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# Transpersonal Approaches to Clinical Supervision

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Transpersonal psychology can provide unique approaches to clinical supervision by offering an interconnected self-expansive view of the self across time and space, as well as can provide a secular avenue to consider the importance of spirituality without relying on supernatural assumptions. Transpersonal supervisors can challenge conventional notions about what and how supervisees know, and even the nature of being a knower, through providing a more inclusive, perhaps even holistic, vantage that is both critical of mainstream approaches and surpasses their ability to provide a coherent “super” (i.e., going beyond the usual more-myopic understandings) vision. Background on transpersonal psychology related to the supervisor role is provided, and discussion on how to conduct transpersonal clinical supervision is offered, along with cautions regarding potential pitfalls in adopting this perspective.

**Keywords:** assessment, transpersonal, psychotherapy, self-expansiveness, spiritual, supervision, therapy

**M**aslow (1993), an important figure in mainstream and a founder of transpersonal psychology, discussed the farther reaches of human nature as the foundation for a transpersonal vision that shifted the focus in psychology from being person-centered to a more expansive cosmic-centered perspective. Perhaps this vision, which is more inclusive and even holistic, could be deemed a “super” vision, and could be pertinent to optimizing clinical supervision as a process in which a mentor provides help to a clinician in better understanding clients through assessment and treating through therapy. For purposes of this paper, clinical supervision focuses on the mental-health context, but can be broadened to include other contexts, such as coaching and more growth-, rather than deficit-, oriented endeavors. Just as Copernicus shifted viewing the earth as the center of the universe, the transpersonal vision shifts the person from being seen as an isolated individual to being seen as radically interconnected with both others and the environment, as well as with the entire universe. From this expansive vantage, a person is not merely a separate “individual,” a term whose root (*divid*) reflects the notion of one

both indivisible and divided from all contexts. In contrast, a transpersonal vision can consider the person as profoundly going beyond (“trans”) such isolation by being viewed as interconnected with all that exists and, perhaps, into possible spiritual realms beyond what may be construed as the limits of natural existence.

Jung used the term *überpersonlich* in 1905, which was originally translated into English as *superpersonal* and later in 1917 changed to *transpersonal*, the first published use of *transpersonal* as a term (Vich, 1988). The initial translation of *überpersonlich* as *superpersonal*, reveals one of the connotations of the term *transpersonal*, namely that it refers to an inclusive view that is an overarching superset of all lower sets, and perhaps might even refer to the, or an, ultimate set, which could be seen as holistic in the sense that it contains all possibilities. This historical interchangeability of the translation of *superpersonal* and *transpersonal* relates to *transpersonal* supervision. Supervision, literally *super* vision, can be understood as providing an expansive vantage going beyond the more limited perspective of the supervisee, as a supervisor should be able to see farther than what

a supervisee can. From this vantage, supervision allows a supervisee to benefit from the knowledge, skills, and abilities of a supervisor who has the advantage of such an expansive perspective. Although the vision in supervision ostensibly refers to seeing, it is a metaphor that holds a larger meaning for expansive knowing through any of the senses, as well as perhaps through possible non-sensory ways of knowing (e.g., intuition or even perhaps a direct grasping of reality in some sort of “suchness”).

This is conveyed well by Reik’s (1949) famous use of the metaphoric “third ear” for describing that which a skilled helper can use to infer meaning in non-ordinary ways. Reik discussed this type of listening as paying attention to that which is unsaid as well as explicitly said, and by attending not just to what is spoken but also to the many levels of meaning within a client’s expression. For example, when a client going through a major life crisis talks to a psychotherapist about everything but that crisis, the unspoken rings louder than the spoken. All supervisors are expected to have superior “understanding” (i.e., seeing what stands under the obvious) and, to further use this metaphor, *overstanding* (i.e., a neologism referring to seeing the bigger picture). By being able to see more than, and hence being able to guide, their supervisees, supervisors can provide the missing proverbial third ear (or perhaps spiritual “third eye”) that Reik saw as needed for the highest quality therapy.

### **Transpersonal Psychologies**

**T**ranspersonal approaches to clinical supervision derive primarily from transpersonal psychologies, which provide a strong critique of, and alternative to, mainstream assumptions and practices (Friedman, 2012). Transpersonal psychologies tend to focus on an expansive vision of the individual, and they emphasize individual’s interconnectedness with the world, including aspects of the world seen as more inclusive, possibly holistic and maybe even sacred, that are too often ignored by mainstream approaches. Transpersonal psychologies provide a basis for approaches to help individuals (and groups of individuals) deal not just with deficits (e.g., psychopathology) but also growth, including extraordinary growth—such as in achieving higher

states of consciousness or possibly even spiritual enlightenment (Johnson & Friedman, 2008). In addition, transpersonal psychologies differ from traditional religious-spiritual approaches by not just embracing extant faith-based notions but, rather, distilling these for beneficial purposes using science and other methods of secular discernment (Friedman, 2002, 2013a, 2018b). Consequently, they dispute many mainstream notions about how we know (epistemology), what might be known (ontology), and the nature of the knower (the self and perhaps, in a larger way, the Self with a capital; Friedman, 1983), all valuable for socializing supervisees into an expansive appreciation of the many dilemmas inherent in assuming a helping role. Transpersonal psychologies can seek a balance between embracing the prevailing scientism within psychology that privileges certain methods by challenging prevailing beliefs that the best way to know uses only quantitative methods and experimental designs versus by challenging extant religious-spiritual beliefs that rely on blind acceptance of faith traditions. In doing so, it also can both challenge the mainstream’s naïve materialism, the belief that all that matters is matter (i.e., as in reducing consciousness to only being brain activity), while simultaneously it also can challenge fixed religious-spiritual doctrines that are enshrined in taboos that deny open questioning of everything. In other words, it can provide a reconciliation of these two opposites, and can escape a treacherous cultural trap (see Glover & Friedman, 2015, for a way to approach reconciliation of such dilemmas and avoidance of such traps).

Most radically from a conventional scientific perspective, transpersonal psychologies can dispute mainstream notions about the knower (the self/Self) by challenging the most fundamental, maybe even sacred, assumption in contemporary Western psychology, the view of the individual as an isolated monad (or even “soul” to those with a more religious bent) operating independently from its environmental and even from its largest (i.e., cosmic and perhaps even supernatural) context. Instead, it provides an expansive view of the self as interconnected with all of existence, including spiritual possibilities that transcend existence as

a category (Friedman, 1983, 2013b, 2018b). As a scientist, I refrain from positing about anything supernatural, but I do not refrain from alluding to this as a possibility that simply cannot be ruled out (Friedman, 1983) but also cannot be explicitly stated (Friedman, 2018a). This position rests on the fact, not just an opinion, that individuals are not merely separate entities, as an individual being cannot exist alone without physical sustenance, and all human individuals emerge as helpless infants requiring at least initial social support. We are always inextricably embedded in various contexts, including contexts inclusive of all existence that, when taken to their logical conclusions, veer toward the sacred, namely the transpersonal, even if we cannot cogently articulate what that might be (Friedman, 2018a). In these and many similar ways, transpersonal psychologies provide a more inclusive, as well as critical and possible holistic, alternative to the implicit worldviews shaping much of conventional psychology and the many clinical traditions stemming from psychology as a science, including those that pertain to clinical supervision.

Transpersonal psychologies are also critical of many mainstream practices, such as the growing trend to reduce psychotherapy to only being a supportive adjunct to the prescribing of conventional psychotropic medications that treat just the biological aspects of a person or to seeing problems in living as solely due to surface-level cognitive-behavioral processes rather than possibly due to deeper rifts, such as struggles at the level of competing archetypes and clashing worldviews (Friedman & Hartelius, 2013/2015). Likewise, transpersonal psychologies have evolved a variety of clinical approaches that differ from, and in many ways challenge, conventional practices, including assessments (Friedman, 1983, 2021; MacDonald & Friedman, 2002) and therapies (Friedman, 2019, 2020; Rodrigues & Friedman, 2013/2015).

As transpersonal psychologies form the basis for transpersonal supervision, it is important to see their historical context and definitional boundaries to understand their proper use, and possible misuse, within clinical supervision. Historically, transpersonal psychologies developed out of the turmoil of the United States during the 1960s, specifically

in response to multiculturalism (e.g., shattering the hegemony of Western religious parochialism through exposure to Eastern and indigenous spiritual traditions), psychedelic exploration (shattering the naïve belief in reality as conventionally understood), and social justice (shattering the blind acceptance of established authority, such as in civil rights struggles). The initial publication of the *Journal of Transpersonal Psychology* officially began transpersonal psychology (or, as I use it in the plural here, psychologies) as a unique discipline and, in that journal's first issue, Maslow (1969) defined it as a refocusing from a human-centered to a cosmic-centered psychology in which humans are radically interconnected. This radical vision of an expansive and interconnected self provides the basis of my model of "self-expansiveness" (e.g., Friedman, 1983, 2018b) and other similar transpersonal conceptualizations (e.g., Walsh & Vaughan, 1993). The construct of self-expansiveness includes the capacity of the individual, cognitively mediated through the self-concept, to identify with all that exists within space and time, and with that which might even transcend the limits of space and time (i.e., by including the possibility of the spiritual).

It is important to note that self-expansiveness is not necessarily the only or even a core component of transpersonal psychology, a subdiscipline of psychology that contains many diverse perspectives (Friedman & Hartelius, 2013/2015), but it is one construct that has been operationalized in a conventional scientific way and shown to be useful in a number of programmatic studies that cumulatively build upon each other (Friedman, 2018b). In that sense, it captures important aspects of what the suffix "trans" in transpersonal can mean — and in a way that meets the criterion of being scientific, a status which mainstream psychology claims. Nevertheless, there are surely many other approaches to this diverse and sometimes heatedly divisive area. For example, self-expansiveness is a cognitive construct related to how broadly or narrowly and deeply or shallowly and so forth that an individual might understand their own sense of self or self-concept, including a transpersonal sense of self or even Self. However, transpersonal psychology can include other aspects of experience

and behavior, such as the affective dimension or feelings. For example, the construct of awe as a profound feeling can be seen as transpersonal in that it involves a sense of contacting something much bigger than oneself, which can lead to a sense of the transpersonal (Bonner & Friedman, 2011), and which can also be harnessed within transpersonal therapies (Bonner & Friedman, 2016) and even for supervision purposes.

Among transpersonal psychologies' virtues are that it pioneered many formerly marginalized, and even denigrated, areas during the 1960s. Consciousness studies is now a legitimate scientific area, but it was taboo when transpersonal psychologists first took it seriously. Integrating insights from Eastern and indigenous cultures is now widespread, but mainstream Western psychology until recently tended to look down on others' cultures, while transpersonal psychologies were among the first approaches to take them seriously and with respect. Transpersonal psychologies also explored limitations in psychology's traditional scientific methods, and they were among the innovators of the paradigm shift allowing qualitative and multi-method approaches to be accepted within psychology. Transpersonal psychologies thus have been in the lead in transforming many innovative aspects of marginal psychologies into what has now often become mainstream. The tremendous interest from mainstream psychology in mindfulness approaches, for example, began with articles published in early issues of the *Journal of Transpersonal Psychology*, while transpersonal psychologies have promoted various human-science research methods putting into practice alternate assumptions about epistemology, ontology, and the self as knower (Braud & Anderson, 1999), many of which are now widely accepted as legitimate. However, despite its many contributions, much considered seriously within transpersonal psychologies still remains outside of, and viewed negatively by, the mainstream, such as controversial interests in parapsychology (Krippner & Friedman, 2010). Some of this concern is well deserved, as many things of dubious value and possible harm also have been embraced under the banner of transpersonal psychologies (Friedman, 2002, 2013a).

Consensus about even defining transpersonal psychologies remains elusive, containing many different meanings held by those who use the term. Wilber, a one-time leading transpersonal scholar, once quipped to me, "every year there is a contest to define *transpersonal*, and every year no one wins" (personal communication, circa 1997; also see MacDonald & Friedman, 2020). This explains why I am writing about transpersonal psychologies in the plural, as there are many competing factions. In a defining handbook (Friedman & Hartelius, 2013/2015), many different, and sometimes seemingly incompatible, views are presented, both showing their disunity as well as their huge scope (perhaps this book, taken as a whole, should win Wilber's contest because it presents the many views in a possibly holistic way?). For example, I have strongly advocated for transpersonal psychology to be limited to a science, albeit a radical science, but many transpersonal psychologists consider science too restrictive for the field's diversity (Ferrer, 2014). Nevertheless, scholars continue to attempt to define this, such as Hartelius et al. (2007) analyzing the transpersonal into three-basic themes through content analysis. The first involves the self as beyond notions of ordinary ego separateness, recognizing human complexity and interconnectedness, including with the cosmos and possibly beyond. The second involves holism and integration through the inclusive frameworks that are not limited to materialistic assumptions. The third involves psychological transformation as applied to individual and system growth. All three are seen as mutually reinforcing aspects of transpersonal.

Especially crucial to defining transpersonal psychologies is how they relate to religious and spiritual topics, which are burgeoning in popularity within psychology. The incorporation of religion-spirituality into mainstream psychology was long denied and seen as a taboo. In fact, the term transpersonal was chosen in part because few recognized it and, therefore, previously taboo topics such as consciousness, as well as religion-spirituality, could be explored under its banner. When Tart (1983) wrote his now-classic book, *Transpersonal Psychologies*, he first wanted to name it *Spiritual Psychologies*, but his publisher would not allow



that name (personal communication, June, 2014). Ironically, the term “spirituality” has flourished in popularity within mainstream psychology, while the term “transpersonal” is still relatively unknown. One advantage of the term transpersonal, however, is that it can explicitly avoid the many metaphysical pitfall inuring to the term spirituality, such as that term’s implication of existing supernatural beings. In contrast, transpersonal psychologies can present more conventional scientific approaches, such as exploring how an expansive sense of self can be profoundly interconnected with the cosmos without relying on, although perhaps implying the possibility of, the supernatural as an assumption that is somehow seen as ontologically “real.” Understanding these complex nuances are crucial for a transpersonal supervisor, lest a parochial viewpoint is adopted that is less than super in its vision.

### **Transpersonal Clinical Work**

Clinical work in the mental-health professions can be seen as involving two main activities, assessment and treatment. Transpersonal approaches to clinical supervision can provide oversight, and lend insight, to further both these activities, as well as to facilitate other professional services. The primary role of a transpersonal supervisor is helping a supervisee to see from a larger perspective, which involves assessment. This can include both assessment of the supervisee, including their strengths and weaknesses, as well as secondary assessment of those with whom the supervisee is helping.

This type of assessment in supervision needs to be ongoing, and delineated from how formal assessment is sometimes viewed – as it is often confused with testing and formal diagnosis, as all clinicians need to assess their clients (e.g., their readiness to change, openness to certain interventions, whether they are benefitting from, or being hurt by, professional services, etc.), but not all assessment uses tests or diagnoses. Assessment is the discerning of what is important and guides treatment, whether explicitly or implicitly, and guides a supervisor in helping their supervisees. There are some specific areas in which transpersonal assessment is uniquely suited, such as differentiating

so-called spiritual emergence from psychopathology (Johnson & Friedman, 2008), as mainstream models of mental health are ill equipped for such discernments. Mystical experiences often have similar religious-spiritual content with psychoses, especially during their initial-emergence stages (Koenig, 2007), and to treat clients as psychotic when they are only in a temporarily unbalanced transition toward a higher state would be destructive, but to accept clients’ religious-spiritual content as valid when it may indicate a psychotic process requiring treatment would be equally destructive. These discernments require clinical acumen with sensitivity to transpersonal concerns, as shown by the sequelae of near death experiences in which, although they often open people to living more meaningful lives in the long-term, can also can be quite disruptive in the short-term, even seeming like psychoses (Fracasso, Greyson, & Friedman, 2013). Few clinicians understand these dynamics well (Fracasso, Friedman, & Young, 2010) or how to assess and treat these clients effectively (Fracasso, Greyson, & Friedman, 2013). This is an example of one area where a transpersonal supervisor could be of great use to a novice clinician unfamiliar with such phenomena. However, I do not want to give the impression that transpersonal supervisees and their supervisors only (or even primarily) focus on transpersonal clinical issues, as transpersonal clinical work can involve an expansion of the scope of practice in many ways rather than just being a separate branch that only focuses on transpersonal issues.

In terms of transpersonal tests, which are merely one way of gathering data that may be useful for assessments that include transpersonal advantages, there are many instruments that can be used within clinical practice (e.g., Friedman & MacDonald, 1997; MacDonald & Friedman, 2002). One that I have developed over many years is the Self-Expansiveness Level Form (Friedman, 1983, 2018b ), a partial operationalization of my self-expansiveness model that can be used clinically as well as in research (Friedman, 2021). The point is that, in order for a supervisor to help a supervisee envision from a transpersonal perspective, tools such as standardized tests can be quite valuable,

especially when they encompass expansive vantages ignored by most mainstream approaches.

Regarding transpersonal therapies, these involve not only treating psychopathology but also encouraging the optimum development of human potential, including facilitating higher states of consciousness (such as possible spiritual experiences). There are many explicitly transpersonal psychotherapies, such as psychosynthesis (Assagioli, 1993), but the term transpersonal is not always used in describing them. For example, dialectical behavior therapy (Linehan, 1993) employs what can be seen as transpersonal approaches but is not known specifically as a transpersonal psychotherapy. There are also many transpersonal techniques derived from religious-spiritual traditions that are eclectically employed by transpersonal psychotherapists, even if not explicitly labeled transpersonal (e.g., exorcisms when congruent with clients' worldviews; Ferracati, Sacco, & Lazzari, 1996). Many of these techniques are syncretistic blends of religious-spiritual traditions combined with Western psychotherapies. I and a colleague (Rodrigues & Friedman, 2013/2015) discussed a wide variety of transpersonal psychotherapies, and I have written about these in greater depths more recently (Friedman 2019, 2020). However, I prefer to call these transpersonal therapies now, rather than psychotherapies, as they may employ a range of techniques (e.g., somatic interventions, such as bioenergetics; Friedman & Glazer, 2010) in addition to the usual "talking cure" interventions generally known as psychotherapies. A transpersonal supervisor may help supervisees navigate the use of these techniques in ways in which a more mainstream supervisor might be unfamiliar or misunderstand — or even deem inappropriate.

### **Understanding Transpersonal Supervision**

A number of books on clinical supervision address transpersonal approaches as part of the range of supervisory possibilities. For example, Henderson (2009) mentioned transpersonal supervision and, in that volume, Denis (2009) provided an entire chapter devoted to that topic, while in a chapter in another book by Hewson (2001) extolled transpersonal approaches as providing the highest level of supervision, and Einzig (2020) discussed this

in a coaching context. Transpersonal approaches have also been occasionally mentioned in articles on clinical supervision (e.g., Homonoff, 2008; Taub-Bynum, Hersh, Poey, & Spring, 1992). Neswald-McCalip, Sather, Strati, and Dineen (2003) discussed how creative supervision can provide conditions for not only personal and professional, but also possible transpersonal, growth. Overall, however, the term transpersonal is not widely employed in the literature on clinical supervision, and hence the need for this paper.

Despite this lack of explicit use of the term, there are also many models of supervision that include higher development as a goal, but are not explicitly called transpersonal. Friedman, Krippner, Riebel, and Johnson (2012) described a variety of religious-spiritual and transpersonal models that could be applied to supervision. For example, a shamanic apprenticeship or socialization into the spirituality of a monastery within a variety of religious traditions (e.g., Buddhist, Christian Roman Catholic, etc.) could involve a mentoring process akin to transpersonal supervision as part of acculturation (Glover & Friedman, 2015) into a faith tradition.

More closely related are approaches that can be seen as coming from transpersonal perspectives, but that are not necessarily labeled as explicitly transpersonal by most of its followers (e.g., Jung, 1970). For example, Kugler's (1995) book on Jungian approaches to clinical supervision discusses the archetype of a mentor as one model of supervision, and some specific dynamics, such as "transference" are explored from a transpersonal perspective. Although some do not see Jungian methods as transpersonal per se, some do label it as such (e.g., Levy, 1983). In addition, transpersonal aspects of supervision are occasionally part of wider discussions, such as Ryan's (2007) exploration of mindfulness in supervision, and Elmes and Smith's (2006) analysis of problems that often occur in clinical supervision relationships (e.g., involving power struggles between mentors and their mentees) in which they provided transpersonal explanations.

Regarding supervision that is specifically approached from a transpersonal perspective, Scotton (1985, paraphrased from pp. 72–74) provided the following guideposts for transpersonal supervisors

to use in promoting awareness and success in their supervising transpersonal psychotherapists:

1. Recognizing that most patients will not have any prior knowledge of transpersonal perspectives, but only with reductive models, which sets the tone for much of transpersonal work;
2. Paying attention to countertransference, which makes it difficult to differentiate patients' problems from those of the transpersonal psychotherapist;
3. Avoid imposing the psychotherapists' own beliefs on patients traveling a transpersonal path different from that of their psychotherapists;
4. Carefully choosing during pivotal points in deciding the direction of transpersonal psychotherapy;
5. Balancing the reductive side and growth sides of transpersonal psychotherapy;
6. Seeking to achieve and keep acceptance with skeptical professional colleagues who might reject transpersonal work;
7. Avoiding being seen as a guru or spiritual master;
8. Working continuously on one's own transpersonal growth without necessarily following the path of the supervisor; and
9. Being clear about what is reductive and what is transpersonal, and use both as needed.

Rowan (2006) also gave many useful pointers about doing good transpersonal supervision. He defined the supervisory context as a sacred space in which transformation could occur. He encouraged paying attention to archetypes, and to look beyond the personal aspects of transference and other dynamics to also include their transpersonal meanings. Rowan cautioned against portraying the transpersonal supervisor as an expert and someone "doing" things to the supervisee, as opposed to framing this as both supervisor and supervisee being wounded healers on a parallel psycho-spiritual path, albeit acknowledging that the supervisor has more responsibility for the supervisory encounter. He also divided supervision into two levels, using Wilber's (1981) terms, namely as occurring at either a "subtle" level (where there are still many assumptions) and at a "causal" level (where assumptions have presumably been replaced by a higher-level of knowing).

Learning how to do, rather than just knowing about, transpersonal clinical work often occurs primarily through transpersonal supervision. For example, Boorstein (1997) emphasized the importance of the role of transpersonal supervision: "This is clearly a field where most of the learning is done in the clinical (patient-therapist) arena, where supervision and case conferences take place" (p. 10).

### **Knowing the Supervisee**

One way to begin to understand transpersonal supervision is to explore how transpersonal therapists are different from other practitioners. In a research study comparing transpersonal to two other types of psychotherapists, Hutton (1994, p. 164) concluded:

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.

In order to work effectively with supervisees who identify as transpersonal psychotherapists or, more broadly, transpersonal therapists, it should be kept in mind that many will have limited backgrounds, despite their possibly strong identification with the field. For those having high identification with, but little actual training in, transpersonal therapies, receiving transpersonal supervision may be especially important.



## Modalities

A variety of helping modalities employ supervision from a transpersonal perspective. Estadt, Compton, and Blanchette (2005) addressed transpersonal supervision from a pastoral counseling perspective, Johns and Freshwater (2005) explored transpersonal supervision in nursing. Franklin, Farrelly-Hansen, Marek, Swan-Foster, and Wallingford (2000) discussed transpersonal supervision related to art therapy. Meekums (2008) focused on the context of supervising dance therapists in transpersonal ways. Likewise, in terms of delivering services, transpersonal supervision can occur through a variety of media, such as face-to-face and also at a distance (Robson & Whelan, 2006).

## Developing Transpersonal Supervisory Skills

I believe it is crucial for transpersonal supervisors to have more than just abstract knowledge “about” transpersonal psychologies, as it is my opinion that those wanting to supervise in this arena need to develop relevant skills and abilities stemming from their own direct transpersonal experiences. Fortunately, there are many avenues for this to occur. Through using attention-modifying strategies, such as deep hypnosis, guided imagery, meditation, and neurofeedback, supervisors can explore their own transpersonal experiences (e.g., so-called higher states of consciousness). One potentially potent approach would be to use entheogenic (psychedelic) substances to explore alternate states of consciousness, and this is increasingly becoming not only a legal option (Friedman, 2006; Kolp et al., 2014), but a variety of training programs are employing such experiences (e.g., see Center For Psychedelic Studies — Naropa University and Psychedelics, Altered States and Transpersonal Psychology | Alef Trust). A variety of depth-oriented approaches to psychotherapy, many derived from (but going further than) psychoanalysis, can activate transpersonal experiences. Jungian work, using active imagination to access deep layers of conscious, unconscious, and collective unconscious material, is one avenue, while Assagioli’s (1993) psychotherapy that starts with conventional psychoanalysis used to resolve ordinary concerns but then proceeds to a psychosynthesis in a growth-oriented transpersonal

way can be useful for transpersonal supervisors to gain direct experience. Using somatic approaches can also be useful, such as holotropic breathwork (Grof, Grof, & Kornfield, 2010), which is similar to some yogic pranayama practices and became used as a transpersonal alternative to entheogens when these were banned; this breathwork can facilitate deep regressive experiences, including into transpersonal states. Other body-based approaches might also be useful, such as drumming, photic stimulation, and repetitive movements to experience alternate consciousness states. Many additional therapies, even those that are not usually seen as transpersonal, can be helpful in developing transpersonal supervisory skills, such as existential therapies (e.g., logotherapy; Frankl, 1959), which might bring supervisors closer to deep experiences, such as repressed death anxieties.<sup>1</sup> Assuming that transpersonal supervisors need to have access to immediate experience, not just conceptualizations about experience, experiencing these modalities can help provide and deepen needed knowledge, skills, and abilities.

The relationship component is also fundamental to all transpersonal therapies, as it is to transpersonal supervisors and their supervisees. Being able to relate to supervisees, and vicariously to supervisee’s clients, in broad and deep ways characterizes good transpersonal supervision. For example, meditation can be used during supervision by both supervisor and supervisee to deepen their experiences together (Dubin, 1991). Going beyond Reik’s listening with the third ear, which is usually seen as requiring great sensitivity but not necessarily extraordinary skills and abilities, is the possibility of accessing subtle energies and other sources of esoteric or even psychic knowledge. Last, along with recognizing the profound interconnectedness inherent in a transpersonal vision is the acknowledgement of the sacredness inherent within the supervisor, the ones being supervised, and the clients being served by these supervisees. Despite whatever intervention techniques might be used (even if only simple operant conditioning), it still can be seen from a transpersonal perspective by keeping in mind that the client being helped is not just a pigeon

or a rat (note: no offense meant toward these sentient creatures, who are commonly studied from an operant conditioning model) undergoing conditioning but, rather, a sacred human being.

From this perspective, any supervision could be seen as transpersonal, depending on the level of transpersonal realization of the supervisor and how this is brought into the supervisory context. Conversely, if supervisors know a lot “about” transpersonal therapy but do not embody (or perhaps “ensoul”) this through their own direct experiences, the supervision will likely not be very transpersonal in orientation.

A general concern regarding transpersonal therapies is whether any therapy per se can actually be transpersonal, especially if transpersonal therapy might require abnegation of personal issues, which are what transpersonal therapies usually addresses. Specifically, does the personal still matter from a more expansive transpersonal perspective? Many religious-spiritual systems minimize the relevance of “working through” psychological issues and, instead, dismiss these as attachments that can never be fully resolved so, instead of dealing with such personal attachments, often the religious-spiritual advice is to move directly beyond them in order to achieve a transpersonal realization that these attachments are based only on illusions (e.g., see Capriles, 2013). From this perspective, all personal therapy dealing with mundane problems is simply a distraction from real religious-spiritual work oriented toward attaining salvation, enlightenment, or some other valued state. Rather than address personal issue in therapy, some religious-spiritual traditions might advise ignoring the “drama” and just meditate or pray through it. If the goal of transpersonal therapies is really on a larger type of growth, then any dealing with personal issues may not warrant being called transpersonal. This same concern can, of course, be directed toward transpersonal supervision—and provides a challenging paradox.

One related area that must be addressed in order to be ethically sensitive is religious-spiritual abuse, whether by Eastern gurus, Western clergy, indigenous shaman, or leaders from any tradition. These abuses can be seen as examples of spiritual traps, spiritual bypass, and spiritual materialism, to

use just a few labels. Even the most enlightened supervisors, as well as novices, on transpersonal paths can fall into committing atrocities due to their own unresolved psychological issues, and there are enough examples rampant among religious-spiritual teachers from all traditions to take this concern very seriously. In this regard, a major risk for transpersonal supervisors derives from pride and arrogance due to having attained their own extraordinary growth, as that might make them especially vulnerable to becoming perpetrators of abuse. I believe all transpersonal supervisors need to work on their shadow sides, their unresolved psychological problems, to avoid falling from the lofty pedestals on which they might be elevated by their supervisees and, worse, their own inflated notions of self-importance. This concern about abuse also argues for the importance of working through issues, rather than trying to bypass them.

### Conclusion

Transpersonal supervision shares many commonalities with other types of clinical supervision, but it also has significant differences. As supervisors who might have broader, deeper, and even higher vision than those from other approaches, perhaps they are uniquely prepared to deliver the best supervision. Alternatively, perhaps they are the ones most vulnerable to self-delusions and, in trying to guide others to the farther reaches of human consciousness, are the most likely to themselves become lost—and hurt others in the process of their delusions of grandeur.

For those considering embarking on the path of doing clinical work from a transpersonal perspective, having a supervisor who identifies with this area makes good sense. However, self-proclaimed supervisors may or may not be genuine in their transpersonal attainment (e.g., enlightenment or similar, but maybe less lofty, notions) and, once off the beaten path of the mainstream, it is unavoidably difficult to discern gold from fool’s gold. For supervisees who have no initial interest in transpersonal clinical work, encountering a transpersonal supervisor can be a major challenge to their worldview, but can bring the capacity for profound transformation (which can be good or

bad) into the supervisory arena. My own values are that, no matter how talented or realized such a supervisor might be, if they are not a “good” person (e.g., I think of the term from my own Jewish tradition, being a “*mensch*”), run away.

There are a number of pitfalls that transpersonal supervisors need to avoid. It is easy for transpersonal supervisors to become self-aggrandizing and feed-off the adulation from their supervisees, perhaps even forming cult-like circles around their work. If this occurs, it can turn transpersonal supervision into just following another New Age religion (Friedman, 2002). These concerns are, of course, not unique to transpersonal supervision, as conventional supervision can also share similar pitfalls, such as those that stem from the growing reductionism used to treat people as only biological organisms that is often accepted as dogma tantamount to a religious belief.

Nevertheless, transpersonal clinical work seems to have a bright future. Rapid technological changes, such as advances in neurobiology, provides potent avenues for altering consciousness in ways that can promote transformation (Krippner & Friedman, 2009). In addition, changing societal attitudes can fuel the greater acceptance of traditional methods, such reflected in the resurgence of research on psychedelics (Friedman, 2006). In these ways, transpersonal clinical approaches may be poised to become increasingly important.

It is interesting to speculate on what transpersonal therapies and other clinical work might bring if they became more accepted. Criminal justice programs could focus on developing transpersonal self-expansiveness in offenders in ways that could lead to their increased empathy toward victims and willing acceptance of more responsible social roles. Corporate leaders could see themselves as profoundly interconnected with people and the world toward caring about the environment and social justice, rather than just material profit. Politicians could become motivated to work for the betterment of all their constituents, and their performance might bring valuable outcomes, such as working toward world peace and security for all. Forging a role in positive social change, such as involving peace and social justice issues (e.g.,

Machinga & Friedman, 2013; Coder, DeYoung, & Friedman 2014), provides tremendous opportunities for transpersonal psychologies and their related assessments and interventions. Accordingly, Rowan (2006) emphasized the importance of addressing the economic, political, and social implications of psychotherapy in transpersonal supervision, and for supervisors to actively encourage liberation advocacy, going beyond working just with individuals to addressing these larger issues.

Being able to explore such concerns from a transpersonal perspective, which minimizes metaphysical (e.g., religious-spiritual) language and is scientifically accessible, is likely to be better received than parochial approaches vested in only one faith tradition, as these are potentially divisive. It also allows for greater translation across other cultural divides. In addition, transpersonal therapists using scientific frameworks could responsibly conduct outcome studies to guide modifying their clinical interventions to make them more effective, and to establish their worth in the competitive arena of the plethora of therapies. In these ways, transpersonal therapists could provide the most inclusive perspective for healing, as in making whole, both individuals and larger systems through ways that reconcile the secular and the sacred. Qualified supervisors with a transpersonal orientation are needed to facilitate these goals being effectively accomplished by novice transpersonal therapists and, because it is so easy to lose one’s path when operating within this field, for experienced professionals as well.

One challenge to transpersonal supervision is that, like in many areas of mental health practice, supervision is increasingly being regulated. The conditions for providing supervision to unlicensed supervisees are often legally prescribed, while often supervisors have to pass courses approved by governments or other regulatory bodies to qualify as supervisors. For example, the American Psychological Association enacted “guidelines that promise to make clinical supervision more evidence-based and codified” (DeAngelis, 2014, p. 43). All of this bureaucratization is focused on protecting “consumers” from supervisees being inadequately supervised and, in general, any problems caused by

the supervisee falls directly on the shoulders of their supervisor. However, this movement to standardize supervision may make alternate approaches veering from the mainstream for providing clinical supervision increasingly difficult to provide. From the mainstream's framework, psychotropic medications align best with modern materialistic notions of being "scientific" and, in terms of the same medication given at the same dose, should presumably provide a standardized controlled effect. After medication, cognitive-behavioral approaches meant to dispute "irrational" ideas are next in congruency with prevailing Western cultural values. But the ascendancy of biological reductionism in the widespread use of psychotropic medication and the relative superficiality of the cognitive-behavioral approach endanger the more radical transpersonal approaches, as they could be excluded or even deemed taboo by law. Transpersonal supervisors, as experienced leaders who presumably see farther and more inclusively, need to resist attempts to quash transpersonal approaches that show so much promise in order to realize the importance of generativity in mentoring those who will become the next leaders on this path.

### Notes

1. It is an open question as to whether existential-humanistic approaches to psychotherapy supervision should be seen as transpersonal. They might share many of the features of a transpersonal approach, but if they lack orientation toward the higher interconnectedness that is a major part of the "trans" in transpersonal, they may be better classified as outside of transpersonal approaches.

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