A Comparison of Psychotherapies

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A MODEL OF PSYCHOTHERAPY

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

The goals of transpersonal therapy include both traditional ones such as symptom relief and behavior change, and where appropriate, optimal work at the transpersonal level. This may include the provision of an adequate conceptual framework for handling transpersonal experiences, information on psychological potential, and the importance of assuming responsibility, not only for one's behavior, but also for one's experience. In addition to working through psychodynamic processes, the therapist aims to assist the client in disidentifying from and transcending psychodynamic issues. Thus the therapist may instruct the client in the possibility of using all life experience as a part of learning (karma yoga), the potentials of altered states, and the limitations and dangers of attachment to fixed models and expectations. The therapist may also intend that the therapeutic encounter be used as a karma yoga to optimize growth of both participants in a mutually facilitating manner. These goals in turn facilitate the aim of enabling the client to extract awareness from the tyranny of conditioning.

Transpersonal therapeutic techniques include both Eastern and Western methods for working with consciousness. Various forms of meditation and yoga may be added to more conventional techniques. The primary aim of these tools is not so much to change experience per se, as to

alter the individual's relationship to it by heightened mindful awareness coupled with a willingness to allow it to be as it is.

Two features of the psychotherapeutic relationship that deserve special mention are modeling and karma yoga. The importance of modeling has recently been clearly recognized and acknowledged in the behavior modification literature, and recent information on its potency suggests that other therapies may have underestimated its power.[1, 2] Since modeling may be a universal, although sometimes unwitting, therapeutic process, what is distinguishing is what the therapist models rather than the process itself. For the transpersonal orientation, this is closely linked to the concept of karma yoga, which is the yoga of service and contribution to others through work.

Psychoanalytic models of psychotherapy portrayed ideal therapists as those who minimized affective involvement, offered themselves as blank projection screens, and put aside their own feelings, reactions, and personal development for the benefit of the client. The humanistic existential model, on the other hand, emphasized the importance of participation by therapists in all their humanity in the therapeutic relationship, opening themselves fully to the client's experience and to their own reactions.[3, 4]

To this participation the transpersonal orientation has added the perspective that the therapist may benefit both the client and him/herself best by using the relationship to optimize his/her own transpersonal growth through consciously serving the client. This may take many forms and may be indistinguishable externally from other therapeutic approaches, but it is always performed within the context of optimizing growth through service. Indeed, working with one's own consciousness becomes a primary responsibility. The growth of one participant in the therapeutic relationship is seen as facilitating that of the other, and by holding the relationship in the context of service and karma yoga, the therapist attempts to provide both an optimal environment and model for the client. Where the therapist is consciously serving the client there is no hierarchical status accorded to being a therapist. Rather the situation is held as one in which both therapist and client are working on themselves, each in the way that is most appropriate to their particular development. The therapist's openness and willingness to use the therapeutic process to maximize his or her own growth and commitment to service is viewed as the optimal modeling that can be provided for the client.

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

In some traditional approaches the therapist is portrayed as what is called a "competent model" who is fully competent at that which he/she is trying to teach. However, the transpersonal therapist may share his or her

own unresolved questions where appropriate and attempt to be as transparent as possible. The karma yogic therapist thereby combines the "competent" and the so-called "learning to cope" varieties of modeling. Interestingly, studies of modeling have demonstrated that the learning to cope model is frequently more effective than the competent one.[1, 2]

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

Transpersonal psychotherapy can be distinguished from other approaches on several dimensions that will be discussed below. However, it should be noted that such comparisons are not without dangers. All therapies share considerable areas of commonality and any comparison risks magnifying and solidifying differences without acknowledging the overlap. In addition, there are often major discrepancies between therapy as it is idealistically described and as it is practiced.[5] Furthermore, therapists of different theoretical persuasions, will exhibit selective and differing perception when viewing the same therapeutic interaction. Finally, biases are hard to eradicate no matter how objective authors attempt to be. These caveats should be born in mind during the following discussion.

A transpersonal approach may include traditional aims while incorporating further goals derived from the transpersonal model of consciousness discussed earlier. These include increasing awareness or consciousness and may include experience of altered states with the ultimate aim of attaining a true "higher" state. For example, perception and concentration may be trained, as in meditation, with the individual learning to observe mental content rather than attempting to change it. The appropriate aphorism might be "watch everything, do nothing!" As Perls observed, "Awareness per se—by and of itself—can be curative."[6] In addition to watching mental content, the individual also aims to disidentify from it, a process that explores the more fundamental question of not only *who* am I, but *what* am I?

Thus, for example, a client presenting to a traditional therapist complaining of feeling inadequate, incapable, inferior, etc., would be viewed as having low self-esteem, poor ego strength, or negative self-attributions according to the therapist's particular discipline. If a psychodynamic approach were employed, the therapist might attempt to determine the origin of these thoughts, whereas a behavioral approach might attempt to modify them directly by environmental change, differential reinforcement, or cognitive approaches.[7, 8] Whatever the approach, the effective aim would be to modify the client's belief and experience about *what type of person* he or she is. A transpersonal therapist on the other hand, might use these approaches but would also recognize that the problem represented an example of identification with negative thoughts and emotions. In addition, this problem would be viewed as only one example of the many types of identification with which the client was unwittingly involved. The distinguishing feature of the particular identification would be merely that it caused discomfort of clinical proportions. Thus, if the transpersonal therapist chose to employ a meditative approach, this would involve training awareness with the aim of disidentifying from all thoughts, thus resulting in the client's having not only a different belief about *what type of person* he or she was, but an alteration in the more fundamental perception of *what* he or she was. The relative extent to which traditional and nontraditional techniques were employed would vary with the individual client. However, the goals of meditation and transpersonal approaches extend beyond those of traditional Western psychotherapy.

For example, the transpersonal model suggests that ego identification is illusory, "only a dream." In the West, when this illusion is mistaken for reality, the therapist may help prevent the dream from becoming a nightmare, but a transpersonal approach to consciousness is aimed at awakening.

COMPARATIVE PSYCHOTHERAPY

The expanded version of psychology that the transpersonal perspective wishes to offer aims at an integration of various Western approaches with those of the East. In *The Spectrum of Consciousness*, Wilber has distinguished three primary levels of consciousness, namely the ego, the existential, and the level of Mind or pure nondualistic consciousness.[9] The ego level concerns the roles, self-images, and the analytical aspects of our mind with which we usually identify. The existential, on the other hand, concerns our basic sense of existence, the meaning of life, confrontation with death and aloneness, and the central experience of being-in-the-world. These two levels together constitute our identity as separate, self-existent individuals, and it is with these levels that most Western therapies are concerned, assuming that people are condemned by their very existence to live out their lives as isolated, alienated individuals, inherently and permanently separated from the rest of the universe. Such approaches aim at strengthening the ego.

Beyond the ego and existential levels is the level of "Mind," in which the individual experiences him/herself as pure consciousness, having let

go all exclusive identification, and transcended the me/not me dichotomy, resulting in a sense of unity with the cosmos. From this perspective, the other levels are seen as illusions of identification and are accorded less importance.[9, 10, 11, 12] This process of reevaluating one state of consciousness from a new state is called subrationing.[13]

Each therapeutic approach may contribute to health and well-being in its own way at its own level. What is appropriate at one stage or in one situation may not be appropriate at another. Different approaches are simply addressed to different levels and dimensions of consciousness and growth. Ideally, the transpersonal recognizes the potential of all levels and makes optimum use of the contributions of both East and West to intervene at the appropriate level.

The following is an attempt to compare the transpersonal with the major Western traditions of psychoanalysis, analytical psychology, behaviorism, humanistic and existential psychology.

Classical Psychoanalysis

In psychoanalysis, human beings are presumed to be incessantly locked in mental conflict that can be reduced but never fully resolved.[14] The individual must therefore constantly guard against and control this conflict. A strong ego, the mediating factor between an irrational id and an overcontrolling super-ego, is considered the hallmark of health, which is defined by default as the absence of pathology. This contrasts markedly with the transpersonal perspective, in which the ego is considered as an illusory product of perceptual distortion and identification. There is no quarrel with the premise that a strong, healthy ego can be an asset in meeting the demands of life, or even that it may be a necessary prelude for more advanced work, but the transpersonal concept of health goes beyond belief in ego development as the summit of mental health. Thus, while the conflicts of the ego may indeed be unresolvable, they are transcendable via an expansion of identity beyond the ego to awareness itself. Just as from a psychoanalytic perspective the superego is recognized as an intrapsychic entity with which the individual may, but does not have to, identify, so from the transpersonal perspective the ego is viewed similarly. Such a shift in identity has the effect of greatly reducing the power of ego demands, which can now be viewed with greater detachment. Ultimately, the disidentification from ego and the discovery of one's own true nature may be considered tantamount to liberation or awakening.

Analytical Psychology

Of all the schools that have developed and departed from Freud's original work, the depth psychology of Carl Jung, also called analytical

psychology, has been more concerned with transpersonal levels of experience than any other.

The in-depth exploration of the psyche in Jungian work extends beyond both the ego and existential levels in dealing with archetypes and the collective unconscious. Jung himself was the first Western psychotherapist to affirm the importance of transpersonal experience for mental health. He wrote that the main thrust of his work was not the treatment of neurosis, but the approach to the numinous dimensions of experience: ". . . The fact is that the approach to the numinous is the real therapy and inasmuch as you attain to the numinous experience you are released from the curse of pathology."[15]

Depth psychology recognizes that the psyche has within it the capacity for self-healing and self-realization, but Jungian work remains predominantly concerned with the contents of consciousness rather than with consciousness itself as the context of all experience. Thus consciousness is experienced only in relation to its objects. It remains at a dualistic level and does not encompass the potential transcendence of subject-object dualism. Analytical psychology values the mythical dimension of experience, such as in the imagery of dreams and active imagination as a powerful therapeutic agent. However, it stops short of valuing the direct imageless awareness attained in the practice of some meditative disciplines.

Behaviorism

The defining characteristics of behaviorism is its insistence on the measurability and verification of behavior and behavior change.[16, 1, 8] By careful, methodical, empirically based growth it has developed a technology that is often highly effective in the treatment of delimited behavioral problems. Indeed, it must be recognized that behavior modification stands alone among the literally hundreds of therapies in having clearly demonstrated its effectiveness.[17, 18]

However, its strength may also represent its weakness. The rigid demand for measurement of *observable* behavior has tended to remove subjective experience from consideration. Such dimensions as consciousness, and until recently, even thoughts and feelings, have been ignored. It is thus left unable to encompass some of the most central aspects of the human condition and has little to say about optimizing positive health and well-being. It has largely been limited to the treatment of pathologies with clearly defined overt behavioral characteristics.

At the present time, however, a major shift is becoming apparent. Cognition and cognitive mediation of behavioral manifestations are being increasingly investigated, resulting in the recognizable field of cognitive behavior modification.[19] Self-control is being increasingly emphasized and self-efficacy has been advanced as a major mediator of therapeutic

change.[20, 7] Many transpersonal techniques can readily be viewed from within a behavior modification framework. Thus, for example, a variety of meditations that aim to enhance feelings of love and then use this to inhibit negative emotions such as anger are clearly based on the principle of reciprocal inhibition, which behaviorists use to replace anxiety with relaxation. Buddha gave explicit instructions for such techniques, suggesting that some of the principles of this discipline were noted over two thousand years ago.[21]

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

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

Humanistic Psychotherapy

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

However, the central concepts of health are different. From a humanistic standpoint, the healthy individual is self-actualizing, and humanistic therapy addresses itself predominantly to the ego and existential levels. The development of personality and the achievement of ego goals are central, whereas from a transpersonal perspective these are accorded less importance and may sometimes be seen as obstructions to transpersonal realization. Here the human capacity for self-transcendence beyond self-actualization is brought into perspective.[22, 23]

Humanistic psychologists may not be interested in exploring transpersonal experiences, although some have clearly done so. Transpersonal therapists might be expected to have some firsthand experience of such states in order to work effectively with those who seek guidance in dealing with them. When therapists do not have such firsthand knowledge, they may unwittingly invalidate their clients' experience.[24]

Existentialism

The existential approach converges with the transpersonal and humanistic in its concern with the search for meaning and purpose, the

confrontation of death and aloneness, the necessity of choice and responsibility, and the demands of authenticity.[25, 3, 4] It supports the view that we create our reality by our beliefs. For example, freedom becomes real when we believe in it. We have to know that we can have it before we can begin to exercise it. The same is true of love and other values that we can choose to make real for ourselves. If we do not believe in the reality of love it is unlikely that we will experience it. By facing these questions we can come to terms with them from an existential perspective, but more than this, we can penetrate behind the mask of our separate and alienated individuality to experience the underlying unity and interconnectedness of all life. The experience of freedom, with all its paradoxes, and the raw experience of being-in-the-world that the existentialists portray, can open the way for the personal transformation that leads to transcendence. The existentialist, however, may remain locked into his/her separate ego-defined identity and fail to make the leap beyond dualistic knowledge into the direct intuitive knowing and expansion of consciousness that characterizes transpersonal experience.

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

- The cause of all suffering is attachment.
- The relief of suffering comes from the cessation of attachment.
- The cessation of attachment comes from following the eightfold path, a prescription for ethical living and mental training aimed at attaining full enlightenment.

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

LIMITATIONS OF TRANSPERSONAL PSYCHOTHERAPY

If the preceding paragraphs represent a description of transpersonal psychotherapy, or at least what it seeks to become, what then are the factors that currently limit this field?

First, there is clearly an inadequate empirical foundation. Many of the concerns of the transpersonal therapist lie outside the range of interest, competence, and investigation of most researchers. Thus many assumptions, though experientially satisfying, remain experimentally untested. There has been an understandable but regrettable tendency to think that if experimenters are not interested in this area then that is their problem.

But if the transpersonal is truly to be an effective synthesis of Eastern wisdom and Western science, then its practitioners need to do all they can to ensure that their work is indeed subjected to careful scientific scrutiny. The history of psychotherapy is filled with partisan assumptions and claims of superiority that have remained intact only as long as they remained unexamined.[26, 5, 18] While there is a growing body of research on meditation, which on the whole is supportive,[27, 28] few other transpersonal areas have been examined closely.

This raises the interesting question of the applicability of traditional mechanistic scientific paradigms to the investigation of transpersonal phenomena.[29, 11] The necessity for novel approaches that are less interfering, more sensitive to subjective states, and involve the experimenter as a trained participant-observer has been frequently recognized but little used. To date, the transpersonal has not been widely integrated with other Western psychologies and therapies, but hopefully increased knowledge will correct this situation.

To anyone who has explored the transpersonal realms in depth it is apparent that intellectual comprehension demands an experiential foundation.[29, 30, 31] Experiential knowledge is clearly a limiting factor for conceptual understanding. Indeed, it is necessary to have multiple experiential recognitions of this fact before its power and implications can really be appreciated. Failure to appreciate this had led to countless misunderstandings, discounting, and superficial and pathologizing interpretation of the transpersonal. Even the most intellectually sophisticated but experientially naive mental health practitioners may make such errors, as was shown by the Group for the Advancement of Psychiatry's report on Mysticism and Psychiatry.[32] Both therapists and investigators need to be aware of this and to undertake their own personal experiential work. Since the transpersonal realm and potential for growth are so vast, far exceeding the explorations of most of us, it is probably safe to say that the limits of our personal growth represent one of the major limiting factors for this field.

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

Since we are both the tools and models for what we have to offer, it is imperative that we seek to live and be that which we would offer to our clients. With few empirical guidelines, we must rely heavily on ourselves for guidance and must therefore strive for integrity, impeccability, and sensitivity. Nowhere in the field of psychotherapy is the therapist's

growth and work on him/herself more important for both client and therapist.

> For what one person has to offer to another,
> is their own being, nothing more, nothing less.[33]

Notes

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