Chapter 1

A Theoretical Framework for Transpersonal Psychotherapy

I Feel That Many of The Healing or therapeutic aspects of a spiritual or transpersonal approach can be understood by investigating human development through the ideas of Self Psychology. Self Psychology, an elaboration of and shifting emphasis from earlier Freudian psychoanalytic theory, was developed by Heinz Kohut. It has been increasingly appreciated in the last two decades, during which it has become well known. It is an interesting coincidence that during these same two decades transpersonal psychotherapy has also gained prominence.

In 1969, I completed my psychoanalytic training at a classically oriented training center. At that time, Freud's energic drive theory was the commonly accepted core of psychoanalytic practice. From this perspective, it is sexual and/or aggressive impulses struggling against superego-dampening counterforces that give rise to conflicts and neuroses. However, in my professional practice I often could not get my observations of how my patients became ill and recovered to fit the classical models I had been taught. For some time I found myself searching for other models that could help me better understand what I was observing. In the 1970s, when I "discovered" for myself the transpersonal or spiritual realm, and began to share this dimension with my patients, I did not have a theoretical comprehension of it.

My interest in Self Psychology began at a conference of the American Psychoanalytic Association. I attended a lecture on Self Psychology where the lecturer's opening words were: "In my prior incarnation I was a Freudian psychoanalyst. . . ." That comment impelled me to investigate Self Psychology. What I was to discover led me to the conclusion that the Self Psychology approach provides a scientific framework for understanding the effectiveness of transpersonal psychotherapy.

Self Psychologists postulate, with much supporting theoretical and clinical evidence, that in order for a person to become a happy and psychologically healthy individual he or she must have, starting very early in life, appropriately empathic, loving nurturers (usually parents) with two principal functions. The first of these functions is that of looking at and mirroring back to the baby its sense of pride and expansiveness. This, they posit, later leads to a healthy sense of ambition and assertiveness. The second function is to be available as idealized figures, having the function of giving the child a sense of connection with greatness, strength, and calm. The Self Psychologists further feel that we continue to need, throughout life, empathic responses from our families as well as from our peer groups to maintain psychological health. Self Psychologists feel that these "twinship" or "alter ego" relationships provide a sense of connectedness with others and that this in turn provides the energy from which skills, talents, and competency are developed.

I believe many individuals are attracted to the various spiritual traditions to try to heal themselves from early psychological traumas—and many are successful in doing just that. In the field of psychiatry these might be called "transference cures" (a term coined in the 1930s by Dr. Franz Alexander, a Freudian psychoanalyst). Although many psychoanalysts believe that at best this is a second-rate healing, the Self Psychologists do not. Many aspects of the great spiritual traditions have the same psychological elements available that the Self Psychologists say are necessary for mental health to flourish. Self Psychologists would understand an individual's belief in a Godhead or spiritual being as having a selfobject function (Rowe and MacIsaac, 31). For example, Christianity and Buddhism mirror individual love, empathy, and acceptance in Christ

Consciousness or radiant Buddha nature. In addition, spiritual leaders, as spokespersons for the various religious traditions, may provide enhanced self-identification. Idealization of relationships most often occurs with the actual originator of the tradition, such as the Buddha or Jesus, but may also be established with the contemporary representative of the tradition (e.g., guru, rabbi, priest, etc.). Here one can build psychological strength by identifying with the presumed strengths and virtues of people whose lives manifest the ideals of their traditions.

I want to emphasize that by looking for clinical understanding of how spiritual traditions operate and citing how elements of spiritual practice may address psychological difficulties, I in *no* way intend to diminish the importance of spiritually transformative experiences in their own right. Ken Wilber postulates in *Transformations of Consciousness* nine developmental stages from birth to sainthood or enlightenment. The early stages, "pre-spiritual," closely match the classical Western psychological stages delineated by Erik Erikson in "The Eight Stages of Man," in *Childhood and Society*. The later stages reflect the spiritual stages of transcendence of personal ego, realization of ultimate truths, and a sense of the purpose and meaning of life. It is therefore my belief that involvement in a spiritual tradition can positively affect *both* the "pre-spiritual" and spiritual stages at the same time. For example, practicing a spiritual tradition might diminish (through resolve) selfish behavior stemming from early psychological traumas and a damaged sense of self. Simultaneously (through meditation), it might clear the blockages to the realization of one's God consciousness.

Psychotherapy helps with the healing of the conventional personality. There seem to be distinct phases of personality development that are related in a continuum. Just as spiritual practice is often viewed as a path, psychotherapy can be thought of as a path toward a more mature and integrated personality. In this context, psychological development may be understood as a necessary precursor of genuine spiritual development. Both paths are clearly interrelated: as psychotherapy increases one's capacity for witnessing the contents of one's mind, so meditation increases ego strength by increasing one's capacity to be aware of changing mind states without being over-

whelmed by emotional responses. Also, spiritual practices can lead to an intensification of concentration and calm, which facilitates traditional psychotherapy. One can also view the spiritual ascent as requiring certain amounts of emotional energy. Unresolved early conflicts and traumas can keep this emotional energy from being available for the spiritual ascent. Therefore, traditional psychotherapy may even be the crucial step to help a patient with his or her spiritual aspirations.

Three prominent Self Psychologists who are further developing the work of Kohut are Robert Stolorow, George Atwood, and Bernard Brandchaft. In their text, *Psychoanalytic Treatment—An Intersubjective Approach,* they describe what they characterize as a "field" that exists between the patient and the therapist. Growth and change are perceived as products of that field dynamic. These authors emphasize the importance of the therapist's awareness of his or her thoughts and feelings about the patient and about the use of feedback from this awareness to maintain sincere empathy with the patient. It is provocative to consider how this emphasis on empathic response as a key factor in therapy is similar to practices of developing compassion that are part of many religious traditions. In the Self Psychology system, healing comes about through the experience of feeling valued and truly understood—the empathic bond is one of non-alienation, inclusion, non-separateness. Spiritual traditions might call this awareness the recognition of the "kinship of all beings" or the "interrelatedness of all beings."

If we accept the Stolorow, Atwood, and Brandchaft view that an intersubjective field is created by the interplay of the subjective worlds of the patient and therapist, the deliberate cultivation of compassion by the therapist can surely affect the course of therapy. One might even theorize, using this framework, that the therapist's practice of developing compassion makes treatment more effective even if religious ideas or spiritual practices are never specifically introduced.

Surely there are many compassionate therapists who do not think of themselves as religious and do not practice specific transpersonal techniques. However, for those therapists who are drawn to them, spiritual traditions offer specific meditation prac-

tices that promote the development of compassion. One example of this is the *Chenrezi* Meditation from the Tibetan Buddhist tradition. In this practice, the meditator envisions the particular Tibetan deity that symbolizes compassion and resolves to develop this quality within him- or herself (Khyentse, 85ff).

The common positive developmental factor for small children, psychiatric patients, and spiritual aspirants is a mature type of caring or love. There is the entire spectrum of love: from the way a small baby "loves" its mother to fulfill its needs to the universal selfless love of the saint or (truly) holy person. Between these two extremes, there are the many stages through which most ordinary people progress. As therapists, it is important to ask ourselves, "Is my action coming from my heart (from genuine compassion) or from some more infantile need?" Perhaps we do not ask ourselves, our therapists, or our spiritual leaders this question often enough.

As a partial antidote to these types of problems, the spiritual traditions specifically emphasize the development of crucial moral values. Examples from Buddhism include the "Right Speech," "Right Action," and "Right Livelihood" aspects of the Eightfold Path for enlightenment. Likewise, the Ten Commandments form a cornerstone of Judeo-Christian practice. Furthermore, both Buddhism and Christianity emphasize the development of compassion and forgiveness.

My spiritual practice has increased my attentiveness to my inner feelings. Retrospectively, I am aware that in my medical and psychiatric career I might not always have been as caring and thoughtful as I should have been toward my patients. I may have given myself the excuse that I was too tired or that the patient was too needy or bothersome. My spiritual practice has obliged me (and helped me) to see things differently. All true spiritual paths I know of emphasize the development of compassion, based on the spiritual insight of the interrelatedness of all sentient beings. An image I personally find helpful is that of a rhizome, a tuberous root that burrows underground and perennially sends up stalks. From above the ground, the stalks look separate. Underground, they are interconnected, and all are part of the same plant. In that vein, a line from *A Course in Miracles* that is particularly meaningful to me is,

"I and my brothers are one with God." For a period of time I practiced this line as a personal mantra. When I find myself sitting across from a patient in an interaction that is particularly difficult, that line often occurs to me spontaneously. Having it come to mind reminds me that a larger perspective on the interaction at hand is available to me, one in which my patient and I are lovingly involved in mutual work, as opposed to being two distinct individuals attacking a thorny problem.

Another image, from the Jungian tradition, is that of an underground stream that forms the wellspring of rivers. Ira Progoff, a Jungian psychologist developed the technique of personal journal keeping as a psychological tool. In his book *At a Journal Workshop,* he put forth the view that each individual's life is an idiosyncratic experience just as each person's well in their own backyard is his or her personal well. Individual wells in the same neighborhood would differ according to whose backyards they were in. Fundamentally, however, they would all draw water from the same underground stream.

In Buddhism, the insight of the awareness of suffering in all existence is used as a meditation to foster compassion. Several fundamental aspects of Buddhist practice may be used to expand compassion. The first of these might be the reflection on the fact that pain in life is inescapable. One develops the awareness that the very fact of having a physical body, subject to recurrent normal needs and periodic aches, creates pain. One may also focus on the awareness that in relational lives the experiences of grief and loss are inescapable. These two awarenesses often arouse a sense of sympathy for the other and for oneself. People are often relieved to find that life is difficult by its very nature, and not because of anything they are doing wrong. Also, when people understand how much the inevitable pains of life are magnified by struggling to change things that cannot be changed, their relationship to their lives and problems becomes less stressful, and they thus sometimes become less demanding of others. On occasion I may encourage patients to use the reflection, "Just as I wish to be free of suffering, so do all beings wish to be free of suffering."

If a spiritual path can lead to this broader perception, it may make it easier to transcend our own petty selfishness. We may become aware that when we help others we are, at some level, directly helping ourselves. I have found that compassion, like love, increases as you "give it away" and directly leads to feelings of well-being, greater self-respect, happiness, and, therefore, greater energy. The feelings of "being taken from," often categorized as "therapist burnout," are lessened and are then replaced by an appreciation of the privilege of helping others. At the end of a long work day, one can feel emotionally fulfilled even though physically tired. Whereas in the past I might have given up on certain "problem" patients, I now continue to struggle on, often with positive results. Both in my personal and professional life, I have found that this approach usually leads to positive feedback such as love and respect—things we all need to keep our emotional equilibrium.

It is appropriate to mention here that, along with the many potential benefits from the addition of the transpersonal dimension to psychotherapy, there are possible pitfalls. There are acknowledged hazards in spiritual practice which, unheeded, might emerge in transpersonal psychotherapy. In situations where an individual's basic personality is not well integrated, the practice of certain spiritual techniques may lead to unhealthy consequences. For example, certain meditational practices may help a person develop extraordinary psychic abilities. These "powers" have sometimes been erroneously equated with the development of genuine spirituality. While it is true that special talents do sometimes emerge as a byproduct of meditation practice, it is also true that these "powers" may naturally be present in individuals whose levels of personal and spiritual development are not remarkable.

This was probably the case with D.D. Home, a mid-nineteenth-century English psychic who was said to have acquired large sums of money from bereaved widows for helping them "communicate" with their deceased husbands. Jim Jones, the charismatic minister who led his Jonestown congregation to mass suicide, was believed (in this case, erroneously) to have clairvoyant abilities, and this belief gave him power over his followers. The blind devo-

tion that Jim Jones seemed to inspire reflected, I believe, the search for a figure to idealize (and/or obtain grandiose mirroring from) to compensate for the lack of such a figure in one's own childhood. In fact, over-idealizing one's spiritual teacher is probably quite common. When this over-idealization is met by infantile counter-needs on the part of the teacher, difficulties may arise. On the other hand, under the aegis of a mature and integrated ego, these abilities or powers, when present, may be useful in helping others.

It is not unusual to find that therapists are also often idealized by their patients, much as a guru would be, with similar problems arising. Unfortunately, there have been many occasions both in spiritual traditions and in the field of psychotherapy when the needs of the spiritual aspirant or patient have become secondary to the immature needs of the spiritual leader or therapist. The adulation and idealization that come from the spiritual aspirant feed the leader's (or therapist's) remnants of his or her pathologic narcissism. This is quite similar to instances of parents who use their children to meet the unmet needs of their own childhoods. These are real dangers which must be recognized—the small child, the psychiatric patient, and the spiritual aspirant are all similarly vulnerable. They can be helped to grow via a loving, empathic approach, or they can be severely damaged by an unloving, hostile approach. The degree to which the parent, psychotherapist, or spiritual leader is genuinely, non-selfishly interested in the development of the child, patient, or spiritual aspirant will be directly reflected in the effectiveness of the outcome.

The Ethics of the Introduction of Transpersonal Issues with Classical Therapy

There has been considerable discussion in traditional psychology circles about the ethicality of introducing transpersonal issues into classical therapy. A major issue, vigorously debated when I was a psychiatric resident forty years ago, was whether revealing one's own value system to one's patients was inappropriately manipulative. It is understood in medicine that people generally respect their doctors

and therefore may be more vulnerable to proselytizing on the part of their physicians. I do believe that all physicians, including psychiatrists, may have a certain persuasiveness in terms of the suggestions they make to their patients, based on the esteem in which they are held. Assuming that physicians, including psychiatrists, are motivated by sincere concern for their patients' well-being, I am not apprehensive about this "edge of persuasiveness." For instance, I feel comfortable about physicians sharing with their patients their concerns about cigarette smoking, based on their conviction that it leads to poor health. I feel no concern about whether this inhibits the patient's ability to "make up his or her own mind."

Similarly, I have no misgivings about psychotherapists raising with their patients important issues such as meaning in life, purpose, and the desire to understand why things are the way they are. In fact, I feel that not to raise these issues is to avoid looking at probably the central factor in psychological functioning. Because I share this view about the fundamental significance of these existential issues, I do not feel at all inhibited about opening up the possibility of pursuing spiritual paths to my patients. It goes without saying that I use a certain amount of caution in doing so. When I take the initial history of a patient, I am careful to inquire about his or her religious background, including spiritual beliefs and practices. I explore whether these issues seem of current importance. With individuals who do not consider that they are relevant in their lives, where their struggles and difficulties seem to be closely related to mundane issues, I use a fairly traditional, psychodynamically oriented psychotherapy approach.

Another reason I feel no ethical conflict about raising transpersonal or spiritual issues with my patients is that I clearly see a difference between introducing these issues as areas meriting consideration and an attempt, covert or overt, to persuade a patient that there is only one correct or superior spiritual path. When spiritual issues do seem relevant, I usually encourage the people I work with to explore them within the context of the spiritual path that has been part of their lives. Where positive feelings exist regarding the spiritual practice of one's childhood (or of one's adulthood when such spiritual practice has endured), it makes sense that this same

practice will be most comforting and most rewarding. My personal conviction is that all the great spiritual traditions of the world have endured because they share certain basic truths and goals. Although my personal practice uses methodologies from specific traditions, I have no vested interest in their being any more effective than methodologies from other spiritual traditions.

The reader will notice that in all the cases presented in this book where I have recommended to patients that they practice a particular meditation technique or become acquainted with certain books, these are techniques and books that have been meaningful to me. I want to emphasize that I recommend these techniques because they are ones I know and use myself, and I present them in that context and with that explanation. I would certainly be entirely supportive of any exploration or practice a patient proposed from a spiritual tradition, if it were indeed one that seemed to have particular significance for that patient.

It is important to consider how the introduction of transpersonal material might alter the transference relationship, the fantasied relationship (recapitulating a childhood family relationship) that patients feel exists with the therapist. Psychotherapists trained in traditional psychodynamic theory may well wonder about the effects on the transference relationship of discussing personal spiritual issues and practices between therapist and patient. In classic tradition, the neutrality of the therapist was deemed crucial for the development of a transference relationship that could then be interpreted and worked through. My own belief, based on my experience and practice, is that true neutrality is really a hypothetical rather than an actual possibility. Patients deduce a great deal of personal information just by observing the therapist's mode of dressing, his or her choice of office decor, or the reading material on the bookshelf. It has been my experience that when a transference relationship promises to be the primary means through which a patient's area of difficulty will be revealed and worked through, this transference relationship will develop even if the patient knows a great deal about the therapist. Far from impeding the course of therapy, I feel that some awareness on the part of my patients of my

own philosophical convictions has, in fact, a salutary effect on the working alliance—the mature level (as opposed to the transference level) of our therapist-patient relationship.

Although I hesitate to say anything to my patients that sounds like a dogmatic belief system, I do hold certain beliefs about the nature of human beings and our possibilities for growth and development. I believe, for instance, that all human beings have a certain inviolable essence that can be respected, regardless of their behavior. Furthermore, I believe that the universe (and all that exists within it) is one interrelated and interdependent whole. I feel that it is part of our inherent psychic organization to want to be in touch with our kinship and connectedness with everything else that exists. Not only do I find this to be the central drive that motivates us to embark on a spiritual search in our lives, but I also see it as the underpinning for a great deal of what we experience as psychological pain in our life.

A slightly different facet of the same issue is how I see human nature. In my early psychiatric training, I was taught that human nature had at its core dual drives—one showing as loving and one showing as negative (angry, hateful, destructive feelings and actions). I no longer feel that way. My studies of spirituality and my psychotherapeutic experiences have led me to feel that at our core we are loving, and that's our primary nature. Any time our lovingness is not visible, some fear system is occluding it. A way of imaging this would be to see our loving nature as the sun. During the day, the sun is always shining and is not visible only when clouds cover it. The clouds are our fear systems. We do not need to turn on the sun (our lovingness)—we need only clear away the clouds (fear systems). This might be a very simplified overview of what psychotherapy is attempting to do. Spiritual approaches have specific psychotherapeutic value when seen as being used to resolve our fear systems; they help us cultivate compassion, forgiveness, and acceptance and help us learn to temper our anger.

While holding this view, I see myself at the same time as working with patients on the problems they have with internal conflicts, such as guilt and fear and conflicts with family and friends

and in work relationships. I see the value of viewing all these components of our small life's drama within the larger context of all of existence. I think this is a view that honors the potential of each individual. My patients, I believe, feel this as evidence that I esteem and respect them, and they respond to it positively.