

TRANSPERSONAL APPROACHES TO PSYCHOTHERAPY
AN OVERVIEW AND DISCUSSION OF ETHICAL CONSIDERATIONS

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ABSTRACT

Practitioners of transpersonal psychotherapy need to develop clearly delineated standards of ethical practice. The most commonly accepted philosophies and clinical practices in transpersonal psychotherapy will be described based on interviews with transpersonal psychologists. Ethical issues in therapist training, client relationships, and quality assurance will be examined. Advanced clinical skills in conventional therapies are seen as a prerequisite to the ethical uses of transpersonal approaches.

By Way of Introduction

Scholars and practitioners of more accepted psychotherapeutic approaches may perceive transpersonal psychotherapy as a "fringe" phenomenon of curiosity and interest. One reason for the fringe image of transpersonal approaches is that there seems to be a lack of concentration on outlining the ethical issues of transpersonal practice. For this reason, the philosophy and methodology of transpersonal psychotherapy in practice is not the primary focus of this work. Rather, ethical considerations of the practice of transpersonal therapies need to be delineated. Using an ethical frame, as a point of pedagogical departure, can enhance one's capacity to learn the "hows," "whats," and "whys" of practicing transpersonal psychotherapy. Perhaps such a frame, emerging from studying ethics first, can be successfully posited as the most effective manner in which to teach and learn an approach as seemingly abstract as transpersonal psychotherapies can appear.

Transpersonal Philosophy

Many psychologists and counselors posit that the scientific approach is all there is--the only truth to be found. Carl Hamerschlag, author of "The Dancing Healers" (personal communication, April 24, 1989), has studied Native American healing practices. He notes that many of his colleagues question the validity of transpersonal approaches. Hamerschlag suggests that the ethics of approaching the world from the perspective that there is only one truth is at best questionable.

Native American healers, and traditional healers in general have been filling a role in their society for centuries that psychologists now fill in modern society. Hamerschlag insists there is validity in their approach. It is not the conventional truths of the modern world, but the myths and metaphors of the traditional world are valid--they work. Indeed, for traditional people, such approaches often work better than what may be learned at modern universities. He sees the malady of the modern world as a loss of the capacity to find credence in myths and symbols and what we call fairy tales. The gain for us is that we can have instant pleasures and ever increasing highs. Yet the cost is that we have lost our capacity to be connected with nature--the planet and one another--and as a result we are destroying ourselves. The work of transpersonal therapy is to facilitate the client to once again find this connection and to invite clients to see alternatives to what they think is all there is.

What is called transpersonal psychology today has its direct roots in the work of Abraham Maslow (1971). Transpersonal psychotherapy is a natural development from the work of Carl Jung, Victor Frankl, Alfred Adler and other thinkers who explored therapeutic work that extends beyond the ego. A rather good statement of the transpersonal orientation is found in the work of Carl Rogers (1978, p. 26), hardly a "fringe" thinker.

It is hypothesized that there is a formative directional tendency in the universe, which can be traced and observed in stellar space, in crystals, in microorganisms, in organic life, in human beings. This is an evolutionary tendency toward greater order, greater interrelatedness, greater complexity. In humankind it extends from a single cell origin to complex organic functioning, to an awareness and sensing below the level of consciousness, to a conscious awareness of the organism and the external world, to a transcendent awareness of the unity of the cosmic system including people.

It seems to me just possible that this hypothesis could be a base upon which we could begin to build a theory for humanistic psychology.

In talking of a "transcendent awareness of the unity of the cosmic system including people," Rogers showed himself moving his perception away from people as the center of all meaning towards humans as part of the whole. People may be seen as not necessarily more or less important than any other part of that whole. Thus, Rogers humbled humans from their place of dominion over nature to a

position as one part of the whole. As humans become consciously part of the cosmos, they are also part of the self-actualization of the cosmos as one unified whole.

Rogers' conception of a "way of being" might be used to describe accurately "the work" (i.e. transpersonal self exploration). Rather than having a specific set of techniques, the therapist's self perceptions and world view have much to do with creating the therapeutic environment. Thus the therapist may become even more self-aware, and be able to foster such awareness in the person who is her or his client. With greater self-awareness, a more informed choice is possible, a choice freer from introjects, a conscious choice which is more in tune with the evolutionary flow (Rogers, 1978).

While there is no one "accepted" definition of what transpersonal therapy is, Rogers' thinking is used here as an illustration of one approach to transpersonal philosophy. Robert Mosby, director of the RIM Institute (personal communication, April 17, 1989), sees transpersonal psychotherapy as defying clear definition as evidenced by many attempts to define it--many of them vague. There is no unifying theory or methodology in this field. The people doing transpersonal work are creating their own version. He defines transpersonal psychotherapy as therapy which deals with those things beyond the person but including the person. More formally, Scotton (1985) perceives transpersonal psychotherapy as therapy which seeks to establish in a client a conscious and growth producing link between everyday and transpersonal experience.

Robinson (1985) observes people are beginning to realize that unless we love our planet, we are going to lose it. Rogers' transpersonal thought extended to this realm. Hamerschlag (personal communication, April 24, 1989) thinks that people are ready for the jump to this kind of planetary consciousness. He asserts this is why people are coming to transpersonal therapists; they see the plight of the planet and recognize it as their plight at the personal level as well. The transpersonal world view suggests that humans are a part of a creative force in the future direction of society, the planet and the manifestation of the cosmos. When therapists are facilitating "personhood" in the therapeutic relationship it is also an invitation for client and therapist to discover their part in that which is divine. Congruent with liberation theological thought that the divine is found in human community building, Clark (1979, pp. 48-49) notes,

As we are whole in ourselves and parts of a larger whole, we can be centered in personal being and in our interrelatedness with others. It is in this totality that we are fully human...being centered in individual self and with others carries the promise of bringing order to our social disorder.

This is precisely the transpersonal enterprise.

Transpersonal Therapy

Transpersonal psychotherapy may be as simple as a general orientation of the therapist to include spiritual aspects in the therapeutic process (e.g. a Christian religious aspect) or as complex as the use of nativistic or shamanistic rituals and tools in therapy. Some of the more nativistic techniques include the use of incense and incantations, spells and divination, or methods such as Tarot, Runes, or astrology. Such sources of metaphysical knowledge may be viewed as "the oracle of the self" (Blum, 1982, p. 23). Through the use of nativistic techniques, material for deep psychological exploration can emerge. McGuire (1989) notes that among the alternative approaches to therapy and healing are faith healings, Christian Science, Transcendental Meditation and other meditation systems, the occult and "new age" therapies and various human potential methods. Yet transpersonal approaches remain problematic in terms of empirical verification. Are these legitimate techniques to include in the therapy process? Or are they the meanderings of undisciplined minds working on the "fringe" of mainline psychological thought?

In attempting to formulate an answer to the question of legitimacy, Andy Hogg (personal communication, April 11, 1989) talks of the strength of transpersonal approaches as the capability to give a person a wholeness that conventional approaches do not give. In this context, "conventional approaches" refers to therapies that work with the individual on intrapsychic dynamics without specific reference to her or his interconnectedness to the transpersonal realm. In most cases, however, intrapsychic or interpersonal work must precede transpersonal work for it to be effectively utilized by the client.

Hogg posits that a transpersonal approach seeks to balance and illuminate the interrelationship between body, mind, and spirit. Part of cognitive restructuring, Hogg insists, is

knowing how a person structures his or her world. This often requires looking at the spiritual realm.

The psychologist who insists that "this is not my domain" often misses some real work that can be done. If one were to ignore emotions for instance, she or he would be an ineffective therapist. In the same way, to ignore the spiritual aspects--to ignore how people view their reality--is to chance missing their perceptions of guilt, responsibility, causality, justice and injustice, tragedy and death. In addition, there may be intuitive sources of wisdom that people know psychically and or unconsciously that we as therapists do not know. This acknowledges the inherent limits of any therapist. Sometimes the use of astrology or Tarot, for example, might give one a perspective that might otherwise not have been found and may be more important than the work the therapist may have wanted to do based on a conventional pre-session plan. This is opening up oneself to synchronistic information that might have otherwise been ignored. This is the most pragmatic and commonly useful aspect of transpersonal approaches.

Mosby (personal communication, April 17, 1989) notes that the transpersonal orientation is a realm of therapy in potential. Transpersonal therapy, unlike the psychoanalytic or behavioral paradigms, is creating its own history and standards in this decade. If a therapist does not have skills in the transpersonal approaches, then he or she should not work with clients that request or need these therapies. On the other hand, a transpersonal therapist must also be current in conventional clinical skills. The transpersonal therapist needs to be a highly trained clinician before utilizing alternative methodologies. It is unethical for a therapist who is not ready to do good standard therapy to proceed with transpersonal training and therapy with clients. Being underskilled in standard therapeutic techniques, the therapist cannot do the clinical preparatory work that must be done prior to transpersonal explorations. Most transpersonal therapists believe each stage of development must be experienced fully before moving on to the next stage. Elkin (1979, p. 80) observed that "...the ego first needs to be strengthened before it can be transcended. The ego-boundaries must be fully established before they and the ego itself can be seen as illusion..." A therapist should not even try transpersonal work until he or she has established competency as a conventional therapist. This has ethical implications for transpersonal graduate programs that are not able to insure that their

graduates are fully prepared as conventional therapists. We must learn to walk before we can learn to fly.

Ethical Issues for the Therapist

Personal responsibility is a cornerstone in the profession of psychotherapy. This is especially true for transpersonal therapists given the high emphasis transpersonal philosophy places on taking personal responsibility for one's life and actions. Adherence to the ethical standards of the APA and the AACD are a good foundation to guide ethical practice.

Hogg (personal communication, April 11, 1989) states a priori that as professionals we have an ethical obligation to use only those methods or approaches which have some kind of substantiation of their efficacy. We are ethically bound to only suggest techniques and approaches that we in some way are able to validate. Quality assurance is the ethical standard here. One major source of such quality assurance comes from the clients themselves. They will let us know if information is useful or not.

It has been noted that a strength of the transpersonal approach is that it may render insights or synchronistic information that might otherwise be missed by more commonly accepted approaches. Ethically, however, the therapist ought not interpret for the client. Rather, the client tells the therapist what he or she sees or "gets out" of her or his experience. Any insights that emerge for the client are then content areas for which more conventional therapeutic approaches might be appropriate. Hogg (personal communication, April 11, 1989) asserts that the major limitation of a transpersonal approach is that it may produce unreliable information due to ego contamination by the therapist. The needs of the therapist's ego (his or her own wants, desires, or paradigm) may contaminate any interpretation a therapist as a human being attempts to make. It is not the place of a therapist to impose a world view. Rather, it is the therapist's place to facilitate the client coming to her or his own world view. The major issue here is that of how information is used. How information is used by the client is at least partially the responsibility of the therapist.

Henderson (1983), in his look at the ethics of self help literature, implies that any approach that emphasizes individualism without stressing responsibility to community and world is probably not ethical. Henderson recommends adherence to the APA Code of Ethics and suggests that we as therapists pay attention to whom we are addressing our work and what we expect to accomplish. In terms of what transpersonal professionals write for the consumption of lay readers (e.g. through self-help books) we need to be aware of any supporting claims that are made or implied regarding the efficacy of the approach.

Scotton (1985) outlines the requirements of being a transpersonal therapist. First, the therapist must have an openness to the transpersonal dimension. The transpersonal therapist must be involved in his or her own spiritual development. As Hamerschlag (personal communication, April 24, 1989) insists, you cannot talk of doing this work unless you are doing it yourself. This is congruent with the assertion made by Hammer (1972) that the therapist ought not ask the client to do that which she or he would not do. Second, she or he must nurture an ability to sense the presence of a numinous experience as a client relates it. Next, the therapist must come to know that his or her own path may not be the correct path for the client. There must be a willingness to let the client find a path of her or his own. Scotton (1985) continues with another requirement: a willingness on the therapist's part to be open about his or her own self with the client so as to build trust, as the transpersonal therapeutic relationship is viewed as a collaborative relationship. Lastly, the therapist must have and maintain a good grounding in conventional psychotherapies. One cannot do half the job.

One major problem that arises in transpersonal approaches is a tendency for non-certified and untrained persons to engage in activities perceivable by some as "counseling" in the formal sense. Mosby (personal communication, April 17, 1989) refers to them as "quacks." It is a legitimate question to ponder what impact the practices of such persons may have on future legislation regarding transpersonal practices in therapy. Might such practices be outlawed or severely limited

in an effort to counteract the malpractice of charlatans? As professionals, transpersonal therapists must be highly concerned with this possible threat to practice.

Scotton (1985) outlines the major goals, problems, or issues to be aware of in the transpersonal therapeutic relationship. In the first place, transpersonal therapy is a collaborative growth experience with both parties experiencing change. Hamerschlag calls this "walking with the client" (personal communication, April 24, 1989). It is an active goal of the therapist to nurture this common journey. Next, granting the collaborative aspect of therapy, Scotton (1985) notes the therapist must be very aware of countertransference in the relationship. Third, the therapist must be willing to encourage or facilitate growth of the client on a path different from that of the therapist. Fourth, the therapist must be sensitive when issues are best framed as a problem of the past or as a problem of future direction. That is, we must be sensitive as to whether it is time to work on forward movement or still further clean up unfinished business. Another issue is that "balance" must be sought between conventional and transcendent approaches. There is a time when here and now emotional work must occur in lieu of more spiritual work, even if one has been doing spiritual work already. Sixth, as a professional, the transpersonal therapist needs to be especially sensitive of the line separating being perceived a part of a "lunatic fringe" by mainline psychology or as a cynical "analytic infiltrator" by more spiritual practitioners. Appearances are very important in this area of professional practice.

Scotton (1985) continues with a seventh issue, that of the therapist being aware of the pull to be a "guru" or "spiritual master." The pull comes from both clients and one's own ego. Both Hogg and Mosby note that this is a prime danger. Mosby (personal communication, April, 17 1989) observes that a therapist with a weak ego may seek such a situation. This is akin to what Hammer (1972) sees as the problem of seeking to fulfill a need to dominate or to be perceived as an omnipotent healer. Scotton (1985) addresses the need for supervisors to be willing to promote the independence of those they guide even on paths different from their own. Finally, the therapist must be aware that some transcendent work may be relatively conventional work that is masquerading as spiritual. Clarity of purpose must be maintained.

For Mosby, the single most important theme for therapists doing transpersonal work is to work with the client wherever she or he is at here and now. People cannot go beyond where they really are. We are always working with where they are and what is the next step, laying the ground work for what is to be by completing what is here and now. It is never appropriate to assume a priori that every client is going to be doing transpersonal work now.

Ethical Issues in Treatment

Scotton (1985) has identified two requirements of clients to receive transpersonal approaches in their therapy. First the client must have a willingness to work with conventional therapies before introduction of transpersonal explorations. Second, the client needs to have an openness and aspiration to work on spiritual development.

As the methods of the transpersonal realm might be considered of questionable validity to some, a therapist should inform a client about transpersonal approaches--what they are and what the goals and limits of their use are--and obtain consent prior to their use. If the client is uncomfortable with the introduction of such methods into the therapy session, it is ethically up to the therapist to honor the client's wish. As with any therapeutic approach that is out of the norm, failure to obtain informed consent renders the mental health professional liable to malpractice (Miller, 1986).

As transpersonal explorations may have the consequence of a shift in the client's world view, the 1978 court case of Hales v. Pittman might be applicable (Miller, 1986). The relevant principle is that if a client tells a mental health professional that he or she wishes to avoid treatment which might alter some aspect of his or her life, the therapist must inform the client of such possible consequences. The process of informed consent requires that the client have the option to reject the treatment.

Mosby (personal communication, April, 1989) notes that a client who is very sensitive or uncomfortable with transpersonal work should not be forced to do anything he or she is not ready to do. Such work done before the client is ready will be less effective--or lost altogether--than if it is

done in a timely fashion. Mosby believes, in distinction from many client guided therapies, if someone wants to do transpersonal work and the therapist believes the client has more conventional psychotherapy left to do, it is inappropriate to do transpersonal work. Mosby believes the therapist is ethically bound to recommend to the client that he or she may be unable to assimilate transpersonal lessons successfully until the proper foundations are in place.

Information for which the claim "being channeled" is made--such as that represented by A Course In Miracles (Foundation for Inner Peace, 1975)--may be very useful to the client in his or her personal growth and therapy. Channeled information from an external "entity" (speaking through a psychic medium) may be offered to a client as "possibly" helpful. Mosby suggests a therapist--whether consulting through a channeler or doing the channeling his or her self--might present such information "as if" from a consultant. Channeled information is often used by those who seek it as guidance in their self-growth process. Such information is used because it might be useful to the individual, and anything that is useful to a client is a legitimate addition to therapy.

Another concept found in transpersonal practice is that of the use of information from past lives that the client may have lived. This is the notion of reincarnation. Mosby (personal communication, April 17, 1989) says that the way such information is used is in exploring why persons are experiencing what is transpiring in their lives in this lifetime. As many transpersonal therapists assert, people may choose their lives in advance so that a lesson they need to learn is experienced and their soul may grow wiser. The individual is therefore completely responsible for what occurs in his or her life because their specific life circumstances were chosen. This is a grander extension of the concept of personal responsibility offered in many existential and humanistic approaches to therapy where the client is empowered to accept responsibility for what happened in her or his life because he or she chose the actions that led to those events. Many transpersonal therapists have expanded this concept to choices made in past lives that effect where we are at now. The therapist might explore this with a client and in so doing change the client's perspective of personal tragedy to a learning and growth experience.

However, there is a caveat in the application of the principle of total responsibility of which therapists should be aware. Be sensitive to victims of violation trauma. If we are working with a victim of sexual assault, for example, it would not be appropriate to approach this person from a perspective of: How is it that you chose to experience this? The client is to be dealt with as a victim of rape--a violation of their person. To do otherwise would increase the trauma of the experience for the client and be suggestive of insensitivity and a lack of compassion. The victim already feels "responsible" in the guise of "fault," and fault is not a transpersonal concept. Only if the client comes to a belief of having "chosen" this experience on his or her own, Mosby suggests, is a violation victim to be worked with on the level of responsibility. You can support the person in taking responsibility for how she or he will deal with a past experience now and into the future. If a client arrives at a point where they ask why did I choose to experience this, then spiritual learning work can take place. Transpersonal healing occurs when the lesson from trauma is learned and the need to hold onto it ceases to exist.

Under a dogmatic application of this principle of self responsibility, individuals might move into a mode of blaming the victim and absolving themselves from responsibility for reaching out with a helping hand to those in need. Blech (1988) notes that we then turn a blaming finger on ourselves--from one extreme of it's always the other's fault to the other delusionary and self destructive extreme of taking all fault on one's self. A social manifestation of this might appear as Social Darwinist attitudes towards the poor and the homeless. Hogg (personal communication, April 11, 1989) observed that much "new age" thought is an upper middle class phenomenon. The politics of persons primarily interested in self gain might lead them to misapply this concept of responsibility in absolving themselves of civil charity.

Mosby (personal communication, April 17, 1989) notes that in true transpersonal work, failing to reach out to people in need is not an ethical stance. We must reach out to one another as we are each other. In essence, in failing to reach out to others an individual cuts off a source of forgiveness and growth for his or her self. Schaler (1979) observed that we don't get excited about anything that is not in ourselves. People are mirrors for one another. If the fears of making contact are overcome,

people can learn much about themselves. Self actualization is a social process every bit as much as it is a personal endeavor.

By Way of Conclusion

Alfred Adler felt that mental health was a function of an individual's "social interest," which he defined as a person's feeling of community and humanity (Manaster & Corsini, 1982). We are interdependently responsible. This view of concern beyond the ego--social interest and community building--is the social goal of transpersonal psychotherapy.

In the grandest sense, we are all involved in the evolving web of life on the planet and, indeed, the cosmos as a whole. Fostering awareness of this is part of the transpersonal therapeutic enterprise. As therapists involved in ethical practice, we become facilitators of this evolutionary flow. An individual is not whole if she or he perceives his or her self as an island unto only self. To paraphrase John Donne; through transpersonal explorations we discover ourselves as "a part of the main."

Essentially it comes to this: If the practice of transpersonal psychotherapy is to be accepted as legitimate, those who practice it must take the responsibility for establishing its claim to legitimacy by the quality of their practice and behavior. This is not simply an issue for professional conduct. It involves living as a member of our social, political, and professional communities and making acknowledgement of some accepted external standards. This also implies that as professionals, especially those engaging in less conventional methods, therapists are to take responsibility for what other colleagues in their community are doing. Transpersonal therapists must monitor themselves and insist on high ethical standards.

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