OBSERVATIONS ON THE TEACHING AND SUPERVISION OF TRANSPERSONAL PSYCHOTHERAPY

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Transpersonal psychotherapy can be defined as psychotherapy which seeks to establish a conscious and growth producing link between the patient and transpersonal experience. 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.

From my perspective, both of these tendencies must be consistently developed in the therapeutic work for any such work to be productive as transpersonal psychotherapy. Therefore I would not consider a psychotherapy which allowed mention of spiritual values, but which continually kept directing the patient back to examination of his wounds as the "real work," to be a transpersonal psychotherapy. Neither
would I consider a spiritual teaching which used psychological concepts and insights but did not provide a place for the organized, meaningful exploration of the individual's psychological problems, to be transpersonal psychotherapy. Even a well conducted psychotherapy that included regular meditation, but did not include the systematic relating of the meditation and other transpersonal material to the patient's daily life, would fail to qualify as transpersonal psychotherapy. In each case cited, the work would be lacking the consistent development, within the context of the sessions, of either the therapeutic or the spiritual component of this bimodal endeavor.

The lack of development in either mode can be quite painful and readily discernible to a hi-modally trained visitor in a therapeutically focused group which promotes work on only one side of the dichotomy. Transpersonal observers may be familiar with organizations composed of psychotherapists without a conscious spiritual orientation who have done their ego-level work but seem mired in a continuing low level depression in which they persistently pathologize their patients (and themselves), quibble over rational fine points, and, as among the psychiatric profession, run a statistical risk of suicide much higher than the rest of the population.

However, if psychotherapists with a transpersonal interest are not to be equally one-sided, we must also recognize the obvious price of the lack of reductive or psychologically sound individual work in many spiritual groups. Evidence with which I am familiar ranges from the near universal pushing and shoving to sit nearer the teacher, to fornication on meditation retreats conducted under vows of chastity, to a guru being disowned by his family for succumbing to materialism, to seduction of students by the teacher, to intergroup violence.

In my experience as these two modes are carefully followed through therapeutic sessions, they seem to become complementary descriptions of the patient's individuality. That is, the reductive therapeutic work will be seen to describe the unique way the patient intersects his inner and outer world, as will the work of spiritual unfolding. The symptoms will often be seen to hold the seeds of the spiritual growth. In the end the two modes are seen to be different aspects of the same process. Nevertheless, to reach that synthesis both modes of the original disparity must be explored.

The purpose of this paper is to set forth information of practical relevance to the teacher and supervisor of this difficult bimodal work. Surprisingly little even in this Journal has been
written about how to teach and supervise student therapists practicing transpersonal psychotherapy.

Anthony Sutich, a founder of the Journal and the transpersonal movement, published a paper (1973) presenting a perspective on the two aspects of transpersonal psychotherapy much the same as discussed above. However, possibly because the transpersonal movement was still young and invested in compensating for the lack of the spiritual element in most psychotherapy, his article placed less emphasis on the necessity of doing the reductive work. Instead he depicted a psychotherapist who was "interested in and supportive of" (p. 4) a full range of work in therapy.

Weide's orientation (1973) was similar to that of Sutich. He listed seven types of transpersonal psychotherapy, none of them reductive. Interestingly, the first six descriptions all contain clear references to reductive work or pathological tendencies, but not a reference to the need to address them. The reader is left with the sense that Weide works with reductive material but is more interested in focusing on the transpersonal aspects.

Grof has written in detail (1973, 1976) about his work in both the reductive and the transpersonal realms through psycholytic and psychedelic therapy. His work constitutes some of the most compelling evidence for the existence of both the neurotic, personal unconscious and transpersonal consciousness within each individual, and contains a well developed theoretical framework by which the reader can understand both sorts of content. Unfortunately, because of the prevailing governmental sanctions on the use of psychedelic substances, this particular pharmaceutical approach is of limited use for the conduct of transpersonal psychotherapy as described here, or the teaching of that therapy.

Ram Dass (1974, 1975) has given practical advice on the attitude to be maintained while doing the work of transpersonal psychotherapy (and, by extension, while teaching it). Despite speaking from the perspective of one who has left the psychological for the spiritual path, he stresses the need to work through the painful as well as the blissful aspects of experience.

Vaughan (1979) made the useful distinction between the transpersonal content of psychotherapy and the transpersonal context, which is largely set by the therapist and consists of an openness to therapeutic course and outcome based on a trust in the unfolding produced by consciousness increasing within the
therapy. She then went on to discuss differences in the therapeutic work on the ego level, which often consists of identifying behavior patterns, attitudes, and expectations, and on the transpersonal level, which often consists of disidentifying from those personal traits, leading to a state of self-transcendence.

Welwood (1980) provided the warning that not all transpersonal experiences in psychotherapy are in the best interest of the patient. He pointed out the risks of a therapist, who is not a master of meditation himself, teaching meditation to a patient and contrasted this with the use of the technique of Focusing.

The Jungian literature is more extensive relative to the teaching and supervision of spiritually oriented psychotherapists. Singer's recent contribution (1982) may serve as an introduction to that literature. As I have noted elsewhere (Scotton, 1982), the time may have arrived for more interchange between transpersonal and Jungian groups. One of the gifts the Jungians have to share with transpersonal psychologists is a more developed clinical literature.

What are the requirements for participation in this kind of therapy? The requirements to be a patient in such work are simple extensions of the two elements previously discussed: first, a willingness to work at the reductive therapy, and second, an openness and then later an aspiration towards spiritual development.

What is required of the transpersonal psychotherapist comprises a much longer list. I see it as a very demanding discipline. The first requirement is an openness to the transpersonal dimension. This openness to the spiritual element includes an openness to its existence and to its immanence in the everyday world and in the psychotherapeutic setting. The therapist must have a conviction based on experience that contact with the transpersonal dimension may be transformative; that such contact is not just interesting but is of the greatest healing potential.

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. With the development of some facility in such detection the therapist will be able to help point the way for the patient and will not be confined to working at the unassisted patient's rate.
Some knowledge of a variety of spiritual paths constitutes the third requirement. The statement that the therapist's own path will not necessarily be the correct path for all his patients, seems blatantly obvious. Yet it is all too easy for a well-intentioned and skilled psychotherapist to continue operating on the (usually unconscious) assumption that the therapeutic approach or the spiritual teachings that worked for him may be applied successfully to all his patients. Rather than follow such a Procrustean approach, the psychotherapist with knowledge of a number of different paths can be alert to the appearance and the evolution of the patient's own path. Ideally, the transpersonal psychotherapist would know enough to be able to work with people on any of a variety of different paths; otherwise he should be able to spot the appearance of a different path and make an appropriate referral.

Fourth, the transpersonal psychotherapist must be in active pursuit of his own spiritual development. This is an extension of the old dictum that the analyst must be analyzed, to be an effective analyst. For transpersonal work this is even more urgent than its precedent. Almost all spiritual traditions agree that spiritual knowledge transcends ordinary academic knowledge, and can only be gained by direct experience.

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 co-worker. I share with Jung the conviction that each man's psychological theory reveals more about him than it does about the world around him. I also share the conclusion that the psychologist therefore bears a responsibility to be somewhat open about his personal existence as the basis of his practice. An exhaustive personal biography is rarely appropriate, but a description of the therapist's training, and therapeutic and spiritual orientation is appropriate, as is basic personal demographics.

Finally, the transpersonal psychotherapist needs to obtain and maintain a firm grounding in psychotherapy. If one cannot do good reductive psychotherapy, one cannot do half the job. Unfortunately transpersonal psychotherapists may be tempted to neglect conventional training in psychotherapy in favor of transpersonal training. This can further lead to neglect of the reductive part of the practice of transpersonal therapy.

What is required of the teacher-supervisor of transpersonal psychotherapy? Because he must be a transpersonal psychotherapist himself, he would be expected to first meet all the

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requirements just listed. Second, he must have an ability to tolerate different styles of work as a psychotherapist. Just as the transpersonal psychotherapist must be able to know something about some paths other than his own, and allow that his patient may follow another path; so the supervisor must allow that his students may not conceptualize the work as he does, may draw from different traditions, and may act differently in therapy. This requirement implies the ability to discriminate between mistakes in therapy and differences in therapeutic style. For example, effective transpersonal psychotherapy would include very active and very quiet styles and directive and receptive modes, but could not include breach of confidence, threatening remarks, etc.

TYPES OF STUDENTS AND CASE EXAMPLES

In addition to considering the elements necessary to do the work of transpersonal psychotherapy, the transpersonal supervisor may find it helpful to consider the types of students who are learning his professional discipline and their particular strengths and weaknesses.

I have been teaching and supervising other psychotherapists for eleven years and in that time have worked with about one hundred students. During that same time I have also been a student myself and have had about fifteen psychotherapy supervisors and many more teachers of seminars and classes. My psychotherapeutic training has been at a major medical school, which is primarily psychoanalytic and psychobiologic; at a humanistic growth center in group leadership; at a large psychiatric institute, in various psychodynamic schools, psychobiologic, and communications theory; and at a Jungian institute as an analytic candidate. My spiritual training included regular childhood attendance at a Presbyterian Church; experiences of psychedelic mysticism with an experienced guide and on my own; some limited experience with Native American healers; Kundalini initiation by a traditional yogi and several years practice each with Tibetan Buddhists, vipassana meditators from the Theravadan Buddhist tradition, and followers of Sri Aurobindo's yoga.

My students have come from three different settings and from a wide variety of professional and theoretical backgrounds. The majority have come from a psychiatric institute and have included psychiatric residents, medical students, psychology interns, and social work students. Their patients have ranged from well functioning outpatients to hospitalized patients in the midst of psychosis. Their theoretical orientations have
ranged from transpersonal through psychodynamic to social engineering and medical-biological.

The student's therapy sessions with patients were typically fifty minutes long and held once or twice a week, although on inpatient units they were as frequent as five per week and as brief as fifteen minutes. Supervision sessions were almost always fifty minutes and once a week. In all cases I worked from a transpersonal perspective and in almost all cases my students worked with that perspective. However in some cases in which I thought the student's acceptance of the perspective might be hampered by labeling, I chose to not label the work as transpersonal.

The Disaffected Student

One type of student who often comes for transpersonal training is the disaffected student, the student who is not happy with his training. Often he is angry because the educational system has left out the human and spiritual elements. He hopes that by affiliating with transpersonal psychotherapists, who are often seen as a fringe group by the educational establishment, he will find teachers with views similar to his own. Two obvious problems arise in such a situation. One, it is very likely such a student will soon be as disappointed with the transpersonal teaching or teacher as he has been disappointed with earlier studies. The transpersonal teacher cannot make an unbearable discipline bearable, as much as the disaffected student might at first project that ability on to him. The second problem is that students of this type often carry the expectation that whereas the standard academic material is difficult, transpersonal learning will come rapidly in effortless, friendly interchange between teacher and student, therapist and patient. I have had several supervisees who were angry with me that I expected them to work as much learning transpersonal psychotherapy as they would any other demanding academic discipline.

The disaffected student does possess the strength of his concern about human and spiritual values and, often, a natural empathy for the patient's pain based on his own painful experiences in school and in life generally.

Ian, a third-year psychiatry resident in his late twenties, was one such disaffected student. Although obviously bright and competent, he began supervision with me having already had some difficulties with the administrators of his training program over what he perceived as the unrealistic time demands of his assignments. We struck up an easy relationship based on my
acceptance of his repeated stories of time demands and my support of his statements that he needed time to grant his patients the attention they deserved. Unstated, but implied, was his hope that I would not make any demands but that our work would evolve effortlessly.

Because I like to work with the patient's material as free of the therapist's theoretical constructs as possible, and because it helps me follow the therapist's countertransference, I ask my supervisees to bring case notes which, as much as possible, are verbatim transcripts of their sessions with the client. When I asked this of Ian he demurred, saying he didn't have time. I then suggested he write as much verbatim transcript as he could in the ten minutes before his next session; he again demurred for reasons that were unclear. During our first months of supervision he presented notes that were almost devoid of the patient's words but which contained much psychoanalytic description of the patient's words and behavior. Although I continued to say that I could add more if I had the actual words of the session, I worked with the material Ian brought and managed to teach him a new set of concepts by which to view the same material. Ian seemed pleased with our work.

Not surprisingly, the patient we were following together was also doing well at learning a set of concepts with which to understand his experience while at the same time resisting a complete commitment to the process. In the patient's case the resistance was manifested in frequently arriving late to sessions or cancelling them, despite overtly appearing quite interested in, and quick to learn about, the analytic concepts Ian presented. I pointed out the parallel and also suggested that Ian intervene to have his patient face his continued avoidance. Ian still brought the same kind of notes and did little to address the lateness and cancellations.

The turning point came at midterm when I was required to submit an evaluation of Ian's work. I wrote that although he was bright and concerned about his patient, he was held back by his unwillingness to fully commit himself to examining his therapeutic work by looking at what he actually said to the patient. As I went over this evaluation with Ian before submitting it (as I always do to maximize the teaching possibilities of the evaluation), Ian became very angry. He felt that I was as demanding as his more traditional teachers and wondered how I could question his commitment when we had shared our concern for the well being of the patient. I responded that I felt that the kind of therapy we were discussing was at least as demanding as his other work, and that while I knew and
empathized with his feeling of trying his best though being overworked, I still felt he held a part of himself back.

Following that meeting our sessions were very cool for several weeks. I attended to the material as before and also spoke directly about Ian's anger when it surfaced. Gradually we again opened to one another and Ian began to bring in verbatim excerpts from his sessions. This allowed us to examine the fact that Ian found himself afraid at times and even repelled by some of his patient's fantasies. Through the transpersonal framework he also saw that these fantasies, at times sexual and aggressive in nature, were also attempts to bring to consciousness aspects of the transcendent feminine which had been suppressed. As we worked, and perhaps in parallel to my being with him through his anger, fear, and repulsion, Ian was able to investigate his patient's fantasies to the point where they revealed the patient's basic fear of worthlessness in details he had never shared with anyone. In learning to consciously face his own pain Ian became more effective in helping others to do the same.

In this reductive work Ian evidenced a loving concern which his patient had never known from an adult male. In contrast to his psychoanalytically supervised cases, we did not treat his feelings as countertransference but worked to promote that loving concern as appropriate. Ian noted he did not experience the same feeling with other patients, and we treated it as the appearance of the previously suppressed accepting feminine aspect. His patient began for the first time to allow himself to be lovingly accepted and no longer feared it meant surrendering his manhood. Ian concluded our work together by saying that despite the difficulties we had had, he had learned that spiritually oriented psychotherapy had a solidity and focus he had not suspected.

The Student as Seeker

A second type of student of transpersonal psychotherapy may be called the seeker. The seeker comes to the discipline because he wants to know about himself and his potential. Often this student has come to psychology or psychotherapy as the current closest approximation to a creditable Western spiritual profession; that is, as an academically and socially acceptable substitute for the ministry, rabbinate, or priesthood. Clearly someone who enters psychiatry or psychology with such an orientation is likely to turn to transpersonal psychotherapy. Frequently the problem arises that this type of student is so
happy to be working in a context that is accepting of the spiritual dimension, after having much rationally oriented training, that he hopes that the reductive, scientific, historical approach can now be ignored. Of course to ignore it undercuts the reductive therapy portion of the work.

The seeker shares the disaffected student's investment in spiritual and human values and, in addition, often has identified and started on his own spiritual path. Thus the teaching of the transpersonal side of the work often proceeds easily and may become an exciting mutual sharing and discovery between student and teacher.

Ruth, a woman in her mid-twenties with a master's degree in counseling, was a seeker. After a traditional education she had come to San Francisco to work in a community clinic staffed by an ethnically diverse group of therapists who shared a social activist orientation.

She was thrilled by the variety of therapeutic approaches, spiritual teachings, and experiential events available in the Bay Area. We spent many hours in supervision relating to her work with clients, things she had learned in a workshop she had attended, or a book she had read. She learned readily and the material did in fact aid in understanding her cases. Some of her clients began to have dramatic experiences such as visions and out of the body experiences. Both she and I were excited with her work.

However another clear trend also developed in her work. At times because she did not give thought to it, and at times because she consciously rejected interventions which she saw as unnecessarily reductive and pathologizing, she worked little with transference and countertransference. After a few experiences in which clients called her needlessly at two in the morning because she had urged them to let her help in any way she possibly could, or in which she called the hospital to argue for a client with an unsympathetic doctor, I began to see my role as that of helping her hold on to the value of the reductive side of the work while not rejecting the transpersonal aspects.

Over time Ruth began to do more ego level work as well as transpersonal. Her clients began to fare much better and intruded into her life much less. I did not dismiss the transpersonal experiences of her clients. Through our supervision sessions these experiences were seen as less like isolated miraculous events and more like meaningful manifestations of the transpersonal aspects of each client's work. Although she
had originally disagreed with my position that the transpersonal psychotherapist needed to do ego-level work, Ruth later volunteered that she guessed she hadn't been doing psychotherapy at all when we started supervision. About this time, Ruth joined a spiritual group and continued to do transpersonal psychotherapy for two or three more years, then quit to devote full time to her own spiritual work. Our work together seemed to have helped her differentiate transpersonal psychotherapy from work with a spiritual teacher. After experiencing both she was able to choose one as right for her, rather than trying to pursue the one in the guise of the other.

The Altruistic Student

A third type of student is closely related to the seeker and may be called the altruistic student. Such a student is particularly concerned with giving care and rendering help and finds that transpersonal psychotherapy constitutes a powerful tool for healing. Often, however, the student who presents as an altruist is actually a seeker in disguise, and often in disguise from himself. A person who is strongly involved in helping others usually has been deeply wounded himself and is attempting to heal himself each time he helps another. Many times the altruist does not yet know this about himself. At times Ruth, whom I just described, was a seeker seeming to be an altruist. Such a student poses a tricky problem for the supervisor who wishes to help him understand himself and his woundedness. With many such students, to bring up their own wound is to risk frightening them away or angering them. After all, if it were easy to address his own problems instead of the problems of others, he might be doing just that. The supervisor must attempt to open the possibility of the student addressing his own problems without pushing him to the point where his original interest in the field is compromised.

Truly altruistic students do exist; often they already realize they are seekers. The altruist's desire to heal can be a tremendous strength, the more so the more conscious the altruist. As he becomes conscious of his own pain, his empathy for his patients' pain emerges and may become the basis for deep and moving work.

Sara, 28 years old, was a doctoral candidate in psychology doing her internship in a residential treatment facility with severely disturbed clients. She was an altruist as was evident from the degree of concern she demonstrated for her clients at an early stage in our work together. She was one of the few
students I have seen whose vision was wide enough, early in her therapeutic training, to consider in the same case both a course of disciplined psychotherapeutic intervention and a course of disciplined intervention in the client's environment. Her occasional tears of empathic sadness at her clients' situations were touching and justified by the severity of the problems.

That she was truly an altruist, because she was already a conscious seeker after her own development and not seeking, unconsciously, to heal herself by healing others, was demonstrated when Sara brought me two of her own dreams having to do with underestimating her own strength. She mentioned them because she sensed they related to the feeling of hopelessness that two of her clients currently manifested and which she felt powerless to change. Our work on her dreams led to her recognition of her family's traditional assumptions about the differential efficacy of men and women in the world, a set of assumptions of which she was well aware but which she had not yet related to her self-assessment and facility with the difficult cases in her internship.

In the months that followed she was able to use her empathy and breadth of vision in a consistent, healing fashion, whereas earlier she had often distrusted her responses, withheld them from her client, but reported them to me in supervision. Sara stopped underestimating herself as a therapist. Concurrently her clients also began to discover options they had overlooked. One was able to separate himself for the first time from a symbiotic relationship with his parents that had been instrumental in inducing his psychosis.

Soon I began to notice that she often referred to moments in her work with her clients when their childlike sides would appear and how drawn she felt to care for them at those times. I suggested that while those childlike sides of her clients were certainly there and in need of care, the fact that the experience recurred and continued to affect her strongly said something about her. She agreed and our discussion led to the recognition that she had begun to identify and care for similar parts of herself. Soon her still severely disturbed clients were learning to state their emotional needs more directly and seek more appropriate ways of meeting them.

Recently Sara has begun to develop an interest in spiritual work, which she had not originally related to the practice of psychotherapy. Her father had died not long before we started supervision. In her work in her own therapy she discovered to her surprise that one of the factors sustaining her through her
sense of loss was the religion she had been raised in and left behind. She realized she wished to raise her own children in her parents’ religion. She began to ask me more about my interest in bringing spirituality and psychotherapy into relationship, observing that there was some sense of openness to spiritual matters that was present even in the work we had done with clients with severe pathology. This spiritual perspective included the sense that, even in the worst cases, some innate potential for healing existed and could be depended upon when we as therapists could do no more than stand by and affirm the presence of intense suffering. I await with anticipation the effect this understanding will have on Sara’s work.

The Intellectually Oriented Student

Another type of student, the intellectually oriented student, often comes to the study of transpersonal psychotherapy out of curiosity. He has done enough reading to be aware of the transpersonal psychology movement and to know something of the field. He may have studied philosophy as part of his schooling and may see transpersonal psychology as the bridge between philosophy and psychology. He wishes to learn more about the field and, in particular, to add some transpersonal techniques to the therapeutic armamentarium he is consciously collecting.

The application of transpersonal techniques outside their proper context can, of course, be a great mistake. I made such a mistake as a student psychotherapist when I attempted to teach meditation to an elderly woman patient before I had learned very much of transpersonal psychotherapy. I suggested that meditation might be helpful to her. She responded that she would be very interested to learn. Gradually over a year, I realized that she was making no progress in meditation despite continuing to sit regularly. In fact, it ultimately emerged that her real order of business was to prove that I was wrong and that meditation was not for her. I had failed to evaluate which means of spiritual development were right for her, had assigned her one from my bag of transpersonal tricks, and in doing, had recreated an important part of her wound, devaluation at the hands of a man.

With a student who comes to the study more from intellectual curiosity than commitment, the transpersonal teacher is caught between wanting to foster his nascent interest and not wanting to impart information which will be applied as part of a “bag of tricks,” i.e., out of context. The strengths of this type of student are his inquiring mind and enthusiasm for learning.
The Disinterested Student

A fifth type of student is one who is disinterested in or even adverse to transpersonal psychotherapy but nevertheless is assigned to a transpersonal teacher. I worked with a number of such students when I was an attending psychiatrist on an inpatient treatment and research unit that was primarily psychobiologically oriented. The two primary difficulties were: one, to establish a common language with the student, which for me meant I needed to remain conversant in physiology and pharmacology and, two, to remain open to the possibility that the originally disinterested student might still become interested in transpersonal work.

The second problem relates to a concept that I teach my psychotherapy students, that the psychotherapist should never be the rate-limiting step in the patient's development. In chemistry, when the synthesis of a compound requires a series of chemical reactions, the slowest reaction is termed the rate-limiting step. It is the bottle neck which determines the rate at which one can complete the synthesis. A psychotherapist's incorrect assessment of the patient's tolerance for change can frequently become the rate-limiting step in therapy. Thus the psychotherapist should, on the order of once or twice each session, gently extend the opportunity to work on that area he considers to be currently just beyond the patient's tolerance. (Of course the psychotherapist must be careful not to push into the new area and thereby increase resistance to the work.) Similarly the supervisor-teacher faced with a disinterested student should not be the rate-limiting step to the student's possible change but must continue to extend the possibility of learning transpersonal work without pushing that possibility.

Work with a disinterested student challenges the transpersonal teacher to remain firmly grounded in the basics of his professional area and to make his transpersonal instruction as cogent as possible.

Mark was such a student, disinterested in transpersonal psychotherapy, and one whom I was assigned to supervise on the inpatient ward. In his early thirties, he had completed training in another medical specialty before becoming a psychiatric resident. He had brought with him, from his earlier work, the ability to gather all the data to make the correct assessment of his patient, to formulate a treatment plan that was correct in all its external details, to follow the patient's progress with attention, and to intervene at the right time to make sure the patient took his medication or went to the appropriate halfway house on discharge from the hospital.
It soon became apparent that an important aspect was missing from Mark's work. In supervision he would report that a patient had expressed fear about continuing delusions that people were out to harm him. Mark would respond that it was better not to talk about them and that the medicine would soon relieve the fears. Another patient, now recovering, would want to speculate on the possible meaning on some of his hallucinations and Mark would answer that it was better to use the time in therapy to plan for discharge. At times he would not answer patients' questions at all. Mark was unwilling to meet the patient in the realm of the patient's experience.

At first I pointed out that severely disturbed patients needed to experience empathy to build enough trust to follow the therapist's recommendations concerning medications and life plans. Mark responded by saying that he carefully followed all the patient's needs but believed it was wrong to get involved in the patient's psychotic thoughts, that such involvement perpetuated those thoughts. I then took the task of pointing out how often the patient would become angry or withdraw soon after Mark refused to discuss some aspect of the patient's experience. Mark agreed with the pattern I described but said he was only preparing the patient for the response he would get in the outside world to such topics and added that he was better prepared to deal with the patient's inevitable disappointment than outsiders would be.

Mark's continued attachment to "case management" to the exclusion of shared experience with the patient wore me down. I ceased extending to Mark the possibility of a deeper kind of work and confined myself to making sure no major injuries were done to the patients. Unlike Sara's, Mark's patients rarely read their own emotions in any new way and even more rarely made any major life change.

When evaluations were due I gave Mark a somewhat better than average grade, reflecting my feeling that while he was extremely conscientious and efficient he lacked the basic therapeutic skill of forging an empathic working relationship with his patients. He appealed the grade to the chief of the unit and succeeded in having it changed to an A.

In retrospect I realized that I had never taken on the unpleasant job of telling Mark that I felt he lacked an essential empathic skill. Neither had I taught him that the symptoms he avoided discussing were not only pathological but could also be understood as pointing the way to the changes necessary to restore health. He honestly felt that he and I just had a theoretical disagreement and he had had that view supported...
by the chief's similar view and my reluctance to challenge it. I had been the rate-limiting step in his learning.

One might ask, given my attention to transference and countertransference, to deferring gratification in favor of later change, to the nuances of patient-therapist communication, to limit setting, and similar issues, what made these cases any different from most reductive psychotherapy? Vaughan's idea of the transpersonal context provides an important part of the answer. The work, at all times, was viewed as simultaneously composed of the two modes, reductive and transpersonal. Both modes were addressed as necessary parts of the work.

These cases may be considered transpersonal psychotherapy because we strove to do good reductive work and we also 1) valued and pursued the appearance of transcendent acceptance-agape; 2) viewed spiritual disciplines as part of the work; 3) invoked and awaited "transcendent help" when we had nothing more to offer; 4) treated the acceptance of a wider array of different states of consciousness through meditation as a valid goal of our type of psychotherapy, and 5) viewed symptoms as amenable to synthetic as well as reductive work.

GUIDEPOSTS FOR SUPERVISION

Rather than set forth my own particular transpersonal theoretical stance in this paper, I would like to focus in this section on the choices that come from a commitment to the value of the unique transpersonal process that can emerge from each pair of co-workers, and from the conviction that the set of answers will be different for each pair. I have found that these questions best serve as guideposts to be consulted from time to time as the teaching and supervision progress.

1. Most students' early contact with psychotherapy will be with therapy in the reductive model. Included in this model are such concepts as: the psychotherapist should seek the pathology, interpret the resistance first, and help the suffering patient overcome his problems. These concepts imply a hierarchy; the psychotherapist is seen as more functional than the patient. How do we help students change their models and see therapy as a sort of cooperative growth with both parties changing? My question reflects Jung's model of analysis. He said that it was essential that both parties be changed if the analysis were to be effective, and that if the analyst emerged unchanged by this potentially strong contact with the patient then something had failed in the analysis. Other questions follow from the discussion of the first question.
2. When an issue arises in transpersonal psychotherapy, how do we know whose issue it is? If both the patient and therapist are working on themselves spiritually and reductively and there is mutual acknowledgement that such is the case, whose problem is it when one arises? How do we teach the student psychotherapist to recognize his own countertransference as different from the problems of the patients?

3. How do we teach a student psychotherapist to assist the patient on a path different from his own?

4. At any moment in psychotherapy one can always say, "Where did this come from, let us go back to the roots of the problem and try to clear things up," or one can ask, "Where is this going, what is the piece of growth on which we are working, and how can we facilitate it?" When does the psychotherapist turn one direction and when the other? Jung’s answer was that in general the early stages of the analysis are reductive and the later prospective, and that the prospective work usually belonged to the second half of life. Still, in the individual therapeutic moment, which way do we turn?

5. Almost all psychotherapists have a tendency toward either the reductive side of the work or the unfolding side of the work. How can the psychotherapist compensate for his own tendency?

6. How can the transpersonal psychotherapist achieve and maintain acceptance among his colleagues? On the one hand he faces being labelled a member of a "lunatic fringe" by psychotherapists from more traditional orientations, and on the other hand he faces being seen by those of a spiritual orientation as an analytic infiltrator who is trying to reduce high consciousness to neurotic mechanisms. Because I have worked in a variety of settings I have actually received both projections at the same time. When I presented a paper relating the works of Carlos Castaneda to psychiatry (Scotton, 1978) at the medical center where I worked, I was seen by some as "lunatic fringe." At the same time, at a counter-culture oriented clinic I was accused of unfairly labelling patients as pathological when I instructed my supervisees to figure out why their patients had so much trouble with the hospital before interceding for the patient with the hospital.

7. How is one to handle the pull to be a guru or "spiritual master," a pull experienced as both psychotherapist and teacher? This problem may be most acute in connection with the beginning student who may experience an unconscious identification with the strong energy of the transpersonal realm.
with which he is beginning to work. He probably knows the least he will ever know about transpersonal matters and at the same time may have the fewest inhibitions he will ever have about taking on the role of transpersonal teacher.

8. How does the supervisor point the supervisee towards spiritual growth without dictating the particular path to be taken toward that growth? More specifically, how can the supervisor both draw from his own experience and not set up the expectation that the student follow the same path?

9. At times reductive therapeutic work can masquerade as transpersonal work. Not infrequently a patient begins work with a transpersonal psychotherapist saying he wishes to pursue spiritual growth or unfold his creativity only to have it emerge later that he was avoiding facing blocks to his unfolding. Often the beginning transpersonal psychotherapist will participate in the masquerade and fail to pick up clues pointing to the need for reductive work. How can the transpersonal psychotherapist detect the masquerade and not participate in it?

Of course the opposite pattern occurs too, that of a process of spiritual development being misinterpreted as pathology. However, this second pattern poses much less of a problem for transpersonal psychotherapists who actively search for, and are attracted to, spiritual developments.

SUMMARY

In this paper I have attempted to outline some practical considerations for the practicing teacher-supervisor of transpersonal psychotherapy. The work of transpersonal psychotherapy has been described as a demanding discipline requiring the careful nurturing of two modes which often seem opposed at the beginning, reductive therapy and transpersonal development. Recommended requirements for students, therapists, and teachers who choose to participate in that work have been listed. Five types of students of transpersonal therapy were described, their strengths and weaknesses discussed, and a case example for each type was cited. Finally a set of questions to serve as guideposts to monitor the progress of the work with a student of transpersonal psychotherapy has been provided.

For each pair working together in transpersonal psychotherapy, finding the way to honor the reductive and transpersonal modes for each member of the pair, and discovering how both
modes are in actuality the same endeavor, constitutes the essence of the work.

REFERENCES


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