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PSYCHOLOGICAL WELL-BEING: EAST AND WEST

Traditionally, psychologists and philosophers have tended to avoid defining the highest good for humanity, resorting to negative terms in defining health as the absence of disease and good as the absence of evil. Health by such definition is only "not sick." Such a definition involves a number of assumptions and limitations. For example, it ignores the possibility that the healthy may display ways of being, modes and depths of experiencing, interests, and motives that do not show up at all in pathology. Similarly, the very healthy might not do some things that are so widespread in the remainder of the population that they have been accepted as universal and intrinsic to human nature. This raises the interesting question of whether the extremely psychologically healthy might not at times appear mysterious or bizarre to the rest of us. In other words we must be wary of assuming that they will fit our cultural stereotypes of health or that we will easily and automatically recognize them for what they are.

How then are we to determine the characteristics of psychological well-being? Several approaches are possible. One way is to examine the major dimensions of transpersonal models of human nature and describe the positive ends of these dimensions. Another involves reviewing the suggestions and anecdotal descriptions available in the literature, and a third approach is experimental, researching those people thought to be most healthy. Research data on the transpersonal dimensions of health is very limited, so we are left for the time being with the theoretical and anecdotal approaches. In the absence of empirical support, the following descriptions must therefore be considered as preliminary hypotheses for future thinking and research rather than as established principles.

The most frequently mentioned dimension in transpersonal models of human nature is consciousness. Probably we would expect healthier

individuals to have greater access to a wider range of states, especially those possessing greater numbers and degrees of state-specific capacities, i.e., higher states. The most advanced individuals might be expected to have greater degrees of voluntary control and even to be able to enter a wide number of states at will.

In the dimension of perception, attributes of health might include perceptual sensitivity, clarity, and relative freedom from distortion. "The fully realized human is one whose doors of perception have been cleansed."¹ This is the ability to see things as they are, free from the distorting influences of desire, aversion, ignorance, and fear.

The healthy person's sense of identity would be expected to extend beyond the usual ego self-sense. On one hand we would expect health to be associated with recognizing, owning, and integrating the shadow, that component of the psyche comprising attributes judged to be negative and inconsistent with one's self-image. On the other hand we might expect the very healthy to live in the presence of the numinous, "the sacred unconscious,"¹ the transpersonal self, or pure awareness, and to realize that they are that, too.

Motivation would also be a significant dimension of health. The most widely accepted transpersonal model of motivation owes a great deal to Abraham Maslow.² He recognized a hierarchical organization of needs in which motives emerged sequentially, i.e., as one level of needs was satisfied, the next level became apparent. The hierarchy ranged from basic survival through security, to sense of belonging to a group, self-esteem, and self-actualization, i.e., actualizing all that one is capable of being. In ascending this hierarchy, motives shift from strong to subtle and from expressions of deficiency to expressions of sufficiency. The needs at the higher end of this scale of sufficiency Maslow called *metaneeds* or *B (being) needs*.

In his later years, Maslow maintained that beyond self-actualization lay the need for self-transcendence.² In this Maslow saw a drive toward *modes of experiencing and being that transcended the usual limits of human experience and identity*, i.e., the drive toward the transpersonal realms. Similar hierarchical models with transcendent components are also found in a number of non-Western psychologies such as Sufism and Hinduism.

In general, healthier individuals appear to be motivated more by so-called higher needs. In extreme cases, self-transcendence might be the prime motive, having superceded the more common egocentric desires for self-esteem, possessions, etc.³

Several traditions make the suggestions that attachment (addiction) to having one's needs gratified is the source of suffering and that highly developed individuals are likely to be motivated by a desire to contribute to, and serve, others. Health might thus be associated with fewer attachments and a higher ratio of service-oriented versus egocentric behavior.

Although they do not necessarily fit neatly into any particular formal model, various other qualities have been widely assumed to be characteristic of optimal mental health. These include the recognition that one is responsible for, and the source of, one's experience and one's sense of well-being; greater sensitivity toward others as manifested by enhanced love, compassion, empathy, and generosity; an appreciation of the awesomeness and mystery of life shown by attitudes of reverence, gratitude, wonder, and ecological sensitivity; and a wholehearted participation in life, opening fully to the joys as well as the sorrows of the human condition.

At the highest levels of well-being—in the transcendent realms where we experience ourselves as pure awareness transcendent to space, form, and time—very different possibilities for describing health become apparent. This realm is clearly transcendent to any existing concept of health. Like other subjective dichotomies, the distinction between health and illness collapses in the deepest levels of being. As various consciousness disciplines have maintained for centuries, who we are behind our illusory identifications is beyond both health and illness.³

A number of seeming paradoxes follow. Because this essential nature of our being continues to exist behind any illusory constrictive identifications, it follows that it remains transcendent to the health/illness dichotomy at all times. Thus, a movement toward health does not entail changing what we are but rather *recognizing* what we are. Indeed, there is not even any need for movement. As the perennial psychology would have it "there is nothing to do, nothing to change, nothing to be."

It follows, then, that the transpersonal perspective on the quest for psychological well-being is very different from the traditional Western view. Changes in behavior, thought, affect, and personality are seen not only as goals in themselves but also as means to facilitate awareness of transcendent dimensions of being.

The readings included in this section include Western and Buddhist perspectives. In "A Theory of Metamotivation: The Biological Rooting of the Value-Life," Abraham Maslow lays out a number of hypotheses about the nature and experience of self-actualizers and self-transcenders. He first describes the hierarchy of needs and suggests that higher needs (metaneeds, B-Values) for truth, beauty, transcendence, etc., are just as biologically based as are the lower, more obviously physiological ones such as thirst and sex. Further, he proposes that the failure to satisfy metaneeds may result in corresponding forms of pathology (metapathology) analogous to those resulting from unsatisfied lower needs. Thus he concludes that transcendent, religious, esthetic, and philosophical facets of life are as real and intrinsic to human nature as any biological needs.

Buddhist psychology contains a particularly clear and precise description of psychological health, which is described by Daniel Goleman in "Mental Health and Classical Buddhist Psychology." The central con-

cept involves "mental factors." These are mental components that modify perception and consciousness and that have been classified as healthy or unhealthy. Psychological development consists of cultivating healthy factors and inhibiting negative ones. The prevailing balance between the two categories is said to determine one's degree of mental health until, in the fully enlightened individual, only healthy factors occur.

Because mental health is a concept which is central to much of transpersonal psychology, it is also discussed in other readings in this book. The sections on consciousness, meditation, and psychotherapy are particularly relevant.

Notes

1. Smith, H. The sacred unconscious. In R. Walsh & D. Shapiro (Eds.), *Beyond health and normality: Explorations of extreme psychological well-being*. New York: Van Nostrand Reinhold, in press.
2. Roberts, T. Beyond self actualization. *ReVision*, 1978, 1, 42-46.
3. Walsh, R. and Shapiro, D. (Eds.). *Beyond health and normality: Explorations of extreme psychological well-being*. New York: Van Nostrand Reinhold, in press.