon, 1994). A number of web site have been created that deal with the relationship of spirituality and psychotherapy:

- The Association for Spirituality and Psychotherapy (http://www.psychospiritualtherapy.org)
- The Center for Spirituality and Psychotherapy of the National Institute for the Psychotherapies Training Institute (http://www.nipinst.org)
- Omega Institute for Wholistic Studies (http://www.eomega.org)
- Association for Transpersonal Psychology (http://www.atpweb.org).
Transpersonal psychologist France Vaughan (1991) addresses the relevance of spiritual issues for individual psychotherapy that arise from a variety of psychopathologies that arise from: (a) addiction to spiritual experiences, (b) denial and projection upon others of the negative shadow-side of human personality, (c) ego inflation and desire for spiritual specialness, (d) feelings of fear and guilt leading to a compulsion to practice rituals of purification, and (e) worship of spiritual symbols of divinity. Characteristics of a psychologically healthy spirituality are viewed as being characteristics of psychological maturity. Figure 12-3 describes those aspects of spirituality that can be affirmed as psychologically healthy identified by Vaughan (1991).

A growing body of research show that spirituality is a powerful aid in both physical and psychological healing (Engles, 2001; Fretz, 1989; Kersting, 2003; Miller & Thoresen, 2003; Powell, Shahabi, & Thoresen, 2003; Worthington & Aten, 2009). A variety of studies... demonstrate that religious believers as a class are healthier than nonbelievers, that they are less prone to substance abuse, that they are four times less likely to commit suicide, and that they are more likely to recover, and to recover more quickly, from heart surgery than their agnostic counterparts... Lack of religious belief is a risk factor equivalent to tobacco and alcohol abuse for a wide assortment of illnesses of the body and the mind. (Schiffman, 2005, p. 54).

Transpersonal Therapy and Conventional Therapy Compared

How do most transpersonal therapists regard mainstream therapies and techniques? A basic assumption of most transpersonal therapists regarding mainstream therapies and techniques is that no one therapeutic strategy or technique can solve all psychological problems, address all dimensions of any individual or single psychological disorder, or resolve psychological problems that emerge at different levels of personality development. The individual is too complex, disorders are too multi-dimensional and over-determined, and development too varied to be properly addressed by a single therapeutic strategy. Different therapies and techniques are regarded as potentially complementary, rather than in conflict with one another once it is understood that each has its value and is effective for certain types of psychological problems, certain aspects of pathology, certain level of individual development. Psychopathology may be considered as a gestalt of actions, perceived in a different manner by various levels of the self itself. Each therapy makes a unique contribution to resolving particular types of psychological difficulties depending upon its focus and aim. The task of the therapist is to recognize the strengths, limits, and optimal range of application of each therapeutic approach. Transpersonal psychotherapists seek to integrate the best of mainstream techniques with a transpersonal perspective that recognizes the validity and strength of the spiritual dimension in human lives, drawing upon each approach as appropriate to match the unique needs of individual clients.

How do transpersonal therapists differ from conventional therapists? Transpersonal psychotherapists differ from traditional psychologists in the wider range of psychotherapies they integrate into their practice, the number of spiritual experiences they report having, their participation of some spiritual practice (e.g., meditation, shamanism), and their belief that spiritual experiences are important in the
client’s life. Transpersonal psychotherapy differs from traditional methods of therapy not so much in the therapeutic procedures used, as in its context, content, and process (Vaughan, 1979a). It views therapy within the context of spirituality and transformation. It explores issues of meaning, purpose, value, and spirituality. Therapy is multidimensional (addresses the spectrum of identity – bodily, egoic, existential, and transpersonal) and is experiential. It recognizes that the therapist’s spiritual world-view is central in shaping the nature, process, and outcome of therapy. What differentiates transpersonal therapy from other orientations, approaches, and perspectives to psychotherapy is the spiritual perspective of the therapist.

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 attitude of the therapist, attitudes that shape the course of therapy. He [or she] neither avoids the issues of value and meaning in human life nor places them outside the bounds of the therapeutic work; rather he [or she] 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. (Boorstein, 1996, p. 3)

In a survey of practicing psychotherapist conducted by Hutton (1994), a volunteer sample of 52 transpersonal therapists were compared with 14 practicing psychoanalysts and 38 behavioral-cognitive therapists on the following dimensions: (a) religious orientation, (b) current spiritual practice, (c) psychotherapy techniques used in practice, (d) transpersonal training, (e) spiritual beliefs related to psychotherapy, and (f) personality orientation. Subsequent analysis of all survey responses identified the following outcomes:

(a) Results indicated that most of the respondents had undergone some kind of change in "religious orientation" in life. The psychoanalytic and behavioral/cognitive therapists reported a shift from traditional Western spiritual beliefs to agnostic and atheistic beliefs, whereas the transpersonal therapists reported a shift from western religious beliefs to Eastern beliefs.

(b) "Current spiritual practice" was quantified by counting each time a subject performed or attended a particular spiritual practice (e.g., religious services, meditating, attending a spiritual group, praying, reading spiritual material). The psychoanalytic group had the lowest mean (performed one practice weekly), the behavioral/cognitive group the middlemost mean (performed a practice 2 days out of 3), the transpersonal group the highest mean (performed a practice 2-3 times a day).

(c) Many different "psychotherapy techniques" were reported used (e.g., progressive relaxation, meditation, visualization, dreamwork, bibliotherapy) with no one technique reported being used frequently enough to differentiate the three groups of therapists, although the transpersonal therapists reported using a wider collection of techniques than the other two groups indicating a more eclectic utilization of techniques in therapy.

(d) The transpersonal therapists received more "transpersonal training" (e.g., day-long or week-long workshops, extended academic training) than the psychoanalytic and behavioral/cognitive therapists and listed significantly more spiritual books that influenced their clinical work (mean = 8 books) than the other two groups (1-2 books).

(e) In terms of "spiritual beliefs related to psychotherapy," compared to psychoanalytic and behavioral/cognitive therapists, transpersonal therapists were significantly more likely to indicate disagreement with the following statement: "Spiritual interests and issues have little or nothing to
do with psychotherapy," and to indicate agreement with the following statements: "In the therapeutic relationship, the process of awakening occurs in the client and therapist," "A psychotherapist should be open to the spiritual or religious dimensions," "It is important for the psychotherapist to have a regular spiritual or religious practice," For a psychotherapist, some knowledge about a variety of spiritual paths is important, " and "I feel that my spiritual/religious orientation affects my clinical practice." No difference among groups was found in their agreement with the statement that "It is important for a psychotherapist to be firmly grounded in the traditional theories of psychotherapy.

(f) Results of the "personality orientation" assessment (i.e., Singer/Loomis Inventory of Personality) indicated that all three group of practicing therapists were Introverted-Thinking types.

Overall, the main factors that differentiated transpersonal therapists from their psychoanalytic and behavioral/cognitive colleagues were that the transpersonal group tended to report having had more spiritual experiences, follow some spiritual practice, and believe that such experiences are important. Transpersonal therapists also tended to be more eclectic in their use of psychotherapeutic techniques and gave a broader range of self-definition to their therapeutic approach (i.e., self-classify themselves as psychodynamic Buddhist, shamanic behaviorist, humanistic transpersonalist). Results suggested that transpersonal psychotherapy may be better suited to the treatment of psychoreligious and psychospiritual concerns (DSM-IV diagnostic code V62.89) than other psychological and psychiatric orientations.

Although psychoanalysis has been helpful in dealing with neuroses related to infantile sexuality, unresolved conflicts in various libidinal zones, emotional problems, and memories from various life periods of an individual's life, it is ill-equipped to understand or explain impulses toward ultimate states of consciousness. Although behaviorism has been helpful in dealing with maladaptive behaviors related to faulty parental modeling and conditioning, it does not grant the existence of transpersonal processes. Each of the traditional therapies is appropriate for its own domain of symptoms because each type of therapy addresses different levels of functioning of the individual in quite valid and significant ways (Wilber, 1984b). However, transpersonal psychotherapy alone relates to clients' spiritual experiences and concerns.

Transpersonal therapy is an approach to healing/growth that aims to bridge the Western psychological tradition, including psychoanalytic and existential psychological perspectives, and the world's perennial philosophy. . . . What differentiates transpersonal therapy from other orientations is neither technique nor the presenting problems of clients but the spiritual perspective of the therapist. . . . A transpersonal approach seeks to help clients integrate the transcendent or spiritual and personal dimensions of existence, to help them fulfill their unique, creative individuality while pointing toward their rootedness in the nontemporal, formless, depth dimension of being. (Wittine, 1989, p. 269)

Figure 12-4 outlines some similarities and differences between four schools of psychotherapy -- psychoanalytic, humanistic, cognitive-behavioral, and Zen-oriented transpersonal -- in their approaches to therapy, health and healing (Shapiro, 1983).
How does the way transpersonal crises are treated today differ from the way they were treated in the past? The way transpersonal crises are treated today differs from the way they were treated in the past (Boorstein, 1996). A religious context was the primary framework within which transpersonal crises of all kinds were understood and interpreted and subsequently treated. In the past, religious or spiritual crises were treated either by the diocesan priest, the resident shaman, or the village witch-doctor. This has since changed with transpersonal crises now interpreted within a psychological rather than a religious context.

The role of transpersonal psychotherapy is to try to integrate both contexts, but outside the traditional religious dogmas and doctrines that more often constrained and limited our understanding of the nature and dynamics and growth potential and healing dimensions of psychological breakdowns, disorders, and crises. It is not the Devil that needs to be exorcized, but faulty and distorted beliefs and the confused and tangled emotions that they generate that need to be exorcized. Also, as more and more individuals begin to engage in contemplative practices such as meditation, various dimensions of the psyche become opened up, issues previously repressed or consciously pushed aside from conscious awareness rise up into conscious awareness. These emergent memories, ideas, beliefs, impulses, and so forth can cause the individual psychological stress with corresponding physiological symptoms that may be distressing to the individual and to others. The more familiar that the clinician is with such practices, the better is her or she able to understand, diagnosis, and treat the individual involved.

II. The Psychotherapeutic Process

The Aims, Goals, and Tasks of Transpersonal Therapy

The aims of transpersonal therapy.

Therapy’s aim is to re-connect the client with a deeper source of wisdom and guidance within, uniting conscious ego with subconscious Transpersonal Self in order to activate the individual’s natural healing tendencies and development. Spirituality is recognize not to be the special province of official religion, but is a biologically-pertinent characteristic of our species and the part of our psychology most often overlooked in traditional psychotherapies. Successful transpersonal psychotherapy has the potential to renew clients’ optimism, joy, and ever-abundant energy to grow, to encourage his or her curiosity and creativity, and places the individual in a spiritual world and a natural one at once. Transpersonal psychotherapy utilizes all the traditional methods of therapy (dream work, hypnosis, behavior modification, cognitive restructuring) as well as innovative adjuncts such as meditation, creative visualization, attention training, psychosynthesis, body work, and holotropic therapy. Ken Wilber (1984b) organizes the spectrum of treatment modalities corresponding to specific psychopathologies that are associated with different levels of psychological development. Because transpersonal therapists recognize the existence of the subconscious and of an “inner” transpersonal self, transpersonal psychotherapy is at its core a psychodynamic theory, but without the pessimism or limitations of Freudian personality theory. It draws upon models of human development beyond normality and self-actualization to further developmental possibilities that reside within us all (Walsh & Shapiro, 1983). The transpersonal approach to exceptional experiences and behaviors -- that traditional psychiatry too frequently diagnoses and treats as pathological, but which are in fact crises of personal transcendence and transformation and that are may be called visionary states, metanoiac voyages, spiritual emergencies, creative illness, positive disintegration, problem-solving schizophrenia -- is to validate the individual’s experience and allow the “spiritual emergency” to unfold naturally, spontaneously, automatically within a context of appropriate social and therapeutic support. All psychological disorders have a positive potential for personal, interpersonal, and transpersonal growth. It is important to recognize, psychologically speaking, that the human mind and body are far more flexible, durable, and creative than given credit for.
Chapter 12 – Transpersonal Therapy

The goals of transpersonal therapy

1. **Understanding the role that ideas, beliefs, and expectations play in the creation of personal experience.** One goal of transpersonal therapy is to help the client allow his or her intuitions and subconscious knowledge of the Transpersonal Self to flow through the conscious ego (Vaughan, 1979). To the extent that this can occur, the individual not only comes to perform his or her chosen roles in life more effectively, but also adds new energy, insights, and creativity to all other aspects of his or her personality. A key idea of cognitive-behavioral therapy is brought to this enterprise -- if the client does not like his or her personal experience, then the client must change the nature of his or her private thoughts and expectations. There are always inner psychic reasons for any psychological disturbance, problem, or disorder. Because of the direct role that thoughts and feelings, beliefs and expectations and imagination play in creating and determining one's experience of oneself, one's body, other people, objects and events in the world, then altering the state of the psyche will automatically alter our experience of ourselves, others, and the world (i.e., physical circumstance). The aim of therapy, in these terms, and its primary purpose or point is to assist the client to learn and understand that his or her psychic energy -- translated into feelings, thoughts, and emotions -- causes all experience. A person's beliefs in his or her unworthiness prevents him or her from using his or her abilities, or even pursuing a course of effective action with any persistence (Ellis, 1987).

Example: Freeing the client from the chains of perfectionism. Suppose you believe that to be "good" you must try to be perfect (Basco, 1999). You may have been told, or read, that the spirit is perfect, and hence thought that your duty was to reproduce in yourself that perfect spirit in flesh as best you could. To this end, you attempt to deny all imperfect thoughts and emotions. You examine your conscious mind and become appalled at your own "negative" thoughts and emotions. You may also believe that your thoughts create your personal reality, so you become all the more frightened at mental or actual expressions of an aggressive nature. You may be so concerned about hurting someone else that you hardly dare move. Trying to be perfect all the time can be far more than a nuisance; it can be disastrous because of your misunderstanding. Actually, the word "perfect" holds many pitfalls. In the first place, it presupposes something completed and done and beyond change, and so beyond motion and further development, or creativity. What the transpersonal therapist does is to try to correct this misunderstanding and distortion. He or she tries to get the client to realize that the spirit is always in a state of becoming, ever changing, supple, without end, as it was and is without a point of beginning. The transpersonal therapist understands the psychodynamic nature of thoughts and feelings, ideas and beliefs. Ideas have an electromagnetic and chemical reality in addition to their recognized mental or psychological aspects. Ideas become composed of energy, once created cannot be destroyed, but are alive. Ideas and beliefs do feed upon themselves. Similar ideas and feelings attract one another. Ideas and beliefs do have an inbuilt impetus toward growth, development, and fulfillment. Opposing systems of belief do build up their energy strongly over time.

2. **Becoming aware of and then examining the nature of those ideas, beliefs, and expectations that create personal experience.** The secondary goal, aim, purpose, or point of therapy, then, is to get the client to learn to examine the nature of his or her available, though psychologically invisible, conscious beliefs, that automatically cause him or her to feel or think in certain fashions (see, for example, a series of "belief assignments" proposed by Ashley, 1984, pp. 22-24, 39-42, 66, 78-79, 91, 102, 107, 113-114, 126 to help the client conduct this self-examination). This is much more difficult to do than it appears on the surface because of the dynamics of cognition. All ideas are rejected or accepted according to whether or not one believes they are true. Clients will, therefore, accept a suggestion from the therapist only if it fits in with their own ideas and beliefs about what is real and unreal, normal and abnormal, good and bad, true and false, possible and impossible, and their concepts about themselves in...
particular, that are reflected in all areas of life. One cannot separate one's beliefs about the nature of the self, others, the world, or even the nature of reality from one's experience of them. Underlying beliefs need to become revealed before the therapists can begin to understand the inner mindscape of the patient so as to discover the proper way in. The client's ego cannot shut out information from the conscious mind, but it can refuse to pay attention to it or focus directly upon it. This does not mean the information becomes unconscious. It is simply thrown into a corner of the mind, unassimilated. It is there if the client and therapist looks for it. The key to problem-solving of the client's psychological problems, then, is his or her conscious beliefs.

3. Understanding and appreciating the directing power of the conscious mind. It is of the utmost importance that the client understands the power and directing nature of his or her conscious mind. Otherwise, the client will believe him or herself to be forever at the mercy of conditions and situations over which he or she feels they have no control. Clients must give up any idea that he or she may have as to the "unsavory" nature of unconscious activity. Clients must learn to believe in the goodness of his or her own being. Otherwise, he or she will not explore these other states of his or her own personal reality. It is difficult to get client's to examine their own beliefs, because many people are afraid of their own thoughts, and for this reason do not examine them, but accept indiscriminately the beliefs of others. Many false beliefs may have been indiscriminately accepted by the client and continue to be harbored because he or she has not examined them. Clients' fears, ignorance of their own thoughts, and identification with the beliefs of others distort data both from within and without. If the client has accepted a belief from his or her parents in childhood that one must accept their difficulties, does not recognize the true origin of that belief, but accepts it as one's own, for example, then this belief alone unrecognized can deter the client for solving their difficulties. Such false beliefs must be weeded out during the process of personal psychosynthesis so that the client's conscious mind can become aware of their source and open up to the inner self-changes and personal power available to it. The client's own conscious thoughts will give him or her excellent clues. The client may often find him or herself refusing to accept certain thoughts that come to mind because they conflict with other usually accepted ideas. The client's conscious mind is always trying to give the client a clear picture, but the client often allows preconceived ideas to block out this intelligence.

A key element to any successful therapy. A key element to any successful therapy then is to have the client become aware of his or her beliefs, aware of his or her conscious thought, and to change his or her beliefs to bring them more in line with the kind of life the client wants to experience. Cognitive and cognitive-behavioral therapies are based on this principle -- the realization that one's beliefs about the self, world, or others are just that -- beliefs about self, world and others and not necessarily attributes or characteristics of them (Hollon & Beck, 1994). Frequently such ideas appear indisputable to such a degree that it does not occur to the client to speculate about their validity, even though they become invisible assumptions that color and form the client's personal experience. Psychosynthesis is based upon this principle -- making a clear distinction between the client as a person and his or her beliefs -- and employs a technique called "dis-identification" to make the client aware of the difference (Assagioli, 1965/1976, pp. 22-23, 116-125). Transpersonal therapy complements both approaches by helping the client realize how their beliefs will manifest or materialize into their experience. The fact of the matter is that the client will learn to deal with his or her beliefs directly or else he or she will be forced to deal with them indirectly -- by reacting to them quite without knowing it in their daily life experience.

A steady program of meditation is beneficial for the development of self-knowledge. The transpersonal therapist solicits the aid and help of the client's own inner Transpersonal Self in this enterprise of self-knowledge, because self-change cannot be forced upon the client from without. In
personality dynamics, it is often easier to avoid the frequent re-adjustments in behavior that self-examination requires. The client buries a thought or idea that might cause him or her to change his or her behavior, because it does not seem to fit in with the limiting ideas he or she already holds. The ego, as a rule, does not like change and will resist it. It is not that certain answers do not lie openly accessible, but that often the client has set himself or herself a course of action in which he or she believes in, and does not want to open themselves to any material that may contradict one's current beliefs. Certain beliefs that may have been valid and significant at one period of the client's life may still be retained but may no longer be helpful or valid. The client needs to become aware of them ("Listen to your thoughts as you go about your day." "What suggestions or ideas are you giving yourself"). This is why a steady program of meditation is beneficial. The client's conscious mind and awareness will actually expand as he or she uses it in this manner. As self-knowledge grows, the reach of the imagination increases which, in turn enriches conscious reasoning and emotional experience. Changing the belief system of the client may allow his or her ego personality to use his or her awareness properly and fully. As soon as the client needs information, aid, or knowledge for effective day-to-day, then it would be immediately forth-coming, unless a conscious belief causes a barrier.

4. **Sorting out and reconciling contradictory beliefs.** Self-knowledge of one's beliefs is important, because the existence of contradictory beliefs (e.g., I want help, but hate myself for having to ask for it; I want an intimate relationship with a woman, but I fear it at the same time) impede the action of proper personality growth.

One person may desire fame, and even possess certain abilities that he or she wants to use, and that will indeed lead to that claim. Such a person may also believe that fortune or fame leads to unhappiness, licentiousness, or in some other way brings about disastrous conditions. Here we have a clear purpose to use abilities and receive acclaim. We also have another quite opposing clear purpose: to avoid fame. There are people who want children and mates, and have those excellent qualities that would serve them well as parents. Some of those same individuals may be convinced that love is wrong, however, or that sex is debasing, or that children mean the end of youth. Such persons may then find themselves breaking off good relationships with those of the other sex for no apparent reason, or forcing the other party to break with them. Here again we have two clear purposes, but they oppose each other. (Roberts, 1981b, p. 163)

Once conflicting beliefs or purposes are accepted by the conscious mind of the client, a definite attempt is needed by the therapist to help the client sort them out. Because ideas and beliefs do not exist as phantoms or shadow-images without substance, but have an electromagnetic reality besides their recognized mental reality, they affect one's physical body and are automatically translated by our nervous system into neurotransmitters and hormones the circulate throughout our body, shaping our mental and emotional experience. Constant interplay between strongly contradictory beliefs can cause great energy blockages, impeding the flow of action outward. In such cases, bodily illness or emotional upset are meant to be taken as signs that self-change is needed. The source of the pathology, whether physical or psychological, are those times when a polarization occurs and unassimilated beliefs and unconsidered ideas can seem to adopt a life of their own. When an individual becomes afraid of his or her own awareness, when no effort has been made to reconcile directly opposing beliefs, then the therapist encounters the classic case of secondary personality where the personality itself is quite literally polarized. When the client does not accept responsibility for his or her own thoughts (i.e., when the contents of the conscious mind are not examined), then a physical and mental division occurs. In such cases, directly opposing beliefs dominate the conscious mind at various times, each operating the body in
its own manner. Secondary personalities are understood to be, in these terms, splits of the conscious mind and not of the inner, Transpersonal self.

Many such alienated individuals cure themselves. Sometimes this is done when such a person chooses to undergo a traumatic experience -- often one part of the personality will plan this quite deliberately while the other portion closes its eyes. These events can seem to be disastrous or near disasters, yet they can sufficiently mobilize the entire personality for survival's sake. In a moment of high critical tension, the personality may put itself together again. Such critical-uniting episodes usually do not involve long sicknesses, though they may, but instead events such as bad accidents. The difficulty may be exteriorized as a broken limb, instead of a broken self, and as the body is repaired the necessary assimilation of belief takes place. There are various kinds and stages of healing in such cases. Each individual is unique. Sometimes portions of each conflicting side of the personality break off to form a clearer psychological structure which can communicate with the other two or three or four, act as a referee, and reconcile the opposing beliefs held by each. This is often done within the main personality realizing what is really going on.

Such self-changes happen naturally as life progresses, and when the self modulates at any given time, it is different from what it was... . What you think of as the self dies and is reborn constantly, as the cells of your body do. Biologically and spiritually, new life relies upon these innumerable changes and transformations, deaths and births that occur naturally both in the seasons of the earth and those of the psyche. ... In the regular course of events the ego, that portion of the inner identity that rises to face the world of physical existence, will change into another ego, but while losing its 'dominant' status will not die to itself. It will alter its organization as a part of the living psyche. ... When this occurs 'all by itself' it is an innate reflection of the psyche's creativity and happens with its own rhythm -- connected to seasons of the mind and blood and consciousness and cells in ways that you do not as yet understand. But the whole structure and its subsidiary relationships change together, and the conscious mind is able to assimilate what is happening. (Roberts, 1974, pp. 198, 207, 212)

5. Solicit the aid and assistance of the client's inner self-helper. True self-change will require the support of the client and will need to engage all portions of the Self in the healing process if it is to truly take root. If the ego of the client turns aside from his or her inner helper -- is afraid of his or her dreams, for example, or of intrusive psychic material, or believes that the inner Transpersonal self is dangerous and not to be trusted -- then both the client and therapist are denied its help. The evocation of the client’s inner self is important because its perception is different than the perception of the outer ego and can provide valuable insights about the symptoms or problems that the therapist and client are trying to address in therapy. The inner Transpersonal self may bypass those restrictive areas of the ego-directed conscious mind and shoot energy around the blindspots in other layers of subconscious activity so that a more life-giving set of beliefs and insights may emerge into awareness.

Primary tasks of transpersonal psychotherapy

1. Facilitate the emergence and development of a stable, cohesive egoic identity in the client. One primary task of transpersonal psychotherapy is identical to that of many other Western psychotherapies -- "to facilitate the emergence and development of a stable, cohesive egoic identity in the client," that can successfully adapt itself and hold its own in the outer environment and achieve a well-balanced relationship with the physical universe, strengthening its ability to handle itself and its concerns and control over circumstance so that it is properly related to the physical environment (Wittine, 1989, p. 271).
Transpersonal psychologists have emphasized the importance of becoming somebody before you can be nobody (Engler, 1986). In other words, ego identity must be established before it can be relinquished. . . . A person lacking ego strength tends to be defensive, to resist change, and to be motivated primarily by fear. A weak ego also implies low self-esteem and a negative self-image, both of which are associated with addictive patterns of behavior. Transcendence of ego in authentic spirituality does not mean self-abnegation. Ego just becomes less important. From a transpersonal perspective, ego, like the rational mind, is a good servant and a poor master. (Vaughan, 1991, p. 113)

This includes helping individuals who are identified almost entirely with only certain acceptable aspects of their whole self (e.g., Persona) to accept those so-called unacceptable aspects that they deny, repress, or project (e.g., Shadow).

2. Help the client penetrate beneath well-entrenched defensive patterns of the ego and confront what are called the "existential givens" of being human. A second primary task is to help the client penetrate beneath well-entrenched defensive patterns of the ego and confront what are called the "existential givens" or the conditions of being human (referred to in Buddhist literature as the "Dharma" of human existence). These include the facts that we are embodied, finite creatures capable of making choices and taking action; that we are separate from, but related to, others; that we are all subject to the pain, anxieties, insecurities of suffering and dying; and that nothing embodied is permanent. In this way the first of the four noble truths of Buddhism -- the impermanence, pain, and insubstantiality of embodied existence -- becomes strongly felt and understood. In a very profound way, the client begins to realize that no matter how great they will ever become, how much they will ever possess, and whatever they will ultimately accomplish, perfection and completion and fulfillment will always be beyond their reach because there is always "More" to be, to have, and to do. As the client begins to incorporate these "existential givens" into his or her being, the client's attention begins to turn to spiritual questions ("Is this all there is?" "Is this all I am?").

3. Help the client realize how limiting it is to regard the ego as the whole self. The third primary task is to help the client realize how limiting it is to regard the ego as the whole self or complete personality or to think that the ego makes up the entire personality. Healing begins to unfold with the realization of a greater identity that comes to life as the client relinquishes his or her unquestioned conceptions of the self and world and begins investigation of those inner realities beyond ego. Transpersonal therapists conceive this final task in different ways. Transpersonal psychotherapist France Vaughan (1986), for instance, describes it as involving an "awakening" that unfolds in three-stages of dis-identification and identification: (a) relinquishing, transcending, and dis-identifying with our exclusive identification with one's pre-conventional, pre-personal, pre-egoic identity of childhood and awakening to our egoic identity, (b) relinquishing exclusive identification with our limited egoic self and world representations and schemas and awakening to a more mature, existential identity, and (c) relinquishing our exclusive identification with our embodied, individual, separate existential self-sense and awakening to our true identity as a whole, basic Self.

Expected clinical (client) therapeutic outcomes. Transpersonal therapy has several outcomes it seeks to achieve. One outcome is the conventional outcome of behavior change and the client's understanding of the beliefs that underlie behavior. In addition, the client's awareness is broadened so that the individual become more aware of thoughts, images, and feelings that accompany behavior (i.e., "developing awareness of consciousness itself). This includes awareness of the questionable ideas and belief that are communicated by society and culture regarding the nature of the self and the nature of reality that
undermines personal integrity and that may underlie the person's psychological disturbance (i.e., "awaken from the consensus trance that perpetuates the illusion of separateness"). Another outcome of transpersonal therapy is an expanded awareness on the part of the client of issues relating to low self-esteem and poor self-concept (i.e., "I am worthless," "I am powerless before circumstances I cannot change.") that may be involved in the psychological disturbance and which contribute to its emergence and continuance. (i.e., "exploring and expanding upon issues of identity and self-concept").

Transpersonal psychologist aims for psychological wholeness of the individual -- a harmonious integration of physical, emotional, mental and spiritual aspects of well-being, as well of a recognition that one is a part of the social and natural world.

**Content and Context of Transpersonal Psychotherapy**

**Content is the client; the context is the therapist.** The content of transpersonal therapy consists in the life experience of the client; the context of transpersonal psychotherapy is established by the therapist who affirms the importance of spiritual issues for psychological health (Vaughan, 1979). As a part of this context is the therapist's own personal exploration of the transpersonal domain, both experientially through his or her engagement with some spiritual discipline and intellectually through his or her reading and study of transpersonal concepts and theories. The transpersonal therapist strives to model authenticity and genuineness in his or her dealings with clients. The balance and creative tension between spontaneous freedom and directed discipline that accompanies his or her inner work and spiritual practice informs his or her transpersonal practice of therapy.

**Client characteristics**

**What are the requirements to be a successful client in transpersonal psychotherapy?** Transpersonal psychiatrist Bruce W. Scotton (1985) identifies two requirements for a client in transpersonal psychotherapy: (a) a willingness to work on their psychological problems, emotional wounds, and developmental arrests, and (b) an openness to learn about the inner transcendent, transpersonal, spiritual realm and unfold spiritually. Ultimately, the success of transpersonal therapy is not dependent upon any particular technique, but rather the client's desire and expectation of change. There is no one psychotherapeutic technique or method that will necessarily result in healing for every person or for every psychological disturbance. Therapeutic techniques that are effective for one client may be ineffective for another because of individual differences in temperament, inclination, curiosity, training, education, past experience, or desire for knowledge. Clients can choose among therapies precisely because they are the one's uniquely suited to sense what course of action will lead to their own probable development and fulfillment. In the creative field of probable actions and outcomes, there is always more than one way to discover the vital reality of one's impulses toward ideal states and become acquainted with those deeply creative aspects of one's own being.

The answers to all the client's questions, the knowledge of the Transpersonal self, and the enlightenment and liberation that the client seeks in within his or her present experience. No therapist can tell the client what road to follow to find the solutions to his or her problems. Nor will clients will find themselves by running from therapist to therapist. The solutions to personal difficulties will not be found outside of the client, but by having the client participate in an inner journey into him or herself, through themselves and the world that he or she knows. As trite as it may sound, "the truth is within oneself." Because it is the client's problems that are brought to therapy, it is the client's answers that must be found, and they are to be found within the client. If the client does not take the time to examine his or her own subjective states, then he or she should not be surprised or complain that the answers elude him or her. The client cannot throw the burden of responsibility upon the therapist or upon any other person for his or her difficulties.
The therapist (and others) can help the client in their own way, and at certain levels of development such help is necessary and good. But the transpersonal therapist's aim in therapy is always to remind the client of the incredible power within his or her own being and to encourage the client to recognize and use it.

In order for this power to be found, however, the client must learn to listen to the voice of the inner self within, to that "small, still inner voice" that is hardly to be feared. As someone once said: "Ask, and you shall be answered. Seek, and you shall find. Knock, and it shall be open to you." But the client must remember to ask, seek, and knock. And to dare to explore him or herself. Every student knows that there is a difference between being told things and knowing them, and knowing comes from within and from the taste of experiencing. Only by looking within the self that he or she knows can the client's own psychological reality be experienced, understood, and known for what it truly was, is, and will be. Only by re-establishing and exploring those connections that exist between the client's present or immediate ego-self and the inner basic identity of the Transpersonal self that is truly multidimensional can the knowledge that the client seek be obtained. The advice offered by Seth/Jane Roberts (1997) is evocative in this regard:

> By looking at your own life, you can quite easily discover in what areas your own abilities lie by following the shape of your own impulses and inclinations. You cannot learn about yourself by studying what is expected of you by others -- but only by asking yourself what you expect of yourself, and discovering for yourself in what direction your abilities lie. (Roberts, 1997a, p. 176)

The client must learn that he or she can indeed depend upon seemingly unconscious portions of him or herself. The therapist can point out to the client, for instance, that each of us constantly breathe, grow, and our bodies performed a multitudinous array of delicate, intricate, interweaving, complicated, and precise physiological and neurological activities at an unconscious level without being consciously aware of how all this is done or how such manipulations are carried out. We constantly maintain the miracle of sensing, perceiving, thinking, feeling, judging, remembering, speaking, walking and so forth in the physical world of space and time without knowing at a conscious level how this is done. It is done by inner unconscious portions of our being that operate simultaneously, spontaneously, freely, and "unconsciously" amazingly well -- despite our great misunderstanding of their nature and function and in the face of strong interference caused by our beliefs. If the client has become afraid of emotions or the expression of feelings, or if he or she has been taught that the unconscious portions of the personality is no more than a repository of unreliable, uncivilized impulses, filled with negative energy and unpleasant episodes of the past best forgotten or that the conscious mind is relatively powerless and adult experience was set in the days of infancy, seeing themselves as vulnerable solitary egos, riding perilously and unprotected upon the tumultuous waves of involuntary process, then these beliefs must be changed before any real transpersonal therapy can proceed. Only after this personal psychosynthesis has occurred and the division between the inner and outer self has been healed and the connective bridge re-established will the client dare to risk and be willing to become more and more consciously aware, bringing into his or her own awareness larger and larger portions of him or herself. If the client believes that the inner Transpersonal self works against the conscious ego rather than for it, however, then the client hampers its functioning, or rather forces it to behave in a certain way because of one's beliefs. This situation would need to be changed through personal psychosynthesis (Assagioli, 1965/1976, chap. 4).

**Therapist characteristics**

**What do clinical guidelines for training transpersonal psychotherapists include?** Transpersonal psychotherapists undergo conventional training at accredited universities that requires a degree in a mental health discipline (e.g., mental health counseling, clinical psychology) and clinical licensing that
requires at least 3,000 hours of supervised clinical internship. Transpersonal training requires not only a knowledge of transpersonal theory and therapies, but also an understanding of both conventional and transpersonal approaches to diagnosis and treatment, as well as a working knowledge of how spiritual issues and problems enter into the matter of psychological disturbances (e.g., being able to recognize the difference between spiritual emergence and spiritual emergency and between spiritual emergency and ordinary psychopathology of normal life. One interesting difference between the training of conventional psychotherapists and transpersonal therapists is the expectation that transpersonal psychologists-in-training undergo experiential work as a client in a transpersonal psychotherapy that requires them to undertake their own in-depth, transpersonally-oriented psychotherapy. A second important difference between the training of a conventional psychotherapist and a transpersonal psychotherapist is the requirement that the therapist-in-training engage in long-term practice of a transpersonal discipline, such as meditation, yoga, or a martial art. Training in the ethics of practice is also strongly emphasized, especially a sensitivity to spiritual issues essential for fostering transpersonal growth. Clinical guidelines for training transpersonal psychotherapists emphasize an "integral approach" that draws from diverse therapies and disciplines and fosters a balanced development of the whole person (Braud, 2006; Rowan, 2006; Ingersoll, 2002; 2007). "This integral approach to diagnosis [and treatment] honors the partial truths of the medical model while also allowing for other truths (including the transpersonal) that may be relevant to the client's case" (Ingersoll, 2002, p. 115)

What are the requirements and characteristics necessary to be a successful transpersonal psychotherapist? Transpersonal psychiatrist Scotton (1985) identifies six requirements for the successful psychotherapist.

1. "The first requirement is an openness to the transpersonal dimensions...[and] a conviction based on experience that contact with the transpersonal dimensions may be transformative" (p. 60).

2. "The second requirement is the ability to sense the presence of, or a report, of numinous experience, whether it should appear in a dream, a vision, a synchronous event, or a contact with a spiritual teacher...to help point the way for the patient and...not be confined to working at the unassisted patient's rate" (p. 60).

3. "Some knowledge of a variety of spiritual paths constitute the third requirement...[in order to be] alert to the appearance and the evolution of the patient's own path...[and] be able to work with people on any of a variety of different paths" (p. 61).

4. "Fourth, the transpersonal psychotherapist must be in active pursuit of his own spiritual development" (p. 61).

5. "Fifth, the transpersonal psychotherapist must have a degree of openness about himself, his orientation, and his experiences so that the patient knows whom he is taking on as a co-worker" (p. 61)

6. "Finally, the transpersonal psychotherapist needs to obtain and maintain a firm grounding in [conventional] psychotherapy" (p. 61).

Anthony J. Sutich (1973, pp. 4-5), co-founder with Abraham Maslow and others of the Journal of Humanistic Psychology in 1961, the Association for Humanistic Psychology in 1963, the Journal of Transpersonal Psychology in 1968, the Transpersonal Institute in 1969, and the Association for
Transpersonal Psychology in 1971 identifies the necessary characteristics of a successful therapist who adopts a transpersonal orientation. The therapist or counselor:

a) is on his (her) own spiritual or transpersonal path.

b) accepts the right of any person with whom he or she is working to pursue his or her own path and to change to another if that seems desirable.

c) 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 knows how, to help in the realization of emotional growth as well as ultimate states.

d) has reasonable knowledge, among other psychological principles, of the role of self-deceptive mechanisms throughout the life cycle, including their function in himself.

e) 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.

Why is it necessary for the therapist to be familiar with various spiritual paths and contemplative practices? It is necessary for the therapist to be familiar with various spiritual paths and contemplative practices in order to be able to distinguish, on the basis of first-hand direct experience, the difference between healthy spirituality and the uses of spiritual techniques and practices that mask or cover-up psychological problems. For instance, sometimes individuals may come to therapy having misused certain practices, such as meditation, to avoid interpersonal relationships or in an attempt to hide other psychological disturbances. Many clients who seek transpersonal therapists are already on a spiritual path and a therapist who is already familiar with such practices can be a better match for such a client in terms of understanding the issues involved. Transpersonal therapists are often called upon to deal with specifically spiritual issues, and a therapist who is familiar with various spiritual paths and contemplative practices may be in a better position to help such individuals.

The Practice of Transpersonal Psychotherapy

What does a transpersonal therapist do in the course of therapy?

Before transpersonal work can begin, various traditional therapies are often used to help release what is repressed, make conscious what is subconscious, unravel neurotic or psychotic trends in personality, modify destructive habits, and strengthen the ego so that its anxieties, defenses, projections, and limiting and limited beliefs may be transcended. Transpersonal psychotherapists encourage individuals to truly "know themselves," to recognize the defense mechanisms they may use to protect their egotistical selves from anxiety-arousing self-knowledge, and to take practical steps toward actualizing their ideals, and to be their most excellent self. Most therapists using a transpersonal orientation in psychotherapy agree that the single most important element in counseling work with individuals is the attitude (both conscious and subconscious) of the therapist himself or herself, including his or her beliefs, expectations, and personal stage of transpersonal development.

A transpersonal therapist employs traditional therapeutic techniques as well as methods derived from spiritual disciplines such as meditation, yoga, mind training, and martial arts (e.g., aikido) (Faggianelli & Lukoff, 2006; King & Coney, 2006). A transpersonal therapist encourages clients to attend to the needs of
both body and mind and to understand the interrelationships between the two. Frequent physical exercise, for example, can keep channels between the conscious and subconscious open, can provide a needed mental rest from daily concerns, can add energy, and restore the spirit. A transpersonal therapist encourages clients to explore the inner life of the psyche in depth, to understand the meaning of their dreams, to attend to the larger synchronistic pattern that connects seemingly separate events in their lives, open up to inner communication among various layers or areas of the subconscious, and to contact and utilize those inner energies that can add a sense of drama and creative excitement to life. A transpersonal therapist encourages clients to discover a wealth of inner resources for creativity, inspiration, intuitive understanding, compassion, and their innate capacity for self-healing and forgiveness for themselves and for those others who share this journey of life with them.

A transpersonal therapist encourages clients to develop their own abilities, whatever they may be, exploring and expanding their experience of selfhood, that gives life a sense of purpose and meaning, and that adds to the understanding and development not only of the individual but to society as well. The transpersonal therapist encourages the client to put his or her ideals into practice in daily life, which adds emotional richness to normal life and fills it out with that indefinable sense of basic trust, without which life itself can seem meaningless. If the client is to know him or herself in the deepest terms, then he or she must start with his or her own feelings, emotions, desires, intents, and impulses There is an inner transpersonal self, and that inner self speaks through one's impulses. Those impulses provide in-built spiritual and biological urge to move in the direction of one's most ideal development. One must trust the self that one is now. Spiritual knowledge and wisdom are the natural result of this sense of self-unity.

The transpersonal therapist helps the client to accept their own worth as a part of the universe, and to grant every other being that same recognition. The client begins by honoring life in all of its forms. The client begins by changing his or her thoughts toward their contemporaries, their country, their family, their working companions. For a start, they acknowledge their existence in the framework of nature, and recognize the vast cooperative processes that connect each species with each other one. It is not enough to meditate or to imagine in one's mind some desired goal being accomplished, if the client is afraid to act upon the very impulses to which one's meditations and impulses give rise. Clients are encouraged to let themselves express the heroic or idea that is in them, rather than trying to live up to some heroic ideal that is put outside of themselves to what they must strive to become. Clients learn self-trust, and everything that goes with that.

Transpersonal psychotherapists, therefore, take an optimistic view of human potentialities for personal growth, development, and self-understanding. They assume that life is meaningful, that individuals create their own realities, and that the universe was not created by accident. Transpersonal psychotherapy affirms the intrinsic worth of persons, that there is nothing basically wrong with individuals, with their being, or with what they are. Individuals are simply using their abilities and learning how to do so and how to control their energy.

**What integral practices are commonly associated with transpersonal therapy?**

Methods that are commonly associated with transpersonal therapy are sometimes called "integral practices" between they aim to integrate all levels of the human person into a harmonious, fully-functioning whole that address the physical, emotional, cognitive, motivational, and spiritual dimensions of human nature in a comprehensive way. They draw upon contemporary techniques and approaches of modern transpersonal psychology (e.g., Psychosynthesis, Jungian psychology) as well as time-tested practices of the past that evolved out of spiritual traditions (e.g., Yoga, Zen, Judeo-Christian mysticism). Transformative practices may also include practices and insights from the martial arts, body work and
modern sports research. Integral practices are created and sustained for clients on a case-by-case basis, created through judicious personal experimentation, performed with an adventurous spirit, with the proper balance of spontaneous freedom and disciplined regularity. Physically-oriented practices that develop body awareness (e.g., physical exercise) are combined with whatever interpersonal and transpersonal practice the client does on a regular basis. Transpersonal clinical skills can be effectively used to treat a variety of psychological difficulties including troubled relationships (Boorstein, 1979) and incorporated in a variety of therapeutic practices including the use of lightheartedness in psychotherapy (Boorstein, 1980) and the use of bibliotherapy (Boorstein, 1983). Transpersonal psychiatrist Seymour Boorstein (1997) in his book Clinical Studies in Transpersonal Psychotherapy provides excellent account of how these various transpersonal psychotechniques have been effectively employed to address a variety of psychological disorders in a variety of clients. The therapist designs a therapeutic clinical environment that supports and reinforces, extends and deepens the client's transformative practice. Transformative practices that may be used to assist clients to open to inner experience, develop inner resources, stabilize insights gained and integrate transpersonal experiences into everyday life, include:

- **Active imagination** - Trains the client to fix upon a particular image, idea, or emotion, and then allow a fantasy to develop in which the subconscious content becomes personified, and thereafter unfold spontaneously with a life of their own, letting the experience develop and the imagination flow where it will, without exerting any deliberate or intentional control in advance over what is happening, what is going to be said, or what is going to be done. By permitting the imagination to draw up material from various levels of the subconscious, clothe it in images, and transmit it to the conscious mind, it becomes easier for the client to have relations with it, own it as a part of his or her own inner reality, and deal with it (Johnson, 1986).

- **Bioenergetics** - Cultivates client's awareness of how physical health is affected by habits of diet and exercise.

- **Biofeedback** (Basmajian, 1989; Fehmi & Selzer, 1996; Green & Green, 1977).

- **Body work** - Trains the client's body to overcome limitations of the way the body moves that influence other aspects of our being -- how we live, think, and feel -- forcing clients to explore and integrate physical, bodily aspects of themselves that have been out of awareness (Feldenkrais, 1977; Houston, 1982; Masters & Houston, 1978)

- **Breathwork** (Hendricks, 2005; Rosen, 2002).

- **Cognitive reattribution** - Teaches the client to think differently about experience, to shift perception of painful events to view them within the greater scheme of things, to see difficulties as learning experiences (Bandler, 1985; Bandler & Grinder, 1982; Zastrow, 1993)

- **Confession and forgiveness** - Teaches the client to see self, others, and the world more compassionately (McCullough, Worthington, & Rachal, 1997).

- **Dis-identification** - Enables the client to differentiate awareness from its content and facilitate "transcendence" of the ego by teaching the client how to "dis-associate" the ego from its identifications with its emotions, roles, and relationships so that psychological processes may be directed and utilized without becoming exclusively associated or identified with any one of them and so that self-awareness may be enhanced (i.e., "I have a body, but I am not my body." "I have
feelings, but I am not my feelings," I have desires, but I am not my desires," I have a mind, but I am not my mind" (Assagioli, 1965/1976, pp. 116-125; Ferrucci, 1982, chap. 5)

- **Dissociated states of consciousness** - Used for building ego strength and exploring transpersonal dimensions of the psyche. Hypnosis and self-hypnosis, music, fasting, drumming, chanting, psychotropic drugs, and deep relaxation are helpful aids in helping clients achieve certain states of dissociation for inner work (Anderson & Savary, 1973; LeCron, 1964; Leskowitz, 2000; Masters and Houston, 1972; Miller, 1987; Rossi & Cheek, 1988).

- **Dream work** - Trains the client how to consciously recall his or her dreams so that subconscious data can at least to some extent be consciously assimilated, how to use dreams to release and work out repressed aggressive tendencies in an actual manner (and that find physical outlet to some extent through muscular action) that is as satisfying to the subconscious as if they were worked out in the physical field (Ashley, 1990; Gackenbach & Bosveld, 1989; Garfield, 1974; Johnson, 1986; Krippner, 1990; Moss, 1996).

- **Emotional catharsis** - Teaches the client to face the fact of his or her own emotions as he or she may never really did to any strong extent in the past, to release emotional blocks essential for healing, to let go of the shame, guilt, and anger associated with the wounds of the past that he or she may not want to give up, to express the aggressive energy of the present, and to use the validity and strength of emotions for inner and outer personality work (Goleman, 1995; Scheff, 1979).


- **Gestalt dialogue** - Raises clients' awareness of what is going inside them and permits them to connect to the inner parts of themselves by personifying each "complex" or subpersonality as an actual person with whom one carries on a dialog, "objectifying" them in this way, enabling interactive conversations to take place with the contents of the subconscious, which goes back and forth between the personified image and the client. By allowing and encouraging these semi-autonomous portions of the self to speak their mind and to interact with one another, it becomes easier of portions of the self to change, merge, separate, integrate, differentiate, transform, and develop (James & Jongeward, 1973; Perls, 1974; Perls, Hefferline, & Goodman, 1951).

- **Guided imagery** - Therapy consists mainly in combining belief, emotion, and imagination and forming them into a mental picture of the desired physical result (Achterberg, 1985; Epstein, 1989; Fanning, 1988; Gawain, 1979).

- **Hatha yoga and t'ai chi ch'uan** - Trains client's awareness by focusing attention on subtle physical sensations, and releases habitual patterns of tension, enabling the person to feel more relaxed and free (Iyengar, 1966; Man-ch'ing, 1981)

- **Holotropic breathing** (Grof & Bennett, 1993; Grof, 1996).

- **Journaling** (Cameron, 1992; Chopra, 1993)
• **Meditation** - Trains clients to live more fully in the present, to face their fears and discover a source of wisdom in themselves that is transpersonal in nature (Goldstein & Kornfield, 1987; Hanh, 1987, 1990, 1991; Hewitt, 1978; Humphreys, 1974; Kabat-Zinn, 1994; Kornfield, 1993; LeShan, 1975; Osho, 1993; Ram Dass, 1990; Salzberg & Goldstein, 2007; Tart, 2001)

• **Physical exercise** - Aids in keeping the channels open between the conscious and subconscious, helps in ridding the personality of harmful influences, helps in generating new energy, ensures the mobility of the inner personality, dissipates resistances before they accumulate, provides a mental rest from concerns of the day, aids in coordination, satisfied the need for creative variety and stimulation, stimulates different portions of the psyche, allows mental concepts to be re-arranged so that new insights can emerge, elicits spontaneous motion, arouses impulses, regenerates the nervous system, quickens nerve impulses and circulation.

• **Psychodrama** - Permits the client to get to know their subpersonalities from the "inside," by role-playing them, instead of from the outside by observing or dialoguing with them, as a the client enters into and becomes the very self-aspect he or she may have feared and avoided for years (Moreno, 1923, 1937).

• **Self-suggestion** - It is important to use suggestions daily and not miss a day. On occasion, the suggestions will reach all levels of the personality, and will be heard throughout the personality, and effective action will follow, as their seeds of wisdom gradually transform not only one's mind but also one's life (LeCron, 1964; Maltz, 1960; Murphy, 2000)

• **Sensory awareness** - Teaches the client to experience greater awareness of their sensory experience and of their bodies in the present by teaching skills of relaxation and concentration of attention on immediate sensory experience. (Brooks, 1974).

Different treatment modalities for different developmental pathologies of consciousness.
Transpersonal scholar Ken Wilber's "Spectrum" model of contemplative (transpersonal) development (Wilber, 1979, 1980) identifies three broad levels or stages of human development -- beginning, intermediate, and advanced -- and different developmental tasks and physical, cognitive, emotional, social, and spiritual or psychic capacities that emerge at each of these levels. Different psychopathologies or psychological disorders are postulated to occur at each of these three levels (Wilber, 1984a). Different pathologies are assumed to be most effectively treated, not by the same therapy or therapeutic approach, but by different types of "spiritual" therapy (Wilber, 1984b).

• The spontaneous (and unsought for) awakening of kundalini energy may best be treated by either "riding it out" under the care of a conventional psychiatrist or by taking up a contemplative discipline, such as yoga or meditation, in conjunction with a transpersonal therapist who would help the individual develop habits of mind, heart, and body that would direct and channel the aroused spiritual-psychic energies into constructive channels.

• For genuinely psychotic or psychotic-like episodes involving periodic but distorted mystical features, a Jungian therapy may be the best therapeutic strategy.

• For individuals who have experienced an initial "awakening" of Self-realization and infusion of psychic-spiritual energies and is now experiencing the withdrawal of those spiritual energies, leaving the individual disappointed, discouraged, and depressed -- experiencing a "dark night of
the soul," so to speak -- may find benefit in some sort of bibliotherapy and reading accounts of how others have weathered their type of psychological disturbance.

- For individuals involved in the transmutation process of addressing the dual task of addressing "split-life goals" and balancing their extraordinary-seeming spiritual insights and energies with the ordinary demands of daily life may be taught the importance of integrating one's spiritual practice into daily life and work.

- For the person who is experiencing the ego inflation that may occur following a spiritual experience ("I am a part of All That Is" becomes distorted into "I am All That Is") -- a pathology of the advanced "subtle" level of development that Wilber calls "pseudo-realization" -- the therapist who is knowledgeable about such disturbances may recommend that the individual engage in further inner work and intensify their efforts in continued meditation practice to go beyond this understanding to another, higher level of understanding in which proper differentiation can occur that breaks all exclusive identification one's experience.

**Meditation as a beneficial adjunct to conventional therapies.** Meditation can be used as a helpful adjunct to conventional therapies to enhance clients' appreciation of the spiritual dimension of life, to increase self-awareness and sensitivity to how the individual's mind works, and to uncover repressed memories and other unconscious material. What is meditation? Meditation is "a family of practices that train attention in order to bring mental practices under greater voluntary control and to cultivate specific mental qualities such as awareness, insight, concentration, equanimity, and love. It aims for the development of optimal states of consciousness and psychological well-being" (Walsh & Vaughan, 1993a, pp. 52-53). Two different types of meditation practice are popular: concentration meditation (Samatha) in which attention is focused upon a single selected object for an extended period of time and is designed to develop one-pointed awareness (or samadhi), and insight meditation or mindfulness (Vipassana) in which attention is focused upon the many different objects as they spontaneously arise into awareness is designed to develop transcendental awareness. In the client's search for the "heart of wisdom" and exceptional well-being, many practical tools exist to help the client and the therapist on his or her own journey (see, for example, Dass, 1990; Goldstein & Kornfield, 1987; Hanh, 1987; 1991; Hewitt, 1978; Humphreys, 1968; Kabat-Zinn, 1994; Kornfield, 1993, 2000; ; LeShan, 1975; Osho, 1993; Salzberg & Goldstein, 2007; Tart, 2001). For most clients, meditation training as part of psychotherapy has far-reaching benefits for exploring, understanding, enhancing, and healing the human personality in all of its aspects -- physical, emotional, cognitive, and spiritual (Deatherage, 1975, 1996; Epstein, 1984; Goleman, 1996; Haime and Valentine, 2001; Murphy & Donovan, 1997; Richards & Bergin, 2005; Wallace & Shapiro, 2006). As with any powerful technique or therapy that produces positive, healthy effects in the personality, however, meditation can also produce untoward side-effects in certain individuals -- for example, episodes of anxiety, agitation, depression, or euphoria; muscle or gastrointestinal spasms, obsessive rumination; emergence of existential angst; and on rarer occasions with clients with a history of previous psychosis meditation would be strongly counterindicated (Amodeo, 1981; Epstein, 1990; Epstein & Lieff, 1981; Kornfield, 1993; Mead, 1993; Wilber, 1984a).

**Perils and Promises of Transpersonal Therapy**

**What is a potential pitfall for transpersonal therapists in general?** One potential pitfall for transpersonal therapists is the conscious and subconscious tendency to impose their own beliefs on their clients. Generally, beliefs cannot be imposed upon anyone, unless they wish to accept them. When one is in a position of authority, however, the therapist needs to take heed of the suggestions or remarks that he
or she presents to the clients, because the higher in esteem that the therapist is held by the client, the more
authority will be given the remarks made during therapy, especially those pertaining to the therapist's own
belief system. While it may be difficult to for the therapist to maintain a detached attitude regarding his or
her own spiritual practice, every individual has the right to choose his or her own way toward health. The
transpersonal therapist ever keeps in mind the importance of individual differences, free will, choice, and
responsibility for one's choices. The therapist's belief system and spiritual path while important, valid,
significant, and worthwhile for the therapist may be meaningless to the client because of individual
differences in temperament, inclination, curiosity, training, education, past experience, and desire for
knowledge. The pitfall of recommending a particular contemplative practice or therapeutic method can be
avoided, in other words, by assisting the client to discover his or her own.

What are potential pitfalls for clients in transpersonal therapy? The moment that clients see the
range of possibilities opening in front of them, and experience a sense of wonder and enthusiasm in
response to the release of energy, sense of well-being, and greater depth of meaning in their lives, it is
possible that certain distortions and personal difficulties can arise to lead the client astray (Ferrucci, 1982,
pp. 24-26). One potential pitfall for the client to avoid would be to overly focus on the technique, that
than the attitude with which it is used. The client may come to mistakenly believe that it is the specific
technique that is the main transforming agent, rather than the attitude with which they are used that is the
important variable determining its effectiveness. "We can make of them what we want; in themselves,
they hold no guarantee" (Ferrucci, 1982, p. 24).

A cure of any kind will never depend upon any given treatment. It will in all cases depend upon
the belief on the part of the sufferer that he can be cured. It will depend upon his desire to be
cured. It will depend upon the strength of the purpose that an illness serves. It will depend upon,
in the last analysis, the individual's own ability to mobilize his own energies, for only these will
effect a cure. (Roberts, 1998b, p. 67)

A second major pitfall is narcissism or a narrow self-absorption and limited focusing upon one's inner
experiences that other people and daily concerns become neglected. The fact of the matter is that "no
technique we employ in personal growth has any value unless it affects our relationships" (Ferrucci, 1982,
p. 24).

A third potential pitfall is an "inordinate thirst for experiences, unaccompanied by any effort to
understand them or to anchor them in everyday life" (Ferrucci, 1982, p. 25).

Ego inflation and sense of spiritual superiority and grandiosity is a fourth potential pitfall in which "a
momentary euphoria leads us to expect instant, total, and permanent results," a permanent state of joy and
bliss (Ferrucci, 1982, p. 25). A steady and unchanging state of exuberant happiness is not practical, for
the individual would learn nothing otherwise, or very little. Physical existence means translating inner
moods and psychological climates into physical, bodily terms and only in the rare individual is this a
smooth process. No consciousness is constantly in a state of bliss, for that is not the nature of existence.
There is always effort involved, for this is the meaning of consciousness and of creative effort. moreover,
living in a physical body necessarily includes not only the experience of joy but also an experiencing of
suffering. Life in a physical body provides every human being and creature with a life of sensation, a full
spectrum of feeling that has to include the experience of all possible sensations. This includes not only
pleasure but also pain and suffering. Certainly the individual can and do choose pleasure and good
feelings, but to one extent or another all sensations must be felt as physical organisms existing with space
and time.
A fifth potential pitfall is a one-sidedness in which only one part of one's being is developed to the exclusion of all the others. "When it is balanced and healthy, human growth proceeds in all directions: it looks like an expanding sphere rather than a straight line" (Ferrucci, 1982, p. 26).

**Although transpersonal experiences are potentially healing, their effects are often temporarily unless what else occurs?** The potentially healing effects of transpersonal experiences may be temporary unless and effort is made by the individual to stabilize and assimilate the insights gains into the client's personality structure. Transpersonal psychotherapy, therefore, must go beyond the mere induction of spiritual or transpersonal experiences, but seeks to foster their integration into everyday life. As this occurs, awareness is expanded in such a way that the quality of one's subjective experience and personal relationships become transformed.

### III. Transpersonal Psychotherapies

**Psychosynthesis -- A Psychotherapy With a Soul**

Italian transpersonal psychiatrist, Roberto Assagioli, a contemporary of Freud and Jung, developed a transpersonally-oriented, neo-Jungian approach to personality and system of psychotherapy called Psychosynthesis (a step beyond "psychoanalysis") that explicitly contains transpersonal concepts and acknowledged the validity and significance of so-called spiritual or "superconscious" experiences in human growth and development and psychological health and well-being (Assagioli, 1965/1976; 1973/1992; 1991). Psychosynthesis endeavors to synthesize the following dimensions and aspects of human life in its attempt to heal the psychological pain, imbalance, and meaninglessness that results from a fragmented, disconnected, divided psyche (Ferrucci, 1982, pp. 26-27).

- The emergence of will and self-determination
- The sharpening of the mind
- The enjoyment of beauty
- The enrichment of imagination
- The awakening of the intuition
- The realization of love
- The discovery of the Self and its purpose

**Personal Psychosynthesis.** Psychosynthesis proposes two kinds of psychosynthesis in order to evoke its vision of wholeness in clients: (a) personal psychosynthesis and (b) spiritual or transpersonal psychosynthesis. Personal psychosynthesis occurs first in the therapeutic process and is a necessary precursor and forerunner of spiritual psychosynthesis. Personal psychosynthesis makes sure that there is a basic and firm foundation of appropriate ego development before exploring the inner psychic realm of the "superconscious" and the inner Transpersonal Self.

In psychosynthesis, we always insist on there being an appropriate personal psychosynthesis, a control over and an ability to use the normal human energies and functions before trying to develop higher ones, that is to say before climbing to explore the superconscious. When this foundation has not been laid it can lead to mental disturbances, and these can be serious. But
physical or mental preparation alone are not enough. There must also be some knowledge, if only theoretical, of the region we are about to venture into. . . . knowledge of the superconscious that has already been acquired through the writings of those who have had experiences at those higher levels. . . . Having undergone this twofold preparation we are ready to face ascent. (Assagioli, 1991, p. 36)

**Spiritual Psychosynthesis.** Once the work of personal psychosynthesis is well on its way, then one can turn attention to the tasks of spiritual psychosynthesis. Guided fantasy, or guided visualization is used extensively in psychosynthesis. Guided fantasy is a structured variant of active imagination. One technique that can be used to begin the ascent into the inner psychic realms of the superconscious and the Transpersonal Self is called "Inner Dialogue" that "avails itself of the truth which lies hidden, and often forgotten, within ourselves" (Ferrucci, 1982, p.143). What is the psychosynthesis technique of inner dialogue and what are its effects?

We imagine that we meet a person on top of a mountain, away from and above all civilization, in a timeless realm. This person is the source of healing and nourishing love -- a love that accepts us for what we are and evokes in us what we may become. Not myopically focused on the immediate satisfaction of personal needs, nor influenced by the capricious demands of the environment or the passing mood, this person has great wisdom, and can understand life as a whole, with all of its contradictions and paradoxes. We feel at ease, and, above all there is an atmosphere of deep trust. In the ensuing dialog an exchange of energies takes place, ideas are clarified, and doubts are dissipated. . . . The wise person functions as a most effect symbol of the Self and enables us to contact its healing, vivifying, illuminating energy. (Ferrucci, 1982, pp. 143-144)

**Figure 12-5** presents a set of instructions for performing the Inner Dialogue technique.

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The surest guarantee that the wise person one meets in inner dialogue is a genuine representation of the Transpersonal Self is the experience of joy and love that one is able to feel during contact, and by the residual feelings that one is left with after the encounter -- leaving feeling refreshed and clarified, healed and regenerated and inspired.

Another form of inner dialogue is that of writing a letter to the Self. Strange as it may seem, this is often an effective way of tuning in to the superconscious. You describe a situation or problem in detail, discussing your alternatives, you -- and other people's -- feelings about it, the advantages and disadvantages of each alternative, and so on. (Ferrucci, 1982, pp. 148-149)

This written form of inner dialogue brings answers from the Transpersonal Self often in a variety of different ways and through different channels: during or after exercise, listening to music or other sounds, dreams, synchronistic events, walking in nature, impulses to action. Listening to music one likes or the natural healing sound of rain, for example, will often bring images into one's mind to show you answers to your questions, one's conscious beliefs in different forms, or provide a conscious reminder of those deeper inner rhythms that act therapeutically within one's body all the time, activating the inner living
cells of the body, stimulating energies of the Transpersonal Self, helping to unite the conscious mind with the other portions of one's being.

**Logotherapy**

Personal psychosynthesis involves work on the personality that develops the ego's ability to handle adversity and find meaning in life -- outcomes that are shared by the psychotherapeutic approaches of humanistic and existential-phenomenological psychology. One important application is the psychotherapeutic approach called "Logotherapy" or "meaning therapy." Many psychotherapist, especially those from the humanistic perspective, have emphasized the client's need to find meaning in life (e.g., May 1953). Frankl (1959/2006) maintains that the basic motivational force in human experience is the search for meaning. Failure to find meaning leads to an "existential vacuum." The focus of logotherapy is to help people understand that they must assume responsibility for finding the meaning in their own lives. Frankl suggests three ways in which people have found meaning: by "doing a deed," "experiencing a value," and through suffering for some cause. Figure 12-6 presents a "Purpose-in-Life" questionnaire for assessing feelings of purpose in life (Crumbaugh, 1968).

For instance, how does one find benefit out of adversity? How does one know when to actively resist change and the demands of circumstance and when to have "the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference"? Figure 12-7 presents a popular set of sayings collectively known as "Desiderata" found in Old Saint Paul's Church in Baltimore dated 1692 that epitomizes a set of positive beliefs that can have beneficial effects upon body and mind when conscientiously meditated upon.

Logotherapy involves learning to accept the events in one's life as a part of one's path in life -- "Lord, not my will but thine be done." Viktor Frankl (1959/2006), the founder of Logotherapy, said: "Ultimately, man should not ask what the meaning of his life is, but rather he must recognize that it is he who is asked. In a word, each man is questioned by life; and he can only answer to life by answering for his own life; to life he can only respond by being responsible" (p. 109). Life ultimately means fulfilling the tasks which life constantly sets for each individual. These tasks, and therefore the meaning of life, differs from person to person. Each situation carries its own unique individual meaning. Saying "yes" to life in spite of everything (guilt, suffering, death) presupposes that life is potentially meaningful under any conditions, even those most miserable. It means constantly asking, "What could this situation mean?" and "What are the possibilities inherent in it?" in order to activate that human capacity to creatively turn life's negative aspects into something positive or constructive (i.e., to turn suffering into an achievement or accomplishment of something; to derive from guilt the opportunity to change oneself for the better; to
derive from life's transitoriness an incentive to take responsible action and to make the best possible use of each moment of our lives). Writer and channel Seth/Jane Roberts (1986a) put it this way:

Many people ask, for example, 'What is the purpose of my life?' Meaning: 'What am I meant to do?' but the purpose of your life, and each life, is on its being. That being may include certain actions, but the acts themselves are only important in that they spring out of the essence of your life, which simply by being is bound to fulfill its purposes. (p. 225)

Logotherapy emphasizes the power of one's attitude to shape experience and changing one's thoughts and feelings about an event. It make the individual ware of his or her freedom to take one of many attitudes toward the situation. Frankl refers to this capacity as "the last of human freedoms -- the ability to choose one's attitude in a given set of circumstances." It is not freedom from life's circumstances, but freedom to take a stand toward those circumstances.

The most rejuvenating idea of all, and the greatest step to any true illumination, is the realization that your exterior life springs from the invisible world of your reality through your conscious thoughts and beliefs, for then you realize the power of your individuality and identity. You are immediately presented with choices. You can no longer see yourself as a victim of circumstances. Yet the conscious mind arose precisely to open up choices, to free you from a one-road experience, to let you use your creativity to form diversified, varied comprehensions. (Roberts, 1974, 219-220)

IV. Natural Therapies

Dreams, Art, Music, and the Sound of Rain

Dreams are one example of one of our greatest natural therapies through which messages from the Transpersonal Self may reach us and act as connectors between the inner and outer self. "If you remember having certain dream experiences and waking refreshed, then before sleep consciously think about those dreams and tell yourself they will return' (Roberts, 1974, p. 219). The ego is a partner in this communication and does not have to be "put off line" through drugs or other methods calculated to strip it of its powers at least momentarily. Psychosynthesis and logotherapy both teach one's conscious mind and intellect to use those great abilities of assimilation that it does possess.

In normal daily life, considerable natural therapy often takes place in the dream state, even when nightmares of such frightening degree arise that the sleeper is shocked into awakening. The individual's conscious mind is then forced to face the charged situation -- but after the event, in retrospect. The nightmare itself can be like a shock treatment given by one portion of the self to another, in which cellular memory is touched off as it might be in a session in which massive doses of LSD is given. But the self is its own best therapist. It knows precisely how many such 'shocks' the psyche can take to advantage, which associations to animate through such intense experience and imagery, and which ones to leave alone. Nightmares in a series are often inner-regulated shock therapy. They may frighten the conscious self considerably, but after all it comes awake in its normal world, shaken perhaps but secure in the framework of the day. Other dream events, though forgotten, may also cushion the individual to withstand the effects of such 'nightmare therapy.' In the same way that some LSD treatment finally results in a feeling of rebirth (that is often only temporarily, however), so a period of such nightmares often leads quite naturally to dreams in which the self finally makes new and greater connections with the source of its own being. (Roberts, 1974, p. 203)
"Enjoyment of art is also very therapeutic, and its creation springs from an exquisite wedding of the conscious and subconscious minds, the outer and inner selves" (Roberts, 1974, p. 219). Enjoyment of music that one enjoys is also a great natural therapy. So is the sound of falling rain one of the great natural therapies that does not cost much to enjoy, if one is open to its soothing, relaxing rhythms. If any activity, however silly as it might seem, brings you a sense of satisfaction and enjoyment, pursue it, for it is one of life's great natural therapies. Often what is considered a distraction or a waste of time by the ego, is actually not, but a time of productive subconscious work or incubation. Any of the above-mentioned methods can be considered "natural healing methods' and can even lead beyond feelings of well-being and strength, physical health and vitality, to those sublime experiences of illumination and grace.

"When one's body and mind are working together, then the relationship between the two goes smoothly, and their natural therapeutic systems place one in a state of health and grace" (Roberts, 1974, p. 216). When the individual comes to trust their own basic therapeutic nature, and really understand the conscious and subconscious mind, then they come understand how and why "the Self is the best therapist" and will cease running to so many therapies that originate from within the self to begin with (Ferrucci, 1982, p. 144).

The Self is the Best Therapist

The answer to some problem may come from the Transpersonal Self through some event in the environment or singular circumstance, meaningless to others, that can open up one's own storehouse of energy and inner strength received from the inner Self -- an example of what Jung called synchronicity (Jung, 1934/1960, Section 7). The principle of synchronicity, in essence, states that everything is correlated. Or "the response appears as an impulse to action, as when we suddenly feel prompted to do something which we previously were not particularly included to do or to consider worthy of doing" (Ferrucci, 1982, p. 149).

In psychosynthesis, we stimulate forces already present in ourselves. These forces are usually latent, but at times we can see them directly at work. They operate, for example, when an emotional wound is slowly healed; when, in crisis, we find unsuspected strength; when, after thinking about a problem, the solution suddenly presents itself to our mind; when a second wind of energy and inspiration comes after a time of fatigue; or when a sudden and spontaneous transformation takes place in us. The effectiveness of psychosynthesis exercises stems from the activation of these positive forces. (Ferrucci, 1982, p. 23)

Each person, besides possessing natural, general healing abilities that are a function of the inner, Transpersonal Self, also has its own unique and particular private triggers arising from one's experience that the inner self can use to get its message across to the comprehending ego in a manner that the ego can understand. They can be learned, recognized, and utilized, if one is able to read them. These will include both waking and dreaming events.

Seth/Jane Roberts' "Magical Approach" to the Art of Creative Living

Another natural therapy lies in the power and ability of the conscious mind, through its beliefs, to influence those subconscious processes that create personal experience (Ashley, 1988; Maltz, 1960; Murphy, 2000). Psychosynthesis and logotherapy both recognize that one's frame of mind will determine to a large degree the sort of experiences one tends to have in daily living. A person in a desperate frame of mind is more apt to emphasize horrible aspects in the news, for example, and to see desperation rather than joy in the faces of those he meets. Such a person will ignore the contented playful child on one side...
of the street, and notice a dirty ragged boy even though he be further away. Free will operates, however. Logotherapy, in particular, emphasizes that we are free to take whatever stance we choose toward those conditions in one's life that one cannot change. We are free not from conditions, but to take any attitude we choose toward those conditions. It is important to recognize, psychologically speaking, that in order to change a negative thought or emotion, energy must be denied to it and taken from it, for it thrives on attention. Denying energy to such thoughts and emotions can be like pricking a balloon; it can instantly disintegrate, be deflated. To replace it with a more positive thought and emotion or "construction", it is a good idea that the old construction indeed vanish and in its place a more acceptable one brought into existence. For such exercises to be effective, the negative thought or emotion cannot simply be denied, ignored or overlooked, but first recognized. Once acknowledged it can then be effectively replaced with more positive ones. This is the problem with most notions of positive thinking alone.

Books on positive thinking alone, while sometimes beneficial, usually do not take into consideration the habitual nature of negative feelings, aggressions, or repressions. Often they are merely swept under the rug. The authors instead tell you to be positive, compassionate, strong, optimistic, filled with joy and enthusiasm, without telling you what to do to get out of the predicament you may be in, and without understanding the vicious circle that may seem to entrap you. (Roberts, 1974, p. xxi)

Using one's brain to create a change in personal reality. Transpersonal writer and channel Seth/Jane Roberts (1995, pp. 29-31) recommends what she calls the "Magical Approach" to the art of living which, in certain terms, can provide a firm and basic groundwork for progress during any transpersonally-oriented therapy. The magical approach basically consists in a set of positive attitudes, beliefs, assumptions, expectations, and presuppositions about the nature of reality generally and the nature of the individual specifically that the client would keep in mind in their day-to-day living. In particular, the magical approach expresses a basic and firm faith, trust, and hope which takes it for granted that:

- The life of any individual will fulfill itself, will develop and mature.
- The environment and the individual are uniquely suited and work together.
- The human being is a united creature, fulfilling purposes in nature even as animals do, whether or not those purposes are understood.
- Each individual has a future, a fulfilling one, even though death may be tomorrow.
- The means for development are within each individual, and that fulfillment will happen naturally.

The magical approach to life's problems and challenges is the natural approach of the natural person. It is arguable a built-in faith that actually already pervades each living creature, is biologically pertinent, provides the impetus of all growth and development, has the weight of a basic natural orientation, and is a human's version of the animal's instinctive behavior in the universe. The magical approach is most practical, because it brings quite practical results into the client's life. More targeted beliefs aimed at the individual client would take the form of "I" statements that would address issues of worthiness and meaningfulness of one's existence, and include the following (Roberts, 1997a, p. 68):

- I am an excellent creature, a valuable part of the universe in which I exist.
• My existence enriches all other portions of life, even as my own being is enhanced by the rest of creation.

• It is good, natural, and safe for me to grow and develop and use my abilities, for by doing so I also enrich all other portions of life.

• I am eternally couched and supported by the universe of which I am a part, and I exist whether or not that existence is physically expressed.

• By nature I am a good deserving creature, and all of life's elements and parts are also of good intent.

• All of my imperfections, and all of the imperfections of other creatures, are redeemed in the greater scheme of the universe in which I have my being.

Putting one's new beliefs to the test of action and further development. Beyond this belief framework, however, the client needs to learn how to act in ways that reflect these beliefs in his or her daily life (Kornfield, 2000). The second part of the magical approach, then, would involve the client moving in the direction of his or her ideals through action. The goal is to help the client become a practicing idealist (Roberts, 1981b, part 4). Otherwise, the client can begin to feel disillusioned and powerless and sure that only drastic, highly unideal methods will ever bring about the achievement of a given goal. The pursuit of one's ideals gives life its zest and natural sense of excitement and drama. Developing one's abilities, whatever they may be, exploring and expanding one's experience of selfhood gives life a sense of purpose, meaning, and creative excitement. When the client does not take any steps toward an ideal position, then his or her life does lack excitement. The client becomes depressed. He or she might even become an idealist in reverse, finding excitement in the destruction of the world, of others, of oneself that fell so far beneath one's idealized expectations, propelled by a sense of personal frustration, and perhaps by some sense of vengeance (Roberts, 1981b).

Importance of self-suggestion. A therapist cannot make a client change. The client needs to be willing to change in order for change to occur. But sometimes willing needs helping. If the client got himself or herself into the personal difficulties he or she is now experiencing, then it must be the client who gets himself or herself out of it. Transpersonally-oriented therapies recognize and acknowledge the influence and power of personally-held beliefs in the creation of personally-experience reality. These beliefs, when repeated constantly through the internal mental chatter that constantly goes on throughout the day in the life of a client can be as effective as hypnotic suggestions in bringing about and reinforcing the unpleasant and less than ideal conditions a client may be experiencing in his or her own private life. The client's energies need to be redirected into more constructive channels. One way to do this is through the use of "suggestions."

Any physician [or therapist] of any kind can only help a sufferer mobilize these energies and direct them. A sufferer has adopted an illness into his own self-image, through suggestion, which to a large degree he himself has given. He has caused the illness, whether it be organic or otherwise, and only suggestion will rid him of it. (Roberts, 1998b, p. 67)

Below are examples of suggestions may prove effective when used daily.

• I will become, am becoming, more aware of the activities of the inner senses.
The inner senses will operate in such a way that my ego will accept their communications.

My energy will be focused where I want it.

I have an abundance of energy and I focus and discipline the energy so that I can use it in my life.

All alien impulses or conditions are now removed.

I will be open to constructive and healthful suggestions and influences.

I will be automatically protected against and free of past negative suggestions and influences.

I will realize while dreaming that I am dreaming.

While I sleep my inner self will make whatever corrections or adjustments are necessary to bring about the desired end.

The subconscious will maintain the organic integrity of the physical organism.

A harmonious relationship will be maintained among all levels of the personality structure.

Only constructive suggestions will be reacted to.

My body can begin to feel better and better.

In conjunction with these suggestions, it is always good to keep the following practical directives or injunctions in mind:

- Live each day as fully and joyfully as possible.
- Imagine the best possible results of any plans or projects.
- Do not concentrate upon past unfavorable events, or imagined future ones.
- Trust the body's activity. It naturally seeks fulfillment, vitality, and the fullest possible expression.
- Worry, fear, and doubt are detrimental to good health.
- It is an excellent practice to comment upon another individual's obvious zest or energy or good spirits, for this reinforces them in others and in oneself.
- Fear prolongs current conditions.
- Do not take counsel from your fears.
- Do not think in terms of impediments.
- See the goal as certainly possible.
**Healthy pleasures.** It is also extremely important during the time of outside of therapy that the client concentrate upon those pleasures of life that he or she does enjoy. Eating good food, experiencing the joy of reading, the delight of creative thoughts, the enjoyment of friends, and so forth, because those benefits will then be increased. Psychologically speaking, the client needs to recognize that all the improvements necessary are indeed happening at various levels of activity within the client's mental and physical experience. The client must, however, have faith that this is so without worrying about how it will happen. The conscious mind can direct inner psychic or bodily activity, but the inner self and body consciousness alone can perform those activities that bring forth life and motion. It is far better to look on the most hoped for solution to any situation, and to voice that attitude rather than to expect the poorest outcome. Poor health arises only when the individual meets many detours, or encounters too many blocks to the expression of value fulfillment. The "way toward health" recognizes and acknowledges these facts (Roberts, 1997a).
Chapter 12 – Transpersonal Therapy

References


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Chapter 12 – Transpersonal Therapy


Figure 12-1

Topics Awaiting Study in Transpersonal Psychotherapy

- Integral approaches to depression (Friedman & MacDonald, 2003)
- Challenging cases in transpersonal psychotherapy (Chinen, Foote, Jue, Lukoff, & Spielvogel, 1988)
- Factors associated with the perception of spirituality in psychotherapy (Shafranske & Gorsuch, 1984)
- Psychotherapy from a Buddhist perspective (Epstein, 1995)
- "Release" and "surrender" as a religious and psychotherapeutic issue (Fleischman, 1986; Hidas, 1981)
- Transpersonal growth work with Cambodian refugees (Langford, 1980)
- Separating from a spiritual teacher (Bogart, 1992)
- Psychological energy transformations and converting negatively polarized energies into their positive form (Crampton, 1974)
- The potential and limitations of insight in therapeutic work (S. Boorstein, 1994)
- Comparison of guru and therapist from the Hindu perspective (Vigne, 1991)
- Kundalini and spiritual/religious issues in counseling (Waldman, Lannert, Boorstein, Scotton, Saltzman, & Jue, 1992)
- The lack of Self in psychotherapy and Buddhism (Loy, 1992),
- The clinical implications of unveiling of traumatic memories and emotions through mindfulness and concentration meditation (Miller, 1993),
- How transpersonal psychotherapists differ from other practitioners (Hutton, 1994)
- The dialectic of self-knowledge (Welwood, 1996)
- The role of native rituals in transpersonal growth (Diaz & Sawatzky, 1995)
- Psychoanalytic conceptualizations of Zen meditation (Bobrow, 2000; Leone, 1995)
- The relationship among trauma, transpersonal psychotherapy, and meditation (Urbanowski & Miller, 1996)
- The spiritual dimension in Frankl's logotherapy (Marseille, 1997)
- The role of religion in counseling victims of organized violence (Peltzer, 1997)
- East/West approaches to psychotherapy and the healing relationship (Welwood, 1983)
- Troubled relationships: Transpersonal and psychoanalytic approaches (S. Boorstein, 1979)
Figure 12-1 (continued)

Topics Awaiting Study in Transpersonal Psychotherapy

- The relationship between Buddhism and psychotherapy and the path of personal and spiritual transformation (Welwood, 2000)
- The use of meditative techniques in psychotherapy supervision (Dubin, 1991)
- The relationship among mindfulness, spiritual seeking, and psychotherapy (Tart & Deikman, 1991)
- Application of awareness methods in psychotherapy (Wortz, 1982)
- The use of bibliotherapy and mindfulness meditation in a psychiatric setting (Boorstein, 1983)
- Zen practice and psychotherapy (Aitken, 1982)
- The relationship between psychotherapy and meditation (Welwood, 1980)
- Psychotherapy in the spirit of the Tao-te ching (Johanson & Kurtz, 1991)
- Common elements of transpersonal practices (Walsh & Vaughan, 1993b)
- The varieties of transpersonal therapy (Weide, 1973)
- Psychological and spiritual principles of inner work (Welwood, 1984)
- How a transpersonal orientation influences interpretation and psychotherapeutic technique (S. Boorstein, 1986)
- Retrospective accounts of subjective changes resulting from intensive, individual therapy (Walsh, 1976)
- The use of "right speech" as a psychotherapeutic technique (S. Boorstein, 1985)
- The metaphysical bases of transpersonal psychiatry (Watts, 1974)
- Drama therapy as a form of modern shamanism (Pendzik, 1988)
- Therapeutic applications of Noh Theater in drama therapy (Hiltunen, 1988)
- On being a support person of someone with cancer (T. Wilber, 1988; K. Wilber, 1988)
- Self-knowledge as the basis for an integrative psychology (Welwood, 1979)
- Advice to psychotherapists (Ram Dass, 1975)
- Lightheartedness in psychotherapy (Boorstein, 1980; Ravich, 2002)
- The Existential-Integrative approach to psychotherapy (Bradford, 2007)
1. Our essential nature is spiritual.
   - “The transpersonal view gives primacy to the spiritual source which supports and upholds the psychological structures of the self” (p. 16).

2. Consciousness is multidimensional.
   - “The normal, ordinary consciousness most people experience is but the most outward tip of consciousness…. Other dimensions or aspects of consciousness show the cosmic connectedness of all beings” (p. 16).

3. Humans beings have valid urges toward spiritual seeking, expressed as a search for wholeness through deepening individual, social, and transcendent awareness.
   - “The search for wholeness…takes the individual into increasing levels of self-discovery, actualization, and seeking for transcendence…. Not only is spiritual seeking healthy, it is essential for full human health and fulfillment. The definition of mental health must include a spiritual dimension to be complete…The deepest motivation for all human beings is the urge toward spirit…The growth of consciousness focuses upon building up the physical, emotional, mental structures of the self…Transpersonal psychology completes the process, putting this motivational path into the context of a spiritual journey” (p. 17).

4. Contacting a deeper source of wisdom and guidance within is both possible and helpful to growth.
   - “Western psychotherapy seeks to uncover a deeper source of guidance than the conscious ego or self (e.g., Gestalt therapy’s “wisdom of the organism,” Jungian psychotherapy’s “Individuation of the Self,” Self psychology’s “real self,” existential psychotherapy’s “authentic self”)…. All of modern psychotherapy may be seen to be an intuitive groping toward a deeper source of wisdom than the surface self….It is a deeper, spiritual reality that is the source of the self’s or the organism’s wisdom” (p. 18).
### Key Assumptions that Define a Transpersonal Approach to Psychotherapy

(Cortright, 1997, pp. 16-21)

<table>
<thead>
<tr>
<th>Assumption</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>Uniting a person’s conscious will and aspiration with the spiritual impulse is a superordinate health value.</td>
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<tr>
<td></td>
<td>“Affirming the infinite ways in which the spiritual impulse may express itself is a primary value in transpersonal psychotherapy. This cognitive set and, more fundamentally this spiritual orientation, puts one into greater alignment with the healing forces of the psyche and the universe…. Transpersonal psychology supports the spiritual urge…In spiritual seeking it is crucial for the therapist to honor all spiritual paths. Dogmatic clinging to any particular spiritual practice is severely limiting to transpersonal practice…There is no one way to the Divine, the paths are as varied as there are individuals, and a broad knowledge of and respect for these varied paths (including atheism) is crucial” (p. 19).</td>
</tr>
<tr>
<td>6.</td>
<td>Altered states of consciousness are one way of accessing transpersonal experiences and can be an aid to healing and growth.</td>
</tr>
<tr>
<td></td>
<td>“From its beginnings transpersonal psychology has been influenced by altered state research in general and psychedelic research in particular… While not for everyone, the judicious induction of altered states of consciousness has a respected place in transpersonal work” (pp. 19-20).</td>
</tr>
<tr>
<td>7.</td>
<td>Our life and actions are meaningful.</td>
</tr>
<tr>
<td></td>
<td>“Our actions, joys, and sorrows have significance in our growth and development. They are not merely random, pointless events…. Often it is the wounds and tragedies of life that provide the impetus to make the inward journey… The outer, surface show is not the only perspective, and there is a larger process of transformative growth occurring” (pp. 20-21).</td>
</tr>
<tr>
<td>8.</td>
<td>The transpersonal context shapes how the person/client is viewed.</td>
</tr>
<tr>
<td></td>
<td>“A transpersonal approach (in agreement with the humanists) views the client, just like the therapist, as an evolving being and fellow seeker” (p. 21).</td>
</tr>
</tbody>
</table>

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**Figure 12-3**

Healthy Spirituality

(Vaughn, 1991, pp. 117-118)

Authenticity: A commitment to being responsible and true to oneself. This means living in harmony with one's professed beliefs, being reliably and reasonably consistent in thoughts, words, feelings, and actions.
Letting go of the past: Releasing negative emotions is necessary groundwork for psychological maturity. Living fully in the present requires letting go of guilt and resentment associated with the past.

Facing our fears: Uncovering and confronting one's fears so as to reduce our level of anxiety and raise our level of personal peace.

Insight and forgiveness: When we understand both ourselves and other better, we learn to both accept forgiveness for ourselves and extend it to others. Psychotherapy tends to focus on self-forgiveness, while some spiritual teachings tell us to forgive others. Both are involved in spiritual growth.

Love and compassion: Giving and receiving love in personal relationships is an integral part of psychological maturity. When a source of love is discovered within, as it is in spiritual experience, it can be freely extended to others without concern for repayment. Relationships are then based on what Maslow called "being needs" rather than on deficiency needs.

Community: Since our lives depend on an intricate network of mutually conditioned relationships, psychological maturity is not isolated from community. The community of fellow spiritual seekers is said to be one of the precious jewels of spiritual practice. The psychologically healthy spiritual person is both altruistic and realistic, valuing him or herself and others both for what they are, and also for what they can become.

Awareness: The cultivation of non-interfering attention to both inner experience and to the world of perception is a pre-condition for recognizing the power of the human mind. Awareness of the distorting influence of fear and desire helps to counteract self-deception. Mature awareness of reality, temporal and eternal, finite and infinite, includes an awareness of body, mind, psyche, soul and spirit.

Peace: Making peace with ourselves means accessing our inner peace which can then be cultivated and extended to others. Unless we can learn to live in peace with each other, planetary survival is at risk. Health spirituality is not a matter of isolation, but a matter of living in harmony with nature and with other people.

Liberation: Psychologically healthy spirituality is liberating. By releasing us from limiting, egocentric self-concepts and excessive self-concern, it promises freedom from the common shackles of fear and ignorance.

Figure 12-4

(Shapiro, 1983, pp. 436, 445)

Comparison and Contrast: Four Schools of Psychotherapy

<table>
<thead>
<tr>
<th>Subject</th>
<th>Psychodynamic (ID)</th>
<th>Client-Centered</th>
<th>Social Learning</th>
<th>Transpersonal</th>
</tr>
</thead>
</table>

59
<table>
<thead>
<tr>
<th>View of the &quot;person&quot;: human nature &quot;as it is&quot;</th>
<th>Psychology: Freud</th>
<th>Therapy (Ego Psychology: Rogers)</th>
<th>Theory (Behavioral Psychology)</th>
<th>Zen Buddhism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Innately evil/amoral; aggressive; hostile, life out of control; ruled by unconscious</td>
<td>Innately good; intrapsychic self which is self-actualizing nature</td>
<td>Person is tabulae rasae at birth; with no &quot;essence&quot;: existence precedes essence</td>
<td>Humans possess pure, innately good unconscious &quot;Self&quot; that is like Buddha nature and is within all; possesses an essence in harmony with the divine</td>
<td></td>
</tr>
<tr>
<td>View of psychological health; goal of therapy</td>
<td>Lessen the evil and/or seek salvation; to make the unconscious conscious; overcome childhood amnesia; recover warded-off memories</td>
<td>Uncover the self; to let the person experience that self which it inwardly and knowingly is</td>
<td>Create the self; the target behavior: if deficit, teach it; if excess, decrease it; make it appropriate</td>
<td>Uncover the essence of Self; to make the unconscious conscious; to hear the bird in the breast sing</td>
</tr>
<tr>
<td>Etiology of disease: barriers, obstacles, defenses, resistances</td>
<td>One's basic nature; repression of sexual and hostile childhood wishes by superego and ego</td>
<td>Trying to meet external shoulds and oughts; inability to assimilate experiences into one’s self-concept</td>
<td>Ignorance, poor choices, bad learning; environmental variables; learning deficiency</td>
<td>Attachments, greed, ego, desire; believing there is such a thing as the &quot;self&quot;</td>
</tr>
<tr>
<td>Motivation</td>
<td>Motivation based primarily on id energy and impulse; a tension reduction model</td>
<td>A hierarchy of motivation ranging from security needs to self-actualizing needs (from Maslow)</td>
<td>Social and environmental contingencies; models; reinforcement</td>
<td>A harmony with oneself and the world around; learning to hear the sound of one's heart</td>
</tr>
<tr>
<td>Subject</td>
<td>Psychodynamic (ID Psychology: Freud)</td>
<td>Client-Centered Therapy (Ego Psychology: Rogers)</td>
<td>Social Learning Theory (Behavioral Psychology)</td>
<td>Transpersonal Zen Buddhism</td>
</tr>
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<td>------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
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<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Origin of self-awareness</td>
<td>Not discussed fully; only mention is id cathecting ego, in On Narcissism (1914)</td>
<td>Both from evaluation of others and from within oneself</td>
<td>Socially conditioned by verbal community</td>
<td>Socially conditioned by language, culture; logic.</td>
</tr>
<tr>
<td></td>
<td>Know thy unconscious past; self-awareness is defined as insight into childhood; the crucial element in therapeutic cure</td>
<td>Know thy self-actualizing ego; insight is fresh understanding and experience of the self; this is the crucial element in making self-concept and self-experiences congruent</td>
<td>Know thy controlling variables; self-observation is method of defining problem; and a potential intervention strategy (reactive effect)</td>
<td>Know the bird's song; nonreactive observation is a means and end in itself; self-evaluation and self-reinforcement are extraneous</td>
</tr>
<tr>
<td></td>
<td>Verbal, intellectual, rational only; interpretation by therapist</td>
<td>Verbal, experiential, rational; reflection rather than interpretation; no interpretation</td>
<td>Verbal, intellectual, rational; use by client of charts, wrist counters, self-quantification; antecedents, consequences</td>
<td>Some verbal; mainly nonverbal; doing, not talking; non-intellectual, nonrational</td>
</tr>
<tr>
<td>Focus</td>
<td>Past; childhood memories</td>
<td>Present feelings</td>
<td>Present perceptions and controlling environment</td>
<td>Now</td>
</tr>
</tbody>
</table>

Chapter 12 – Transpersonal Therapy
<table>
<thead>
<tr>
<th>Subject</th>
<th>Psychodynamic (ID Psychology: Freud)</th>
<th>Client-Centered Therapy (Ego Psychology: Rogers)</th>
<th>Social Learning Theory (Behavioral Psychology)</th>
<th>Transpersonal Zen Buddhism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detached observation; self-objectification as goal of self-awareness</td>
<td>Freud: patient must assume a crystal ball attitude toward himself; not to be afraid of revealing his true memories</td>
<td>Rogers: client, by therapist reflection, can come to see himself objectively; his feelings stripped of complications of emotion and evaluation</td>
<td>Desensitization is an attempt to get client to see himself in fear-arousing situation, be objective to self, and not become tense</td>
<td>Self-observation without self-evaluation is the goal of life</td>
</tr>
<tr>
<td>Techniques</td>
<td>Techniques are used to overcome patient resistance</td>
<td>Ostensibly, none are used; other than &quot;authenticity&quot; of therapist</td>
<td>High use of techniques</td>
<td>Ostensibly no techniques needed, but many are used; Koan meditation, etc.</td>
</tr>
<tr>
<td>Role/qualities of the therapist</td>
<td>High for therapist; his role is critical; analysis of transference/countertransference; for an analyst to have empathy, &quot;he must renounce for a time part of his own identity; and for this he must have a loose or flexible self-image</td>
<td>Therapist role important; no analysis of relationship; dynamics, however; Rogers says the therapist must be able to see the client without reacting emotionally or judgmentally; to be strong enough to be a separate person; and at the same time to see clearly and accurately</td>
<td>Therapist role important only as a teacher or coach; not much attention to qualities of the therapist.</td>
<td>Zen says that the highest ego is no-ego; empty, like a mirror; this gives flexibility; strength; accurate reflection; the teacher models &quot;right action,&quot; but ultimately teaches no teaching</td>
</tr>
</tbody>
</table>
Close your eyes and take two minutes to progressively relax your entire body, quieting bodily noises and stilling its movement, relaxing every muscle, releasing all tension from body and mind, then....

"Imagine that it is a summer morning. You are in a valley. Gradually become aware of your environment: the air is clean and the sky intensely blue, there are flowers and grass all around you. The morning breeze gently caresses your cheeks. Feel the contact of your feet with the ground. Be aware of what clothing you are wearing. Take some time to become clearly conscious of all these perceptions.

You feel a sense of readiness and expectancy. As you look around, you see a mountain. It towers close to you, and looking at its summit gives you a sense of extraordinary elevation.

Then you decide to climb the mountain. You begin by entering a forest. You can smell the pleasant aroma of the pine trees and sense the cool, dark atmosphere.

As you leave the forest, you enter a steep path. Walking uphill, you can feel the muscular effort demanded of your legs and the energy that pleasantly animates your whole body.

The path is now ending, and all you can see is rock. As you keep climbing, the ascent becomes more arduous; you now have to use your hands. You feel a sense of elevation; the air is getting fresher and more rarified; the surroundings are silent.

Now your climb brings you into a cloud. Everything is whitish, and you can see only the mist which envelops you. You proceed very slowly and carefully, just barely able to see your hands on the rock in front of you.

Now the cloud dissolves, and you see the sky again. Up here, everything is much brighter. The atmosphere is extraordinarily clean, the colors of rock and sky are vivid, and the sun is shining. You are ready to move on. Climbing is easier now; you seem to weigh less, and you feel attracted to the top and eager to reach it.

As you approach the very top of the mountain, you become filled with an increased sense of height. You pause and look around. You can see other peaks near and far, the valley in the distance, and in it a few villages.

You are now on top of the mountain, on a vast plateau. The silence here is complete. The sky is a very deep blue.
Far off, you see someone. It is a person, wise and loving, ready to listen to what you have to say and tell you what you want to know. He or she first appears as a small, luminous point in the distance.

You have noticed each other. You are walking toward each other, slowly.

You feel the presence of this person, giving you joy and strength. You see this wise being’s face and radiant smile, and feel an emanation of loving warmth.

Now you are facing each other; you look into the wise person's eyes.

You can talk about any problem, make any statement or ask any question you wish. Silent and attentive, you listen for an answer; and if it comes, you may want to prolong the dialogue.

Figure 12-6

DESIDERATA

(Found in Old Saint Paul's Church, Baltimore, Date 1692)

Go placidly amid the noise and haste, and remember what peace there may be in silence.

As far as possible without surrender be on good terms with all persons.

Speak your truth quietly and clearly; and listen to others, even the dull and ignorant; they too have their story.

Avoid loud and aggressive persons, they are vexations to the spirit.

If you compare yourself with others, you may become vain and bitter; for always there will be greater and lesser persons than yourself.

Enjoy your achievements as well as your plans.

Keep interested in your own career, however humble; it is a real possession in the changing fortunes of time.

Exercise caution in your business affairs; for the world is full of trickery.

But let this not blind you to what virtue there is; many persons strive for high ideals; and everywhere life is full of heroism.

Be yourself. Especially, do not feign affection. Neither be cynical about love; for in the face of all aridity and disenchantment it is as perennial as the grass.

Take kindly the counsel of the years, gracefully surrendering the things of youth.

Nurture strength of spirit to shield you in sudden misfortune. But do not distress yourself with imaginings. Many fears are born of fatigue and loneliness.
Beyond a wholesome discipline, be gentle with yourself. You are a child of the universe, no less than the trees and the stars; you have a right to be here.

And whether or not it is clear to you, no doubt the universe is unfolding as it should.

Therefore be at peace with God, whatever you conceive Him to be, and whatever your labors and aspirations, in the noisy confusion of life keep peace with your soul.

With all of its sham, drudgery and broken dreams, it is still a beautiful world.

Be careful. Strive to be happy.
### Figure 12-7

**The Purpose-in-Life Test** (Crumbaugh, 1968)

**Scoring:** Scores are obtained by totaling the numbers circled. Scores can range from 20 (low purpose) to 140 (high purpose). **Directions:** For each of the following statements, circle the number that would be most nearly true for you. Note that the numbers always extend from one extreme feeling to its opposite kind of feeling. "Neutral" implies no judgment either way. Try to use this rating as little as possible.

1. I am usually

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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>completely bored</td>
<td>(neutral)</td>
<td>exuberant, enthusiastic</td>
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2. Life to me seems:

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<th>3</th>
<th>2</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>always exciting</td>
<td>(neutral)</td>
<td>completely routine</td>
<td></td>
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3. In life I have:

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<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>no goals or aims at all</td>
<td>(neutral)</td>
<td>very clear goals and aims</td>
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4. My personal existence is:

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<th>7</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>utterly meaningless, without purpose</td>
<td>(neutral)</td>
<td>very purposeful and meaningful</td>
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5. Every day is:

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<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>constantly new and different</td>
<td>(neutral)</td>
<td>exactly the same</td>
<td></td>
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</tbody>
</table>
6. If I could choose, I would:

1 prefer never to have been born
2 (neutral) like nine more lives just like this one
3
4
5
6
7

7. After retiring, I would

7 do some of the exciting things I have always wanted to (neutral) loaf completely the rest of my life
6
5
4
3
2
1

8. In achieving life goals, I have

1 made no progress whatever (neutral) progressed to complete fulfillment
2
3
4
5
6
7

9. My life is:

1 empty, filled only with despair (neutral) running over with exciting good things
2
3
4
5
6
7

10. If I should die today, I would feel that my life has been:

7 very worthwhile (neutral) completely worthless
6
5
4
3
2
1

11. In thinking of my life, I:

1 often wonder why I exist (neutral) always see a reason for my being here
2
3
4
5
6
7
12. As I view the world in relation to my life, the world:

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<th>1</th>
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<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>completely confused me</td>
<td>(neutral)</td>
<td>fits meaningfully with my life</td>
<td></td>
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</table>

13. I am a:

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<th>4</th>
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<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>very irresponsible person</td>
<td>(neutral)</td>
<td>very responsible person</td>
<td></td>
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</tbody>
</table>

14. Concerning humanity's freedom to make one's own choices, I believe we are:

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<tr>
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<th>6</th>
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<th>4</th>
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<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>absolutely free to make all life choices</td>
<td>(neutral)</td>
<td>completely bound by limitations of heredity and environment</td>
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15. With regard to death, I am:

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<th>7</th>
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<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>prepared and unafraid</td>
<td>(neutral)</td>
<td>unprepared and frightened</td>
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16. With regard to suicide, I have:

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<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>thought of it seriously as a way out</td>
<td>(neutral)</td>
<td>never given it a second thought</td>
<td></td>
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</table>

17. I regard my ability to find meaning, purpose, or mission in life as:

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<tr>
<th>7</th>
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<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>very great</td>
<td>(neutral)</td>
<td>practically none</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
18. My life is:

<table>
<thead>
<tr>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>in my hands and I am in control of it</td>
<td>(neutral)</td>
<td>out of my hands and controlled by external factors</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

19. Facing my daily tasks is:

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<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>a source of pleasure and satisfaction</td>
<td>(neutral)</td>
<td>painful and boring experience</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

20. I have discovered:

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<tr>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>no mission or purpose in life</td>
<td>(neutral)</td>
<td>clear-cut goals and a satisfying life purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>