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EDITOR'S NOTE

Just as there are many transpersonal paths, so there are many methods by which we can research transpersonal domains. In this issue, an American meditator/therapist, an Australian teacher/scientist, two Australian phenomenologists, three Canadian psychometrists, and an American therapist/teacher, draw on both conventional and unconventional methods to expand our knowledge of this field.

Sylvia Boorstein, reflecting on years of clinical and meditative experience, uses case histories and personal observation to clarify what is "insight." John Wren-Lewis uses his dramatic near-death experience and its enduring aftereffects to critically analyze common interpretations of NDEs and to offer a fresh hypothesis. In Derek Gifford-May and Norman L. Thompson's study of "deep states" of meditation, the phenomenological method is used to tap subjects' reports of their direct experience. By contrast, conventional psychometric methods are used by Douglas A. MacDonald, Catherine I. Tsagarakis, and Cornelius J. Holland to examine the SELF, an unusual instrument previously published in *JTP*. One important finding is that transpersonal identity is measurable, but not accounted for by conventional personality assessment.

Michael S. Hutton's empirical study of three groups of therapists—psychoanalytic, behavioral/cognitive, transpersonal—is based on a detailed survey of practitioners. It both confirms and sets aside some common assumptions about the attitudes, spirituality, and professional practices of such therapists.

It is especially appropriate here to acknowledge the passing in 1994, of Alyce M. Green, a member of the Board of Editors since 1976. Her research, with husband Elmer E. Green, into the psychophysiology of consciousness and self-regulation, was published in *JTP* in 1970 and 1971. She was first Clinical Training Director of the Voluntary Controls Program at the Menninger Foundation, and a founding member of the Biofeedback Research Society. In 1971 the Directors of the Transpersonal Institute appointed her the first President of its newly formed membership division, the Association for Transpersonal Psychology. The *Journal* honors the memory of Alyce M. Green by recognizing that her innovative transpersonal contribution is part of an expanding research tradition that continues to define and enrich this challenging field.

INSIGHT: SOME CONSIDERATIONS REGARDING ITS POTENTIAL AND LIMITATIONS

Sylvia Boorstin
Geyserville, California

When I was learning to be a psychotherapist thirty years ago, *insight into the unconscious derivatives of conflict* was held as the key cure of emotional problems. When I began practicing Vipassana meditation twenty years ago, I learned that *insight into the essential nature of all experience* was the key to spiritual freedom. In both instances the idea that “The truth will set you free” was very exciting to me. In both realms I have been both a consumer and a provider. My own psychoanalysis, with a kind and skilled analyst, gave me lots of symptom relief and much more ease in my life. My ragged edges, my startle mechanisms, my habituated tendencies remained. I find that to be true with my clients as well. They get better, but not *new*. Likewise, insights in meditation practice have been thrilling; things I previously thought might be true, I now *know* are true, *and* I still live in a dualistic world with a large family net of attachments, and I am easily caught in appearances. I see that as true with my meditation students as well. I believe we know a lot of truth and yet often both feel and act as if we don’t.

*I
still
live
in a
dualistic
world*

The degree to which both categories of insight may be transformative depends, I believe, on two other parameters. One is the degree to which the ego in the individual for whom the insight—psychological or spiritual—arises is able to tolerate it. The second is the degree to which the individual is prepared to make conscious effort to integrate that insight into her/his personality style. This article is a summary of how these insights, to the degree they are dependent upon the integrity of the ego structure in which they arise, have the capacity to make us freer. In terms of psychotherapy, we might call this “the use of ego strength to effect further psychological

growth.” In Buddhist terms, it would be called “using Right Understanding” and “Right Aspiration” in the development of wisdom.

I field tested the question of “How much does insight set us free?” with a group of Vipassana Buddhist teachers with whom I meet regularly. All of us have done years of meditation practice, presumably accompanied by insights, and many of us are psychotherapists. Probably all of us have been in psychotherapy at some time. When I asked, “Did insight set you free?” most people laughed. But we all agreed that we are freer. From my perspective, freer doesn’t feel like a compromise. I tell my students that, although the Buddha taught the end of suffering, I have, so far, come only to a place of much *less* suffering. I still get caught in suffering, but I manage it more gracefully. And managing gracefully is much better than what I was doing twenty or thirty years ago when I was managing tensely or managing fearfully.

*what
was
it
that
changed
you?*

When I asked my teacher friends, “What was it that changed you? Was it insight? Was it teachers (or therapists) who were supportive and inspiring? Was it teachings (or understandings) that led to broader vision? Was it the altered states that are part of the experience of meditation and of psychotherapy? Are altered states themselves healing? Is it the support that we get in both venues—the support in our life that comes from our therapist and our family and our friends, and in our spiritual practice from our teachers and our spiritual community? Is it this support that generally helps us to face what is difficult for us so that we are able to grow and change?” The answer from most people was, “All of the above.”

Years ago, when I first became interested in psychotherapy, “insight” was the main word that we used to talk about change. When someone was asked, “How are you doing in your therapy?” a normal response was, “I’m doing very well. I’m getting a lot of insights!” That was taken to mean, “I’m getting better!” These days I think we generally acknowledge that insights, no matter how dramatic, do not suddenly erase decades of maladaptive responses. What was formerly a “defense mechanism” often endures as a “character style.”

In the 1950s, when psychoanalysis and psychodynamic psychotherapy were the prevailing models, Robert Lindner’s *The Fifty-Minute Hour* seemed a plausible model for a miracle cure. Television scripts would portray a seriously inhibited person who would go to a therapist and, in the course of one session, discover the unconscious derivative of their problem, respond fully and emotionally to the discovery, and leave entirely freed of inhibitions, able to live spontaneously. I don’t know anyone who has had such an experience.

I do, however, know many instances of people who were able to use psychological insights constructively. Here is an example from my practice. What I think it demonstrates is the possibility, given a relatively strong ego, of using an intellectual understanding about one's own dynamics to make constructive life changes. I do not believe this person has been "cured" (if cures actually exist) from his original trauma, but I think that the constructive changes he is now making in his life might enable him to progressively heal.

Joe is an architect, forty years old, professionally very successful and personally good-looking, witty, and charming. He has varied interests and many talents. What he says he wants most is an enduring relationship and a family, and thus far he has been unable to find the "right" person. He has had numerous relationships, many of which began with great delight and enthusiasm. It seemed that whenever a relationship began to be serious, Joe would discover a "fatal flaw" in the other person, one irredeemable characteristic that made it impossible for him to commit himself further, and he would terminate the relationship. He began therapy because he was prepared to think that there was something unconscious going on in him which caused him to discern this last-minute imperfection in all of his partners.

Joe's father died when he was in graduate school, and his mother, with whom he had been very close, recently died. Joe had been an only child, and his parents, although quite loving, had been both intrusive and perfectionistic. Since Joe had been intellectually gifted and fairly talented, he had been able to live up to their ideals, and he was unaware of how much the perfectionism had become a lens through which he viewed his own decisions. When he was faced with making a serious choice, Joe became alarmed about making the "wrong decision." Although he could manage most trivial choices, his choice of a life partner was stymied by the idea that it might not be "right."

*the
example
of
Joe*

Joe also saw relationship as a threat to his freedom. Both his parents had been involved in his life choices to a degree that had not allowed him to feel personal autonomy. Joe's autonomous choices had been limited by people whom he had loved very much and who he felt had loved him. He was unable to recognize that he had been angry about that limitation and, I felt, especially did not want to discover his anger in light of his mother's recent death.

Although Joe was not ready to acknowledge his anger, he was able to use his "insight" about his perfectionism, which he knew he got from his parents, as a way of altering his behavior. (He could tolerate acknowledging the perfectionism because he saw it as a positive trait—he thought of it as "discriminating awareness"—

and so it did not diminish the love he felt for his parents.) He realized that his fear of not picking a perfect mate had led him to be hypercritical and that, although choosing carefully might be wise, looking for perfection in personal relationships was unrealistic. The relationship that he was in when he began therapy started to thrive as he became less critical, and he began to enjoy it more. As his partner felt less threatened, she was able to be less demanding of his attention, and he felt less intruded upon. He was able to see that he had previously imagined that all the women in the world would be intrusive, as his mother had been. He changed his view from "If I get into a relationship, I won't be free" to "I'm able to relate to my partner's needs, and I'm still free."

*Joe's
intellectual
insight*

Joe was able to override his hesitation and doubts by using what, when I was going to school, we called "intellectual insight" and generally devalued. We considered that if the underlying structures were not exposed and dealt with, this kind of superficial insight had no value. In Joe's case I believe that it did. Not only was he unable, at the time, to look deeply at the roots of his anxiety, but his continuing sequence of failed relationships was building a sense of himself as a failure at relationships, causing him further dismay. What I believe he was able to do was to use his considerable ego strength to build more stability into his life, perhaps making it possible for him at some point, if he finds it necessary, to do further therapeutic work. At this point, he is happier with his life, more sure of himself, and more relaxed.

Sara began therapy at age thirty-three because she had continuing somatic symptoms, primarily headaches, that were not signs of any particular disease. She had been married for one year when she began therapy, and the headaches had increased since her marriage. Sara was the only child of two mild-mannered, shy people. Her parents were forty years old when she was born and had treated her with great affection. Her marriage seemed relatively gratifying, although her husband, while seemingly mild-mannered like Sara's father, was also quite stubborn and unconciliatory, unlike what she had expected.

Sara was a first grade teacher, very popular with parents and children because of her gentle disposition. She was referred to me by her physician who suspected that her ailments might be a sign of internal stress, but she was unaware of being upset about anything in her life. She was thrilled to be married and felt that she loved her husband. She said that, although she sometimes felt dismayed with his stubbornness, she never got angry. My mildest suggestions that perhaps she might feel anger were met with resolute conviction that she felt sorry for him for "being so stuck in his ways" and perhaps a bit annoyed that she needed to accommodate him, but that she wasn't really angry.

One day soon after we began therapy, Sara came in to report that on the previous day, when she had been having a headache, her husband had himself suggested that perhaps she was mad at him. She had protested that she was not, but he apparently had stubbornly continued to insist that she was. Indeed, he had persisted so long in provoking her that Sara had lost her temper and shouted at him, using uncharacteristically vituperative language. She reported to me that at the end of her outburst, although she was shaken by what she had said, her headache had vanished. We both laughed.

Sara's insight did not cure her headaches forever. It was important for her to begin to acknowledge that she did, indeed, feel angry from time to time, which she had not been aware of before. There had not been an opportunity in her family to discover that anger was a manageable emotion. Her parents, devout Mormons, combined temperamental mildness with cultural determination to maintain a peaceful home. Sara's gentle nature made her parents very pleased and earned her a lot of community respect. Therapy was a place for her to talk safely with someone whom she respected and trusted about her angry feelings. Sara's temperament did not change much after therapy. Indeed, she often found that she would begin to have a headache *before* she knew she was angry. What she learned to do was to speak about her anger to whomever it was she was angry at, in a way that was not frightening to her or out of character. Since she was relieved to have her headaches and her other ailments so easily cured, she worked hard at finding ways to speak of her displeasure as soon as her symptoms started so that they stopped being a problem.

Sara's insight, like Joe's, was probably not an "ultimate insight." Perhaps with depth therapy she might have discovered that she had been angry at her parents for the strictness of their religious household, their supervision of her social life so that it had been hard for her to meet someone to marry, their insistence that she study to be a grade school teacher because it was a secure job instead of trying to make her music a career, which she would have preferred. Perhaps at some point she will need to discover more about herself if problems come up that depend on this knowledge for resolution. In the meantime, she is relatively symptom-free and more content and sure of herself in her work and in her marriage. The crucial change factor for Sara, as it had been with Joe, was her determination, once she was clear that it was a pattern in her own character style that was causing her discomfort, to be vigilant to it arising and to try hard to find alternative, more healthy means of expression of her needs.

*Sarah's
example
and
insight*

It has long been understood that insight is not useful to people with severe characterological problems. When I was studying psychotherapy, I was taught, "Do not add insight to injury." We under-

*supportive
insight*

stood this to mean that people who had been seriously traumatized by abuse or neglect by their parenting figures would not have the ego strength to tolerate re-experiencing the pain and/or fear they had felt as children and would either resist doing so or disintegrate further from the experience. We did not have good language to discuss the supportive, ego-building therapy that we instinctively offered people until Self-Psychology became widely accepted through the work of Heinz Kohut. These days, we call this attentive support “empathic attunement.” Our interventions are often framed as, “When that experience happened to you, you must have felt very frightened (or lonely, or sad, or unseen).” This kind of *supportive* insight, I believe, builds ego structure, which then allows people to feel more self-confident, perhaps make more constructive choices, perhaps begin to be more self-reflective. Ultimately, it should lead to an increased ability to perceive one’s patterns of behavior and then make more gratifying life choices.

I have an “erector-set” model of ego structure. (I am assuming readers will recall the metal erector sets of the 1940s—before Lego—which were metal girders that children screwed together with bolts and nuts to build structures.) It was possible, if you screwed the bolts in tightly enough, to build fairly tall structures that would not fall apart if you bumped into them. Even if you knocked them over, they stayed intact, and you could stand them up again. I think of people as being held up through life by an internal structure called Ego: metaphorically, a set of girders and supports that keeps them from being knocked over by life’s small tremors and which enables them to rise intact even when knocked over by life’s bigger tremors.

Insight is a tremor. One student at a meditation retreat many years ago, in the middle of the night wrote his/her personal discovery on the communal blackboard for all the other students to read when they arrived for the early morning meditation. The message was, “All self-knowledge is bad news!” I think it’s true. Everything that we like about ourselves, we already know. Everything that we discover, that was hidden, probably was hidden because we didn’t want to know it. Ego strength is the ability to see clearly and tolerate what we see.

The erector-set metaphor has a hopeful end. Even when an erector set is wobbly, the bolts can be tightened and the structure made more secure and stress tolerant. In California, we retrofit buildings to make them earthquake-safe. In psychotherapy, we hope to retrofit ego structure, enhancing the ability to withstand life’s stresses. The experience in therapy of feeling “heard” or of having someone who clearly is attempting to understand, even when the attempt is not completely successful, is what builds a strong sense of personal self. In Kohut’s theory, this happens because the *attempt* to be

empathic conveys caring, as if there is someone important to care about. With a good parent, a child develops a healthy sense of her/himself by discovering repeatedly how important she/he is to the parenting figure. I feel pleased when a client, as we end therapy, says, “You’ve been like the very good mother that I never had.”

Spiritual insights, like psychological insights, need a relatively secure structure to support them so that they can be tools for freedom rather than agents of disintegration. The hoped-for insights of Buddhist practice, the realization of the impermanence of all experience, realization of the truth of the cause and end of suffering, or the emptiness of phenomena, are not that rare. We have lots of flashes of insight in the course of regular living, and certainly for people doing intensive meditation practice, they can occur quite regularly. Often these insights are followed by the thought, “I’ll never get caught in confusion again!” When I first heard about Buddhist meditation and the freedom that came from insight, I thought, “If I get just that, I’ll be totally free. *All* clinging will drop away.” Theoretically it should. But it hasn’t for me or even for anyone else I know. But it *starts* dropping away, and I am convinced that changes in the direction of freedom are what inspire continued devotion to both spiritual practice and psychological growth. Spiritual insights can be disorienting since they involve personal paradigm shifts and allow us to see and evaluate our experience in a new way. However, when the existing psychological structure is able only marginally to maintain itself in the “old” paradigm, it may be unable to accommodate the new one.

*personal
paradigm
shifts*

The insight of impermanence—which ought to provide strength during times of duress by retaining the context of “Whatever this is, it won’t last forever”—can be terribly dismaying to people who have a sense of unfulfilled potential, who feel that their life hasn’t mattered enough. I am fifty-eight years old, and, although I was married forty years ago, I feel as if it was an event that happened quite recently. Forty years should feel long, but it seems to have passed in a moment. Indeed, although I can remember in great detail innumerable events of the intervening years, there is a way in which it all seems to have disappeared. Vanished. With this awareness, I often feel that I’ll awaken tomorrow to find that I am celebrating my eightieth birthday.

The awareness of the fleetingness of life, of its essential emptiness, is tolerable to me (albeit disconcerting) because I feel that my life has been quite full. I am content that I’ve used my time well, and, while there is a lot more I’d like time to do, I feel a sense of integrity in my life.

I think it is difficult to tolerate the awareness, the insight, of impermanence when there is no sense of integrity about one’s own

life. Erik Erikson, in *Childhood and Society*, wrote eloquently about the ego consolidation that begins in young adulthood as that sense of being a person able to manifest competently in work and in relationships, which then continues to develop throughout the rest of one's life. I believe that, for people who feel that they have not yet begun to manifest fully in their lives, the discovery that life passes so quickly may be emotionally insupportable.

Impermanence is also a difficult vision to hold for people who have sustained some life trauma that they have, thus far, been unable to assimilate. When intimations of impermanence arise in a mind dismayed and confused with unresolved, heavy emotion, the sense of injustice about one's trauma can seem even greater. Sometimes people report a deepening sense of loss when they discover, along with the awareness of impermanence, how much of their life has been held hostage to impermanent, empty events long past.

*the
insight
of
impermanence*

When the insight of impermanence arises in a mind that can support it, it can be liberating. All experiences can be anticipated with the composure of knowing that they will not last. Psychological self-inquiry becomes more possible with the knowledge that whatever grief or fear arises will be temporary. The awareness that *now* is the only time that ever exists often conditions a sense of careful tenderness and a cherishing of every moment, without the impatience that comes from waiting for a "better" moment to arise.

A particularly potent aspect of the insight of suffering, *dukkha*, is the awareness that the cause of suffering is craving or clinging, and that the tendency of the mind to cling is so conditioned that the very attempt to avoid it is itself another form of clinging. We are, in a certain sense, trapped in clinging. Becoming fully aware of the tendency of our own minds to cling, and feeling the suffering that is the impact of that clinging, we become able to appreciate the monumental amount of suffering that is part of the human experience. If one's personal life experience is relatively gratifying, it becomes possible, I believe, to open to the truth of suffering which is the necessary key to the development of compassion.

If, with a reasonably good life story happening, and with reasonably good insight about the cause of suffering, I am still struggling with "wanting," how terrible it must be for people with difficult stories and little understanding. I believe that the insight of *dukkha* is not useful for people who have overwhelmingly painful personal stories or who have not come to some resolution about their story. It might provide temporary relief by justifying one's world view but would not, I believe, act in the service of developing compassion. I can recall a time in my own experience when both my body and mind were in a fair degree of pain, when everything I saw

reflected the pain of clinging to the ephemeral. I could not enjoy the beauty of a sunset because it was disappearing. All experience seemed like a seduction into inevitable grief. My teacher wisely said, “Be careful not to let this insight of *dukkha* condition a negativity to life experience.” I said, “Thank you very much,” and left the interview, and, after I was outside the door, I thought, “How?”

Not so long afterward, I could appreciate sunsets again. The mind can boggle with insight—especially so if it is fatigued with pain—but it recuperates if its essential structure is secure. Even during my worst “negative views,” I *knew* that my view was skewed, and I suspected that I might sometime feel differently. This parallels, I believe, the situations in which people with healthy ego structure, under extreme duress, experience psychotic-like ideation. Then, there is often an awareness that this absurd or bizarre reality is *happening*, rather than a sense that this is how things truly are.

When the mind is relatively composed, when people are at a relative level of acceptance of their life and their personal story, the insight of *dukkha*, or suffering, can be very freeing. When we appreciate that the dilemma of our own clinging is as conditioned as it is, we feel more compassion towards ourselves when we fall into struggle and discontent. We also can be compassionate towards others more wholeheartedly. Indeed, I believe it is the awareness of the ubiquitous presence of suffering that compels us to devote ourselves to the well-being of others.

*the
insight
of
suffering*

Yet, I don’t think it is *only* insight into suffering that develops compassion, but rather *repeated* deepening insights, combined with the psychological integrity that can hold these insights. Some years ago I overheard some of my teachers talking about what motivated their continued practice. A teacher I much admired said, “I want to deepen my awareness of suffering.” I thought, “Oh, dear! I’m not sure I want to do that. I’m having all I can do to manage the suffering I am aware of now! I don’t know if I want to deepen my awareness. I can hardly stand it as it is.” Now, I understand and respect what my teacher said. I, too, would like to deepen my awareness of suffering. And I’m quite clear that it will not make me more gloomy or melancholy. In fact, I believe that as my resolve to acknowledge suffering and to respond compassionately strengthens, that response will be more and more natural, and I will be more and more free.

The third insight that Buddhist meditators hope to achieve is that of emptiness, *anatta*, non-separate self. This insight arises in various ways. One might suddenly have the direct awareness that one’s mind/body organism, marvelous and complicated as it is, is essen-

tially a process of change happening with nothing at all solid or permanent about it. This is quite a freeing awareness unless there is a psychological sense of shakiness about who one is in the world.

If a person is psychologically secure, they are able to shift from a personal focus to a universal focus. This is what I believe is meant in spiritual practice when people talk about “losing one’s ego.” I believe that if people have a level of personal maturity and ego integration, they can make the shift from “life is happening to me” to “life is happening.” It is a happy shift, a shift from an inside-out, “me-focused” view to a cosmic or universal overview. Instead of saying, “This drama is happening to me. I am the victim of it!,” one is able to say, “What an amazing drama! This is all happening—birth and death, pain and joy, all the extraordinary story of form!”

I have certainly had awareness of this insight, even prolonged understandings of it. If I could “live” constantly in this awareness, I’d be totally free. And, although I don’t, I do think that periodic deep understanding makes me freer in my life.

*our
stories
are
just
stories*

I believe that the great challenge for us as people living in relationship is to live our dramas passionately, always informed by our awareness of their essential emptiness. Being able to see that our stories are *just* stories depends on a relatively high level of ego integrity. But, for people with fragile egos, the awareness of non-separateness, or inter-connectedness, may be too threatening.

Here is one final connection between psychological and spiritual insights. Not only does the degree to which insights are useful in either realm depend on the level of ego integrity, the level of development in both realms either supports or retards development in the other. A high level of genuine spiritual understanding can be very helpful to a person dealing with difficult psychological issues. I am encouraged when my psychotherapy clients are devoted to a spiritual practice, as I find it is usually supportive to them in their therapy.

Also, it is important to recognize that spiritual insights cannot manifest at a higher level than the highest level of psychosexual development. It was very dismaying to me to learn, over the last decade, of many instances of teachers whose teachings I had admired but who behaved in ways that lacked integrity. My belief had been very simple: I believed that true understanding was necessarily reflected in impeccable behavior. What I believe now is that it is possible to have clear insights and genuine flashes of understanding that, when coupled with a dynamic pedagogical style, may allow people to move into the position of being spiritual teachers. Whatever lacunae of ego development are then present allow the spiritual insights to be misinterpreted and expressed incorrectly.

“We are all one” does not mean, “I can use you for my personal gain.” “Everything is empty” and “Everything is temporal,” do not mean that we do not need to be actively responsible for each other and our world.

Psychological insights become part of healing when they are met with conscious resolve to explore them fully and then to integrate them into our lives. Spiritual insights require internal character integrity for full and wholesome expression. I believe that the major challenge to transpersonal therapists, like myself, is to make sure that the level of personal ego maturity present is such that it will support genuine spiritual awakenings, less suffering, and a freer life for our clients.

Requests for reprints to: Sylvia Boorstein, P.O. Box 1084, Gcyscrville, CA 95441.

AFTEREFFECTS OF NEAR-DEATH EXPERIENCES: A SURVIVAL MECHANISM HYPOTHESIS

John Wren-Lewis
Clovelly, N.S.W., Australia

Thanks to the medical developments of the past half-century, the world today contains literally millions of people who, like me, have returned to active life from the brink of death—and according to a Gallup poll published in the early 1980s (Gallup, 1982), a substantial proportion of us have very strange tales to tell about the experience. I am relating mine here because I believe the real significance of these “near-death experiences” (or NDEs, as they’re now called by medical researchers) has been missed by most of the stories about them in the popular media.

These almost always focus on experiences which seem like “journeys out of the body.” For instance, there are reports from accident or heart-attack victims of looking down on an apparently lifeless corpse which they recognize with surprise as their own. Or there are accounts of floating through a dark tunnel and emerging into a wonderful new world beyond, only to be told by a godlike being, or a long-deceased relative, “You must go back. Your work on earth is not yet done.”

*“journeys
out
of
the
body”*

Journalists naturally pick on reports like these as pointers to possible life after death—which inevitably provokes arguments from sceptics, even from many who are sympathetic to the idea of immortality. The brain can’t *really* have experienced dying if it revives, they say—and how can we take such visions seriously as visits to another world, when some people describe a heavenly rural landscape with white-robed figures straight out of Sunday-school picture-books, others say they saw sci-fi-type cities, and yet others tell of a pure light experience which somehow convinces them of reincarnation. Isn’t fantasy a more likely explanation?—to

which the experiencer reply that no dream or fantasy could be so real. . . and so it goes.

But over the past few years some researchers have begun to turn their attention to another aspect of NDEs that doesn't raise this kind of argument, namely, the remarkable aftereffects of the experiences in *this* life (Ring, 1984; Flynn, 1987; Sutherland, 1992). While NDEs in themselves differ widely—and many, mine included, are nothing like “otherworld journeys” or trips out of the body—they almost always leave the experiencers freer, happier people than they've ever before dreamed possible. There's a radical change in life-quality which is far more than exuberant relief at escaping death. Indeed, it can happen to people who have an NDE close to the end of a terminal illness: they come out of it with a sense of great happiness and calm, even though they're subject to pain and know very well that their final death experience (FDE?) is coming soon.

Moreover, while this new-found capacity for joy in living seems to drive all NDE-ers to use religious language in trying to do it justice, it doesn't necessarily involve any particular conviction that the soul is going to survive the body's death. *It's more like a basic shift in consciousness whereby life in each moment becomes so vivid that anxiety about future survival, in the body or out of it, simply ceases to be important.* Researchers are coming to believe that the discovery of this potential in consciousness may revolutionize human understanding of what living and dying, health and happiness, perhaps even matter and spirit, are really all about. And this was precisely the conclusion I reached, quite independently, from my own extraordinary experience after I was revived from near-death by poisoning in Thailand in 1983, my sixtieth year.

a
basic
shift
in
consciousness

The poisoning was quite a story in itself, but this is not the place for travellers' tales (for a full account, see Wren-Lewis, 1996), so I'll simply warn any would-be visitors to countries like Thailand to remember Mother's advice—“Never take sweets from strangers.” Drugs like morphine, heroin or cocaine are so cheap in such places that ordinary thieves can use them in sweets or drinks simply to put foreign travellers to sleep so that wallets or bags can be unobtrusively purloined and taken off at intermediate stops. Normally the unfortunate tourist gets shaken awake by the bus- or train-conductor at journey's end and then discovers the robbery, but the thief I encountered had evidently been overenthusiastic with the morphine he'd injected into his Cadbury's toffees. The doctors told me afterwards that my coma indicated a potentially fatal dose, and there'd been some hours during which they thought I'd gone.

What / knew was that I'd emerged from something quite unlike any previous experience of sleep or dreaming. It was a kind of black-

ness, yet the absolute opposite of blankness, for it was the most alive state I've ever known—intensely happy, yet also absolutely peaceful, since it seemed to be utterly complete in itself, leaving nothing to be desired. It was an almost solid darkness, but not so much absence of light as lack of any need for light. Light, after all, is primarily the means by which we perceive things outside ourselves, whereas this aliveness seemed to involve no separate selfhood at all.

Lying there on the hospital bed after coming round, I found myself appreciating a phrase of mystical poetry which I'd hitherto dismissed as meaningless—"a deep but dazzling darkness." It occurred to me for the first time in my life that when mystics have applied expressions like this to "God" or "Absolute Pure Being," they may not have been indulging in abstract metaphysical word-spinning, but rather trying to describe an actual experience—the discovery that just behind our ordinary individual consciousness is this other "impersonal" kind of consciousness which seems universal and infinite in its total self-sufficiency.

Indeed, for me that phrase "*behind* ordinary individual consciousness" was almost literally true; that Shining Dark from which I'd emerged *was still right there at the back of my head*. I'm not talking about any vague impression: it was so palpable that I kept putting my hand up to make sure the back of my skull was still there. I felt for all the world as if the doctors had sawn it off and exposed my brain to the dark infinity of space—or perhaps had implanted something like one of those "black holes" astronomers talk about, in which light just vanishes because it's fallen in upon itself with unbelievable intensity. And strange though that feeling was, there was nothing frightening about it: on the contrary, it felt like a liberation, as if I'd had some kind of brain-cataract removed, making unobscured perception possible for the first time.

behind
ordinary
individual
consciousness

For that dazzling darkness behind me did indeed transform my perception of the outside world, and here, too, I'm driven to religious or mystical language in trying to do the experience justice. The peeling paint on the hospital walls, the ancient sheets on the bed, the smell from the nearby toilet, the other patients chattering or coughing, the nurses and the indifferent curry they brought me for supper, my own somewhat traumatized middle-aged body, even my racing, bewildered mind—all were imbued with that sense of utter nothing-to-be-desired completeness, *because "not I, but the Shining Dark within me," was perceiving them.*

My individual consciousness continued to function in all the usual ways, from dealing with practical matters like talking with the doctors or eating supper, to thinking, "This can't be happening to me—I don't believe in mystical experiences!" and, "Hey, could

this be the kind of change they talk about after NDEs?—I always thought they were just having flights of fancy.” But behind and through this personal consciousness, that other impersonal consciousness *seemed to know everything from the inside*. The closest I can get to putting this into words is to say that I seemed to be perceiving everything very sharply from an immense distance—somewhat like the way objects appear when viewed through the wrong end of a telescope—yet at the same time I had the uncanny sense that I actually *was* each thing perceiving itself.

Or, to put it in another way, that consciousness-behind-the-mind seemed to know everything with love, though not in any emotional sense. This was no “transport of bliss,” but something like the sense I sometimes get when rereading a particularly well-written passage of my own earlier writing—a paradoxical combination of total familiarity with surprised satisfaction. Everything around me seemed continually *new*, as if it came fresh-minted out of the Dark now! and now! and now!, to be re-cognized by the Dark with a creator’s delight. I found myself thinking, in a way I’d never even considered before, of the Bible’s opening chapters, where the forms of all things are said to emerge from “darkness on the face of the deep,” to be looked upon by the infinite consciousness called God and found “very good.”

*permanent
change
of
consciousness*

My incredulity at all this, as I lay in the hospital that night, would have been squared had I known that it wasn’t just a one-time mystical experience, but a permanent change of consciousness that would still be with me now in 1994, with no signs of diminishing. I don’t mean that I’m permanently *in* the “mystical” state, though I wish I were. Every day I drift out of it from time to time, and go back to perceiving life in the old way for minutes or even hours at a stretch *without even noticing*. But sooner or later I always wake up to the fact that something vital is missing, whereupon I immediately snap right back into the mystical consciousness again, as if it were now my baseline.

And I must emphasize that there’s nothing remotely misty or dreamy about it, nor is it an ecstatic state like a psychedelic “high.” I can speak with first-hand knowledge here, since I participated in a long series of high-dosage psychedelic experiments in England in the late 1960s. I had some remarkable experiences (Wren-Lewis, 1971), but none was even remotely like this state of quintessential equanimity and stability—and none ever lasted beyond a day or two, let alone for months or years. The new consciousness that came with the NDE is marvellous, yet also carries the sense of being completely ordinary and obvious: in fact when I’m it, the real marvel seems to be that the world isn’t experienced like this by everyone all the time, since this is, quite simply, the way things are.

My feeling now is that so-called normal human consciousness is in some way cramped or blinkered.

What is more, in contrast to the psychedelic “high” state, the mystical consciousness actually enables me to function better in daily life than I ever did before, because I no longer feel myself to be a closed-off individual struggling to gain satisfaction from a world that is “not-me.” The change is a subtle one, in keeping with that sense of absolute ordinariness: I haven’t, for example, become anything like my own earlier stereotypes of the mystic or “enlightened being.” I haven’t lost my taste for meat or wine or humor or detective fiction, or good company; I still feel sexual pleasure, I still enjoy being appreciated by others, and my scientific curiosity is as great as ever. In fact all these things seem “very good” as never before—but I’m no longer bothered to *pursue* any of them, nor much worried when such desires aren’t met, since in the new consciousness, satisfaction is the basic essence of existence itself, not the result of desire-gratification.

*the
basic
essence
of
existence
itself*

So while I still make choices and pursue goals, this has become for me a kind of secondary game, not the focus of living. Experiences I formerly put up with as second-best, or as necessary chores, I now find every bit as good in their own way as the things my body-mind habitually prefers, though I still choose the latter whenever I can do it without much trouble. To begin with, I found this “detachment” from personal preferences a continuous occasion for astonishment, and in many ways I’m still adjusting to the practicalities of living from this consciousness; but the more I do it, the freer life becomes from the conflicts, anxieties, and stresses attendant upon the illusion of separate selfhood. I think this must be what the mystics of ancient China meant by learning to flow with the *Tao*—and with my scientific hat on, I wish to record the observation that it seems to be not just a happier mode of existence, but also physically healthier. I feel a greater sense of well-being than in the past, and fall ill less often.

But perhaps my greatest astonishment has come in observing how the new consciousness transforms even experiences I formerly found downright ugly or unpleasant. It began when I discovered myself positively enjoying foods and music I’d hated before, and appreciating real beauty in dirty industrial sites—an appreciation which in no way lessens my practical concern that such sites be changed wherever possible. My mind really boggled, however, when I went on to experience pleasure in the sensations of a heavy cold, and in the tinitus (hissing in the ears) which afflicts me in damp weather and had previously driven me crazy when I couldn’t distract myself from it with external sounds. The need to push back my protruding gut through a long-standing hernia gradually be-

came a source of fun rather than suffering, even though my practical desire to get the hernia cured at the earliest convenient moment remains undiminished, just as I'm glad when a cold has run its course.

These changes were particularly mind-boggling for me (and for my friends) because I've always been a notorious coward about pain and discomfort of any kind. And I'm emphatically *not* saying that the new consciousness turns me into Instant Hero, any more than it has made me into an ascetic or a saint. I've no idea whether I could find any enjoyment in really serious pain or disablement, and I've no wish to be put to the test, not even in the interests of science: better men than I have hoped to avoid drinking from the cup of suffering! But I *can* report that at the relatively minor, yet still very real levels of pain which have come my way from life's little accidents, or from the vicissitudes of the aging body (including a duodenal ulcer), or from such routine occasions as the dentist's chair, the mystical consciousness has gradually changed the nature of the experience in a most interesting way.

attending
to
the
signal

Specifically, I now experience such pain in the way nature must surely "mean" it to be experienced, namely as a signal of something to be avoided if possible, or of an organ not functioning properly. I've found that the painful stimulus remains unpleasant precisely so long as I ignore the signal, which of course we all tend to do with pains like foot-corns, headaches, stomach pains, muscular cramps and suchlike—we push them to the edge of consciousness and try to carry on regardless, whereupon they continue to nag away and make life generally miserable. I've learned, however, that if I make a rule always to attend to the signal immediately and resolve to take remedial action as soon as possible, *the quality of the sensation changes to a rather interesting vibration, suffused with a sense of awe at this marvellous neural device for monitoring the body's workings.*

This happens even when there's nothing that can be done to get practical relief immediately for the condition causing the pain (for instance, if a foot-corn begins hurting on a hike). The change comes with *attention* and the *resolution* to take practical action as soon as possible—and I've been fascinated to observe that when such attention is regularly given to painful conditions arising from organic malfunction, like corns or stomach-ulcers or flu symptoms, *the conditions themselves seem to heal more quickly than they used to do.* Could this be a clue to the way spiritual healing works? And could the change in the character of the pain-signal be the secret behind stories of saints giving praise to God even under torture? From my limited experience I wouldn't dare make any firm claims on such issues, but I'm quite sure there's at least an element of truth—and a very important one—in the "metaphysical" idea that

suffering and disease may be products of distorted or blocked consciousness rather than brute facts of nature.

And, in trying to understand what's involved here, I'm sure there's a significant clue in the fact that my own liberation from "blocked consciousness" came after my close encounter with death. I believe this liberation, into what I call the Dark and others call eternity, God, the Tao or whatever, is the life-changing core of all near-death experiences. This sometimes gets translated by the experimenter's mind into visionary pictures of leaving the body or going to heaven (as his/her mind imagines heaven to be). I've spent the past eight years researching and following up this clue, mainly by using myself as a guinea-pig, and exploring and recording how the new consciousness responds to various life-circumstances (e.g., Wren-Lewis, 1985). I've also been able to compare my observations with the findings of worldwide research on NDEs, since my participation in 1984 on a Research Panel of the International Association for Near-Death Studies (IANDS), based at the University of Connecticut.

The hypothesis I've come up with is that the block which cuts off so-called normal human consciousness from its roots in that other, impersonal consciousness, is *some kind of inflation or hyperactivity of the psychological survival-system*. Exactly how or when this originated in the history of our species I have no idea, and at present don't propose to speculate. But the effect of this hyper-defensiveness is to focus individual consciousness so rigidly on the business of securing its own future that the underlying universal consciousness, with its every-present-moment happiness, peace and wonder, gets shut out. The only satisfaction allowed into awareness is that which comes from meeting the needs (or supposed needs) of the individual body-mind, while pain becomes wholly negative suffering instead of a life-enhancing signal. And this basic malfunction is epitomized in the fact that dying, which in nature is simply part of life's great flow (or of that secondary game called individual manifestation), becomes the object of ultimate fear and horror, with all the catastrophic psycho-social consequences to which Ernest Becker and others have directed attention (Becker, 1973).

*hyper-
defensiveness
of
individual
consciousness*

Close encounter with death is able to break this whole spell *because the survival-mechanism gives up at this point*—which I'm sure is why the *Tibetan Book of the Dead* (Evans-Wentz, 1960) calls the dying-moment a time of special grace when Nirvana can suddenly become apparent to anyone. And this is why some who return from the brink of death have been privileged to come back knowing what consciousness really is—knowledge which, once acquired, enable the survival-mechanisms to resume functioning without their former hyperactivity. I've observed that, since Thai-

land, my feeling about death, my own included, is that, although I still intend to avoid it as long as possible in life's secondary game and still mourn the loss of friends, it has in itself a very special kind of beauty, like the dying leaves of autumn, whose splendor we are allowed to see in ordinary consciousness because our minds don't associate it with the ultimate taboo. A corollary of this changed attitude to death has been the discovery that aging, including even its more obvious decay-aspects, has become interesting rather than depressing or disgusting.

The big question now, of course, is whether there are less drastic (and less haphazard) means by which the spell of separated selfhood can be lifted *before* the moment of death, and I hope my research may eventually shed some light on this. For while there are mystical traditions the world over which offer "paths to higher consciousness," it doesn't seem to me that any of them has a very encouraging success rate in bringing about the kind of liberation which NDEs can bring immediately to anyone, high or low, good or bad, believing or unbelieving, trained or untrained. In fact, my studies of these traditions, ancient and modern alike, suggest that while there are almost always valuable insights to be gained from them, they all get bogged down in their own basic idea of a "path," which inevitably suggests that "higher consciousness" is a goal to be achieved, *thereby reinforcing that very preoccupation with one's personal future which is the cause of all the trouble* (Wren-Lewis, 1991).

waking
up to
the
consciousness
which is
already
the
basis

My experience, and that of NDE-ers generally, suggests that liberation isn't at all a matter of taking "the long voyage Home." It simply means waking up to the consciousness which is *already* the basis of our very existence, but is, as G.K. Chesterton used to put it, so large and close and obvious that it escapes notice. What I suspect we need is not any kind of path or discipline, but a collection of tricks or devices for catching the Dark at the corner of the eye, as it were, and learning how to spot its just-waiting-to-be-seen presence, combined with strategies for stopping the hyperactive survival-programs from immediately explaining the perception away. D.E. Harding's exercises for discovering one's own essential "headlessness" are the best ideas I've yet come across for the first half of this process, but, by his own admission, most people "get it but simply don't believe it" (Harding, 1961, 1988, 1990, 1992); this, I suspect, is precisely evidence of the survival-program at work, and in my view there is no more important task facing transpersonal psychology than research into techniques for circumventing this fundamental malfunction in humanity's "software." Compared with this, conventional parapsychological research aimed at trying to mine NDEs for hard evidence of nonmaterial consciousness is a mere backwater, akin to Christopher Columbus

thinking he'd found India and missing out on a whole new continent (Wren-Lewis, 1993).

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Requests for reprints to Professor John Wren-Lewis, 1/22 Cliffbrook Parade, Clovelly, NSW 2031, Australia.

“DEEP STATES” OF MEDITATION: PHENOMENOLOGICAL REPORTS OF EXPERIENCE

Derek Gifford-May
Sydney, N.S.W., Australia

Norman L. Thompson
Sydney, N.S.W., Australia

Meditation has been described as a group of practices that aim to transform consciousness through the deliberate alteration and control of attention (van Nuys, 1973; Boals, 1978; Goleman, 1981). The resulting experiences manifest as a wide range of cognitive, emotional, and perceptual changes in the meditator. For example, the following may be experienced by meditators: the meditation object is distorted (e.g. Deikman, 1969; van Nuys, 1973; Kubose, 1976), fantasies and hallucinations (Banquet, 1973; van Nuys, 1973; Walsh, 1978; Kornfield, 1979), increased clarity of perception (Walsh, 1978), a decrease in reactivity to unusual experiences (Walsh, 1984; Forte, Brown & Dysart, 1987-88), a reduction in discursive thinking (Tart, 1971; Kornfield, 1979; Walsh, 1984), altered perceptions of time (Deikman, 1969; Kubose, 1976; Kornfield, 1979; Brown, Forte, Rich & Epstein, 1982-83), and changes in the perception of the self and body (Maupin, 1969; Kornfield, 1979; Brown et al., 1982-83; Forte et al., 1987-88). Finally, meditators widely report affective changes as indicated by a sense of tranquility (Maupin, 1969; Lesh, 1970; Walsh, 1978), an increase in positive emotions described as bliss and rapture (Kornfield, 1979), as well as love and joy (Osis, Bokert & Carlson, 1973; Kohr, 1977).

*cognitive,
emotional,
perceptual
changes
in
meditators*

The purpose of this paper is to focus further on the descriptive qualities of these experiences and in particular to examine what may be called “deep states” of meditation. The electroencephalographic (EEG) recordings of Transcendental Meditators having

such experiences have been analyzed (Banquet, 1973). Meditators have also recounted progressively deepening "concentration" from an intensive Vipassana retreat (Kornfield, 1979). Similarly, in other mindfulness (Vipassana) investigations, meditators experienced a progressively marked reduction in the perception of the self and body (Brown et al., 1982-83; Forte et al., 1987-88). These studies point to changes within the meditation experience but do not emphasize descriptions of the experiences per se. It would be of 'nterest to know whether such changes represent different levels of the meditation experience. Traditional Buddhist and Hindu literature does indeed suggest this for the concentration types of meditation. The *Vissuddhimaga* of Theravadan Buddhism describes eight levels of *jhanas* through which the meditator experiences integration with the meditation object, fluctuations in energy, a progressive reduction in feelings of what are traditionally described as rapture and bliss, and, in the deepest state, total loss of awareness of all form and self (Goleman, 1988; Brown & Engler, 1980, 1986; Bucknell & Stuart-Fox, 1986). The *Yoga Sutras of Patanjali* similarly describes the initial fusion with the meditation object, followed by increasing loss of the working memory and the final *samadhi* state of "pure perception" (Castillo, 1985). The *Mahamudra* of Tibet, incorporating descriptions of both concentration and mindfulness meditation techniques, describes a detailed cartography of cognitive and affective changes during which specific levels of attainment are achieved in concentration meditation (Brown, 1977). These sources are invaluable as translations of authoritative texts that teach meditative traditions. To some degree, these traditional texts assume a universality in meditative experience.

One comparative study of Patanjali's *Yoga Sutras*, the *Vissuddhimaga*, and the *Mahamudra* suggested further that the developmental stages of meditation are of universal and cross-cultural applicability (Brown & Engler, 1986). Few empirical studies, however, have accounted for any commonalities in experiences related to the spiritual beliefs and traditions of meditators, although factor analysis of pre- and post-meditation questionnaires did reveal meditation experiences common to practitioners of Zen Buddhism, Judaism, Quakerism, Unitarianism, and Raja Yoga (Osis et al., 1973; Kohr, 1977).

The study of traditional texts and the use of questionnaires in investigations of the phenomenology of meditation raises the question of how accurately the description of a meditation experience reflects the reality of that experience. Despite the use of factor analysis (Osis et al., 1973; Kohr, 1977) and typological constructions (Maliszewski, Twemlow, Brown & Engler, 1981), questionnaires necessarily assume that their language conveys similar meaning to all respondents. In the light of differences in ways

meditators express themselves, and the often cited ineffability of the meditation experience, research outcomes might be improved by eliciting a full and precise description of the experience. Questionnaires usually cannot properly fulfill this function since to some degree they necessarily presuppose the contents of the experience.

Central to the method of phenomenological psychology is the acknowledgment by the researcher of assumptions held about the phenomenon investigated. These presuppositions may be held through personal experience of the phenomenon or through other sources, such as research. The researcher must then put aside or “bracket” these presuppositions (Denne & Thompson, 1991; Jennings, 1986; Polkinghome, 1989). This procedure reduces the potential contamination, by the researcher’s assumptions, of the understanding of the subject’s experience.

Phenomenological psychology explores experience by looking closely at the descriptions of the phenomenon. These descriptions are usually obtained through the transcription of personal interviews. Psychologists have investigated topics such as the experiences of learning (Giorgi, 1985), anger (Stevick, 1971), being criminally victimized (Fischer, 1984), and the experience of transition to meaning and purpose in life (Denne & Thompson, 1991).

*looking
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the
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phenomenon*

While these topics are quite different, they share the assumption of *meaning embedded in the experience*. The analysis of a description entails both continuous bracketing of presuppositions and reflection on the meaning of the description by the researcher. In this manner, the essential aspects of the experience emerge. The essence of an individual’s experience has been called the “manifest constituent” of that experience since it reflects the idiosyncratic nature of the experience for an individual (Denne & Thompson, 1991).

Phenomenological psychology, however, assumes that these manifest constituents are individual reflections of an underlying, invariant order of experience. This has been called the “general constitutional structure” for the experience under investigation (e.g. von Eckartsberg, 1986). Thus, accounts are taken from a group of people for the purpose of understanding in psychological terms the “general structure” of a particular experience (Giorgi, 1985; von Eckartsberg, 1986; Polkinghome, 1989). This is carried out by looking for the “invariant constituents” that underlie an experience that is commonly shared, but differently described.

The present study attempts to discover, through the detailed explications of meditators’ descriptions, the phenomenology of deep meditation experiences. It is not an endeavor to discover the mean-

ing of the experience in the sense of any significance for the meditators, but only a shared linguistic understanding of the description. The central problem, then, is to describe the essence of deep states of meditation.

This phenomenological approach to “deep states” does not have any objective reference. The meditators themselves must decide what is a “deep” experience for them. These descriptions will be qualitatively analyzed for constituents that form a “general constitutional structure” of deep states of meditation. Further, the study aims to ascertain whether such a structure can be found irrespective of meditation practices and traditions.

METHOD

Bracketing of Presuppositions

*the
recognition
of
assumptions
or
presuppositions*

Central to the method of phenomenological psychology is the recognition of assumptions or presuppositions the investigator holds concerning the research topic (Denne & Thompson, 1991). These suppositions are then put aside, “bracketed,” in order to better understand the experience of the co-researcher. We noted our ideas about the experiences of meditative states based on our own practice of meditation and our readings of the literature on meditation, including the research reports on the topic. In addition, the first author, who conducted all the interviews for the project, noted notions that came to him from the interviews.

Each of these presuppositions was explored in detail. Then each of us attempted to bracket them so that these assumptions did not intrude during the interview or data analysis.

Recruitment of Co-researchers

We use the term “co-researcher” rather than “subject” in this study to indicate the interactional nature of the interview. Following phenomenological psychology, the first author aimed in the interview to work with the meditators in exploring and understanding the meditation experience.

Co-researchers were recruited through both meditation organizations in Sydney, Australia, and through personal contacts. Since an aim of the study was to look for commonalities of experience underlying different traditions and techniques, we looked for meditators from different traditional backgrounds. The final ten medita-

tors chosen for the study came from the following meditation traditions: Siddha Yoga, Transcendental Meditation (TM), Buddhism, and two co-researchers who reported reading widely in various Eastern philosophies but were currently practicing a visualization technique that focused on the chakra system of Kundalini Yoga. The two individuals from Siddha Yoga used the same mantra while the two TM meditators had their own personal mantra. All four of the meditators within the Buddhist tradition focused on their breath during meditation, although one of these co-researchers, who was a Zen Buddhist, also used Koans in his meditation. The meditators ranged in length of practice from three to twenty-five years. They were all around middle-age and from a variety of professional backgrounds. There were four females and six males. Each individual reported that they had experienced deep meditation states during their practice of meditation.

Data Collection

The interviews were recorded and lasted approximately forty-five to sixty minutes. The co-researchers were asked to describe their meditation experience, particularly the deep states that they had experienced. In keeping with the phenomenological perspective of this project, the concept of deep meditative states was never defined by the first author. He emphasized that deep states were subjective, and the co-researchers must delineate them from their own experience.

*the
concept of
deep
meditative
states
was
never
defined*

The interview was unstructured. The co-researchers were encouraged to describe their experiences as freely as possible, with the interviewer simply listening. This allowed some reflection by the co-researcher, facilitating expression of the experiences. Additionally, it mitigated against the frequent objection in meditation research to the setting up of demand characteristics (Pekala, 1987). Sometimes the interviewer had to redirect the meditator to their own experience, when, for example, the description digressed to traditional philosophy or the benefits of meditation. Otherwise, the only directive in the interview was the exploration of descriptive terms whose meaning eluded the interviewer. This was sometimes very useful since it encouraged meditators to look for other means of expression, such as analogies, which could help clarify the experiences.

Data Analysis

The data was first analyzed globally to break it down into larger manageable sections. The sections relevant to the research ques-

tion were then micro-explicated to get at the core of the descriptions of deep states of meditation. Throughout the analysis, the texts were annotated to delineate descriptions of deep states of meditation, comparisons between meditation experiences, interpretations or reflections on an experience rather than a pure description, and use of analogies in the description.

Content Units. All transcribed interviews were read thoroughly to get a full sense of the co-researcher's experiences. The text was then broken up into content units [described as "meaning units" by Giorgi (1985), and subsequently termed "topic units" (Denne & Thompson, 1991)]. A content unit has no "meaning" connotation, and the co-researchers' descriptions could be considered more usefully as sub-topics of meditation, or simply as "content."

Content units thus embrace larger aspects of the description. Examples of denoted content units are the techniques of meditation, experiences of a particular kind, and at a specified time.

"micro-explication"
Explication of Descriptions. To get to the core of the meditation experiences, and to understand the nuances that differentiated the experiences for the co-researchers, we used "micro-explication," which is explained in detail by Denne and Thompson (1991).

When the content units relevant to the research question were denoted, further coding of each thought or descriptive phrase was carried out. These central thoughts or descriptions are termed elements (Giorgi, 1985; Denne & Thompson, 1991). Summary statements were then written next to the relevant text. These statements were typically close or even identical to the original language of the co-researchers. However, when it was possible, the statements were paraphrased and abstracted from the description in order to get a more generalized understanding of the experience of the co-researcher.

The summary statements were used to extract the individual constituents, the core of the individual meditator's experiences of deep meditation states. The process of the co-researcher reflecting on the experience in the interview, and the investigators' reflections on the transcribed descriptions, enabled a confident distillation of these constituents from the texts.

The individual constituents of each meditator's description were then compared and matched as closely as possible. There were then a number of groupings of these constituents. An invariant constituent was found wherever the individual constituents were common to all the co-researchers. An invariant constituent was appropriately labeled. This invariant constituent formed part of the "general constitutional structure" of deep meditation states.

RESULTS

The meditators described a variety of experiences that ranged in frequency from exceptional and rare occurrences to daily events. All of the co-researchers described different levels of experience within their meditation practice. They clearly distinguished meditation experiences from those of ordinary states of consciousness. Furthermore, the meditators distinguished deep states of meditation from more superficial states. All of the co-researchers attempted to describe their experiences in as much detail as possible. The very unusual nature of these experiences, however, limited the expression and understanding of these descriptions to varying degrees.

Despite this limitation, analysis by detailed explication of the texts elicited descriptions of deep states of meditation for all the co-researchers. The analysis revealed three major constituents. Only one of these was experienced by all ten meditators, and thus can be considered *invariant*.

*three
major
constituents*

The other two constituents must be considered as *emergent*, since not all of the meditators' descriptions revealed them. By emergent we mean that they are potentially, if not actually, invariant. There are several possible reasons for this. First, not all of the meditators may have been able to describe fully their experiences because of their unusual nature. The individual constituents therefore remained, as it were, dormant. Second, the unstructured format of the interview may have contributed to an only partially described experience. Further interviews or interviews with more structure may have elicited these constituents. Finally, the emergent constituents may not be invariant at all. The following are the three constituents of deep meditation experience revealed in this study:

1. Transcendence beyond the normal physical and mental boundaries of the self (invariant)
2. A different sense of reality (emergent)
3. Positive emotion (emergent)

Each of these will be defined, and a variety of individual descriptions will be given to show the idiosyncratic nature of the experiences which overlay the invariant and emergent constituents. All names used are pseudonyms.

Transcendence Beyond the Normal Physical and Mental Boundaries of the Self

We use the term *transcendence* to mean the perception of having moved or gone across. The term *normal* is used here to denote the

sense of the meditators' boundaries in an everyday, non-meditational context. We mean by *self* only the descriptive terms used by the meditators. This included self, personality, individuality, I, ego, body consciousness, awareness of body, and identity. These terms are used in an ordinary language sense. They do not refer to technical, psychological constructs. Meditators use the terms, however, in different ways.

William and Peter, both Buddhists, described their experiences of transcendence in terms of the dissolution of the self. Peter, a Zen Buddhist, experienced no-self

. . . [in which] there is no "I," either . . . no sense of ego . . . this is just dissolving . . . there is just the universe.

William compared his normal perceptions with that of transcendence:

I am usually aware of the boundary of my body against the skin and you lose that sense in Dhyana . . . you become a kind of . . . field of energy, the boundaries of which are not clearly delineated.

*absence
of
self*

William and Peter also described the sense of the absence of self in psychological terms. This experience related to the impermanent and unreal nature of the self and "reality." Thus, life and death were viewed equally in this state of transcendence. William found that the state

transcends a kind of ego identity or ego definition of myself. . . it's a time when one could be quite happy to die, for instance, because there's nothing really there to die.

Nigel, Philip, and William all experienced self-transcendence through a merging with the breath, the object of meditation. For Philip there was a coalescence

or another way of putting it . . . duality between subject and object is overcome . . . and so there is not the awareness that I am the subject thinking about the breathing which is the object.

Transcendence might be expected to imply a total lack of self-awareness. The experiences suggest, however, some differences in degree of awareness between meditators. Timothy, practicing TM, experienced transcending as

the sort of forgetting about my individuality . . . forgetting who I was . . . in what direction I was going . . . what country I was in.

Timothy goes on to say, however, that although he forgot the details of his identity and whereabouts,

I knew *that* I was . . . [I was] so absorbed that I easily forgot everything else . . . even though I was conscious I was conscious inside.

Awareness appeared to be functioning at some other level for Christina, a Siddha Yoga meditator, for although she often lost any sense of her body,

like you mentally, you go to check yourself and you're not there.

Again, while Timothy forgot his identity and location, he was aware of a sense of expansion from the center of his being in a very physical way. This expansion felt

*a
sense
of
expansion*

literally as though my arms were extended and they extended to the reaches of the universe . . . whatever that was . . . a kind of immeasurable distance . . . my head would feel incredibly expanded and huge . . . as if it were capable of being the size that a galaxy could fit into . . . and so that sense of being enormous and yet not out of my body . . . but expanding out from there in all directions, infinitely.

Frederick and Marion appeared to have transcended more completely. There appeared to be no awareness functioning at a personal, directive level during the experience. Marion says,

there was no sense of myself at all. . . there was no sense of my physical body . . . no thought. . . there is nothing *there*.

Frederick remarked concerning this level of awareness that

I didn't even know that I was a human being. [It appeared to be a very deep level of transcendence, in which there was] complete merging where one loses body consciousness . . . there is no personality left . . . the last time it happened [I asked afterwards] "where have I been . . . where have / been?"

Naomi also expressed her experience of self-transcendence as a complete mergence:

so . . . me . . . as a sort of entity . . . doesn't exist . . . because I'm *it*.

Marion and Frederick both described their experiences as ones which they could only reflect upon after the experience. Frederick:

it's only, as I say in retrospect, that you begin to . . . chew over mentally that experience . . . and think "that's what it was."

To summarize, all ten meditators have clearly experienced transcendence as part of a deep state of their meditation. Individual accounts varied according to the emphasis placed on perceived breakdown of physical boundaries, total absence of their body, or complete mental and physical mergence with the experience.

An interesting aspect of the differences was the degree of awareness experienced by the meditator during transcendence. There appeared to be different levels of awareness operating, so that, for some, the experience could only be retrospectively recounted. For others, it appeared to be possible to reflect or check themselves during the experience.

A Different Sense of Reality

beyond
the
experience
of
having
transcended
the
self

The second constituent was very difficult to label. This was partly because of the unusual nature of the experience. There was also in some descriptions an overlap with the invariant constituent "Transcendence Beyond the Normal Physical and Mental Boundaries of the Self." Instances of this overlap follow. The major justification for the separation of these two constituents was the attempt of meditators to describe the deep state experience *beyond* the experience of having transcended the self. We mean by a *different sense* that some meditators' experiences were described as being apprehended in ways other than the normal modes of perception. Some meditators apprehended their experiences through even normal perceptual channels, but the experiences were extraordinary. We mean by *reality* descriptions of extraordinary experiences which are quite different from transcendence beyond the self. These included a sense of the external, of power, and of space.

This constituent applied to the descriptions of eight meditators, a few of whom described more than one aspect of the experience. Five of these described a sense of space (practicing Siddha, TM, Visual, and two Buddhists). Two meditators described timelessness (TM, Visual). Four meditators described a sense of something larger than themselves. Two of these described this dimension as powerful (Siddha, Visual). The two meditators not cited here are both Buddhists.

Frederick, Timothy, Marion, Nigel and Rebecca all described this altered sense of reality in terms of a space metaphor. Frederick experienced a

field of awareness that is cosmic . . . there was no sense of limitation, there was just awareness . . . endless, boundless, oceanic.

Frederick described this field of awareness as inextricably linked with the transcendence experience. As earlier cited, he merged completely into this field. Similarly, Nigel described his current experiences of deep states as

if you've fallen into a hole that's so deep that you still haven't hit the bottom . . . like nothing's happened as it were . . . I mean the hole's so big.

Nigel further qualified this description by saying that it is a steady state not characterized by movement. Interestingly, the experience is further likening to being

at the bottom of a pond . . . a very still, clear pond.

Nigel uses this analogy later to indicate that the experiences of deep states of meditation are centrally characterized by clarity of perception of surrounding stimuli, although not of himself. In contrast, Marion has experienced space as a dynamic dimension over the years:

There is a sense now . . . a sense of space . . . so although there is nothing, now I am experiencing that nothingness as enormous . . . like . . . out of space . . . the longer I can stay in it. . . not consciously, not willingly . . . the more I see how *vast* it is.

Marion variously described this space as blackness, nothingness, an absence or a lacuna and

the thing is there's no form . . . it's blackness . . . and what I find is that it's getting bigger.

Philip and Peter both refer to their experiences of deep states as of "emptiness," without further description. However, Peter does link emptiness to the state of no-self, described under the first constituent.

Christina described a sense of power in the experience of deep states:

it's like a place . . . it's *very*, very powerful. . . it has an energy about it . . . that I don't have in my life . . . and suddenly you find this . . . it's like . . . "Holy schmolty! What have I stumbled on now? What is this energy?"

The quality of the experience is often described as something beyond the normal understanding or knowledge of the meditator. Christina frequently alluded to the experience as a physical place which

is not anything I consciously know about. . . [it's] just not having any reference . . . it's sort of like a monster-movie . . . where the person goes to the "beyond-the-beyond" . . . it's just a very *unknown* territory.

In summary, the meditators interviewed and using Siddha Yoga, TM, chakra visualization, and Buddhist breathing meditation all described their experiences of a different sense of reality through a "space" metaphor, a sense of something beyond even the experience of transcendence. These descriptions, however, are certainly not definitive of the distinction between Transcendence of the Self

blackness,
nothingness,
an
absence
or
lacuna

and a Different Sense of Reality. The latter experience was also characterized by timelessness, external power, revelation, authenticity/naturalness or rightness. There was no invariance for any of these experiential characteristics of a Different Sense of Reality although they were broadly represented by the different groups.

Positive Emotion

The third constituent, which was not invariant but could be considered emergent, was positive emotion. A total of seven meditators experienced a change of mood within the deep meditation. There were two main kinds of positive emotion described. These were a deep sense of calm sometimes associated with stillness and a more energetic joy. Some meditators experienced a combination of, or a shift between, these emotions.

Nigel, Frederick, and Timothy each described the state as one of deep calm and/or contentment. Frederick found the state

is utterly serene . . . like an absolutely calm ocean.

Nigel also suggests the feeling of placidity within the experience:

it doesn't have so much movement to it. . . it's just very calm . . . and contented.

*calmness
and
energetic
joy*

It was interesting to note that Frederick, Timothy, Nigel, and Peter all used water as an analogy to illustrate this experience. Peter found

a much deeper state [is experienced with]. . . a calming of the mind . . . very calm . . . the sense that you're coming down from the surface of the ocean.

In contrast to this very relaxed state of experience, both William, Philip, and Naomi found greater intensity of affect expressed as joy

For William and Peter there was a joyousness which was expressed through an emotional release and emotional expansiveness. Peter states

I am expansive and laughing in a really very deep way . . . it's sort of just bubbling . . . there is the sense that it is coming out of the universe.

For William, too, there was a sense of joyousness and laughter. He described this in reference to a Buddhist text, the author of which tells us that

the laughter of the unchained mind echoes forever.

This reference summed up for William the deep state of meditation. William also described this meditation experience as

a state of intense pleasure which doesn't come from the usual, recognizable sources of pleasure we can have like music.

This intense pleasure was described as an internally generated and a qualitatively different mind state. Thus there were two kinds of affect for William in the deeper state of meditation. One was an expansive kind of joy, associated with the unshackling of the concerns of the ego. The other was a sensation which was different from any other commonly encountered.

Naomi described her very positive emotion in the context of sudden insight as

... a tremendous amount of joy.

The three meditators who did not experience positive emotion during the deep state were Christina (Siddha), Rebecca (TM), and Marion (visual). Christina experienced some fear during the deep state. This was related to an apprehension of the unknown nature of the experience:

*some
fear
experienced*

it feels quite frightening in as much as it isn't anything that I know about.

Christina also felt some excitement about the experience, so there was an ambivalence associated with the fear. Rebecca and Marion did not describe affect during the deep states of meditation.

Therefore, while affect was not an invariant constituent, it is clearly an important component for many meditators. The two major kinds of affect were found to be calm and joy. These may be experienced by the same meditator at different times or they may be felt within one experience. Fear was experienced by one meditator, but this was also mixed with excitement.

DISCUSSION

The study elicited three major constituents of the experience of deep states of meditation. The first was invariant for all ten meditators.

*Transcendence Beyond the Normal Physical and Mental
Boundaries of the Self*

Transcendence is described in both classical meditation texts and in the literature of mysticism. *The Yoga Sutras of Patanjali* (Castillo, 1985; Brown & Engler, 1986) and the Buddhist Abhidhamma (Goleman, 1988; Bucknell & Stuart-Fox, 1986) both describe the loss of self in meditation. Initially, there is a recognizable merging with the meditation object and then a sense of complete union with it, entailing absence of self-awareness. Meister Eckart, for example, found "it [the soul] is sunk and lost in this desert where its identity is destroyed" (Stace, 1960, p. 112), and Plotinus entered "a state in which you are your finite self no longer" (Stace, 1960, p. 112).

a
perceived
loss
or
transformation
of
the
self

The central feature of these descriptions is a perceived loss or transformation of the self, in agreement with the meditators' descriptions in the present study. The findings also agree partly with the investigation by Osis et al. (1973). These authors found Self-transcendence and openness as a factor underlying different meditation techniques. There was, however, an emphasis on merging with others or the group, without specific reference to the sense of loss of self. "Openness" was expressed by only two Buddhists in the present study. This had to do with a sort of emotional release from the concerns of the self. Their descriptions were similar to Osis' finding that the ego defenses were lowered in experiences of transcendence.

The description of merging was reported by only one person in Deikman's study (1969). In the studies of Maupin (1969) and Lesh (1970), none of the meditators reported merging, although an unspecified minority of subjects did report loss of bodily feelings in Maupin's study. Thus, transcendence was not a central finding in these earlier investigations. Notably, however, all of those subjects were new to meditation.

Transcendence may, therefore, depend either on the length of practice or on the depth of experience. Brown et al. (1982-83) and Forte et al. (1987-88) reported changes over two weeks and three months of the experiences of Vipassana meditators. These included a sense of the loss of both the body and the self. This is interesting since it suggests that transcendence occurs irrespective of the kind of practice. The present study concerns the experiences of meditators using concentration techniques not mindfulness (Vipassana) meditation.

Furthermore, this study, unlike the Brown and Forte studies, did not longitudinally follow the experiences of meditators. Therefore, it is not possible to conclude that the descriptions of transcendence

reflect an experience over time. However, all the co-researchers are meditators who have practiced for a number of years. Is it possible that the described transcendence is a cumulative result of long-term practice? One meditator described his experience in such a way. In addition, the descriptions indicated different levels of awareness within the experience. There were, for example, two meditators (Siddha Yoga and visualization) who could only retrospectively recollect the details of their experience, so complete was their sense of loss of self.

Stace (1960) notes this “paradoxicality” of awareness as a feature of what he calls “introverted” mystical states. Paradoxicality may not be essential to the mystic experience (Hood, 1975) or deep meditation states. It is, nevertheless, notable, since it suggests a level of consciousness operating within the experience which is not accessible to the personal ego.

The *Yoga Sutras* describe how loss of self is attained by the process of “purification from memory” of all traces of mental construction associated with the meditation object. In this instance “personal consciousness is as if devoid of its own form” (Castillo, 1985, p. 412) and merges into a transpersonal dimension.

In contrast, the description of another Siddha meditator suggested the presence of sufficient awareness to “check herself” only to find that she is “not there.” Thus, her description suggested an incomplete modification of consciousness. Part of her mind was able to consciously reflect on the experience of transcending.

*an
incomplete
modification
of
consciousness*

The descriptions of two other meditators further complicate the relationship between transcendence and awareness. One of them, using visualization, described an experience of alternating between complete merging with something larger than herself and normal consciousness. The alternation occurred over the duration of the experience indicating the proximity of radically different levels of consciousness. Nevertheless, within the “altered state” there was no reflection on the experience, since personal awareness was subsumed under this larger dimension. The second meditator, who practiced TM, uniquely described this proximity of normal consciousness and transcendence as a permanent state. Thus, he is aware of a permanent split between normal consciousness and the subjective feelings of expanding infinitely from the inside. He describes the experience of an altered sense of self-reference occurring at the same time. Furthermore, he feels a simultaneous “involvement and noninvolvement” in his actions. This manifestation of transcendence has been reported by other experienced TM meditators (Castillo, 1990). In his description, the TM meditator related this duality of consciousness as a recent development in his meditation experience of twenty-two years. Furthermore, he de-

scribed little demarcation between the transcendent state and that of normal consciousness. This meditator also asserted that, while his experience of transcendence was now partially integrated into normal consciousness, it was no shallower than before. He does not now need to meditate to experience the same depth of transcendence that he had attained in the past through formal meditation.

The TM meditator's description contradicts the suggestion that consciousness consists of state-specific "worlds" in which the experiences of waking consciousness, for example, are impermeable to the radically altered experiences of other states of consciousness (Tart, 1986). Furthermore, the description suggests that there are cumulatively progressive stages of meditation over a long period. At one stage, for example, this TM meditator needed only to intend to meditate in order to experience transcendence. The possibility of transcendence experienced cumulatively is endorsed in the classical literature which supports a stage or path model of meditation (Brown, 1977; Buckneli, 1986; Castillo, 1985; Goleman, 1988). The only empirical support for this was a study which aimed to validate these classically described stages of meditation (Brown & Engler, 1980).

Brown and Engler found differences in the perceptual responses to Rorschachs of groups of beginners and advanced mindfulness and concentration meditators. However, the method involved interpretation of responses rather than an examination of experiences. The criteria used to establish the differences in meditation proficiency in the Brown and Engler study were partly based on the Profile of Meditation Experience. A methodological problem is that the questionnaire was itself partly derived from the classical texts (Maliszewski et al., 1981), the validation of which was the purpose of the study. Despite these problems, the differences between responses of advanced and beginner meditators suggests that meditation experiences may not only be cumulative but extend beyond the practice itself, an experience already noted in this study. If this is the case, there may be a continuum between the short-term experiences and the long-term effects of meditation. Indeed, the purpose of meditation in Eastern spiritual traditions is the permanent transformation of consciousness. Interestingly, one of the Siddha meditators referred to his transient experience of *Samadhi* as a glimpse of what is described in the Yoga texts as a permanent state, *sahaja Samadhi*.

The Experience of a Different Sense of Reality

This was the most difficult constituent to establish as central to deep states of meditation. One of the reasons for this expressed by meditators was the difficulty of verbalizing their experiences. A

second difficulty was the inextricable connection, in some cases, with the experience of transcendence. Thus, the descriptions of complete merging with some larger dimension logically defied the separation of these descriptions into *transcendence* and a *different sense of reality*. Nevertheless, the meditators who experienced this complete merging attempted to describe the qualities of that dimension. These descriptions included the sense of space, spiritual insight, and power.

The use of a sense of space as a metaphor for this constituent was surprisingly common in the descriptions. However, the meditators varied considerably in details of their descriptions. The strong sensation of the expansion of space experienced by one meditator is referred to in Tantric Buddhism (Govinda, 1976). The sense of oceanic vastness and the “field” of awareness described by another is referred to in the *Vedanta* and subsequently by the Maharishi Mahesh Yogi as “transcendental” or “cosmic” consciousness (Dillbeck, 1983; Gelderloos, 1989; Goleman, 1988). In an examination of the experiences of mystics and of some Buddhist literature, Stace (1960, p. 89) suggested the term “pure unitary consciousness.” It is “unitary” because there is no differentiation between self and other, and “pure” because it is characterized by an absence of sensory content. These qualities were described by both a Siddha meditator and one practicing visualization.

*“pure
unitary
consciousness”*

The different sense of reality was also characterized in some meditators by the sense that this larger dimension was a source of both power and knowledge. This knowledge was unobtainable through the usual modes of understanding, and had a quality of unshakable, objective certainty about it. Thus, one meditator (Siddha) described the experience as one of spiritual truth, while another (visualization) mentioned the certainty of knowledge of humanity’s spiritual path. These descriptions are similar to the quality of mystic experience described by James:

. . . states of insight into depths of truths unplumbed by the discursive intellect. They are illuminations, revelations full of significance and importance (James, 1981, p. 367).

The two meditators (Siddha and visualization) who described this certain knowledge experienced it as an inextricable quality of the larger dimension into which they had merged. These meditators also related the importance of a teacher or guru in practicing meditation.

Two other meditators (Siddha and visualization) described a sense of power in this other dimension. This power was attributed in one of the descriptions to a “life-force,” in the other to “part of consciousness, or God.” Such an interpretation reflects the sense of the

relative passivity of the meditator when perceiving a larger, active energetic force. Similar descriptions are also found in the mystic literature (James, 1981).

The sense of external power and certainty of spiritual truth were noticeably absent from the descriptions of the TM meditators and the Buddhists. This may be tentatively explained partly by the secular orientation of TM teaching, and the disbelief of Buddhism in external powers. One of the Buddhists did describe energy in his experience, but he described it as a part of his sense of self and not a quality of some other dimension.

Empirical support for this emergent constituent is scarce. It was not reported in earlier empirical work (e.g. Deikman, 1969; Maupin, 1965)—studies which involved subjects naive to meditation traditions. Again, this suggests that this constituent is experienced by meditators who have practiced for some time. The Osis study (1973) did find “affirmation of the external” as a core item of the factor Intensification and Change of Consciousness, although without reference to power or spiritual knowledge.

*an
unusual
quality
of
power
and
insight*

In summary, some meditators experience an unusual quality of power and of insight within the meditation. These additional dimensions seem to go beyond the experience of transcendence of self. Perhaps this reflects a deeper level of transcendence rather than a distinct and separate experience within deep states of meditation.

The Experience of Positive Emotion

Seven of the ten meditators experienced positive emotion. This was described predominantly as feelings of calmness, joy, and bliss. Calmness was described by meditators from each of the traditions. This reinforces the physiological findings that meditation has a relaxation effect. It is evident from the present study, however, that this relaxation does not simply correspond to changes in autonomic arousal levels. Calmness appeared to be inextricably linked to the shifts in cognitive and perceptual experiences.

Calmness was often described as a stillness and a contentment. This is likely to be connected with the reduction of discursive thinking experienced by many of the meditators. It may be argued that this simply reflects a deeper level of relaxation, but the descriptions suggested something more. Calmness was associated with something bigger than the personal ego. The “calm ocean” and “vast stillness” were descriptions that went beyond physiological relaxation in an attempt to portray something of the quality of

this different sense of reality. Indeed, calmness was a strong element in the transient experience of *Samadhi* in one Siddha meditator. He said that the feeling was so good it was enough to motivate him to meditate for the rest of his life.

Another positive emotion experienced by some meditators was of joyousness. This was sometimes closely connected to insight. Thus, the realization that reality extended beyond the “limited subjectivity” of the ego gave rise to an effusive feeling of joy, for both Buddhists and one of the Siddha meditators. This also had to do with the sense that the experience was a natural state, more “normal” than everyday experience. This was expressed by meditators from all five groups.

Bliss was an emotion described by two meditators, one practicing TM, and one visualization. It seemed to be a more diffuse feeling than joy but more energetic than calmness. The TM meditator described it as “ticklish” and this related to the interaction of the sense of a different reality with everyday functioning consciousness. All these emotions are described in the meditation literature, both Buddhist and Yogic (e.g. Brown, 1977; Bucknell, 1986; Gelderloos, 1989; Goleman, 1988). They are also described in mystical literature (Stace, 1960).

*emotion
described
in
the
meditation
literature*

Maupin (1969) found that some subjects expressed contentment. Osis (1973) found positive emotion as a core item of the factor Intensification and Change of Consciousness but not as a factor itself. The qualities of this emotion, however, were not elaborated.

Expectations, Beliefs, and Experience

In the interviews we did not directly address beliefs held by the meditators. A few meditators referred to texts in order to interpret their experiences, but most of the descriptions were surprisingly devoid of traditional references.

Some researchers assume that expectations and beliefs in a tradition affect the experience (e.g. Brown & Engler, 1980; Delamonte, 1981; Osis et al., 1973). In the present study, however, we found that common experiences may arise irrespective of expectations or beliefs. These may influence the idiosyncratic nature of individual experience, but this was not fully explored in the study.

Several meditators commented on the apparently spontaneous occurrence of deep meditation states. One person was surprised by this since her knowledge and practice of different meditation techniques led her to believe that her experience was inappropriate to the technique she was practicing at the time. Additionally, she

noted that she experiences the same deep states of meditation irrespective of the practice.

Several meditators also commented on the transience of the experience. They learned through practice that they had to adopt a passive or at least receptive attitude within the meditation to attain even this temporary state. Furthermore, they have learned that conscious expectations of particular experiences inevitably result in failure.

Future Research

the
descriptions
appear
to
reflect
different
levels
of
experience

The phenomenological approach revealed three constituents of deep states of meditation. It also revealed a complex range of experiences of meditation. The descriptions appeared to reflect different levels of experience. A future project might systematically analyze, from a phenomenological perspective, the experiences of different groups of meditators.

These could include beginners and long-term practitioners of one technique, similar to the study of Brown and Engler (1980). However, a phenomenological approach could be used longitudinally. This would reveal detailed descriptions of changes over extended time periods. Comparison of the accounts of beginners and advanced meditators may reveal whether or not there are cumulative changes in experience. Such phenomenological changes may be compared to those described in the classical texts. Studies of such texts to date have focused primarily on the elucidation of psychological constructs rather than individual experiences. The comparison of the content of classical texts with the experiences of deep states of meditation, as reported here, may lend support to the assumption that meditation experiences may be universal.

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Requests for reprints to: Norman L. Thompson, Ph.D., School of Behavioural Sciences, Macquarie University, Sydney, N.S.W., Australia 2109.

HOW TRANSPERSONAL PSYCHOTHERAPISTS DIFFER FROM OTHER PRACTITIONERS: AN EMPIRICAL STUDY

Michael S. Hutton
Palo Alto, California

INTRODUCTION

In the two and one-half decades since the field of transpersonal psychology was first announced (Sutich, 1968), increasing numbers of psychotherapists have applied a variety of therapeutic approaches that are collectively coming to be understood as transpersonal psychotherapy.

Sutich (1980) proposed that transpersonal psychotherapy be defined as therapy which is directly or indirectly concerned with recognition, acceptance, realization and obstacles/barriers to ultimate states. Walsh and Vaughan (1980) stated that transpersonal psychotherapy .. as defined by therapists whose clinical practice includes transpersonal work, is the aspect of therapy that goes beyond ego goals, and bridges psychological and spiritual practice" (p. 161). Hendricks and Weinhold (1982) suggest that: "the transpersonal view also acknowledges the human spiritual quest. Transpersonal therapists accept the human need for growth along spiritual dimensions such as unity, ultimate truth, and direct perception of the divine" (p. 10). Boorstein (1980) noted that transpersonal psychotherapy differs from traditional approaches not so much in method or technique as in orientation and scope. The essence of the therapy is in the attitudes of the therapist. Similarly, Hutton (1988) concluded, "focusing explicitly on the transpersonal elements . . . the essence of a therapeutic orientation [is] not so much its methods or techniques but rather the nature of its energy and the quality of love that is manifested" (p. 7).

*characteristics
of
transpersonal
psychotherapy*

Scotton (1985) has defined transpersonal psychotherapy as seeking to establish a “conscious and growth-producing link between the patient and the transpersonal experience” (p. 57). This includes an “emphasis on the wholeness, the completion or the fruition which is to be found in the collective, transcendent or the spiritual” (p. 57). It shares with other therapies the belief that psychological symptoms and patterns are amenable to treatment, and with spiritual disciplines the belief that “forces greater than the individual create a natural tendency toward healing and development in every individual, and one can open to these forces and enhance this tendency” (p. 57).

Sylvia Boorstein (1986), noted that the context for transpersonal psychotherapy is subtle and difficult to describe: “.. the way in which we [therapists] choose to make responses conveys our attitudes, values, and belief systems to our clients” (p. 123). The conscious introduction on the part of the therapist of a transpersonal framework into the therapeutic interchange can be a significant moment in therapy.

Confusion Surrounding Transpersonal Psychology

The lack of a generally agreed upon definition of transpersonal psychotherapy and the wider concept of transpersonal psychology, has provided an opportunity for critics of the field to question it. Ellis (1986) equated transpersonal psychology with fanaticism. In a rejoinder, Frances Vaughan (1987), after identifying a fanatical tone in Ellis’ article, disputed his claim that transpersonal psychology supports nonrational beliefs. She noted that transpersonal psychology “is an attempt on the part of psychologists to question unexamined beliefs and assumptions and to investigate and thus gain a better understanding of those elements in the psyche that Ellis perceives to be so threatening” (p. 573). Roger Walsh (1989) noted that in fact many followers of the transpersonal school were interested in saving the planet:

I agree that psychologists have a crucial role to play in ensuring human survival but not if we continue to attack one another out of ignorance and bias and to claim that “my school” is the one true way. Rather, let us do at the psychological level what we are attempting at the international; namely, to set aside traditional boundaries, biases, conflicts, and special interests and welcome for objective appraisal the potential contributions of all schools. Anything less may be tragic for our psychological community and fatal for our planet (p. 339).

How do such therapists make clinical decisions about “transpersonal” interpretations? Sylvia Boorstein (1986) uses transpersonal interpretations to reduce the stress and alleviate the suffering of the client. By introducing a larger perspective, such a framework

allows the client to feel less victimized and trapped, and offers a view of life as an ongoing psychological journey.

Scotton (1985) listed requirements essential to those practicing transpersonal psychotherapy. They include:

1. Openness to the transpersonal dimension, including the belief that contact with transpersonal realms may be transformative and of the greatest healing potential.
2. 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.
3. Some knowledge of a variety of spiritual paths.
4. Active pursuit of his/her own spiritual development.
5. Degree of openness about him/herself, his/her own spiritual orientation, and experience.
6. A firm grounding in psychotherapy.

Wittine (1989) brought together five postulates for a transpersonal psychotherapy, which he defined as “an approach to healing/growth based upon the tenets of the perennial philosophy” (Huxley, 1944). These are:

1. Transpersonal psychotherapy is an approach to healing/growth which recognizes the centrality of the Self in the therapeutic process.
2. Transpersonal psychotherapy values wholeness of being and self-realization on all levels of the spectrum of identity—egoic, existential, and transpersonal.
3. Transpersonal psychotherapy is a process of awakening from a lesser to a greater identity.
4. Transpersonal psychotherapy makes use of the healing, restorative nature of subjective awareness and intuition in the process of awakening.
5. In transpersonal psychotherapy the therapeutic relationship is a vehicle for the process of awakening in both client and therapist.

In both Scotton’s list (requirement #6) and Wittine’s list (tenet #2) are references to ego level concerns, which counter May’s (1986)

concern that transpersonal psychology is a psychology “made by throwing out or leaping across (as “trans” literally means) the person” (p. 6). May quotes Gregory Bateson’s concern that “I think you are building a psychology without people in it” (p. 6). Vich (1986) also responded to May’s (1986) concerns noting that the current transpersonal work began as an *extension* of modern psychology to include the farther reaches of the human spirit, and thus was an addition to psychological understanding. However, the term “transpersonal” could also be construed to mean moving *through* the personal, thereby addressing the most difficult aspects of human suffering, as well as the farther reaches of spirit.

Vaughan (1982) describes the transpersonal perspective as:

a metaperspective that attempts to acknowledge and learn from all points of view. It is a perspective that does not seek to impose a new belief system or a new metaphysics, but rather to see the relationships between existing world views in order to envision transformational possibilities. . . . “The integration of ancient wisdom and modern science” describes transpersonal aptly (p. 37).

*studies
of
connections
between
spirituality
and
psychotherapy*

The connections between spirituality and psychotherapy for professional therapists was studied by Shafranske and Gorsuch (1984). They found that spirituality encompassed a unique, personally meaningful experience for most psychologists which, although positively related to specific forms of religiosity, did not rely on any given form or appearance of religion. Their study followed up on the reports from the American Psychological Association (Malony, 1972) that only 1.1% of the APA members had an interest in religion. Shafranske and Gorsuch found that psychologists as a group were less religious when compared to the general population (Gallup, 1985), which confirmed Ragan, Malony and Beit-Hallahmi (1976). If, however, the concept of *religious* was broadened to *spiritual*, psychologists generally perceived spirituality to be relevant to psychotherapy. This was determined by asking the respondents if they perceived spirituality as relevant to their personal life and clinical practice. Shafranske and Gorsuch (1984) defined spirituality as “the courage to look within and to trust. What is seen and what is trusted appears to be a deep sense of belonging, of wholeness, of connectedness and of openness to the infinite” (p. 233). They contended that the extent to which psychotherapists experienced spirituality as relevant in their personal lives directly affected their perception of the relevance of spiritual issues within clinical practice. Further, if transpersonal practitioners have the broadened perspective which includes spiritual dimensions, perhaps they may in fact be better able to handle issues presented by the general public in treatment, especially those related to spiritual matters.

Shafranske and Gorsuch's findings showed a correlation between the belief that "spirituality is important" and the practitioner's psychotherapeutic orientation. For example, they found a strong positive orientation to spirituality for Jungian therapists, and a strong negative relationship to spirituality for behavioral therapists. They also discovered that the psychologist's personal stance toward spirituality was an essential factor in the perception of spirituality as relevant within clinical work. Shafranske and Gorsuch (1984), through their survey, contributed to the understanding of how transpersonal psychotherapy should be developed:

. . . the majority of psychologists reported that spirituality was personally relevant. . . [although] less than half are affiliated with an organized religion; . . . psychologists who perceive spirituality as relevant to their personal lives are more likely to perceive spirituality as relevant within clinical work. . . and this is related significantly to the psychologist's personal orientation. . . and that spiritual issues are not addressed within the course of training of a clinical psychologist (pp.238-39).

They also found that psychologists were less religious when compared to the general population, but not irreligious or anti-religious. In fact, if the criteria for spirituality are broadened beyond measures of institutional affiliation, sectarian beliefs and practices, the data suggested a higher level of spirituality than had been previously reported (Elkins, Hedstrom, Hughes, Leaf & Saunders, 1988; Ragan et al., 1976). For example, though they found that only 23% of the respondents were committed to a traditional religious affiliation, 33% followed an alternative spiritual path, which totaled 56% who were personally involved in some form of religion or spirituality. Shafranske and Gorsuch theorized that this may mean that many psychologists experience spirituality in a more private manner. Also, the perception of psychologists as non-religious may be based on the relatively small proportion of psychologists affiliated with organized public religious institutions.

*broadening
the
criteria
for
spirituality*

The particular religious milieu in which the respondent was raised (Catholic, Jewish, Protestant, etc.) did not produce any significant discrimination between those subjects who report this relevance and those who did not. The data also indicated that little or no dialogue or training concerning religious or spiritual issues occurs in the education of a psychologist.

Spiritual Experiences

Especially relevant to this study is Greeley's (1987) research in which he administered a survey on spiritual experiences to 1473

Americans. He found that compared to his original 1973 survey (Greeley, 1974), there were substantial increases in reported spiritual and paranormal experiences. Forty-three percent (43%) reported that they had had an "unusual spiritual experience." The particular question posed by Greeley was utilized in this survey, "Have you ever had the feeling of being close to a powerful spiritual force that seemed to lift you outside of yourself?"

Thomas and Cooper (1980) also utilized the Greeley question with college students, and found that 34% reported that they had had such an experience. They found through open-ended questions that the nature of those experiences varied considerably, and that many might be labelled more accurately as "psychic" or "faith and consolation," which do not necessarily indicate extraordinary or supernatural experience.

*incidence
of
mystical
experience
in
the
general
U.S.
population*

In relationship to this issue, the work of Back and Bourque (1970) is also important. In a series of Gallup polls in 1962, 1966 and 1967, there was a progressive increase in affirmative responses to reported mystical experience in a representative U.S. sample. The specific question asked was "Would you say that you have ever had a 'religious or mystical experience'—that is, a moment of sudden religious awakening or insight?" The percentage reporting in the affirmative were 20.5% in 1962, 31.8% in 1966, and 41.2% in 1967, which also reflects an increasing incidence of awareness of spiritual experiences in the population. And, most recently, Kantrowitz (*Newsweek*, Nov. 28, 1994) reports a poll of the U.S. population which shows 20% of Americans report having a revelation from God in the last year, 13% have seen or sensed the presence of an angel, 58% feel the need to experience spiritual growth, and 33% have had a religious or mystical experience.

Transpersonal Training

Davis and Wright (1987) analyzed the content of undergraduate psychology courses in transpersonal psychology. They found that common themes of consciousness, altered states of consciousness, meditation techniques, the relationship of religion to transpersonal psychology, the spectrum model of consciousness, Buddhist psychology, imagery and visualization, the "new physics," and dream-work were taught most commonly in these courses.

Scotton (1985) made the first attempt to delineate how the training of transpersonal psychotherapy might differ from more traditional psychotherapies. He offered some guideposts for supervision, which included using Jung's model for analysis, where it is essential that both parties (patient and therapist) be changed if the analysis is to be effective, or phrased another way, seeing therapy

as a kind of cooperative growth with both parties changing. Scotton also elucidated issues such as: 1) How do we know whose issue (patient or therapist) is arising, if both are open to change? 2) How do trainers teach a student to assist the patient on a path different from his own? 3) How can the psychotherapist compensate for his own tendency toward either the reductive (tendency to interpret transpersonal issues as regressive or pathological) or the unfolding (tendency to interpret issues in a transpersonal manner) side of the work? 4) How is one to handle the pull to be a guru or spiritual master? 5) How can the transpersonal psychotherapist achieve and maintain acceptance among his colleagues? 6) How does the supervisor point the student toward spiritual growth without dictating the particular path to be taken toward that growth? (pp. 72-74).

Therapist's Orientation and Personality

The literature which explores the relationships among psychotherapists' personality, theoretical orientation, attitudes and beliefs has produced a wide variety of results (Mahrer, Sterner, Lawson & Dessaulies, 1986; Neimeyer, 1988; Simonton, Matthew-Simonton & Creighton, 1978; Vandenbos, 1980; Wile, 1984). However, no studies comparing practitioners of different orientations have included transpersonal therapists, and only one study has specifically focused on the spiritual issues and beliefs of therapists (Shafranske & Gorsuch, 1984).

*no
studies
comparing
practitioners
have
included
transpersonal
therapists*

Hurwitz (1986) studied the relationship between the personality types of two different analysts and the analysis process, concluding that "just as different parents raise different children, different analysts produce different analysands," indicating that the personality of the analyst does effect the patient. Tremblay, Herron and Schultz (1986) determined a core therapist personality, with separate personality patterns demonstrated for each of three orientations (behavioral, psychodynamic, and humanistic). They also found that the patterns were more overlapping than they were unique.

Norcross and Wogan (1983) surveyed psychotherapists concerning their personal characteristics, training experiences, and predominant professional activities. Differences among the groups in terms of their characteristics, activities, types of clients, and treatment structure appeared to be consistent with the dominant theoretical orientation. Cyr, Lecomte and Bernstein (1982) found a main effect for therapist theoretical orientation (behavioral, psychoanalytic and phenomenological) on prognosis (assessments of probable client outcomes), diagnosis (anticipations of client need), and process expectancies (anticipated use of directiveness and interpretations). The theoretical orientation appeared to have a

distinct bearing, therefore, on how a clinician perceives the therapeutic process, which was also noted by Badalamenti (1984).

Spiegel (1983) correlated psychotherapeutic orientation with mainstream values, and found that cultural orientation affects whether a therapist chooses classical Freudian psychoanalysis, interpersonal or neo-Freudian psychoanalysis, or the human potential movement.

Vardy and Kay (1982) found that psychotherapists' personal values and theoretical orientation, notably egalitarianism, expressiveness and directiveness, were significantly related to their initial success in terms of rapport with patients. Other characteristics, such as identification and suggestive powers, were not correlated with initial rapport.

Wogan and Norcross (1985) found that therapy interventions varied as a function of the therapist's orientation, and to a lesser extent as a function of experience, gender and personal therapy.

Strunk (1985) addressed the issue of psychotherapy with a religiously committed patient, and argued that the presence of ideologies in both therapist and client requires greater recognition and explication. Byrne (1983) found Australian clinical psychologists to differentiate along three dimensions of attitude, which were identified as scientist/practitioner (analytical), behavioral (working with behavior), and humanistic (trying to understand the whole person). These attitudes correlated to psychoanalytic, behavioral, and humanistic orientations for these psychologists.

Current Study

*determining
attitudes,
beliefs,
assumptions,
and
practices*

The purpose of this study is to determine those attitudes, beliefs, assumptions, and practices which transpersonal therapists share and those which distinguish them from other therapists. Specific areas were highlighted: psychotherapeutic orientation; spiritual tradition and practice; spiritual experience; transpersonal training; psychotherapeutic techniques used in practice; spiritual beliefs related to psychotherapy, and personality orientation.

Subjects

Five hundred ninety-one (591) surveys were mailed out to the professional members of three San Francisco Bay Area clinical organizations. The three organizations were: The San Francisco Psychoanalytic Institute (234 members), The Association for Behavioral and Cognitive Therapy (210 members), and the Profes-

sional Membership of the Association for Transpersonal Psychology (147 members). The mailings were sent to all members in each organization, so that there would be no sampling error. Each mailing contained a cover letter from the researcher, the survey instrument designed for this study, a SLIP Booklet and Answer Sheet (Singer & Loomis, 1984b), and a return, postage paid envelope. Fourteen (14) responded from the San Francisco Psychoanalytic Institute; thirty-eight (38) responded from the Association for Behavioral and Cognitive Therapy; fifty-two (52) responded from the Association for Transpersonal Psychology.

INSTRUMENTATION

Survey Instrument

The survey instrument (see Appendix) developed and pilot-tested for this study incorporated demographic and descriptive questions as well as psychotherapeutic orientation, spiritual tradition and practice, spiritual experience, transpersonal training, psychotherapeutic techniques used in practice, and spiritual beliefs related to psychotherapy.

*demographic
and
descriptive
questions*

Singer-Loomis Inventory of Personality (SLIP)

The SLIP is a 120-item questionnaire which assesses the subject's cognitive mode through a Jungian framework. Developed by June Singer and Mary Loomis (1984a, 1984b), it is a rewriting of the Myers-Briggs Typology Inventory (MBTI), the standard Jungian typology instrument. Its central assumption is that while we have a certain dominant cognitive mode or style, we are composed of all cognitive modes and styles to a greater or lesser degree. The eight cognitive modes of the SLIP can be combined in a myriad of ways, unlike the MBTI which has sixteen discrete modes or types, based on Jung's conception of psychological types (Jung, 1921/1971).

Linear Discriminant Function

The researcher decided to conduct a discriminant analysis to ascertain a set of optimal weights that maximally separate the groups. A linear combination is selected so that the square of the differences of the means, or the centroid of the numbers, is most widely separated. The ratio of the difference of means is maximized, which maximizes the differences between the groups as far as possible. Since in this instance the group membership is known, this method can then be used to predict group membership. Since the transpersonal orientation refers to an attitude, or belief system,

as well as the techniques used and the training involved, it was felt that the linear discriminant function would be the most appropriate in approaching an empirical definition of a transpersonal psychotherapist. In addition, this statistic was utilized to broaden the distinctions with the non-transpersonal approaches, which includes both the psychoanalytic and behavioral/cognitive.

The resulting linear discrimination function describes the group in a multi-dimensional space. Said another way, the function is a set of variables, each measured on a sample of items, whose value can be used to allocate correctly items to each population. The analysis processes the variables in a stepwise fashion, such that the first variable selected is the largest discriminator between the groups, and each next variable that adds the most to the separation of the groups is entered into the discriminant function in order.

Patterns of Effects of Possible Confounding Demographic Variables

*three
variables*

Demographic variables were examined for possible confounds with group membership variable, and three variables were found: sex, age and relational status. Analyses were conducted to determine if they affected the variables of interest. A 2(sex) x 2(relational status) x 3(group) ANCOVA using age as a covariate was conducted separately for each variable of interest. For the purpose of this analysis, two levels of relational status were used. All people living alone (single, divorced or widowed) were treated as one group, and all people living with others (married, remarried, living together) were treated together in a second group. Individuals were collapsed into two groups in this way to prevent cell sizes from becoming too small to permit examination. These analyses were conducted to ascertain if any main effects could be attributable to these confounds.

Virtually no main effects of these confounds were found. A small number of interactions were uncovered. With one exception, these interactions did not involve the main variable of interest, i.e., group. Examination of the means showed that the interactions were uniformly related to the fact that subgroups of the psychoanalytic group (e.g., female psychoanalysts living alone compared to male psychoanalysts living with someone else) were spread over a wider range of means than were subgroups of any other groups. In addition, it should be noted that this group had a very small response ($n=14$) and thus had a very small cell size which also enhanced the effect of the greater variability of individual scores. Thus, inferences about the psychoanalytic group must be made with caution. There was one effect for age, in that the value for extraverted sensate scale (percentage) became smaller as age increased.

The means and the size of the main effects for group were slightly different in the one-way ANOVAs (the main focus of this paper) than in the more complicated multi-variable ANCOVAs testing for effects of possibly confounding variables. This was primarily due to cases which were lost when the additional variables were added to the analysis. Thus, the influence of confounding factors appeared minor.

RESULTS

Overall the respondents were more likely to be female than male ($\chi^2(2, N=103) = 11.24; p < .004$). Results by gender are reported in Table 1. The psychoanalytic group had a higher mean age than did the other two groups (Table 2), averaging in the 50- to 60-year-old grouping, while the other two averaged 40- to 50-year-olds.

*demographic
results*

TABLE 1
ANALYSIS OF GROUPS BY GENDER*

SEX	GROUP			TOTAL
	PSYCHOANALYTIC	BEHAVIORAL/ COGNITIVE	TRANSPERSONAL	
male	11	19	16	46
female	3	18	36	57
Total	14	37	52	103

* = One respondent did not specify gender

TABLE 2
ANALYSIS OF GROUPS BY AGE

AGE	GROUP			TOTAL
	PSYCHOANALYTIC	BEHAVIORAL/ COGNITIVE	TRANSPERSONAL	
under 40	0	15	10	25
40 to 50	5	14	24	43
50 to 60	3	4	15	22
over 60	6	5	3	14
Total	14	38	52	104

Almost all the respondents were Caucasian (99 out of 104; 3 Asian; 1 Hispanic, 1 unknown). There was no significant difference based on income; however, in terms of relational status, while most of the respondents were married (see Table 3), the results of this question also showed intergroup differences which were significant ($\chi^2(6, N = 97) = 20.66, p < .003$). Results of this survey, then, could have

been influenced by sex differences, or possibly age differences. As described above, ANCOVA analysis showed these not to be significant.

TABLE 3
ANALYSIS OF GROUPS BY RELATIONSHIP STATUS

RELATIONAL STATUS	GROUP			TOTAL
	PSYCHOANALYTIC	BEHAVIORAL/ COGNITIVE	TRANSPERSONAL	
Single	1	8	9	18
Married	10	19	15	44
Remarried/ living together	0	7	10	17
Divorced	1	1	16	18
Total	12	35	50	97

TABLE 4
ANALYSIS OF GROUPS BY CLINICAL DEGREE

CLINICAL DEGREE	GROUP			TOTAL
	PSYCHOANALYTIC	BEHAVIORAL/ COGNITIVE	TRANSPERSONAL	
M.A.	1	9	18	28
Ph.D.	0	20	20	40
M.D.	11	2	4	17
Other	2	7	9	18
Total	14	38	51	103

In terms of professional training, the groups showed some variability in the levels of clinical training (see Table 4). Between group differences on clinical degree were significant ($\chi^2 (6, N = 103) = 48.78, p < .0001$).

TABLE 5
ANALYSIS OF GROUPS BY SELF-DEFINITION OF ORIENTATION

SELF- DEFINITION	GROUP			TOTAL
	PSYCHOANALYTIC	BEHAVIORAL/ COGNITIVE	TRANSPERSONAL	
Psychodynamic	11	9	14	34
Behavioral/ Cognitive	3	29	3	35
Humanistic	0	0	2	2
Transpersonal	0	0	33	33
Total	14	38	52	104

Classification of Therapeutic Approach

A series of questions was given to provide the opportunity for the respondents to self-classify their therapeutic orientation, according to the four major forces or orientations within psychotherapy: psychodynamic, behavioral, humanistic, and transpersonal. These data are reported in Table 5.

Respondents were then given the opportunity to further clarify the definition of their orientation by selecting from a list of orientations and using as many approaches as applied. While almost all of the respondents selected from this list of orientations, thirty-eight (38) respondents (36%) used only one answer to further clarify their therapeutic orientation. While no statistical data can be gleaned from these results, the responses most often listed were Freudian, psychodynamic, Jungian, family systems, psychosynthesis, and behavioral.

For those choosing to identify additional psychotherapeutic approaches, there was a broad range of responses. It was significant ($F(1,101)=6.15$, $p<.004$) that the transpersonal group picked almost three responses (mean = 2.939, S.D.= 2.585), while the psychoanalytic (mean = 1.214, S.D.= 1.626) and the behavioral/cognitive group (mean = 1.395, S.D.= 2.047) selected fewer, between one and two approaches, to further define their orientation.

Spiritual Tradition

In terms of spiritual orientation, subjects were asked about their original faith tradition and current spiritual orientation. For the original faith tradition, or religion, all respondents were from Judeo-Christian faith traditions except seven, who reported being raised either Agnostic (4) or Atheistic (3). Table 6 shows the distribution by group.

*original
faith
and
current
faith*

In terms of current faith tradition most of the respondents had shifted to a new faith and undergone a change of spiritual preference, orientation, or belief. There is an increase among the psychoanalytic group and the behavioral/cognitive group of those responding "Agnostic" and "Atheistic." There is an adoption of the Eastern traditions (Zen, Buddhist) and, especially for the transpersonal group, a move toward less traditional spiritual beliefs (New Age, Shamanic, Goddess worship, etc.) and the mixing or synthesizing of new beliefs which incorporate various traditions. These are not listed separately in the Table 7 because of the variety and numbers involved. Thirteen respondents reported having more than one spiritual tradition currently, and these are included in the table below in the category "more than one" due to the variety and

small number of respondents for each one. There is a majority of “Other” and “More than One” responses among the transpersonal therapists.

TABLE 6
ANALYSIS OF GROUPS BY ORIGINAL FAITH TRADITION

RELIGION	GROUP			TOTAL
	PSYCHOANALYTIC	BEHAVIORAL/ COGNITIVE	TRANSPERSONAL	
Agnostic	1	1	2	4
Atheistic	0	2	1	3
Baptist	0	0	2	2
Catholic	2	8	12	22
Christian Scient.	0	0	1	1
Congregational	1	2	2	5
Episcopalian	1	2	7	10
Evangelical	0	1	0	1
Jewish	5	9	7	21
Lutheran	0	0	7	7
Mennonite	0	0	1	1
Methodist	2	6	4	12
Presbyterian	1	7	3	11
Other	1	0	1	2
Converted*	0	0	2	2
Total	14	38	52	104

*Converted = born in one faith but raised in another faith

TABLE 7
ANALYSIS OF GROUPS BY CURRENT FAITH TRADITION

RELIGION	GROUP			TOTAL
	PSYCHOANALYTIC	BEHAVIORAL/ COGNITIVE	TRANSPERSONAL	
Agnostic	3	8	0	11
Atheistic	2	6	0	8
Buddhist	0	3	9	12
Jewish	3	4	1	8
Presbyterian	0	2	0	2
None	3	5	5	13
Other	3	11	25	39
More than One	0	1	12	13
Total	14	38	52	104

The respondents were asked about the amount of spiritual practice in which they participated. The answers were quantified by counting each time a subject performed or attended a particular spiritual practice, such as attending services, praying, meditating, attending a spiritual group, reading spiritual material, etc., and this was ascertained for a period of one year. For example, if a subject meditated daily, she/he was assigned a value of 365 (daily for one year). If the subject went to services weekly, she/he was assigned the value 52 (once each week for one year). If a subject meditated daily and attended services weekly she/he received a value 417 ($365 + 52 = 417$). Thus a value was derived for each respondent who answered the question, and an average value of “quantified spiritual practice” was found for each group. The transpersonal group had the highest (mean = 857.8, S.D.= 608.1), the behavioral/cognitive group scored in the middle (mean = 243.0, S.D.= 429.4), and the psychoanalytic group averaged the least (mean = 82.3, S.D.= 162.6). For the psychoanalytic group, this can be interpreted to mean that, on the average, each performed one spiritual practice weekly (for example, attending church service), and another every other week (for example, attending a Bible study session, or praying alone). The behavioral/cognitive group, did some spiritual activity two days out of three (usually a visualization or a prayer). The transpersonal group, on the average, did some spiritual activity 2-3 times per day (e.g., meditation, reading a spiritual passage from a text or prayer). Using an ANOVA test and substituting missing values with average values for each group, this showed a significant variation between groups ($F(2,101) = 22.36, p<.0001$). The transpersonal group therefore reported they participated in significantly more spiritual practice than either other group.

*amount
of
spiritual
practice*

TABLE 8
*“Have you ever had the feeling of being close to a powerful
spiritual force that seemed to lift you outside of yourself?”*
ANALYSIS OF GROUPS*

	GROUP			
	PSYCHOANALYTIC	BEHAVIORAL/ COGNITIVE	TRANSPERSONAL	TOTAL
Yes	2	16	40	58
Maybe	1	1	7	9
No	11	21	4	36
Total	14	38	51	103

*One respondent did not reply

Spiritual Experience

The survey also sought to discover whether there were differences among these groups in terms of their spiritual experience. While this is difficult to measure, a simple self-report was utilized to determine if the groups differed from each other based on the question addressed to the general population reported in the Greeley (1987) survey. There was a significant difference among the groups ($\chi^2(4, N=103) = 36.13, p < .0001$). The results are shown in Table 8.

Psychotherapy Techniques

Each respondent was queried about specific psychotherapy techniques he or she utilized. The analysis focused on seven of the twenty-two techniques with sufficient responses and which yielded statistically significant differences: intuition, relaxation techniques, meditation techniques, visualization with a spiritual focus, visualization with a behavioral focus, dreamwork, and recommend spiritual/religious books.

*seven
techniques
analyzed*

To sum up the findings from the seven techniques analyzed, the transpersonal group differed from both the other two groups on utilizing meditation techniques with clients, using guided imagery with a spiritual focus, and recommending spiritual books to clients, using these techniques with more clients. The other two groups could not be differentiated on these measures. The behavioral/cognitive group was differentiated in terms of intuition and dreamwork, using these techniques less than the other two groups. The psychoanalytic group was differentiated by using visualization with a behavioral focus less often than the other two groups, and using relaxation techniques less often than the other two groups. It is interesting to note two things here. First, that while often one group differentiates itself from the other two, no technique clearly differentiates all three groups from one another. Two groups are usually similar in their utilization of a technique. Secondly, the transpersonal group is always one of the groups which uses techniques more often, which would apparently indicate a more eclectic utilization of techniques in therapy.

Transpersonal Training

The respondents were asked to indicate how much transpersonal training they had received. The answers were classified according to no training (=0), some training (less than one month of training = 1), or more training (more than one month of training = 2). Thus, a

one- or two-day (weekend) workshop would be considered “some” training, a month-long training would be considered “more” training. On this question missing values were substituted with the mean value for the group.

This question yielded significant results ($F(2,101) = 51.19$, $p < .0001$). The transpersonal group (mean = 1.54, S.D.=.75) received significantly more training than the other two groups (psychoanalytic group mean = .14, S.D.=.54; behavioral/cognitive group mean = .26, S.D.=.55). Thus the transpersonal group received between “some” and “more” training. A follow-up question, asking if the respondent had any further training of a spiritual or religious nature which related to clinical work, did not yield enough response for analysis.

Asked about spiritual or religious books which have influenced the psychotherapy practice or views, the transpersonal group listed significantly more books in this category ($F(2,101) = 32.71$, $p < .0001$). The transpersonal group listed 8.12 books (mean = 8.12, S.D.=5.1), while the other two groups each listed fewer books (psychoanalytic mean = 1.38, S.D.= 2.36; behavioral/cognitive mean = 1.6, S.D.= 2.48).

It can be concluded that the transpersonal group reported more training in this area, between a weekend and one full month of training on the average, and had been influenced by more spiritual and religious books relating to the practice of psychotherapy than their counterparts. In both measures, the other two groups were not different.

more
training
by the
transpersonal
group

Spiritual Beliefs Relative to Psychotherapy

Seven statements related to beliefs about psychotherapy practice were presented to the subjects. This group of questions was aimed at elucidating attitudes of psychotherapists about the spiritual aspects of the psychotherapy practice and beliefs in relation to the practice. Respondents were given choices of Strongly Agree (1), Agree (2), Disagree (3), and Strongly Disagree (4), to each statement. The subjects were not offered a “neutral” possible response, in order to force a decision on the answer. With all except one statement, there are significant differences between groups on all of the statements. Results are shown in Table 9.

The first statement (“Spiritual interests and issues have little or nothing to do with psychotherapy”), had intergroup differences which were significant at the $p < .0001$ level ($F(2,101) = 26.63$) and showed the transpersonal group clearly disagreeing with this state-

ment. The other two groups were not differentiable on this statement.

The second statement ("In the therapeutic relationship, the process of awakening occurs in the client and the therapist") showed significant differences; however, some respondents indicated that this statement was not clear to them, or that they did not understand it. For the respondents who were able to answer (93) the transpersonal group clearly agreed with the statement while the other groups fell in between agree and disagree. ANOVA tests were significant ($F(2,93) = 11.04, p < .0001$).

TABLE 9
BELIEFS RELATIVE TO PSYCHOTHERAPY

1. BELIEF: "Spiritual interests have little or nothing to do with psychotherapy."		
GROUP	MEAN	STANDARD DEVIATION
Psychoanalytic	2.86	1.03
Behavioral/cognitive	3.05	.70
Transpersonal	3.86	.34
where 1 = Strongly Agree		
2 = Agree		
3 = Disagree		
4 = Strongly Disagree		
2. BELIEF: "In the therapeutic relationship, the process of awakening occurs in the client and the therapist."		
GROUP	MEAN	STANDARD DEVIATION
Psychoanalytic	2.67	.98
Behavioral/cognitive	2.15	.80
Transpersonal	1.59	.75
3. BELIEF: "A psychotherapist should be open to the spiritual or religious dimension."		
GROUP	MEAN	STANDARD DEVIATION
Psychoanalytic	1.90	.86
Behavioral/cognitive	1.83	.73
Transpersonal	1.40	.87
4. BELIEF: "It is important for the psychotherapist to have a regular spiritual or religious practice."		
GROUP	MEAN	STANDARD DEVIATION
Psychoanalytic	3.21	.70
Behavioral/cognitive	3.26	.90
Transpersonal	1.02	.81

Table 9 (cont.)

5. BELIEF: "It is important for a psychotherapist to be firmly grounded in the traditional theories of psychotherapy."

GROUP	MEAN	STANDARD DEVIATION
Psychoanalytic	1.57	.65
Behavioral/cognitive	1.78	.90
Transpersonal	1.56	.72

6. BELIEF: "For a psychotherapist, some knowledge about a variety of spiritual paths is important."

GROUP	MEAN	STANDARD DEVIATION
Psychoanalytic	2.50	.86
Behavioral/cognitive	2.03	.80
Transpersonal	1.62	.69

7. BELIEF: "I feel that my spiritual/religious orientation affects my clinical practice."

GROUP	MEAN	STANDARD DEVIATION
Psychoanalytic	2.64	1.08
Behavioral/cognitive	2.24	.91
Transpersonal	1.36	.69

The third statement ("A psychotherapist should be open to the spiritual or religious dimension") showed a significant difference ($F(2,101) = 3.98$, $p < .02$) in that the transpersonal group was slightly more likely to strongly agree than either the psychoanalytic or behavioral/cognitive group. There was not as clear a differentiation as other questions showed between the transpersonal group and the other two groups; however, the other two groups were not differentiated on this measure.

The fourth statement ("It is important for the psychotherapist to have a regular spiritual or religious practice") was the statement which most strongly distinguished the transpersonal group from the other two groups ($F(2,101) = 31.13$, $p < .0001$). The transpersonal group agreed with this statement, while both the psychoanalytic group and the behavioral/cognitive group disagreed with this statement.

*transpersonal
group
strongly
distinguished*

The fifth statement ("It is important for a psychotherapist to be firmly grounded in the traditional theories of psychotherapy") was added as a test to discern if there might be any differentiation between the more "traditional" psychoanalytic and behavioral/cognitive group versus the transpersonal practitioners, who are sometimes viewed as not well versed in the more accepted schools

of psychology. There was no significant difference between the three groups on this item.

The sixth statement ("For a psychotherapist, some knowledge about a variety of spiritual paths is important") again showed significant differences ($F(2,101)=8.71$, $p<.0004$). The transpersonal group most strongly agreed with this statement, the behavioral/cognitive group agreed, and the psychoanalytic group were in between agree and disagree.

Finally, the transpersonal group again was clearly differentiated on the responses to the last statement ("I feel that my spiritual/religious orientation affects my clinical practice"). The transpersonal group strongly agreed with this statement. Both the behavioral/cognitive group and the psychoanalytic group were in between agreement and disagreement on this statement. These results were significant ($F(2,101) = 19.22$, $p<.0001$).

a
combination
of
both
belief
and
technique

The six statements which yielded significant results in differentiating the transpersonal group would indicate that this orientation involves a combination of both belief and technique. The transpersonal group disagrees that spiritual interests have little or nothing to do with psychotherapy, agrees that in the therapeutic relationship the process of awakening occurs in both the therapist and the client, believes a therapist should be open to the spiritual or religious dimension, agrees that it is important for the therapist to have a regular spiritual or religious practice, agrees that, for a psychotherapist, some knowledge about a variety of spiritual paths is important, and agrees that his or her own spiritual/religious orientation affects their clinical practice. Along with the other groups, the transpersonal group also agrees that it is important for a psychotherapist to be grounded in the traditional theories of psychotherapy. While the other two groups vary on the first six statements mentioned here in terms of agreement and disagreement, and that may be interesting in itself, this study notes that the transpersonal group can be clearly differentiated on the basis of these statements.

Singer-Loomis Inventory of Personality

The Singer-Loomis Inventory of Personality (SLIP) was included to determine if any of its personality types or cognitive styles could be associated with the three groups.

The most interesting finding is that psychotherapists responded quite similarly on the SLIP, regardless of their clinical orientation. Introverted Thinking (IT) was the strongest cognitive mode for all groups.

TABLE 10
SLIP SCALE SCORES — BY GROUP (MEAN SCORE)

SCALE	GROUP			AVG.
	PSYCHOANALYTIC	BEHAVIORAL/ COGNITIVE	TRANSPERSONAL	
Introverted				
Thinking	49.00	49.87	48.62	49.13
Feeling	43.00	43.87	46.73	45.18
Sensing	45.86	46.00	46.15	46.06
Intuition	46.29	42.30	43.33	43.35
Extraverted				
Thinking	43.86	44.30	44.62	44.40
Feeling	41.79	41.24	42.86	42.13
Sensing	38.14	35.81	34.86	35.65
Intuition	40.79	37.14	38.90	38.52

TABLE 11
SLIP PERCENTAGE SCORE — BY GROUP (MEAN SCORE)

SCALE	GROUP			AVG.
	PSYCHOANALYTIC	BEHAVIORAL/ COGNITIVE	TRANSPERSONAL	
Introverted				
Thinking	13.93	14.77	14.10	14.32
Feeling	12.30	12.96	13.58	13.18
Sensing	13.10	13.55	13.37	13.40
Intuition	13.21	12.40	12.58	12.60
Extraverted				
Thinking	12.65	12.98	12.86	12.88
Feeling	12.04	12.16	12.41	12.27
Sensing	11.07	10.50	10.20	10.43
Intuition	11.67	10.98	11.41	11.29

The second strongest cognitive mode was Introverted Intuition (IN) for psychoanalytic; Introverted Sensing (IS) for behavioral/cognitive, and Introverted Feeling (IF) for the transpersonal group. It is important to note that raw scale scores are not significant unless they are compared to the overall total of the eight scale scores for the eight cognitive modes. That is, a 49 in the Introverted Feeling score for one person may not mean the same as a 49 for another person, *depending on the values of the other scale scores, and the total score for all scales*. One significant difference ($F(1,101) = 3.43, p < .04$) was that the transpersonal group (mean = 46.73) differed significantly from the other groups (psychoanalytic mean = 43.00; behavioral/cognitive mean = 43.87) on the raw scale

score for Introverted Feeling. This is not meaningful in terms of the interpretation, because raw scale scores have not been contextualized by the overall score. For this, all eight raw scale scores must be added together. However, the percentage score for the transpersonal group (mean = 13.58%) was also significantly different in terms of the percent score from the behavioral/cognitive group here (mean = 12.96%), and the psychoanalytic group (mean = 12.30%). In terms of interpretation, the transpersonal group is categorized IT x IF (read: "Introverted Thinking by Introverted Feeling"), the behavioral/cognitive group IT x IS (read: "Introverted Thinking by Introverted Sensing"), and the psychoanalytic group IT x IN(read: "Introverted Thinking by Introverted Intuition"). The overriding conclusion is that the three groups are not statistically different according to the SLIP, although there were some differences in terms of interpretation of the instrument.

Linear Discriminant Analysis

*maximizing
differences
between
the
groups*

A linear discriminant analysis was performed with the data to attempt to combine variables such that the differences between the groups would be maximized. The first discriminant analysis was performed using the following variables: current spiritual practice (Question 11); spiritual experience (Question 12); transpersonal training (Question 14); beliefs relative to psychotherapy (Question 17a-g, except 17b), and personality factors (SLTP), using the percentage values for the SLIP. These were selected as the variables which were assumed to be the most crucial for discrimination of the transpersonal group from the other two groups.

Three linear discriminant functions, or classification functions, were derived using stepwise discriminant analysis:

psychoanalytic = $-27.63 - .096ql4 + 10.57ql7a + 7.11 q 17d$;

behavioral/cog. = $-29.58 + .14q 14 + 11.11 ql17a + 7.21 ql 7d$;

transpersonal = $-32.87 + 2.88ql4 + 12.44ql7a + 5.74ql7d$.

Each equation identifies a grouping in n-dimensional space (n= the number of variables, or questions; here = 3) of the group itself. Geometrically, since three variables are used, each of these might resemble a line in space (three-dimensional space). This is then an algebraic and geometrical equation which can be said to define that group. For example, to find the psychoanalytic group, one takes - 27.63 (a constant) - .096(question 14 response) + 10.57 (question 17a) + 7.11 (question 17d). These classification functions correctly identified 71.2% of the total population. These results are shown in Table 12.

TABLE 12
PERCENTAGE OF CORRECTLY CLASSIFIED RESPONDENTS BY
LINEAR DISCRIMINANT FUNCTIONS

GROUP	% CORRECTLY CLASSIFIED	NUMBER OF CASES CLASSIFIED INTO GROUPS		
		PSYCHOANALYTIC	BEHAVIORAL/ COGNITIVE	TRANS- PERSONAL
Psychoanalytic	64.3	9	4	1
Behavioral/ Cognitive	50.0	16	19	3
Transpersonal	88.5	2	4	46
Total	71.2	27	27	50

Based on chance, one would expect 33% correct classification, so this schema is very effective for predicting group membership ($F(3,99) = 21.9, p < .01$). This result can be understood to say that using these classification functions 71% of respondents are correctly classified into the professional group to which they belong. It should be noted that only three questions [(Transpersonal Training (Question 14), "Spiritual interests have little or nothing to do with psychotherapy" (Question 17a), and "It is important for the psychotherapist to have a regular spiritual practice" (Question 17d)] were used in this linear discriminant analysis; the other questions did not further delineate the groups.

While this study has determined that those practitioners who align themselves with the transpersonal orientation can be differentiated in many respects from other practicing psychotherapists, namely psychoanalytic and behavioral/cognitive practitioners, it should be kept in mind that no instrument can predict this completely accurately. For instance, approximately 80% of the psychoanalytic practitioners identified themselves as having a psychodynamic orientation, 76% of the behavioral/cognitive practitioners self-defined as having a behavioral orientation, and 64% of the transpersonal professionals defined themselves as having a transpersonal orientation. One interpretation here is that the psychoanalytic and behavioral/cognitive groups were more strongly identified with their professional organizations, and the transpersonal group less so. This begins a theme which weaves through this discussion; transpersonal practitioners are more diverse, or eclectic, than the other two groups. Transpersonal practitioners might also label themselves psychodynamic, or less often behavioral or humanistic. Similarly, psychoanalytic practitioners might also call themselves behavioral, and behavioral therapists might call themselves psychodynamic; however, no one from these last two groups of practitioners labelled themselves humanistic or transpersonal. Those members from these two professional groups are more strongly affiliated with their corresponding psychotherapeutic orientation.

*therapists
can
be
differentiated*

Transpersonal practitioners also were found to be more eclectic, or diverse, in the number of other approaches which they utilize in describing their clinical orientation. They utilized as many as three other schools or therapies in defining their approach. This hints at the broad synthesis which seems to occur in the transpersonal orientation, with psychotherapists bringing together various ways of dealing with the psyche. This may also indicate that as psychotherapy practitioners are attempting to understand the spiritual aspects of working with clients, they incorporate other understandings as well as standard clinical approaches. For example, many of the transpersonal practitioners believe that having a personal spiritual practice is important, and follow that belief by actually practicing on a daily basis to become familiar with these experiences themselves.

ninety-
two
percent
reported
experiencing
a
spiritual
force

Ninety-two percent of the transpersonal respondents reported experiencing or possibly experiencing a spiritual force which seemed to lift them outside of themselves. Seventy-nine percent of the psychoanalysts reported that they had not had such an experience; the behavioral/cognitive group were split: 55% saying no, 42% saying yes. Looking at the most recent statement of purpose of *The Journal of Transpersonal Psychology* and the writings in the field of transpersonal psychology concerning altered states of consciousness, meditation, spiritual experiences related to psychopathology, spiritual emergence and other phenomenon, it is not surprising that such a large percentage of the transpersonal practitioners would have experienced such an event. Writers, researchers and practitioners in that field are interested in this sort of phenomenon, so one would expect that they themselves might have experienced something of this nature. Also, this is only one type of transpersonal experience, and this survey does not exhaust the possibilities of the varieties of these experiences. In terms of this interpretation, a multitude of spiritual factors came into the discussion.

The major limitation to this study is the low rate of return for the psychoanalytic group, and, to a lesser extent, the behavioral/cognitive group. The low rate and number of responses from the psychoanalytic group makes generalizability of these findings difficult. Since only 14 (6%) responses came from that group, there was apparently little motivation to return the survey or interest in this topic for them. It may be that those who responded comprise members of that group who have more interest in this topic than do others. If so, then the other members may have even less openness to transpersonal or spiritual interests. Perhaps there is a stronger belief for those who did not respond, that spiritual interests do *not* have any relevance to psychotherapy. Perhaps the assumptions in this survey did not correlate to their basic assumptions regarding psychotherapeutic work. The small number and percentage of

response does not allow much information for speculation. Since the psychoanalytic respondents to this survey were often distinguishable from the other groups in terms of techniques, experiences and belief, the total membership may be even *more* different. That may indicate an even greater difference from the transpersonal group, and less interest in the transpersonal arena.

While this same limitation may apply to the behavioral/cognitive group data as well, it might be of a lesser extent. Thirty-eight (18%) from that group responded to this survey, which is a marginal level of response. This might also indicate only a slight interest in this topic, and therefore low motivation to complete this instrument. If one hypothesizes that those who did not respond have less interest in the transpersonal arena, utilize fewer of these practices or are less spiritually-oriented, then, again, the findings would have been more differentiated with greater response. The transpersonal group would have been more differentiable on these practices, beliefs and experience.

DISCUSSION

The findings of this survey point to the likelihood that transpersonal psychotherapy practitioners, defined by their professional affiliation, can be distinguished from practitioners from other schools of psychology. In almost every measure in this study, the transpersonal group demonstrated itself to differ from the other two groups in spiritual practice, spiritual experience, use of specific techniques, and perhaps most importantly, in terms of spiritual beliefs relative to the practice of psychotherapy. However, these practitioners did not significantly differ according to the Singer-Loomis Inventory of Personality.

*transpersonal
psychotherapy
practitioners
can be
distinguished*

The majority of transpersonal practitioners (71%) indicated "Other" or "More than one" under current spiritual traditions, which indicates that they follow either an eclectic spiritual path, one which incorporates beliefs from a variety of spiritual traditions, one which was not listed, or one which is unique to them. Since the listed faiths represent the more traditional ones, this indicates some searching for spiritual understanding in other areas, among this group.

The transpersonal group performs some spiritual practice two to three times per day, which is a frequent amount of spiritual work. This would indicate repeated prayer, meditation, or spiritual reading during the day for most of these respondents. It is not known if this indicates, for example, repeating a mantra one time, or meditation for a twenty-minute period, however. Also the transpersonal professional generally responded "YES" to having had spiritual

experiences. Since the behavioral/cognitive group mean response was "MAYBE," and the psychoanalytic group mean, "NO," this suggests an openness to spiritual experience, and perhaps a seeking of those experiences among those in the transpersonal group.

There is also a sense that the transpersonal group may not view traditional spiritual practices or traditional religions as conducive or supportive of these types of experiences. A question which arises is whether there is some goal-directed activity in the repeated and frequent spiritual practice, such as seeking these types of experiences, or whether these practices are seen as intrinsically important for themselves. Most spiritual disciplines advocate the practice of spiritual disciplines such as meditation or prayer, for the discipline itself, and not for the unusual experiences which may occur. In any event, the transpersonal group can be differentiated through their spiritual experiences and practices.

*the
transpersonal
group
utilized
more
techniques*

In terms of the techniques employed in the practice of psychotherapy, the transpersonal group utilized more of the techniques more frequently than did the other two groups. They utilized intuition, relaxation, meditation, visualization with a spiritual focus, dreamwork, and recommended spiritual or religious books to clients, with some or most clients, and significantly more often than did their counterparts in the other groups. While the transpersonal orientation is much more than merely the accumulation or implementation of techniques, it is evident that an aspect of what sets off the approach as different is the willingness of a practitioner to utilize a variety of techniques with each client.

The transpersonal respondents demonstrated a higher level of transpersonal training, averaging between a week and a month of training. The other two groups received almost no transpersonal training. Similarly, the transpersonal professionals listed an average of eight books in the transpersonal or spiritual literature which had influenced them. Again, this indicates that the transpersonal practitioners are open to pursuing the training and readings which will broaden and deepen their understanding of transpersonal theory and concepts. Since they are defined as belonging to the transpersonal professional membership, it makes sense that they would have pursued training which would allow them to practice in this orientation. It can be argued that this does not seem like a large amount of reading or training. Something like a month of training and eight books read in one area indicates an interest in these issues. The question arises as to whether this indicates a sufficient expertise or proficiency in the transpersonal area.

Perhaps it was not surprising that only a small statistical difference between the three groups showed up on the SLIP. The practice of psychotherapy is an introverted practice, attending to the inner

world, and it could be expected that all therapists might have this orientation. This also bears out the work of Guy (1987) who noted a strongly introverted nature in psychotherapists. Psychotherapy is the practice of looking for the meaning behind the meaning, and so intuition would be an exercised capacity for any practitioner. Also therapists would utilize their own internal sensations, and have the client focus on internal sensations, breathing, muscle tension, etc., and this shows up in the strong sensation scores as well. Perhaps because of the focus on breathing and relaxation in behavior modification, the introverted sensation scale was slightly higher for the behavioral practitioners. Again, these differences were not statistically different between groups, which lends support to the theory that practitioners of psychotherapy all have similar personality qualities.

The linear discriminant function for statistical analysis proved a useful method to describe the differences between the three professional groups. Seventy-one percent (71%) of the respondents could be correctly classified into their professional organization using this function. By chance, one would expect thirty-three percent (33%) to be correctly classified, so this technique was particularly useful for this purpose. Only three questions were needed in the analysis: the amount of transpersonal training, and two questions relative to spiritual beliefs (that spiritual issues have little or nothing to do with psychotherapy, and the importance for the psychotherapist to have a regular spiritual practice). Using the answers to these three questions in a particular linear combination gives the 71% discrimination. This then, is a powerful tool for the delineation of the three groups.

*transpersonal
training,
spiritual
beliefs,
spiritual
practice*

CONCLUSION

This study continues to open the field of transpersonal psychology to further empirical investigation, and assists in the definition of transpersonal psychotherapy as described by practitioners.

This survey discovered that members of the transpersonal professional group gave a broader range of self-definition to their therapeutic approach than did their counterparts. In fact the respondents of the Association for Transpersonal Psychology professional membership utilized all four main classifications (psychodynamic, behavioral, humanistic, and transpersonal) for their self-definition. Professional psychoanalytic and behavioral/cognitive respondents stayed within their respective two areas, psychodynamic and behavioral. Transpersonally-oriented therapists also utilize more approaches in their psychotherapeutic practice, tending to be more "eclectic" or synthesizing than their counterparts. This suggests that transpersonal psychotherapy is the more inclusive term. The

transpersonal group utilized as many as three other schools of therapy, on the average, to define their orientation, while the others only utilized one additional school beyond "psychodynamic" or "behavioral," on the average. In terms of current faith, across all subjects, 56.3% listed one faith as their spiritual orientation. Nearly thirty-one percent listed themselves as having no spiritual orientation, or as Agnostic or Atheistic—a clear movement away from an exclusive Judeo-Christian identification. In addition, 12.5% define their spirituality as a variety of approaches, and 11.5% listed themselves as Buddhist, primarily amongst the transpersonal practitioners. This also points to another area for further study, the exodus from traditional Western religious approaches, to either no religious or spiritual belief, a combination of beliefs, or an Eastern orientation (Wilber et al., 1986). More simply put, the Western religious approaches do not appear to meet the spiritual needs of these practitioners.

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In the area of spirituality, transpersonal psychotherapists apparently are more in tune with the general population than are the behavioral/cognitive or psychoanalytic practitioners, and mental health professionals reported in other studies (Shafranske & Gorsuch, 1984). This study suggests that transpersonal psychotherapists may be better able to relate to spiritual issues of some clients, since the level of religious commitment of the U.S. population is reported at 45% of the population (Woodward, 1992).

The transpersonal group tended to have had spiritual experiences and experiential training in the spiritual traditions and their techniques. It seems likely that the training in these traditions would lead one to be open to such experiences, be able to *identify* them when they occur, and to not repress or deny their existence. Conversely, the experiences may lead the practitioner to be open to the training.

In the area of psychotherapeutic techniques, transpersonally-oriented therapists tend to use a variety of techniques. They will use more approaches with more clients and will use a wider variety of techniques. The techniques may be those of the behavioral/cognitive group, such as visualization with a behavioral focus or relaxation, or those of the psychoanalytic group, such as intuition and dreamwork, or some which differ from both groups, such as using meditation, guided imagery with a spiritual focus, or recommending spiritual books to clients. No one technique could be utilized to differentiate all groups from each other, and though two of the groups were always similar, when two groups are similar and use a technique *more* often, one of those groups was the transpersonal group. It can be speculated that transpersonal therapists therefore might do well to apply carefully the same rigorous criteria to their utilization of techniques as do other professional groups, if trans-

personally oriented techniques are to gain credibility. There is some indication that practitioners are beginning to attend to this (Miller, 1993).

A question raised by this study is whether one month of transpersonal training can qualify one to claim expertise in practicing in this field. Perhaps a next step would be an investigation into the various transpersonal trainings which are offered, and what might constitute a minimum acceptable level of training in order to qualify one to be a "transpersonal psychotherapist." Again, professional ethics might dictate that a practicing therapist would acquire enough training to be competent to practice certain techniques, or perhaps the field might explore a certification, such as is utilized for drug and alcohol counseling or hypnotherapy, to demonstrate a level of expertise in the area. In a paper submitted for consideration to the Task Force on DSM-IV, Turner, Lu and Lukoff (1991) note:

Despite the importance that religion plays in most patient's lives, neither psychiatrists nor psychologists are given adequate training to prepare them to deal with issues that arise in this realm [psycho-religious and psychospiritual problems]. . . . Thus psychologists and psychiatrists are often operating outside the boundaries of their professional competence, which raises ethical and educational concerns.

The findings of this study suggest that transpersonal psychology may be better suited to the study of psychoreligious and psychospiritual concerns than other psychological and psychiatric disciplines. In fact, the new *American Psychiatric Association Diagnostic and Statistical Manual* (APA, 1994), does now include a section on psychospiritual and psychoreligious concerns.

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To a question about spiritual books which have influenced psychotherapy practitioners and their practice, the transpersonal group listed an average of eight books, while the other groups listed only one. This can be seen as a difference in openness to the content of the field. The wide range of books cited by the transpersonal group also indicates a large appropriate transpersonal literature (Henderson, 1983; Hutton, 1993). The variety also suggests that transpersonal psychology might be better able to cope with the variety of psychospiritual and psychoreligious concerns of the general population, which concurs with C. Grof (1987), S. Grof (1983), and Grof and Grof (1989).

The practitioners of transpersonal psychology tend to report having had spiritual experiences, follow some spiritual practice, and believe that such experiences are important. They have had training in transpersonal psychology and believe that spiritual issues are relevant to psychotherapy. These are the main factors which differentiate them from the other practitioners in this study.

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Transpersonal psychologists could utilize these findings to describe the field to others. Practitioners and writers in the field seem to be comfortable identifying their approach as connected to a spiritual or transpersonal orientation. Others outside the field (Ellis & Yaeger, 1989; May, 1986) have criticized and attacked it. The research reported here may be helpful in communicating to those outside of the field how transpersonal psychotherapy is conceptually organized and how it functions. For example, transpersonal psychotherapists utilize a variety of approaches in their work, and each practitioner probably utilizes a different mix of approaches. So, one transpersonal practitioner might be a Buddhist psychoanalyst and another a shamanic family therapist. What both have in common is the openness to the spiritual dimensions of their own lives, the lives of their clients, and to a variety of experiences the clients present. This may be stated in terms of an attitude or belief system which is transpersonal. Again, this may be an appropriate professional orientation for a general U.S. population seeking services, since more than half of them report praying at least once per day (Woodward, 1992). As Strunk observes (1985), throughout the therapeutic process, ideological differences and countertransference-like behavior may emerge and be handled in a variety of ways, depending on the therapist's stance. This could be particularly relevant for transpersonal therapists, since religiously-committed patients may seek out a transpersonal therapist's spiritual openness. Academically, this also suggests a need for a core curriculum to insure some common education and training in the transpersonal arena.

This survey also indicates that transpersonal practitioners are involved in a spiritual practice. This is useful not only for their own spiritual development, but also to help them maintain an openness to other spiritual practices and traditions. As Ken Wilber (1989) states, working with the "spiritual eye" is as important as working with the "scientific eye." And as Rowan (1992) observes: "Psychotherapy is about a person daring to open up to what is inside. . . . But of course this means that psychotherapy is already a spiritual exercise" (p. 2). The issue of spirituality is one to which many psychotherapists are receptive. This finding confirms that of Shafranske and Gorsuch (1984), who recognized that when "religious" was broadened to "spiritual," in studies with psychologists, more practitioners reported being open to this dimension. Perhaps a new area for transpersonal study would be exploring the relationship between the practices of various spiritual traditions and the practice of psychotherapy.

This study may open the way for other researchers to continue to explore these issues. As others have recognized (Sutich, 1975; Davis & Wright, 1987; Lajoie, Shapiro & Roberts, 1991; LaJoie & Shapiro, 1992), defining transpersonal psychology—and by implication transpersonal psychotherapy—is an evolutionary process.

APPENDIX

PSYCHOTHERAPY/SPIRITUALITY SURVEY

1. Sex Male _____ Female _____
2. Age 20-30 _____ 30-40 _____ 40-50 _____
50-60 _____ 60-70 _____ 70+ _____
3. Race Asian _____ Black _____ Caucasian _____
Hispanic _____ Other _____
4. Relational Status Single _____ Married _____ Remarried _____
Divorced _____ Separated _____ Widowed _____
Living Together _____
5. Income <\$10,000 _____ \$10-20,000 _____ \$20-30,000 _____
\$30-40,000 _____ \$40-50,000 _____ \$50-60,000 _____
\$60,000+ _____

PSYCHOTHERAPEUTIC ORIENTATION

6. Even though most therapists use a combination of approaches, please indicate your *primary* orientation.
 Psychodynamic _____ Humanistic _____ Transpcrsonal _____
 Behavioral/Cognitive _____
7. If any of the following approaches further define your orientation, please indicate:
 Alderian _____ Behavioral _____ Client centered _____
 Family Systems _____ Freudian _____ Gestalt _____
 Existential _____ Hypnotherapist _____ Jungian _____
 Object Relations _____ Psychopharmacology _____ Pastoral _____
 Psychodynamic _____ Pschosvnthesis _____
 Other (specify) _____
8. What is your clinical degree?
 M.A. _____ M.Ed. _____ M.S. _____ M.S.W. _____
 R.N. _____ Ph.D. _____ Ed.D. _____ M.D. _____
 Psy.D. _____ D.S.W. _____ Other (specify) _____

SPIRITUAL TRADITION

9. What was your original spiritual/religious tradition?
 Agnostic _____ Atheistic _____ Baptist _____
 Buddhist _____ Catholic _____ Christian Scientist _____
 Church of Latter Day Saints _____ Congregational _____
 Episcopalian _____ Evangelical _____ Hindu _____
 Jewish _____ Lutheran _____ Mennonite _____
 Methodist _____ Moslem _____ Native American _____
 Pagan _____ Pentacostal _____ Presbyterian _____
 Quaker _____ Shamanic _____ Sufi _____
 Zen Buddhist _____ No Religion _____ Other (specify) _____
10. What is your current spiritual/religious orientation?
 Agnostic _____ Atheistic _____ Baptist _____
 Buddhist _____ Catholic _____ Christian Scientist _____
 Church of Latter Day Saints _____ Congregational _____
 Episcopalian _____ Evangelical _____ Hindu _____
 Jewish _____ Lutheran _____ Mennonite _____
 Methodist _____ Moslem _____ Native American _____
 Pagan _____ Pentacostal _____ Presbyterian _____
 Quaker _____ Shamanic _____ Sufi _____
 Zen Buddhist _____ No Religion _____ Other (specify) _____

SPIRITUAL PRACTICE

11. If you have a current spiritual practice, how often do you do the following?

	Daily	1-2 weekly	Weekly	1-2 monthly	Monthly	1-2 yearly	Yearly
Attend service	_____	_____	_____	_____	_____	_____	_____
Prayer	_____	_____	_____	_____	_____	_____	_____
Meditation	_____	_____	_____	_____	_____	_____	_____
Contemplation	_____	_____	_____	_____	_____	_____	_____
Spiritual Readings	_____	_____	_____	_____	_____	_____	_____
Spiritual Exercises	_____	_____	_____	_____	_____	_____	_____
Discussion Groups	_____	_____	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____	_____

SPIRITUAL EXPERIENCE

12. Have you ever had the feeling of being close to a powerful spiritual force that seemed to lift you outside of yourself? Yes _____ No _____ Not sure _____

If so, please describe: _____

PSYCHOTHERAPY TECHNIQUES

13. Please identify the techniques you use in psychotherapy:

	With most clients	With some clients	With no clients
a. Intuition	_____	_____	_____
b. Empathy	_____	_____	_____
c. Interpretation	_____	_____	_____
d. Behavioral techniques	_____	_____	_____
e. Relaxation techniques	_____	_____	_____
f. Meditation techniques:			
Concentration	_____	_____	_____
Insight	_____	_____	_____
Mindfulness (Buddhist)	_____	_____	_____
g. Prayer	_____	_____	_____
h. Contemplation	_____	_____	_____
i. Visualization or guided imagery (with a spiritual focus)	_____	_____	_____
j. Visualization or guided imagery (with a behavioral focus)	_____	_____	_____
k. Dreamwork (describe):	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
l. Journal keeping	_____	_____	_____
m. Discuss spiritual/religious issues	_____	_____	_____
n. Recommend specific spiritual/ religious practice	_____	_____	_____
o. Other techniques (specify):	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
p. Recommend spiritual/ religious books	_____	_____	_____
The Aquarian Conspiracy	_____	How Can I Help?	_____
Autobiography of a Yogi	_____	The Inward Arc	_____
Be Here Now!	_____	Living in the Light	_____
The Bible	_____	Memories. Dreams. Reflections	_____
A Course in Miracles	_____	Original Blessing	_____
Emmanuel's Book	_____	The Road Less Traveled	_____
		Goddesses in Everywoman	_____
Other Books (specify):	_____		

TRANSPERSONAL TRAINING

14. Please indicate any training you have had in the transpersonal orientation:

Entire graduate program M.A. _____ Ph.D. _____

	1	2	3	4	5	6	more
Graduate-level courses	_____	_____	_____	_____	_____	_____	_____
One or two-day seminar	_____	_____	_____	_____	_____	_____	_____
Week-long intensive	_____	_____	_____	_____	_____	_____	_____
Month-long intensive	_____	_____	_____	_____	_____	_____	_____
Year-long training	_____	_____	_____	_____	_____	_____	_____

15. Have you ever attended any spiritual/religiously-oriented trainings related to your clinical work not described in number 14?

Yes _____ No _____ Not sure _____

If so, please describe:

16. Please check spiritual/religious readings which have influenced your psychology practice or views:

The Aquarian Conspiracy	_____	How Can I Help?	_____
Autobiography of a Yogi	_____	The Inward Arc	_____
Be Here Now!	_____	Living in the Light	_____
The Bible	_____	Memories, Dreams, Reflections	_____
A Course in Miracles	_____	Original Blessing	_____
Emmanuel's Book	_____	The Road Less Traveled	_____
		Goddesses in Everywoman	_____

Other Books (specify):

SPIRITUAL BELIEFS RELATIVE TO PSYCHOTHERAPY

17. Please indicate your position on these statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Spiritual interests and issues have little or nothing to do with psychotherapy	1	2	3	4
b. In the therapeutic relationship, the process of awakening occurs in the client and the therapist.	1	2	3	4
c. A psychotherapist should be open to the spiritual or religious dimension	1	2	3	4
d. It is important for the psychotherapist to have a regular spiritual or religious practice (prayer, meditation, etc.)				
e. It is important for a psychotherapist to be firmly grounded in the traditional theories of psychotherapy	1	2	3	4
f. For a psychotherapist, some knowledge about a variety of spiritual paths is important	1	2	3	4
g- I feel that my spiritual/religious orientation affects my clinical practice	1	2	3	4

18. Are there other important aspects of the way your spiritual life affects your psychotherapy practice which have not been addressed here? Is so, please explain:

Please turn the page and continue with the personality inventory. Thank you!

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Requests for reprints to: Michael S. Hutton, 477 Central Avenue, Mountain View, CA 94043.

VALIDATION OF A MEASURE OF TRANSPERSONAL SELF-CONCEPT AND ITS RELATIONSHIP TO JUNGIAN AND FIVE-FACTOR MODEL CONCEPTIONS OF PERSONALITY

Douglas A. MacDonald
Windsor, Ontario, Canada

Catherine I. Tsarakis
Windsor, Ontario, Canada

Cornelius J. Holland
Windsor, Ontario, Canada

Even though the area of transpersonal psychology has been gaining attention over the last twenty-five years, considerable debate regarding its scientific validity, pragmatic value and relationship to humanistic psychology has arisen (e.g., Bugental, 1972; Ellis, 1985, 1986, 1989; Ellis & Yeager, 1989; Koltko, 1989; May, 1986; Rowan, 1989; Schneider, 1987, 1989; Walsh, 1989; Wilber, 1989a, 1989b, 1989c, 1989d). Many of the problems mentioned in the literature cited above can be traced to the commonly acknowledged difficulty of utilizing conventional scientific and epistemological methodologies to a) generate any valid and reliable knowledge about transpersonal states of consciousness and b) validate the constructs proposed by the increasing variety of transpersonal theories developed to explain such experiences (e.g., Grof, 1985; Washburn, 1988; Wilber, 1977, 1980, 1981). Though this difficulty has been largely interpreted by mainstream psychologies as

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reflecting the unscientific and hence unreal nature of transpersonal states of consciousness, proponents within the movement (e.g., Grof, 1985; Walsh & Vaughan, 1991; Wilber, 1990) credit the apparent trans-verbal, trans-rational, and trans-egoic nature of these experiences for the fact that they cannot be adequately studied or even understood through the use of traditional methodologies. For example, Wilber (1990) has stated that due to the nature of transpersonal experiences, they

. . . are no longer in the realm of intelligibilia but transcendelia and accordingly, when the data of transcendelia are put into verbal or phenomenological form, not only is the essence of the apprehension obscured or even lost, it tends to degenerate into contradictory or paradoxical statements (p. 74).

Wilber contends that the only means of acquiring valid knowledge about transpersonal states of consciousness is through the experience of them, a point which has been recognized by others (e.g., Frank, 1977). Moreover, the difficulty of applying science to the spiritual domain has been identified as creating a notable constraint on the understanding and validation of transpersonal theory and the development of transpersonal psychology as a science (Walsh & Vaughan, 1991).

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The authors of the current paper are in general agreement with the transpersonal movement regarding the ineffability of transpersonal states of consciousness and the shortcomings of conventional science to produce any valid knowledge about them. However, we contend that while there are formidable barriers to the use of conventional research methodologies to understand transpersonal experience per se, it is less difficult for researchers to apply both qualitative and quantitative research methods to the development of transpersonal theory and to the operationalization and verification of testable hypotheses and concepts derived from such theory. Examples of this can be found in the literature (e.g., see Thomas, Brewer, Kraus & Rosen, 1993). Given that empirical knowledge regarding such areas as the impact of transpersonal experience on identity, lifestyle, relationships, personal philosophy and motivation (White, 1973) has been described as notably deficient (Walsh & Vaughan, 1991), we argue that it would be prudent to attempt to provide empirical evidence through every acceptable means available (e.g., qualitative and quantitative methods) to support predictions about behavior and self-perception derived from transpersonal theory.

To this end, we are in agreement with Friedman (1983) who asserts that "the development of adequate measures of transpersonal concepts is a major requirement if empirical work is to proceed in the field of transpersonal psychology" (p. 37). We propose that despite

the problems of objective tests, the development of psychometric measures is desirable for transpersonal psychology. Such instruments would allow for the standardized empirical examination and verification of transpersonal concepts in a manner which, due primarily to their pragmatic advantages (e.g., ease of administration to large groups; do not require a great deal of methodological expertise to use for the generation of useful data), would lend for the rapid development of a cumulative body of knowledge about the transpersonal dimension; knowledge which could also be readily compared to other areas of psychology that have traditionally relied on the use of standardized tests (e.g., personality, psychopathology).

It is important to add that we are not advocating the superiority of conventional quantitative methodologies over qualitative approaches for the study of the transpersonal domain. Similarly, we are not advancing the position that standardized measures are a better approach to verifying transpersonal theory than is, for example, the phenomenological method (e.g., Patrik, 1994; Walsh, 1993). Instead, we simply put forth that objective testing should receive more serious and systematic attention for transpersonal research than it has and that it should be viewed as an adjunct to existing research methods for the study of the transpersonal domain.

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research
methods*

Examination of the existing literature reveals that there are a surprising number of standardized self-report measures which could be used in transpersonally oriented research (see MacDonald, LeClair, Holland & Alter, 1993). For example, several inventories have been developed to assess the extent to which a person has had a mystical, peak, or spiritual experience, including the Mystical Experience Scale (Hood, 1975), the Peak Scale (Mathes, Zevon, Roter & Joerger, 1982), the Spiritual Orientation Inventory (Elkins, Hedstrom, Hughes, Leaf & Saunders, 1988) and the Index of Core Spiritual Experience (Kass, Friedman, Leserman, Zuttermeister & Benson, 1991). There are also other measures which assess transpersonal orientations and belief systems, such as the East-West Questionnaire (Gilgen & Cho, 1979), the Holistic Living Inventory (Stoudenmire, Batman, Pavlov & Temple, 1985), the Intrinsic Religious Motivation Scale (Hoge, 1972), and the Transpersonal Orientation to Learning (Shapiro & Fitzgerald, 1989). However, none of these measures have been systematically used in any transpersonal research and most of them have been marginally developed and validated. Also, given the centrality that the notion of identity and the process of identification are accorded in virtually all transpersonal theories (e.g., see Walsh & Vaughan, 1991), it is remarkably difficult to find a measure which operationalizes aspects of identity from a transpersonal perspective. To date, there are only two measures, namely, the self-transcendence

scale on the Temperament and Character Inventory (TCI; Cloninger, Svrakic & Przybeck, 1993), and the Self Expansiveness Level Form (SELF; Friedman, 1983). The authors of this paper assert that it would prove valuable to the transpersonal area to have a well developed and validated measure of transpersonal identity because it would allow for the examination of the relationship to more conventional psychological constructs and for the verification of predictions about an individual's identity which are generated from transpersonal theory. For this purpose, the present study focused on the SELF.

*the
self-concept
is
measurable*

Generally stated, the SELF is a measure of self-concept which has been developed using a strategy referred to by Friedman (1983, p. 37) as "psychological cartograph[y]". Friedman begins by making a distinction between the Self and the self-concept. He contends that the Self (i.e., the fundamental nature of identity, consciousness and reality put forth by transpersonal theories and the mystical world view which transcends not only the differentiation of self from not-self but all distinctions) is the ground or territory from which the self-concept is derived. Though the Self is itself "invariant and unmeasurable" (Friedman, 1983, p. 38), the self-concept, defined as that which is consciously experienced as forming an individual's personal identity, is measurable. Using Sampson's (1978) notion of internal versus external locus of identity and Shostrom's (1963) temporal dimension of self-concept, which views self-identity varying on the basis of present-centeredness versus a past or future orientation, Friedman (1983) developed a spatial-temporal cartography of self-concept that maps out the area of the Self which is contained within the boundaries of an individual's sense of self in terms of both a past, present or future time orientation and a contracted or expanded spatial orientation. From this, Friedman devised the concept of self-expansiveness which is "the amount of the true self, or the universe of possibilities, which is contained within the boundary demarcating self from non-self through the process of self-conception" (Friedman, 1983, p. 39). In consideration of the above, the SELF can be understood as a measure of self-concept expansiveness which assesses individual differences in self-concept in terms of temporality (or the extent to which a given individual uses past, present and future in their definition of self) and space (or the extent to which a person uses a contracted—e.g., I am the atoms of my body—or enlarged—e.g., I am the ocean—spatial sense).

Extrapolating from his spatial and temporal dimensions which he views as "orthogonally positioned in a two-dimensional space, extending away from their point of intersection in two directions" (Friedman, 1983, p. 39), Friedman conceptualized three levels of self-expansiveness which he labelled the personal, middle and transpersonal. The personal level, seen by Friedman (1983) as the

point of intersection between the temporal and spatial dimensions, involves identification with aspects of reality which are normally considered to be part of an individual's self concept. In relation to the spatial-temporal cartography, the personal level can be understood "as the 'here-and-now' of the individual" (Friedman, 1983, p. 39).

Alternatively, the transpersonal level of self-concept involves an "extension of the self-concept sufficiently beyond the here-and-now, such that there is a dissolution of the individual's perception of self as an isolated biosystem existing only in the present time" (Friedman, 1983, p. 39). The transpersonal level concerns the extent to which respondents identify with aspects of reality that are considered outside the normal self-concept and which involve extensions of an individual's self-concept into past and/or future time orientations and contracted or expanded spatial orientations.

Friedman (1983) never made an effort to establish the meaning of the middle level, focusing virtually all of this attention on the personal and transpersonal levels alone. Despite this, and given Friedman's spatial-temporal cartography, the middle level can be understood as encompassing aspects of self-concept which have some aspects of spatial-temporal expansiveness but are not expanded to the point which results in the dissolution of separate egoic identity. Thus, self-concept on the middle level could include objects which represent a mildly contracted or expanded spatial sense, as reflected in identification with body parts, movements or gestures (e.g., I am my hand, I am my facial expressions) or with social roles and relationships (e.g., I am my social behaviors). Similarly, the middle level would encompass self-concepts which include identification with memories of one's life and/or plans for expectations regarding the future (i.e., aspects of a past and/or future temporal orientation to self-identity).

*three
levels
of
self-
expansiveness*

Friedman (1983) utilized his three level conception of self-expansiveness to develop an eighteen item self-report inventory, made up of three subscales, each one corresponding to a level of self-expansiveness, which he found to have satisfactory reliability and validity (see Measures section). Outside of Friedman (1983), no research has been done utilizing the SELF. The SELF in its totality can be found in Table 1.

The purpose of this paper was to examine the Self Expansiveness Level Form (SELF; Friedman, 1983) both in terms of its reliability and validity and in its relation to two major measures of personality, the Myers-Briggs Type Indicator (MBTI; Briggs & Myers, 1987), and the NEO Personality Inventory (NEO-PI; Costa & McCrae, 1985). The present investigation has taken the form of two studies. In both, we attempt to assess the reliability of the

TABLE 1
THE SELF EXPANSIVENESS LEVEL FORM (FRIEDMAN, 1983, PP. 42-43).

Each of us has a unique sense of who we are, our conception of self or identity. The following concepts could possibly describe a person's view of themselves. The purpose of this questionnaire is to explore the degree of willingness you have in using each of these concepts to describe yourself. Using the scale below, carefully consider each concept and choose the letter which best expresses your willingness to use that concept as an answer to the question, "WHO AM I?" Write that letter to the left of the concept in the space provided. There are no right or wrong answers and you are requested to answer on the basis of your own experiences and beliefs, not just on the basis of logic. Take your time and feel free to go back and change your answers. If you have trouble deciding any of these, please make your best choice and do not leave any unanswered.

- | | |
|---|--|
| A | VERY WILLING TO USE TO DESCRIBE MY SENSE OF SELF OR IDENTITY |
| B | SOMEWHAT WILLING |
| C | NEITHER WILLING NOR UNWILLING |
| D | SOMEWHAT UNWILLING |
| E | VERY UNWILLING TO USE TO DESCRIBE MY SENSE OF SELF OR IDENTITY |
-
- | | | |
|-------|----|--|
| _____ | 1 | My emotions and feelings as experienced in the present. (Personal Level) |
| _____ | 7 | Thoughts and feelings I experienced as a child. (Middle Level; Past Temporal) |
| _____ | 3 | The unique individual that I am in the present. (Personal) |
| _____ | 4 | The social relationships which I experience. (Middle Level, Enlarged Spatial) |
| _____ | | The way I behaved in living my life as a child. (Middle Level, Past Temporal) |
| _____ | 6 | Experiences of all life forms of which I am one. (Transpersonal Level, Enlarged Spatial) |
| _____ | 7 | Sensations from parts of my body, such as my heart, that I experience. (Middle Level, Contracted Spatial) |
| _____ | 8 | The way I behave in living my life in the present. (Personal Level) |
| _____ | 9 | Future happenings which I will experience. (Middle Level, Future Temporal) |
| _____ | 10 | My thoughts and ideas as experienced in the present. (Personal Level) |
| _____ | 11 | The way I will behave in living my life in the future. (Middle Level, Future Temporal) |
| _____ | 12 | The individual atoms of my body. (Transpersonal Level, Contracted Spatial) |
| _____ | 13 | The physical surroundings which have an influence on my behavior. (Middle Level, Enlarged Spatial) |
| _____ | 14 | All that happened before my lifetime which has in some way influenced me. (Transpersonal Level, Past Temporal) |
| _____ | 15 | The behavior of parts of my body, such as my facial expressions. (Middle Level, Contracted Spatial) |
| _____ | 16 | My attitudes and values in the present. (Personal Level) |
| _____ | 17 | The entire universe beyond time which is me in an ultimate sense. (Global Transpersonal Level) |
| _____ | 18 | The beings who might descend from me in the distant future who may not have human form. (Transpersonal Level, Future Temporal) |

Note. The scales to which each of the SELF items belong are indicated in parentheses.

SELF via interitem consistency and test-retest reliability. Both studies also examine factorial validity and the relationship of the SELF to sex and age. It was generally expected that the SELF would produce satisfactory reliability and factorial validity. Moreover, we expected that sex and age would not meaningfully relate to the SELF subscales. Specific to study one, we examined the relationship of the SELF to a measure of ego dysfunction called the Ego Grasping Orientation (EGO; Knoblauch & Falconer, 1986). Conversely, in study two, we investigated the relationship of the SELF to a non-pathological measure of social desirability (Crowne & Marlowe, 1960), the Myers-Briggs Type Indicator, an inventory designed to assess Jung's (1971) theory of personality types, and the NEO Personality Inventory, a measure which is founded on a five factor model of trait personality (Digman & Inouye, 1986; McCrae & Costa, 1987; Norman, 1963) and claimed to be the most complete and comprehensive measure of normal personality currently available (Costa & McCrae, 1985; McCrae & Costa, 1987). Given that the personal subscale is supposed to be assessing more conventional aspects of identity, we generally expected to find a number of significant relationships between the personal subscale, and the EGO, MBTI, NEO-PI and social desirability. Alternatively, taking in consideration that a) the transpersonal subscale is supposed to assess aspects of identity which extend beyond the usual limits of the self-concept, and b) the contention in the transpersonal literature that identity can extend beyond personality (i.e., people are capable of identifying with objects normally considered to be outside of personality; e.g., Walsh & Vaughan, 1980, 1991; Wilber, 1977, 1978), we did not expect the SELF transpersonal subscale to obtain any notable relationships with the scales of the MBTI and the NEO-PI nor with the EGO and social desirability.

*expectations
in
the
study*

STUDY ONE: METHOD

Subjects

Subjects consisted of 142 undergraduate students (48 males, 94 females) at the University of Windsor in the Fall 1989 semester who volunteered to participate based upon written informed consent. The mean age was 24.9 years. The ages ranged from 18 to 67 years.

Measures

Self Expansiveness Level Form (SELF: Friedman, 1983). The SELF is a paper and pencil test which consists of eighteen randomly ordered self-descriptive statements that are rated by an

examinee on a five-point Likert scale for the degree of willingness of the examinee to identify with the test items. The general concept that the SELF is designed to assess is self-expansiveness, which has been operationalized as three distinct levels based upon a spatial-temporal cartography of self-concept. The three levels are the personal, middle and transpersonal. Each level of self-concept corresponds to a subscale on the SELF.

*the
SELF
subscales*

The personal subscale, made up of five items, was included to assess the degree of identification that a person has with the here-and-now level of the self. Friedman (1983) states that the personal subscale can best be understood as measuring Western conceptions of positive mental health. The transpersonal subscale, also consisting of five items, was designed to assess a person's "degree of identification with aspects of reality beyond that which is ordinarily conceived as being part of the individual" (Friedman, 1983, p. 40). Further stated, the transpersonal subscale assesses the extent to which an individual's self-concept extends beyond the here-and-now to the point where identity transcends normal egoic consciousness. Four of the five items of the transpersonal subscale are used to operationalize the extremes of Friedman's spatial and temporal dimensions (e.g., contracted and expanded spatial; past and present temporal). One item was designed as a global indicator of transpersonal identity. The middle subscale, made up of eight items, is said to serve as a bridge between the personal and transpersonal levels of self-expansiveness and can be understood as tapping aspects of the self-concept which go beyond the here-and-now but which do not result in the dissolution of a person's sense of separate self. This would include such potential aspects of identity as identification with the body, past and future behaviors, and social interactions. Two items are used to operationalize each of the directions of the spatial-temporal dimensions of self-concept. Friedman (1983) states that research into the meaning of the middle subscale has been minimal, though he suspects that it may have potential value. The middle subscale was included primarily to increase the overall face validity of the SELF (i.e., even though specific knowledge of what the middle scale assesses is not available, the inclusion of its items gives the SELF the greater appearance as being a measure of something valid; see Anastasi [1988] for a discussion of face validity).

In terms of its known psychometric properties, Friedman (1983) did a number of analyses focusing on the personal and transpersonal subscales. With reference to reliability, the SELF has demonstrated good interitem consistency as was manifested in Spearman-Brown reliability coefficients of .81 and .78 for the personal subscale and .66 and .68 for the transpersonal subscale. Test-retest reliability completed over a two-week period has also been shown

to be adequate with the personal and transpersonal subscales obtaining correlations of .83 and .80, respectively.

The validity of the SELF was examined by Friedman (1983) using a variety of techniques, all of which have resulted in favorable support for the test. In terms of convergent validity, the transpersonal subscale has been significantly correlated to the Mystical Experiences Scale (Hood, 1975). The personal subscale has been significantly correlated to the Time Competence Scale and the Inner Supports Scale of the Personal Orientation Inventory (Shostrom, 1963), and the Tennessee Self Concept Scale (Fitts, 1965) Total Positive Score and the Self-Description Inventory Total Score.

Turning to discriminant validity, the relationships between the personal and transpersonal subscales and a range of measures including age, sex, intelligence, social desirability and a number of measures of response style on the Tennessee Self Concept scale, have been examined. The only significant correlations that were obtained existed between the transpersonal subscale and age and a measure of response style, and the personal subscale and age. In terms of known groups validation, the personal and transpersonal subscales were able to differentiate a student group from a yoga group. Moreover, the transpersonal subscale was able to differentiate a student group from a group consisting of members of the Association for Transpersonal Psychology. Criterion validity has also been shown to be satisfactory as was indicated by significant correlations found between personal and transpersonal subscale scores and a yoga teacher's ratings of transpersonal realization found in a group of yoga students. Lastly, Friedman (1983) performed two principal components analyses on SELF scores obtained from two student groups. In both analyses, Friedman found six factors. In the first analysis, no clear subscale factors emerged, though all personal subscale items loaded heaviest on the first factor. In the second analysis, all personal subscale items loaded heaviest on the first factor, while all but one of the transpersonal subscale items loaded heaviest on the second factor.

*convergent,
discriminant,
and
criterion
validity*

The Ego Grasping Orientation (EGO; Knoblauch & Falconer, 1986). The EGO is a measure of Taoist orientation which assesses ego grasping, a construct defined as "a dualistic stance that is marked by the person's attempts to make things more positive while striving to eliminate the negative aspects of human experience" (Knoblauch, 1985, p. 55). Knoblauch (1985) has further stated that an individual high in ego grasping would, according to the Taoist perspective, be highly motivated by egoic idealism and ego centeredness. The EGO takes the form of a twenty-item true/false questionnaire that is scored in the direction of ego grasping.

Test takers are required to read each item and determine if the statement is true or false as applied to themselves. The greater the EGO score, the greater the ego grasping by the individual.

In terms of its assessed psychometric properties, the EGO has demonstrated good interitem consistency as is evidenced in coefficient alphas of .81 and .82. The EGO has also been correlated to ten measures based on conventional Western conceptions of personality and psychopathology. Significant positive correlations were obtained between the EGO and the Beck Mood Inventory (Beck, 1978), the Depression Proneness Inventory, the Dysthymic Scale (Depue et al., 1981), the Cyclothymic scale, the State-Trait Anxiety Inventory [trait anxiety only] (Spielberger, 1983), and the Repression Sensitization Scale (Byrne, 1964). Significant negative correlations were obtained between the EGO and the Rosenberg Self-Esteem Scale (Rosenberg, 1965), the Socialization scale of the California Psychological Inventory (Gough, 1957) and the Marlowe-Crowne Social Desirability scale (Crowne & Marlowe, 1960). These findings indicate that the EGO is a measure of ego dysfunction.

Procedure

*undergraduate
subjects
tested
twelve
weeks
apart*

Subjects were recruited from three undergraduate classes at the University of Windsor during the fall semester 1989. Subject participation was voluntary and was contingent upon the subject signing a consent form indicating he/she understood the purpose of the study and the terms of participation. Subjects were tested with identical versions of the EGO and SELF on two occasions, twelve weeks apart at the end of class time. Each test session took approximately fifteen minutes to complete. Due to subject attrition, the total subject sample decreased from 142 in the first test session to 84 in the second session. The loss of subjects was attributed to the following: no extrinsic rewards were given for participation; the terms of participation indicated that the student was free to withdraw from the study at any time; the test-retest period was long enough for students to lose interest in completing the tests. The age mean for the subject sample in the second test session was 25.7 years and the ages ranged from 18 to 67 years.

RESULTS

SELF subscale and EGO scores were obtained using the scoring procedures specified by the test authors (Friedman, 1983; Knoblauch & Falconer, 1986). In test session one (n=142) and two (n=84), respectively, the EGO obtained mean scores of 7.03 and

TABLE 2
COEFFICIENT ALPHAS, TEST-RETEST CORRELATIONS AND CORRELATIONS
OF THE SELF SUBSCALES TO SEX, AGE AND EGO

VARIABLES	SELF SUBSCALES			
	PER	MID	TRANS	EGO
Alpha	.72	.58	.79	.79*
Test-retest	.36***	.34**	.57***	.72***
Age	.12	-.07	.09	-.12
Sex	.23**	.19*	.01	-.15
EGO	-.34***	-.10	.02	---

Note. For SELF PER= Personal, MID= Middle, TRANS= Transpersonal. For coefficient alphas and correlations with age, sex and EGO N=142; for test-retest correlations N=84. For sex, male=1, female=2; *: p<.05, **: p<.01, ***: p<.001.

For EGO, coefficient alpha was not calculated; instead, split-half reliability was calculated using Kuder-Richardson Formula 20 (Anastasi, 1988).

6.83, the SELF Personal subscale produced mean scores of 21.33 and 21.31, the Middle subscale produced mean scores of 30.22 and 29.20, and the Transpersonal subscale had mean scores of 14.89 and 15.50.

Table 2 presents the correlations between the SELF subscales and age, sex, EGO, coefficient alphas and test-retest correlations. For the EGO, split-half reliability and correlations with age and sex are also included for inspection.

Factorial validity was assessed for the SELF using test session one data in a principal components analysis. The analysis of SELF item scores resulted in the extraction of five factors (using a varimax factor rotation), that had eigenvalues greater than 1.00 and which accounted for 59.30 percent of the total score variance (see Table 3). Retaining only those items which obtained factor loadings of .40 or greater, we found that each item of the SELF loaded heavily on only one of the five factors and that the emergent factor structure appears to parallel the scales of the SELF. The first factor consists of the five transpersonal subscale items and clearly represents the transpersonal level of self-expansiveness. The second factor can be characterized as the personal level since it contains all five personal subscale items. Factor three is made up of the two middle subscale items used to operationalize the future temporal orientation. The fourth factor contains three middle subscale items: two used to operationalize the past temporal orientation and one used for the enlarged spatial orientation. The fifth factor also

TABLE 3
PRINCIPAL COMPONENTS ANALYSIS RESULTS FOR THE SELF USING
TEST SESSION ONE DATA IN STUDY ONE (N=142)

ITEM NO#	FACTOR				
	1	2	3	4	5
6-TRAN	.6332				
12-TRAN	.7049				
14-TRAN	.4300				
17-TRAN	.8723				
18-TRAN	.8496				
1-PER		.6402			
3-PER		.7046			
8-PER		.5728			
10-PER		.8088			
16-PER		.5820			
9-MID			.8000		
11-MID			.8168		
2-MID				.8295	
5-MID				.7532	
13-MID				.4452	
4-MID					.5127
7-MID					.7061
15-MID					.7560
Eigenvalue	3.75	2.60	1.73	1.59	1.01
% variance	20.8	14.5	9.6	8.8	5.6

Note. PER = Personal subscale items; MID= Middle subscale items; TRAN= Transpersonal subscale items. Only the factor loadings .40 or greater are presented.

contains three middle scale items among which are the two items used to operationalize the contracted spatial orientation and one used for the enlarged spatial orientation.

STUDY TWO: METHOD

Subjects

Subjects consisted of 209 introductory psychology students at the University of Windsor enrolled in the Winter 1992 semester. All subjects volunteered to participate based upon written informed consent. The sample was made up of 48 males and 161 females.

The mean age was 21.78 years and the standard deviation was 5.31 years. Ages ranged from 18 to 48 years.

Measures

Self-Expansiveness Level Form (SELF; Friedman, 1983). A description of the SELF has already been provided above.

Myers-Briggs Type Indicator: Form G (MBTI; Briggs & Myers, 1987). The MBTI is a Jungian type inventory which utilizes a paper and pencil self-report format. It is made up of ninety-four forced-choice items which constitute the four bipolar discontinuous scales that are derived from Jung's (1971) theory: Introversion-Extraversion, Intuition-Sensation, Thinking-Feeling and Judging-Perceiving. Respondents are classified to one of sixteen personality types according to the largest score obtained for each bipolar scale (e.g., if a person scores higher on Introversion than Extraversion, Intuition than Sensation, Feeling than Thinking and Judging than Perceiving, then they would be classified as an Introverted Intuitive, Feeler Judger).

In terms of its psychometric properties, the MBTI has been extensively researched. The MBTI has demonstrated good reliability as has been evidenced in split half reliability coefficients consistently ranging from .66 to .92 and test-retest correlations ranging from .56 to .89 for all the MBTI scales (Carlyn, 1977; Carlson, 1985). Validity findings on the MBTI have generally revealed that it is a satisfactory measure of the constructs underlying it (Carey, Fleming & Roberts, 1989; Carlson, 1985; Carlyn, 1977; Croom, Wallace & Schuerger, 1989; Martin & Bartol, 1986; Myers & McCauley, 1985; Shiflett, 1989; Sipps & Alexander, 1987; Sipps, Alexander & Friedt, 1985; Thompson & Borrello, 1986a, 1986b; Tzeng, 1984).

*the
Myers-
Briggs
Type
Indicator*

NEO Personality Inventory-Form S (NEO-PI; Costa & McCrae, 1985). The NEO-PI is based on the last fifty years of factor analytic research on personality and is a measure of the five main factors or domains which have been most commonly and consistently found in research. The factors, each of which is conceptualized as unidirectional, are Neuroticism, Extraversion, Openness, Agreeableness and Conscientiousness. The first three domains consist of six facets each of which are summed to arrive at a total domain score. The facets for the Neuroticism domain are Anxiety, Hostility, Depression, Self-Consciousness, Impulsiveness and Vulnerability. The facets for the Extraversion domain are Warmth, Gregariousness, Assertiveness, Activity, Excitement Seeking and Positive Emotions. For the Openness domain, the facets are Openness to Fantasy, Aesthetics, Feelings, Actions, Ideas and Values.

Agreeableness and Conscientiousness do not contain any facets or subscales.

The NEO-PI is a paper and pencil self-report inventory that is made up of 181 self-descriptive statements to which respondents use a five-point Likert scale, ranging from strongly agree to strongly disagree, to rate the extent to which each statement describes themselves. Item responses are numerically coded and summed to obtain facet scores and domain scores. Both individual scale scores and score profiles are used for interpretive purposes. The NEO-PI exists in two forms; Form S or the self-rating form and Form R or the external raters form.

*NEO-PI
and
Marlowe-
Crowne
Social
Desirability
Scale*

The scales of the NEO-PI have produced internal consistency reliabilities ranging from .85 to .93 and test-retest correlations ranging from .86 to .91. Correlations of the NEO-PI with the Eysenck Personality Inventory, the Guilford-Zimmerman Temperament Survey, the Loevinger Sentence Completion Test, Holland's Self Directed Search and a number of measures of well being provide strong evidence of good construct validity. Lastly, correlations between NEO-PI scores obtained with Form S from spouse and peer ratings obtained with Form R range from .50 to .70 (Costa & McCrae, 1985; Hogan, 1989).

Marlowe-Crowne Social Desirability Scale (M-CSDS; Crowne & Marlowe, 1960). This paper and pencil self report measure consists of thirty-three true-false items which are used to assess the degree to which a person responds in a socially desirable fashion. Research involving the M-CSDS has been plentiful and largely indicative of satisfactory validity and reliability (Crowne & Marlowe, 1964; Robinson & Shaver, 1973; Smith, 1967; Wiggins, 1968).

Procedure

Eleven groups consisting of approximately twenty subjects each were tested with the SELF on two occasions two weeks apart. At the first test session all subjects also completed the M-CSDS, MBTI, and NEO-PI. It took subjects, on average, ninety minutes to complete these measures. The second session took approximately fifteen minutes to complete across all groups.

RESULTS

Raw scale scores for the SELF, MBTI, NEO-PI and M-CSDS were obtained using the scoring procedures specified by the test authors (Friedman, 1983; Briggs & Myers, 1987; Costa & McCrae, 1985;

Crowne & Marlowe, 1960). The means and standard deviations for the SELF subscales across sessions one and two, respectively, were as follows: Personal (Mean = 21.46, 21.20; SD = 2.92, 2.69), Middle (Mean = 30.95, 29.79; SD = 4.49, 4.48), Transpersonal (Mean = 14.58, 13.88; SD = 3.92, 4.27).

Reliability of the SELF scales were checked by examining inter-item consistency using session one data and test-retest correlations. The personal, middle and transpersonal subscales obtained coefficient alphas of .75, .67 and .65 and test-retest correlations of .57, .57, and .69, (all significant at $p < .001$), respectively.

Table 4 shows the obtained correlations between the SELF scales and subject sex (coded as male = 1 and female = 2 in the analysis), age and M-CSDS and MBTI scores. Alternatively, Table 5 presents the correlations found between the SELF and the NEO-PI domains and facets.

Lastly, test session one SELF item scores were used to complete a principal components analysis. Using a varimax rotation, the calculations resulted in the extraction of five factors that had eigenvalues greater than 1.00 and which accounted for 56.9 percent of the total score variance (see Table 6). Each of the SELF items were accounted for in the analysis and only one item, belonging to the transpersonal scale, loaded heavily on more than one factor.

TABLE 4
CORRELATIONS BETWEEN THE SELF SCALES AND SUBJECT AGE, SEX, M-CSDS
AND MBTI SCALES (N=209)

VARIABLE	SELF SCALES		
	PERSONAL	MIDDLE	TRANSPERSONAL
Sex	.18**	.18**	-.04
Age	.07	.07	.06
M-CSDS	.17*	.09	.12
MBTI Scales			
Introversion	-.24***	-.21**	-.02
Extraversion	.25***	.22**	.05
Intuition	.11	-.05	.11
Sensation	-.21**	.02	-.08
Thinking	-.13	-.15*	-.04
Feeling	.14*	.13	.06
Judging	.07	.16*	-.00
Perceiving	-.10	-.16*	-.00

Note. Subject sex was coded as male=1 and female=2 in the analysis. *: $p < .05$, **: $p < .01$, ***: $p < .001$

TABLE 5
CORRELATIONS BETWEEN SELF SCALES AND THE NEO-PI DOMAIN SCORES
USING TEST SESSION ONE DATA (N=209)

NEO-PI	SELF SCALES		
	PERSONAL	MIDDLE	TRANSPERSONAL
Domains			
N	-.18**	-.01	-.10
E	.22**	.26***	.07
O	.28***	.14*	.15*
A	.17*	.15*	.05
C	.24***	.16*	.03
Facets			
N1	-.05	.10	-.06
N2	-.21**	-.16*	-.09
N3	-.20**	.01	-.08
N4	.21**	-.11	-.12
N5	-.05	.09	-.00
N6	-.08	.01	-.11
E1	.23***	.30***	.09
E2	.05	.16*	-.01
E3	.18**	.15*	.03
E4	.09	.14*	-.06
E5	-.01	.01	.04
E6	.25***	.23***	.14*
O1	.12	.08	.09
O2	.22**	.12	.17*
O3	.27***	.19**	.01
O4	.06	-.07	.02
O5	.24***	.20**	.22**
O6	.14*	-.06	-.01

Note. For NEO-PI domains, N = Neuroticism, E = Extraversion, O = Openness, A = Agreeableness, C = Conscientiousness; for NEO-PI facets, N1 = Anxiety, N2 = Hostility, N3 = Depression, N4 = Self-Consciousness, N5 = Impulsiveness, N6 = Vulnerability, E1 = Warmth, E2 = Gregariousness, E3 = Assertiveness, E4 = Activity, E5 = Excitement Seeking, E6 = Positive Emotions, O1 = Fantasy, O2 = Aesthetics, O3 = Feelings, O4 = Actions, O5 = Ideas, O6 = Values. *: $p < .05$; **: $p < .01$; ***: $p < .001$.

TABLE 6
PRINCIPAL COMPONENTS ANALYSIS RESULTS FOR THE SELF USING
TEST SESSION ONE DATA IN STUDY TWO (N=209)

ITEM NO#	FACTOR				
	1	2	3	4	5
1-PER	.4937				
3-PER	.7193				
4-M1D	.4864				
8-PER	.7344				
10-PF.R	.7175				
16-PER	.6608				
6-TRAN		.6023			
12-TRAN		.4996	.4197		
17-TRAN		.7225			
18-TRAN		.7964			
7-MID			.5447		
13-MID			.6670		
14-TRAN			.6104		
15-MID			.4882		
2-MID				.8922	
5-MID				.8746	
9-MID					.7808
11-MID					.8332
Eigenvalue	3.98	2.28	1.59	1.26	1.11
% variance	22.1	12.7	8.9	7.0	6.2

Note. PER = Personal subscale items; MID = Middle subscale items; TRAN = Transpersonal subscale items. Only factor loadings .40 or greater are presented.

Retaining only those items which obtained factor loadings of .40 or greater, the emergent factor structure resembles what we found in study one but with some variations. The first factor extracted in this analysis consists of all the personal scale items and one middle scale item used to operationalize the enlarged spatial orientation. The second factor consists of four of the five transpersonal scale items and can be characterized as the transpersonal level. Factor three is made up of five items including the two middle subscale items operationalizing a contracted spatial orientation, the transpersonal items used to operationalize its contracted spatial and the past temporal orientations, and another middle scale item used for the enlarged spatial orientation. Generally, based upon an inspection of item content, this factor can be interpreted as reflecting

spatiality in self-concept. Factor four consists of the two middle scale items used to define a past temporal orientation to self-concept. Lastly, factor five is made up of the two middle scale items used to define a future temporal orientation.

DISCUSSION

The results of our investigations have provided some interesting information on the nature of the SELF specifically, and on the global relationship of transpersonal identity to a number of conventional psychological constructs, more generally.

*findings
provide
substantial
support
for
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SELF*

From a psychometric standpoint, our findings provide substantial support for the SELF. In terms of reliability, the SELF scales have demonstrated satisfactory interitem consistency as is revealed in coefficient alpha values of moderate strengths. Adequate test-retest reliability is also indicated with the strong correlations obtained between the SELF scales using data gathered over two-week and three-month retest intervals. Generally, the SELF can be viewed as a fairly consistent and stable measure of self-concept.

Validity evidence is also in favor of the SELF. First, the SELF personal and transpersonal scales exhibited good factorial validity as found in their emergence as largely discrete factors in two independent principal components analyses. Similarly, the middle scale demonstrated some degree of factorial validity as was manifested in its items forming separate factors based on their operationalizations (e.g., contracted spatial items formed one factor, past temporal items formed another, and future temporal items yet another). The only exception to this trend involves the two middle scale items used to assess the enlarged spatial orientation (i.e., items 4 and 13). In both analyses, these items loaded on different factors (factors four and five in study one and factors one and three in study two), suggesting that they may be unreliable and lacking in validity. This result may reflect the differences in item content found in the two enlarged spatial middle scale items. Inspection of middle scale item content reveals that similar content is used for all items designed to operationalize a given temporal or spatial orientation, except for the enlarged spatial items. For example, both middle scale items used to operationalize the contracted spatial orientation (items 7 and 15) make reference to identification with body parts. Likewise, the past and future temporal items (items 2, 5 and 9, 11) mention childhood experiences/behaviors and future behaviors, respectively. Conversely, the enlarged spatial items make reference to identification with social relationships (item 4) and one's physical surroundings (item 13). In consideration of this, the validity of these items may be improved by rewording the items to reflect more similar content. Neverthe-

less, even though our findings suggest that the transpersonal and personal levels form fairly stable factors, more research is needed to assess the reliability of the factor structure of the middle level of self-expansiveness.

Second, the correlations obtained between the SELF and subject age and sex and the measures of ego dysfunction, social desirability and personality suggest that the SELF subscales have satisfactory convergent and discriminant validity. To elaborate, the correlations found between the SELF and subject age and sex across both studies suggest that the SELF appears to be assessing constructs which are independent of age. Moreover, the transpersonal scale seems to be measuring a construct which is not influenced by subject sex. The obtained significant correlations between sex and the personal and middle scales indicate that females tend to score higher on these scales than males do. Given the fact that these correlations are of weak strength, they may be artifactual, produced by biases in the subject sample. In both studies undergraduate students were used. Conversely, these findings may simply indicate that men and women define themselves differently on the personal and middle levels of self-expansiveness. This possibility appears to be somewhat reasonable when one considers factors in identity formation, such as gender identity (e.g., masculinity/femininity), which generally differentiate men from women on the level of the individual and not the trans-individual. Such a possibility could be examined by correlating the SELF to a measure of gender identity, such as the Bern Sex Role Inventory (Bern, 1981). Nonetheless, future research using non-university samples is recommended to determine the robustness of these correlations.

The relationships found between the SELF and the M-CSDS indicate that the middle and transpersonal subscales are not affected by social desirability. The obtained significant correlation found between the personal subscale and the M-CSDS reveals that social desirability may influence these scores. However, the correlation is of low strength and it may be an artifact of the present study. Conversely, this finding may indicate that the personal subscale is a measure of well being; it has been suggested in the literature (e.g., McCrae, 1986) that measures of social desirability may simply reflect well being in volunteer respondents. Further research is needed to investigate these possibilities.

The correlations obtained between the SELF subscales and the EGO reveal that the middle and transpersonal subscales are assessing constructs independent of ego dysfunction. The significant negative correlation between the EGO and the personal subscale is consistent with the operationalization of these measures; the EGO assesses ego dysfunction and the personal subscale taps aspects of identity related to Western notions of positive mental health.

*SELF
and
M-CSDS
relationships*

The findings involving the SELF and the MBTI give excellent support for the validity of the transpersonal subscale; no significant correlations were found with any of the MBTI scales. This is consistent with the conceptual foundations of the transpersonal subscale; it is designed to assess aspects of self-concept which are not totally subsumed within an individual's egoic identity. The concepts measured by the MBTI can be understood as concerning different modalities of ego functioning (Jung, 1971). The obtained significant correlations with the personal subscale and the MBTI indicate that the subscale is empirically related to the constructs of extraversion and feeling and inversely related to introversion and sensation. Similarly, significant correlations found between the SELF middle subscale and the MBTI indicate that the middle scale assesses constructs similar to extraversion and judging while it is inversely related to introversion, perceiving and thinking. Though the finding of significant relationships between these SELF subscales and the MBTI is consistent with reason (i.e., the personal and middle subscales assess aspects of the self-concept which are considered to be more a part of conventional identity and personality), none of the correlations are of exceptional strength. This suggests that the SELF, as a measure of self-concept, is related to, but does not assess personality as operationalized by the MBTI. Nonetheless, the specific relations found between the SELF and MBTI scales may be robust. Research is needed to determine if the observed relationships are reliable.

*NEO-PI
and
MBTI
suggest
similar
interpretation*

The findings involving the NEO-PI suggest a similar interpretation as provided for the MBTI; self-concept as measured by the SELF is moderately related to personality but is not adequately explained by it. The SELF personal subscale correlated significantly to all five of the NEO-PI domains and to ten of the eighteen NEO-PI facets scores. Also, the middle subscale significantly correlated to four of the five NEO-PI domains and to eight of the NEO-PI facets. Lastly, the transpersonal subscale was found to significantly relate to the NEO-PI openness domain and to the NEO-PI facets of positive emotions, openness to aesthetics and openness to ideas. As with the MBTI, none of these correlations are of sufficient strength to indicate an equivalence of constructs between the measures. Moreover, the pattern of correlations is consistent with the nature of the SELF; the personal and middle subscales assess more conventional aspects of identity which are likely to be accounted for to a limited extent by measures of personality. Conversely, even though the findings involving the transpersonal subscale are generally consistent with a transpersonally defined self-concept (e.g., people with a transpersonal sense of self would tend to define themselves as open to experience, generally, and to ideas and beauty, specifically, and more likely to report experiences of positive emotions), the obtained correlations are meager in strength and suggest that the subscale is assessing aspects of self-concept which

are not accounted for by the five-factor model of personality. This interpretation is consistent with transpersonal literature that states that identity can extend beyond conventional boundaries of self and personality (Grof, 1985; Walsh & Vaughan, 1980, 1991; Wilber, 1980, 1981, 1990). Nevertheless, many of the obtained correlations may reflect meaningful relations between the SELF subscales and the NEO-PI domains and facets. More research is needed to ascertain the reliability of these findings.

In general, the results of these investigations are consistent with expectation and have two important implications. First, we found that the SELF is a measure with satisfactory reliability and validity, indicating that its use in future research is warranted. Outside of the suggested research mentioned above, the relationship of the SELF to other measures of self-concept needs to be investigated. Furthermore, attempts should be made at developing an interpretive system for SELF subscale scores; Friedman (1983) did not devise or suggest any method of score interpretation, and there is some question as to the meaning of specific subscale scores as well as the significance of the subscale scores in relation to each other (e.g., what does a score of 12, 25 and 8 on the personal, middle and transpersonal subscales, respectively, tell us about an individual's self concept?). If the SELF is to be successfully used in research, then knowledge of the meaning of its scores is essential. Our findings indicate that the SELF personal and middle subscales appear to be measuring constructs which are largely accounted for in existing measures of personality and mental health, whereas the transpersonal subscale seems to be assessing something which is independent of measures of ego functioning and personality. This information may prove useful to future researchers attempting to accomplish such a task.

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Second, and more specifically, our discovery that the transpersonal subscale is not related to measures of ego functioning or personality implies that transpersonal aspects of self-concept are not addressed or accounted for by conventional theories and measures of personality. This takes on a special significance in light of the facts that a) the NEO-PI is hailed as the most complete and comprehensive measure of normal personality available (Costa & McCrae, 1985), and the five-factor model as the most complete theory (Goldberg, 1993); and b) the relation between the self-concept and personality suggested by mainstream literature on the topic indicates that, when one is studying personality using self-report measures, one is also studying self-concept (McCrae and Costa, 1988). In particular, it suggests that there may be a unique stable transpersonal dimension of identity which lies outside of the five-factor model of personality. This possibility could be explored through a conjoint factor analysis of NEO-PI and SELF item scores. Such an analysis would have been undertaken in our second study, but the

sample size was too small to have produced reliable findings. Future research to evaluate this possibility is strongly suggested.

*Cloninger,
et al.
arrive
at
similar
conclusion*

Interestingly, some literature has recently appeared which not only arrives at the same conclusion as this paper regarding the absence of the transpersonal dimension in mainstream theories of personality and the possibility of the existence of a specific dimension of the same, but also attempts to address the problem through the development of a standardized measure. Cloninger, Svrakic and Przybeck (1993) state that “. . . character traits associated with spirituality have usually been neglected in systematic research and omitted from personality inventories that purport to be comprehensive, including the five factor model” (p. 981). In recognition of this situation, Cloninger et al. (1993) have included a character dimension (i.e., a component of self-concept otherwise referred to as a characterological response set) in their comprehensive seven-factor psychobiological model of character and temperament designed to account for the transpersonal aspects of identity. Referred to as self-transcendence, this dimension is defined generally as the “identification with everything conceived as essential and consequential parts of a unified whole” (Cloninger et al., 1993, p. 981). More specifically, self-transcendence is seen as involving “a state of ‘unitive consciousness’ in which everything is part of one totality” (Cloninger et al., 1993, p. 981). Emerging from this and approaching the dimension in terms of a developmental process, Cloninger et al. divide self-transcendence into three components or facets. These are self-forgetful versus self-conscious experience (i.e., absorption into an experience to the point where one forgets one’s self), transpersonal identification versus self-differentiation or isolation (i.e., identification with aspects of reality outside one’s individual personal self) and spiritual acceptance versus rational materialism (i.e., the experience of relationships which cannot be explained through reason or proven through objective means).

Using this conception of self-transcendence in combination with the other six factors of personality (i.e., the four biologically based temperament factors of novelty seeking, harm avoidance, reward dependence and persistence, and the additional self-concept or character dimensions of self-directedness and cooperativeness), Cloninger et al. (1993) devised a 226-item true-false paper and pencil measure called the Temperament and Character Inventory (TCI). Though the TCI is a relatively new instrument, initial factor analytic work reveals that self-transcendence, assessed in terms of its three components, emerges as an independent dimension of personality (Cloninger et al., 1993). Moreover, in a study comparing the ability of the TCI and the NEO-PI to differentiate individuals with personality disorders of varying symptomology from each other, Svrakic, Whitehead, Przybeck and Cloninger (1993) report data from earlier unpublished work showing that the NEO-PI

obtained strong multiple correlations with all of the TCI factors (multiple correlations ranging from .63 to .83) except for persistence and self-transcendence (multiple $r = .36$ and $.30$, respectively). As was found in the present study, these findings indicate that the NEO-PT does not account for transpersonal aspects of identity. Similarly, outside of a negative correlation between self-transcendence and the presence of symptomology for schizoid personality disorder ($r = -.23$, $p < .05$), Svrakic et al. (1993) found that self-transcendence "is not a common characteristic of traditional concepts of personality disorder" (Cloninger et al., 1993, p. 982), as defined by the DSM-III-R. Based on their findings, Cloninger et al. (1993) argue that despite the inadequate representation of the transpersonal dimension in existing theories of personality and personality disorders, literature suggesting that spirituality is "important for the adjustment and personal satisfaction of many people, particularly those over 35 years of age" (Cloninger et al., 1993, p. 982; e.g., see Jung, 1933), supports the contention that further study of self-transcendence to better establish its clinical importance using both clinical and non-clinical samples is warranted.

In conclusion, the findings of the present study, along with the work of Cloninger et al. (1993) and Svrakic et al. (1993), suggest that if we want to acquire a complete understanding of human identity we must go beyond conventional views of personality and self-concept and begin serious consideration of, and investigations into, its possible transpersonal dimensions. In doing this, the primary explanatory principle for self-concept will have to shift from personality to include explorations into the processes of identification and self-evaluation themselves, a stance which has been consistently taken by transpersonal theorists (e.g., Walsh & Vaughan, 1991).

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Requests for reprints to: Douglas A. MacDonald, Department of Psychology, University of Windsor, N9B 3P4, Canada.

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WASHBURN, MICHAEL. *Transpersonal psychology in psychoanalytic perspective*. Albany: State University of New York Press, 1994. \$19.95, 367 pp.

Washburn starts his new work by elaborating on the perspective of his earlier writing:

. . . *Transpersonal Psychology in Psychoanalytic Perspective* goes beyond *The Ego and the Dynamic Ground* in four principal ways: (1) it focuses not only on the inner (intrapsychic, depth-psychological) side but also on the outer (interpersonal, object-relational) side of the developmental process; (2) it explains how ego development is tied to dualism, understood both as an intrapsychic (ego-unconscious, control-spontaneity, thought-feeling, mind-body) and an interpersonal (self-other, private-public) dualism; (3) it considers the issue of gender differences, especially as these differences emerge in the process of ego transcendence; and (4) it discusses all of the major stages of life recognized in psychoanalysis and analytically oriented transpersonal psychology: the neonatal stage, preoedipal childhood, the oedipal period, latency, adolescence, early adulthood, mid-life transition, and the stages of transcendence leading to integration. My aim in this book has been to provide as comprehensive a foundation as possible for transpersonal psychology from a broadly psychoanalytic perspective.

This is a very ambitious undertaking, and Washburn succeeds in providing us with a broad-ranging map of psychological development. As I follow his exposition, the infant starts life in contact with the nonegoic ground and is nondualistic and relatively undifferentiated from its primary caretaker. By an act of primal repression, it erects a repression barrier between its ego and the Dynamic Ground. By an act of primal alienation, it separates from its engulfing preoedipal mother (archetypically The Great Mother), who represents "nonegoic potentials and relationship." These processes, combined with a movement toward the oedipal father, who represents "ego functions and independence," lead the child to dualism, diminished contact with the numinosum of the nonegoic realm, and ego dominance. Washburn systematically addresses gender differences as development proceeds. He also discusses psychodynamics, object relations, ego development, and existential orientation at each developmental level until early adulthood.

Washburn then follows the mid-life crisis using "John of the Cross's account of the transition that leads from dualism to the emergence of faith." This discussion also includes pathologies of the self. These stages cover the familiar developmental stages that most people follow. Washburn then continues to explore John of the Cross's account of "the road less traveled," the spiritual path of transcendence: awakening, regression in the service of transcendence, and regeneration. Washburn picks up his earlier discussion of gender differences and explores how men and women go through the passage of transcendence differently. Finally he reaches the goal of transcendence, integration. His road is not a straight road up a hierarchical ladder as is Wilber's. Washburn charts a spiral. He concludes:

According to the map presented in this book, the path of transcendence begins when the ego, having traveled what it had thought was the main path of life, finds itself at an impasse. Unable to push forward as before, the ego experiences despair and believes that meaningful life has come to an end: the dark night of the senses. Fortunately, the ego is eventually led beyond this impasse and set in motion again. Now, however, the ego finds itself on a path that veers off the main course and leads into dramatically unfamiliar territory, the realm of

the *numinosum*. At first this realm is magical and wondrous: the illuminative way, pseudonirvana. But soon the atmosphere changes and the ego begins to be pulled downward on a harrowing course leading to darkness and, it seems, doom: regression in the service of transcendence, the dark night of the spirit. Once again the ego believes that all is lost. One again, however, the ego is led out of an apparently hopeless situation. Rather than perishing in the abyss, the ego is returned to its sources and, taking root therein, begins being healed and spiritually transformed: regeneration in spirit. The descending path of regression thus swings upward on a course of regeneration, a course that gradually decreases its angle of ascent until it has stabilized on a higher trajectory: integration. The spiritual path, as we have seen, follows a spiral course. It is a road that, veering off from what had been the main path of life, circles back on itself to higher ground, The Dynamic Ground.

Thus, Washburn leads us the whole way from the pre-egoic immersion of infancy, through the duality of adulthood, and finally to transcendent integration. Clearly it is a trip worth taking.

However, one of my major concerns about Washburn's writing is that the reader will be tempted to confuse his elegant theoretical maps with the much less clearly delineated untidiness of the clinical territory. The self psychologists, notably Stolorow and Atwood, have been rightly critical of much of analytic theorizing for its tendency to reify hypothetical constructs. Following Kohut, they take the position that the proper domain of psychoanalysis is sustained empathic attunement to the patient. An outgrowth of empathic attunement is the direct experience that the patient and the therapist have of the intersubjective field that they mutually create. Each partner regulates the other's sense of self. This ever changing field regulates the cohesion, stability, and positive affective coloring of both the patient's *and* the therapist's sense of self. An important outgrowth of these actual clinical experiences has been the *failure* to find invariable specific sets of dynamics. True, there are consistent patterns of interaction which are governed by the interaction between the particular patient and the specific analyst, or an individual primary caregiver and its distinctive child, but they are not the kind of fixed sets of dynamics given by Washburn. As one reads the rich journey outlined in the book, it is *the ego's* journey. It is as if the ego is an abstract homunculus, and its developmental path is generally fixed by the collective unconscious from the inside and the objects from the outside. It is not any particular whole person's pilgrimage.

The exposition conveys much more the sense of a preprogrammed unfolding of a drama of mythic characters than a continuing, immediately present engagement among people in the real world. For example, Washburn states that, during the rapprochement crisis, the child splits the Great Mother into a Good Mother and a Terrible Mother. "The Good Mother and the Terrible Mother, like the Great Mother from which they are cleaved, are beings magically empowered, mythically elaborated, and otherwise augmented by nonegoic potentials deriving from within the child" (p. 53). This is very interesting theorizing which probably reflects meaningful truths, but is quite distant from both the child and a mother's direct experience of being in the give and take of a real living interchange with each other. The reader is left with the major job of trying to go from the abstract beauty and symmetries of Washburn's map to the often uncertain, immediately experienced twists and turns of any particular individual or family's territory. Getting caught in reification would be like trying to drive across the map of the United States. A practical danger of the theoretical reifications is a tendency for them to lead to empathic failures caused by trying to fit "the

ego" to the map rather than generating specific maps from empathic understanding of the intersubjective and transpersonal fields that continually surround and sustain actual relationships. Another trap of conceptual maps is that *any* preconception interferes with the surrender to an ever changing reality, which is necessary for transcendence.

I also have serious questions about primal repression and primal alienation being the source of dualism. They may contribute to dualism, but it is also likely that dualism is bred into us at the molecular level. The immense system is continually differentiating self from not-self, protecting us from outside microbial invasions. Further, on a more behavioral level, it is necessary for biological survival to see oneself as distinct from a predator. This evolutionary view may also explain why most of us reach adult levels of dualism, and why so few of us reach transcendence. Transcendence simply does not have the immediate biological survival value of dualism. It should also be noted that a child may repress or detach him or herself from their nonegoic core in order to maintain the bond with a parent who cannot stand the child's energetic exuberant vitality. Maintenance of the parental connection, as well as alienation, stabilizes the child's sense of self.

Overall, Washburn's analysis is engaging, and in the later chapters on transcendence, it becomes inspirational. The range of his scholarship is truly impressive. *Transpersonal Psychology in Psychoanalytic Perspective* provides a bountiful source of ideas about the full scope of human development.

William Dubin

FIELDS, RICK (Ed.). *The awakened warrior: Living with courage, compassion and discipline*. New York: Jeremy P. Tarcher/Putnam, 1994. \$13.95, 267 + xvi pp.

One of the true delights of a well-edited volume is being treated as the reader to a rich banquet of samplings from a variety of literary chefs. This volume clearly resides in the well-edited category and is the latest in a series, *New Consciousness Readers* (series editor, Connie Zweig), which includes many books probably familiar to the transpersonal practitioner. In fact, it is exciting to see an entire series with transpersonal concerns.

Rick Fields, editor of this book, has done an excellent job bringing together thoughtful and thought-provoking essays on the subject of warrior and warrioress. Fields is editor-in-chief of *Yoga Journal* and also an accomplished writer as demonstrated in his own pieces here and in his essay introductions. There are forty-seven essays—short meditations on the subject of the awakened warrior committed foremost to the internal struggle and, by extension, to external struggles. The focus here is the view, exploration, understanding, and reflection of the qualities, attitudes, and actions of the spiritual warrior. The range of authors is great, and I constantly found myself intrigued with the variety of voices represented.

Field's book has five parts. In part one, he explores, "What is a Warrior? Surveying the Terrain." He immediately sets the tone, including works by spiritual leaders, such as Chögyam Trungpa, and writers from other arenas such as Clarissa Pinkola Estes and Maxine Hong Kingston. Fields sets a stance which is clear from his selection of authors—

male and female, various spiritual traditions, cross-cultural orientations, the inner warrior, and eco-warrior. His vision carries through the entire volume.

Part two, "Warrior in Everyday Life: Loving, Fighting, Working," brings the reader directly into the everyday events of real life. The authors, Robert Bly, Angeles Arrien, and others, look at ways we are warriors and warrioresses every day, in small minutes and decisions, as well as across our lives. Reading Audre Lorde's short essay, "Women with Breast Cancer are Warriors Also," shows how the power of the warrior spirit can course through daily life.

"Martial Arts: Fighting for Life On and Off the Mat," part three, takes aim at the ways of action in the world, including the martial arts disciplines of *Tai Chi*, *Aikido*, *Karate*, and self-defense. The theme: practice is important, as is attempting perfection over and over, because the true test will come, and a warrior cannot be faint of heart in the moment of combat.

The fourth part is about activism, and it is here that the reader is challenged to bring these ideals into life, to be a warrior in the world for a greater cause or purpose. The different voices are a call to action: Sam Keen, Stewart Brand, and Martin Luther King, Jr. are among those who eloquently and forcefully describe the need for action. The editor also includes works such as prisoner Jarvis Masters' "The Lone Buddhist Ranger," to again challenge the reader. Warriorship is not just about the "inner warrior"; it also means facing life and death situations.

Fields ends the book with the section, "Spiritual Combat: The Battle Within." As many involved in spiritual practice know, this is the area of core work. The authors included here, C.G. Jung, Ralph Metzner, Deena Metzger, and others, effectively lead one to reflect on the concept of the inner enemy and the conscious inner struggle, as well as one's inner warrior nature, and how they manifest.

Throughout the book, allegorical stories and poetry are interspersed with prose, and some pieces are reflective, while others are challenging. With voices from different cultures, traditions, and genders, *The Awakened Warrior* stands as a call not only for warrior fighting, but also warrior protection for all that is vulnerable and precious both inside ourselves and in our world.

Michael S. Hutton

ABOUT THE AUTHORS

Sylvia Boorstein, Ph.D., is a co-founding teacher at Spirit Rock Meditation Center in Woodacre, California, a Senior Teacher at the Insight Meditation Society in Barre, Massachusetts, and has had a private psychotherapy practice since 1967. Her forthcoming book, *It's Easier Than You Think: The Buddhist Way to Happiness*, is to be published in 1995.

Cornelius J. Holland is Professor of Clinical Psychology at the University of Windsor. His interests have revolved around psychotherapy, behavior modification, the five-factor model of personality, meditation, and methods of transformation.

Michael S. Hutton, Ph.D., a graduate of the California Institute of Integral Studies, San Francisco, is on the faculty at the Institute of Transpersonal Psychology, in Palo Alto, California, in both the residential and external degree programs. He is a Marriage, Family and Child Counselor in private practice in Mountain View, California, an associate with the Couples Resource Center, and serves as Assistant Editor on the *Journal*.

Douglas A. MacDonald is a doctoral student in adult clinical psychology at the University of Windsor. He has published research examining the relationship of measures of Jungian typology to each other and the five-factor model of personality. Current interests include the relationship of spirituality to personality and psychopathology, transpersonal psychotherapy, and science and mysticism.

Derek Gifford-May, B.A. (Hons.), is a psychologist working in a community mental health service in Sydney, Australia. He has worked in the mental health field for many years and has an interest in transpersonal psychology.

Norman L. Thompson, Ph.D. is an Honorary Associate in Psychology and formerly Senior Lecturer in Psychology at Macquarie University in Sydney, Australia. He has published numerous papers and chapters in the areas of human sexuality and phenomenological psychology.

Catherine I. Tsagarakis is a doctoral student in adult clinical psychology at the University of Windsor. Past and current research interests have centered around communication apprehension, and family stress and coping.

John Wren-Lewis, for many years an industrial scientist in the U.K., published widely in the 1950s and 60s on the relation between science and religion. He was also one of the pioneers of scientific futures studies, and is sometimes called a grandfather of the "Death of God" movement. In the 1970s he worked closely with Ann Farady on dream psychology and in the early 1980s was responsible, with her, for exposing the "Senoi Dream Tribe" legend. He now lives in retirement in Australia, where he is an Honorary Associate of the School of Studies in Religion at the University of Sydney.

REVIEWERS

William Dubin, Ph.D., a psychologist in private practice in New York City, holds certificates in psychoanalysis and psychotherapy, family therapy, and supervision. He published in the *Journal* in 1991 and 1994.

Michael S. Hutton, Ph.D., (see entry above).

BOORSTEIN, SYLVIA. Insight: Some considerations regarding its potential and limitations.—Discusses psychological insight and spiritual insight, summarizing how, to the degree they are dependent upon the integrity of the ego structure in which they arise, they have the capacity to make a person freer. The psychotherapist/teacher author offers personal experience and commentary, and case examples, to examine positive and negative potentials of insight related to ego-strength, character style, life story, impermanence, suffering, compassion, and healing.

HUTTON, MICHAEL S. How transpersonal psychotherapists differ from other practitioners: An empirical study.—Outlines development of theoretical and clinical issues in transpersonal psychotherapy, relevant spiritual experiences of contemporary U.S. population, training of therapists and their orientations. Based on survey of professional clinical groups with psychoanalytic, behavioral/cognitive, and transpersonal orientations, the study finds significant differences between transpersonal practitioners and others on dimensions of self-definition, number, and variety of therapeutic practices utilized, similarity to public in terms of spiritual interests, training, and involvement in spiritual traditions and techniques. The three groups were more alike in regard to importance of therapeutic training. The author concludes that transpersonal practitioners as a group differ in spiritual practice, spiritual experience, use of specific techniques, and spiritual beliefs relative to practice of psychotherapy, but not on the Singer-Loomis Inventory of Personality. The implications for education, training, clinical practice, and future of transpersonal therapy is considered.

GIFFORD-MAY, DEBBIE & THOMPSON, NORMAN L. "Deep states" of meditation: Phenomenological reports of experience.—A phenomenological analysis was carried out on the descriptions of the experiences of deep states of meditation. The data was collected from interviews with ten people from various meditation traditions. The meditators ranged in their practice of meditation from three to twenty-five years. A qualitative analysis of the transcribed interviews revealed three major constituents of deep states of meditation. An invariant constituent common to all ten meditators was described as "Transcendence beyond the physical and mental boundaries of the self." Two other emergent constituents were "A different sense of reality" and "Positive emotion." The analysis revealed that there are different levels of awareness within the experience of meditation. There is also some support for the notion that there is a developmental path in the practice of meditation.

MACDONALD, DOUGLAS A., TSAGARAKIS, CATHERINE I. & HOLLAND, CORNELIUS J. Validation of a measure of transpersonal self-concept and its relationship to Jungian and five-factor model conceptions of personality.—Two studies (N=142 and 209, respectively) were undertaken to a) examine the validity and reliability of the Self-Expansiveness Level Form (SELF) and b) investigate the relation of the SELF to the Myers-Briggs Type Indicator (MBTI), the NEO Personality Inventory (NEO-PI) and measures of ego dysfunction and social desirability. Inspection of interitem consistency, test-retest reliability, and factorial validity resulted in support for the SELF. Obtained correlations between the SELF and the other measures reveal that the SELF Personal and Middle subscales are tapping constructs which are common to conventional measures of personality and ego functioning. Conversely, the lack of significant correlations involving the Transpersonal subscale suggest that this aspect of self-concept is not accounted for in personality and ego-dysfunction measures. The article concludes with a discussion of the implications of the findings for the SELF and transpersonal research.

WREN-LEWIS, JOHN. Aftereffects of near-death experiences: A survival mechanism hypothesis.—Traces primary issues in current NDE theory and focuses on aftereffects in this life. Describes personal experience of near-death by poisoning in Thailand, recovery, and change of consciousness, and long-term positive aftereffects. Reports changes in perception of unpleasantness, pain, and healing, daily functioning, and sense of liberation. Speculates that NDEs break the spell of the ego-oriented survival-mechanism, thereby waking the experiencer to a more basic consciousness.

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