

Now we skip to a recent article, published almost thirty years later, in which a contribution of the Green's work with transpersonal psychology was recognized. Bruce Scotton's article (published in *Psychiatric Annals* 29,8 (1999), p. 455-464, presented in part at the annual meetings of the American Psychiatric Association, 1989-1997) defines and explores how many aspects of transpersonal psychological understanding may be integrated into a transpersonal psychiatry. [Eds.]

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THE CONTEXT, THEORETICAL BASIS, AND PROFESSIONAL IMPLICATIONS OF TRANSPERSONAL PSYCHIATRY

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Although the organized pursuit of a transpersonal approach to the study of the psyche is approximately 30 years old, and the concept of such an approach dates back to William James and Carl Jung, transpersonal psychiatry is a new and unknown field for most mental health professionals. The field has now matured to the point that it has been summarized in the *Textbook of Transpersonal Psychiatry and Psychology*.¹ Transpersonal psychiatry can be defined as psychiatry that sees people as comprising levels of development and functioning that include the well-known Ericksonian stages and continue through stages of higher consciousness. It seeks to foster healthy development and functioning at all levels. Because pathology and blocked maturation can occur at any stage, one of the strengths of transpersonal psychiatry is that it provides models for appropriate therapeutic intervention at all stages, including those "higher" levels beyond ordinary ego development. Here "higher" means both more conscious, compassionate, and related to the rest of existence and less disturbed by the vicissitudes of existence, more capable of maintaining homeostasis.

The map of potential human development begins with biologic development and the differentiation of an ego, but continues on to transcend that ego with identification of the self with larger and larger parts of the world. This concept of unfolding beyond the ego provides the name of the approach: transpersonal,

beyond the individual. Even in our predominately secular culture, an examination of the work of thinkers and artists who are accorded the status of greatness reveals a general concern with transpersonal themes and principles: universal sisterhood and brotherhood, surpassing love and compassion, life beyond death, connection with the rest of existence, attachment to principles over self, and concern with moral and ethical action.

Psychoiatry has traditionally treated the upper levels of development as the province of religion and, consequently, has not included those levels in its theories of human psychological and neurologic functioning. This division of domains for investigation effectively limits our understanding of human functioning by failing to take into account part of the data, transpersonal experience, which has been reported by all cultures throughout time. The existence of such a limit in a discipline devoted to free scientific investigation can be understood as a result of a persisting conflict between science and religion. Transpersonal psychoiatry seeks to overcome that limit, making an organized survey of higher, transegoic levels of functioning. In so doing, transpersonal psychoiatry differentiates between the transpersonal or spiritual on the one hand and the religious on the other. Transpersonal and spiritual refer to normal levels of human experience beyond the ego, "trans-personal," which are potentially available to all humans, regardless of belief system. Religious refers to the shared belief system and history of a particular spiritual group or religion. Many religious experiences have little or no content beyond ego level. Although transpersonal experiences, are often religious, many transpersonal. Experiences also exist apart from any system of religious belief. Transpersonal psychoiatry does' not propound the belief system of any one religion, but rather enables the clinician to understand and use a patient's spirituality in a way that fosters healthy growth appropriate for that patient. In other words, transpersonal psychoiatry does not attempt to amalgamate psychoiatry and religion, but rather pursues the organized phenomenologic study of transegoic levels of human functioning.

In pursuing these studies, our newly expanded discipline draws from a number of areas that were previously overlooked in traditional psychoiatry. Transpersonal psychoiatry examines sources that cross academic disciplines, studies that cross, cultures, and studies that cross states of consciousness. Traditional psychoiatry can be seen as a subset of the new larger transpersonal psychoiatry, a subset grounded in the rational positivistic world view of Western society. A willing-

ness to investigate the results of assumptions other than those currently made by Western science leads to dramatic new insights. One should keep in mind that the list presented in this article is not meant to suggest that current assumptions are all wrong, but rather that our world view is based on assumptions and that other assumptions can be profitably considered. We should not discard our perspective, we should enlarge it.

Those from a scientific background frequently argue that, given that the transpersonal developmental schema postulates states beyond the rational, there are no testable means to evaluate the truth or falsehood of claims about those transpersonal realms. To the contrary, there are at least two criteria for judging the transpersonal realms, criteria that we can learn to apply as rigorously as those we apply to physical phenomena. The first is similar to the concept of the global assessment score. Does the purported transpersonal phenomenon occur in the context of, or help to bring about, improved overall functioning in the individual experiencing it? The second criterion is assessment by experts in the realm of consciousness to be studied. Is the phenomenon congruent with the findings of, or can it be validated by, others who have successfully worked the same realm?

UNDERLYING ASSUMPTIONS ABOUT REALITY IN WESTERN STUDIES OF THE MIND AND BRAIN

The following assumptions are discussed because they are important underpinnings of traditional psychiatry. This list is not intended to be complete. In each case, one should consider that other societies, and some well-schooled, rational members of our society, reject that assumption. The expanded model of psychiatry proposed here, following the social relativists such as Derrida, Foucault, Whorf, and Sapir, will argue that our basic assumptions and the language used to describe them shape and even create the world that we experience. Because we cannot possibly attend to and process all the available experiential data at any moment, our assumptions and language perform a screening function for us, labeling that which is important and disregarding that which can be ignored.

Transpersonal theory asserts that psychiatrists should be aware of not only their own set of assumptions, but also as many other sets of assumptions as possible.

Those sets become tools that are appropriate and effective in varying circumstances.

Assumption 1. Reality Exists Independently of the Observer and Is Therefore Objectively and Reproducibly Measurable

The corollary to this assumption is that humans are separate from the rest of being. One result of this assumption has been that the failure of humans to see themselves as part of the environment has led to cavalier treatment of pollution and resultant climbs in cancer rates and loss of plant and animal life.²

Assumption 2. There Is No Purpose or Reason for the Functioning of the Universe

A part of the scientific reaction against the church's inhibition of free inquiry, this assertion replaced the idea of God's having a preordained plan for creation. The tenet became so ingrained in academic circles that the successful characterization of any argument as teleologic (suggesting a greater purpose behind events) resulted in its dismissal. The assertion of the random nature of events is closely allied philosophically with another production of the logical positivistic mind-set, the idea of entropy. The concept of entropy implies that the universe will gradually run down and lose energy and organization, that is, it will randomize. More recently, thinkers of a different philosophical bent have proposed the idea of negentropy, that the universe' has some organizing principle that will gradually guide it toward increasingly coherent and related existence. Why the one philosophical hypothesis, chaos is increasing, should be considered respectable and its converse, coherence is increasing, considered grounds for automatic dismissal in a scientific discussion is not logically clear.

Assumption 3. Logical Inconsistencies in a System Indicate Its Lack of Validity

So deeply ingrained by now, this assumption seems almost a self-evident truth. However, the fact that this is an assumption can be illustrated by a counter example from the new physics. Well-known experiments show that light, under different circumstances, acts as if it is made up of waves and as if it is made

up of particles, yet the two forms are mutually exclusive. Using the two contradictory models of photons and light waves, modern optics continues to make impressive breakthroughs.

Assumption 4. Rational Thought Is the Highest Level of Development of Human Consciousness and Therefore the Final Arbiter of the Truth or Falseness of Any Assertion or System

As great as the productions of the rational mind are, transpersonal studies find evidence for higher states, often marked by their breadth of vision and holistic, rather than incremental, nature. Whereas some rationalists deride mysticism as irrational, transpersonalists criticize those critics for committing what Wilber terms the pre-trans fallacy. That is, those rationalists confuse functioning beyond the ego level with functioning belonging to pre-egoic states and then mistakenly dismiss the transegoic. An example of a transegoic state would be the visionary, creative state that great artists and writers enter in which the work seems to emerge fully formed and they must struggle to capture it before contact with the inspiration is lost. The merit of such creations clearly sets them apart from such pre-egoic phenomena as, say, a paranoid delusion of contact with the thought broadcasting equipment of the CIA.

Assumption 5. Western Civilization and Culture Are the Most Advanced Ever (The Ethnocentric Assumption)

Although the multicultural roots of the American populace and ideas of American tolerance make the overt pronouncement of this assumption less common than it once was, this assumption universally underlies our society's approach to the study of important questions. Whereas we consistently budget millions of dollars for research on neurotransmitters, practically no research money is spent on investigating what Native American shamans, or yogis, or lamas may already know about the treatment of depression. We, as a psychiatric discipline, continue to research the kinds of approaches we understand, to the neglect of other cultures' approaches to the same problems. In so doing we risk wasting time reinventing the wheel.

In fact, academicians made a run at a multicultural approach to education in the 1970s, but with mixed success. Difficulty maintaining rigor in the

new multicultural approach was confused with a general lack of value to be found in the study of other cultures' knowledge bases. A reactionary movement set in that openly upholds the importance of adhering to the "Western canon."

Assumption 6. Individuality Is Valued Above Group Identity and Connection to the Rest of Being

American society's emphasis on individual rights and responsibilities contrasts with Japanese society in which a well-known dictum states: the nail that sticks up will be hammered down. Native American culture extended the sense of community even farther, stating that humans were but one part of the larger community of beings with no more right to modify the environment than any other creature. Our collective emphases on individuality and human sovereignty closely relate to assumption 1, that we exist apart from all else. These assumptions may seem childish and wrongheaded to those who assume the general connectedness of all beings.

Assumption 7. Our Study of the Mind and Nervous System Looks at Objective Data and Is Not Bound by Assumptions or Paradigms

Our world view, like all world views, starts with assumptions. To honor our commitment to the scientific method, which instructs us to examine all the available data relating to a question, we must begin to examine how other sets of assumptions may reveal other data, lead to other theories, and generate alternative answers to important questions.

HISTORICAL CONTEXT FOR THE TRANSPERSONAL PERSPECTIVE

Because the vast majority of our profession has been raised while immersed in the current scientific paradigm, we should take time to examine how assumptions about the nature of reality and human functioning in it changed in the West not too long ago. Until approximately the 17th century, the general assumption among both academicians and the general populace was that God was closely involved in the day to day working of the world. Worldly knowledge and otherworldly knowledge were inextricably linked. The unfortunate side effect of this linkage, due to the cultural hegemony of the Christian

church, was that inquiry and research were blocked as constituting an assault on religious dogma. Because the working of the world was administered by God, to question the rules of that working was to question God and His church.

With the Age of Enlightenment, God and church were made to take a step back. Theorists such as Descartes maintained that, without sacrificing belief in God, men and women could legitimately research the rules underlying the operations of the physical world. The model was now that the world was much more like a fine watch, created by God but operating on its own with clearly definable mechanisms.

By the 19th century, some were beginning to question the need for any belief in God. This iconoclasm was exemplified by Marx's famous proclamation that religion is the opiate of the masses. During the 20th century, existentialism and humanism became major philosophical forces and the prevalence of belief in God sank even further. Even Christian theologians proclaimed "the death of God." After the realm of the spirit was negated by some, even the importance of the realm of the mind was called into question.

From mid-century to the present, we have seen an increasing separation of beliefs along education-income lines. Polls suggest that the more highly educated individuals are, the less likely they are to have a strong belief in God or one of the organized religions. A fundamentalist backlash has emerged, alleging that the current educational system teaches a godless, immoral view of the world. Social observers write of Western culture's losing its sense of a shared standard of behavior and values.

A transpersonal perspective suggests that both sides in the scientific-fundamentalist split are partially right, that each holds one part of a field that has been artificially split-the field of conscious human experience. Western scientific thought made a major breakthrough when it freed investigation of the world from control by any religious belief system. However, it did not go far enough in that it failed to extend that free investigation to the reality of spiritual experience. The fundamentalists have a valid criticism of science as it currently stands.

Although spiritual experience is a persistent universal phenomenon, modern science largely fails to include spiritual experience in its theories and resulting world view.

The line of separation between science and religion must be redrawn, no longer separating according to content, but now separating by the functions of the institution. No aspect of human experience should be excluded from the purview of either institution, but the two should be seen as performing different functions, with science gathering information and discovering applications and religion assigning value and meaning.

ADDITIONAL AXES FOR PSYCHIATRY

A multi-axial approach, made familiar in the area of diagnosis by the most recent versions of *the Diagnostic and Statistical Manual (DSM)*, helps conceptualize the contributions that transpersonal psychiatry can make to psychiatry. Transpersonal psychiatry suggests three new axes, previously largely ignored by our discipline, as important determinants of any psychiatry. Those axes are the cross-disciplinary axis, the cross-cultural axis, and the cross-states-of-consciousness axis. The reader should note that these are axes of point of reference or stance of the psychiatrist, not of diagnosis. Just as the DSM axes remind us that the same presenting problem can be assessed differently from the perspective of each of the different axes and that a more comprehensive, and potentially more efficacious, assessment results from using the multiple axes, these new axes remind us that our theories, research, teaching, and clinical practice can all be more comprehensively and efficaciously conceived if we use multiple points of view.

Each diagnostic axis includes its own perspective and knowledge accumulated from that perspective. Such a multifactorial context sheds useful light on treating the patient. Similarly, each of the new theoretical axes includes families of different perspectives on human experience and mental process. Understanding that there are such different vantage points and using them to view our psychiatric work sheds an entire spectrum of illumination on the field. Currently, we draw from only a tiny portion of that spectrum; it is as if we had been only looking at our patients but now understood the possibility of

performing palpation, auscultation, x-rays, and electromagnetic resonance scans for them.

The Cross-Disciplinary Axis

That the boundaries between our academic disciplines are created by humans and are at times arbitrary seems all too obvious. However, unquestioned acceptance of the usual boundaries of our field, coupled with the impossibility of mastering the sheer volume of knowledge currently available, may leave us collectively overlooking rich mother lodes of information right in our own Western academic backyard. For instance, sociologists have made criminology a recognized subspecialty of their field. Yet while sociologists continue to study deviant human behavior, we collectively make little effort to digest what they know and relate it to our knowledge base about sociopathic behavior. Although crime is consistently cited as one of American society's greatest concerns, we, as a discipline, largely overlook it.

Physics has informed transpersonal psychiatry, not so much because of the applicability of specific pieces of information from physics, but because of the example of the broadening of the field from "classic" Newtonian physics to "modern" physics. Classic physics is still seen as true, when one makes a certain set of suppositions about the nature of the world. Other suppositions bring about other truths. As has physics, psychiatry may now question which set of suppositions, and which resultant psychiatry, may be most efficient for addressing a given problem.

The well-known story of Kekule's discovery of the benzene ring illustrates the unexpected ways in which cross-fertilization of disciplines may occur. Just as Kekule's knowledge of zoology (and mythology?) ultimately gave him the dream image of the uroboros, the snake swallowing its own tail, that he used to work out the configuration of six carbon atoms, so we cannot predict just how exposure to other ways of seeing the world may shed light on psychiatric conundrums. What is essential is that we, as a field, begin to prospect other disciplines regularly for their riches. We must create and support a new kind of researcher, a psychiatrist who is also well informed in another academic field and who functions as a kind of intellectual explorer-prospecter to survey that second field continually for information, concepts, approaches, and paradigms

that are relevant to psychiatry. Currently, we risk overworking our statistical and biologic orientation to the relative exclusion of other ways of knowing.

The Cross-Cultural Axis

With the discussion of the cross-cultural axis, we enter less familiar and more frightening territory. Different cultures invest their attention and creativity in different aspects of life. For instance, cultures labeled primitive by our society often have elaborate kinship systems with nuances of relationship, including appropriately varying responsibilities and privileges, that are not even defined in our culture. Such complex social systems create a fine net of connectedness that effectively prevents the degree of alienation that is so widely noted in our culture. Language plays a key role in directing attention, in labeling that which the culture considers worthy of attention and in ignoring that which it does not. Some cultures have fewer names for colors than we do and are incapable of discerning differences in color that are obvious to us. Some cultures have only simple counting systems and are incapable of differentiating large numbers. It would be hubris to assume that our culture has no such blind spots that could be illuminated by immersion in other cultures.

The problem with the worlds we create with our languages is that although they are true as far as they go, they are limited. That is, cultures pick out certain aspects of the world to name and invest attention in, and disregard others. Most members of a culture then go on to assume that the world they talk about and attend to is the “real,” read complete, world. Precisely because our attention has been trained in certain directions by our membership in a cultural language group and because experience seems to certify that we have learned to describe the “real” world in our cultural group, it is essential that some researchers be immersed in the different worlds created by ‘membership in different language groups if we are to become aware of our own cultural blind spots. Here the need is for psychiatrists who are willing to learn the language and beliefs of other cultures well enough to step into” the world validated by those cultures and then to look in that world for. knowledge that is relevant to psychiatry.

Weimer and Lu’s exploration of Kurosawa’s *Ikiru* provides an example of the kind of unexpected yield cross-cultural studies can produce.³ When confronted

with the gradual realization of his impending death, Kurosawa's hero traces a course through emotional states that are unknown in Western culture. Experiencing *aware*, Watanabe-san's bittersweet realization of the fleeting yet beautiful nature of life prompts him to question the worth of his life spent as a petty bureaucrat. A period of searching leads him through despair and dissolution to a mission: he, devotes his last days to using his knowledge of the bureaucracy to shepherd through the system the creation of a park for neighborhood children. In so doing he enters a state of *yugen*, a sense of ineffable peace and oneness with the cyclic nature of existence. Only by discovering the existence of such states, and by learning to direct our attention toward them appropriately, can we begin to use them with our own patients.

A major and early cross-cultural discovery for transpersonal psychiatry was the inextricable tie between spirituality and healing in most cultures. Even our own medical tradition affirms the connection. For instance, students at the Columbia University College of Physicians and Surgeons continue to enter beneath an inscription that reads, "From the most high cometh healing." However, the culture-wide science-religion split has left our discipline largely separated from its spiritual connection and with what often amounts to a fearful reaction when the issue of addressing spirituality is raised. Some psychiatrists fear that discourse on spiritual issues cannot be held with rigorous standards of inquiry and free of dogmatic attachment to religious beliefs. Furthermore, many psychiatrists fear the unknown when presented with information about states of consciousness, spiritual phenomena, and levels of insight that they have never experienced themselves. Because such fears often operate unconsciously, they further hamper efforts to begin psychiatric exploration of spirituality.

In fact, cross-cultural studies reveal that vast fields of knowledge exist about human consciousness and human potential in the spiritual traditions of other cultures. Psychiatric research is just beginning to explore the knowledge bases of the Buddhist *abhidharma*, the Tibetan Buddhist visualization practices, the Hindu yogic meditation states, and the Native American shamanic world, to name a few sources.

The Buddhist *abhidharma*, or study of human consciousness, includes a map of 121 precisely defined states of consciousness correlated with emotions and realms of awareness.^{4,5} The use of some of these states in the conduct of psy-

chotherapy has begun to be described by such authors as Epstein.⁶ Important questions remain to be studied, including: To what degree can meditation practices designed to elicit the positive states become useful treatment for Westerners suffering from the negative states? Does attainment of any of the most positive states act as an inoculation against reentering some of the negative states?

Tibetan Buddhist practice employs elaborate visualization techniques in which the practitioner develops certain desirable traits (e.g., compassion or fixed concentration) by first picturing and then merging with the deity who personifies those traits. Questions yet to be answered include: To what degree are such techniques transplantable? Do they produce the same results in people raised in a different language and belief system? What would be the effect of using such a Tantric technique with a Western icon? How is the practitioner matched with an appropriate deity to prevent unforeseen ill effects?

Hindu yogic meditation states are, in some ways, parallel to Buddhist ones, yet the two systems describe seemingly diametrically opposed final truths.⁷ In Hinduism, the Brahman is the ultimate reality, the ground of being or single essence of existence behind all the apparent multiplicity.

In Buddhism, the ultimate realization is that of *nirodha*, or cessation. Nothing, including the consciousness of the observer making the statement ultimately exists. Are these merely semantic differences, or are the states attained by the two systems meaningfully different and perhaps useful for different kinds of people? One little known outcome of psychiatric research into Hinduism, was that dramatic results in Elmer and Alyce Green's work with yogis at the Menninger Foundation provided an early boost for the nascent field of biofeedback. As a result, what was "known" about the autonomic nervous system and what was supposedly not potentially available to conscious control had to be changed.

Native American shamans regularly enter the spirit world, where they gather guidance for treatment and often verifiable historical data about the case at hand. Research could be performed in this area to answer questions such as: Is such spirit contact only a kind of visualization or is it real in some kind of

objective way? Does its objective reality or lack thereof influence the outcome of such treatment? To what degree does treatment involving spirits transplant across cultures, or (given some fundamentalist Christian groups' similar beliefs) across socioeconomic class lines?

The author's recent research with two Huichol shamans reveals their surprisingly deep and informed concern with the treatment of psychopathology. He would like to expand this research to answer these questions: What are the curative aspects of the rituals they perform and how transplantable is that work? How much more effective would they be if they could treat their patients as needed with the sacred peyote, a treatment that they currently do not employ in their work in the United States due to concerns over federal opposition to psychedelic use?

The Cross-States-of-Consciousness Axis

The assumption that rationality is paramount seems to be the most passionately held assumption and the one that produces the most fearful responses when questioned. Defensive rationality is found at the root of most cases of scientism, the holding to what is currently known by science as if it makes up an unassailable, dogmatic truth.

The great mystical traditions of both East and West supported by psychedelic and psychic research, teach that rational consciousness is a middle-level attainment in the continuum of possibilities for human consciousness.^{8,9} Wilber presents a map of human consciousness in *Transformations of Consciousness*.¹⁰ In a melding of the topographies of Western developmental psychologies and those of the meditative and mystical disciplines, Wilber presents nine levels of development. Standard Western models, such as those of Erickson, extend to Wilber's sixth level, which is concerned with attaining existential authenticity.

What then must we reach to include in our theories?. What have we collectively overlooked? Having allowed that there may be levels of functioning beyond rational thought, Wilber continues on to make the case that many different religions, mystics, meditators, and psychedelic and psychic researchers all point to similar maps of the higher levels. The levels are described below, in ascending order.

At the level of *psychic* functioning, human consciousness develops a direct inner vision of the truth. This is the realm of psychic experience, of knowing things because one has begun to transcend attachment to identification with only the self contained within one's 'physical body. Transcending attachment to the ego turns out to mean not just a noble detachment from self-gratification, but also seeing the self as including ever more of the world. As one recognizes self in what was formerly other, knowledge of what was formerly foreign comes naturally. As Sri Aurobindo put it, "The fundamental nature of the supermind is that all its knowledge is knowledge by identity and oneness even when it makes numberless apparent divisions. . . ."11

Possibly the most common clinical presentation of this phenomenon is the dream announcing the death of a close family member. During the author's 22 years of practice, there have been ten instances in which a patient dreamed that a family member had died and was then notified that the death had actually occurred. Critics might dismiss this phenomenon by saying that people often dream of death, but more frequently report those dreams that coincide with a waking world death. However, because the author regularly works with dreams and imparts to his patients the sense that such changes as the dream death of a family member are important, he gets comprehensive dream logs from most patients. Based on these logs, there have been only two instances where dreams of the death of a family member were not soon followed by waking world death. Using our developmental model, we can understand the prescient dreams as examples of transcending ego boundaries in which the transcendence has been accomplished within the field of the family. That is, for most people the sense of self first expands to include those whom they know best, their family.

At Wilber's *subtle* level, the developing individual obtains access to experience of what Jung called the archetypes. Here the subject stands in awe in direct relationship to the transcendent. Our Western intellectual culture tends to think of experiences of this sort in terms of historical, perhaps mythical, encounters: However, such experiences continue today in the mystical branches of Western religion, in Eastern meditation and visualization practice, in shamanic journeys, in African trance dancing, spontaneously, and in many other contexts. Experience at the subtle level may also include visions of darkness and the hell realms, because, although transcendent, the subtle level is still dualistic. The

subject's context of general functioning differentiates this level from the pathologic visions of a schizophrenic or manic patient with religious ideation. Whereas the psychotic patient obviously has disturbed functioning in several spheres, the person having obtained the subtle level of development contains the transcendent experience, continues to function at other high levels of ego organization, and profits from his or her contact with the archetypal level. Pre-personal experiences occur in a context of inadequate ego functioning. Transpersonal experiences occur in a context of average or superior ego functioning.

At the *causal* level, the developing self transcends duality. Subject and object no longer exist, nor good and evil. There is no longer an awestruck individual beholding the transcendent. At the causal level, the individual becomes one with all of existence. Various systems have called this level nirvana, the ground of being, and asamprajnata-samadhi (oneness without thought). Contrary to Freud's famous dismissal of such states as merely evidence of a desire to return to the womb, the individual attaining this level often displays a context of general functioning that is superior to normal and not what would be expected of someone with prepersonal phenomena such as catatonia or fugue states.¹² Pathology can arise even in negotiating this level of development. The peace of this state is so rewarding, and the relative incompleteness of lower states so frustrating by comparison, that the developing self may be drawn to spend all available time here. Such a decision, of course, constitutes a final ego attachment, this time an attachment to the state of enlightenment. The final development then consists of the ability and willingness to travel across the levels of self freely, a state called sahad-bhava samadhi in yoga.

IMPLICATIONS FOR PSYCHIATRY

Expanding our discipline to this new, broader model means we have to enlarge training to encompass a much broader knowledge base. To our current fund of information we must add training along the three axes noted above. Without such training, psychiatrists risk making the error of naive objectivity (thinking that their perspective is the true and "objective" perspective and that their assumptions do not influence their research or treatment). Lu has provided a picture of how such a residency training program could be structured today.¹³

The requirement for teachers to train from this “observer’s multiaxial perspective” suggests the second major implication of a transpersonal psychiatry. Our discipline must begin to support scholars and researchers who know another academic discipline well enough to mine it for applicability to our work, who are willing to immerse themselves in the world created by another language-culture group to search for new perspectives on healing, or who can not only study, but also experience higher levels of consciousness to understand development and pathology at those levels. That support must include not only hiring instructors, but also funding research and providing access to venues for publication and presentation.

These revisions of our approach to teaching and research must be accompanied by the application of our broader understanding to our work. As clinicians, we will learn to apply a broader range of techniques to our patients. We will learn new, higher level ‘developmental pathologies that require new interventions.’^{14,15} If we wish to work at higher levels, many of us will be forced to develop ourselves in ways we have not previously considered and, as a result, will become more effective physicians at all levels of our work.

The final implication is the most fortuitous for the profession of psychiatry. As we restructure our discipline along these lines, we extract ourselves from the difficult historical corner we find ourselves in today. Rather than fighting for economic survival in a difficult marketplace among other competing disciplines, we assume the much greater, overarching task of facilitating human development from the biochemical through the psychodynamic and interpersonal to the spiritual. We collectively presume that the organized, rigorous study of human development and its possible pathologies can lead to healing of such difficult areas as the loss of a shared sense of values among our citizens and the poisoning of our environment. Through our willingness to expand our biopsychosocial model to a biopsychosocialspiritual model, We become the one discipline that provides an appropriate, rigorous, well-grounded approach to human problems at all levels of development, from the molecular to the transcendent. The panoply of human problems and their interrelationships, from individual to cultural to cosmic, provides a huge field for our contribution as a discipline. Rather than worrying about one small piece of the puzzle and competition over that piece, we can step back and look at how much work we have to do on the big picture.

CONCLUSION

Transpersonal psychiatry comprises a newly enlarged model for psychiatry that springs from the observation that higher levels of human development, and the pathologies that can arise in negotiating those levels, have been overlooked in our current psychiatry. This article presented a historical context for understanding that oversight, a survey of some of the assumptions underlying our current psychiatry, and a series of three progressively farther reaching axes of information that inform our newly expanded discipline. From this enlarged perspective, our current biopsychosocial. Psychiatry can be seen as a subset of a biopsychosocial-spiritual psychiatry, just as Newtonian physics is a subset of the new physics. In psychiatry, as in physics, expanding the model requires questioning and then rethinking assumptions about the basic nature of the world and inquiry into it. Pursuing this new psychiatry will require that we extend our training to include, this much broader base, that we support a new kind of “cross-axial” researcher, and that we learn and implement appropriate treatments for the pathologies particular to the newly added levels of consciousness.^{14,15} The collective willingness to undertake such a restructuring will result in vast new areas of opportunity and responsibility for psychiatry.

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