

**A PHENOMENOLOGICAL EXPLORATION OF THERAPEUTIC
EXPERIENCES OF THE TRANSPERSONAL**

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ABSTRACT

This study explores therapists' experience of participation with the transpersonal in the therapeutic encounter, and considers this in the light of implications for therapy training. It incorporates a: quantitative study, based upon questionnaire results; qualitative study, based upon a phenomenological analysis of interviews with therapists; review of relevant literature; discussion of the study's integrated findings; conclusion; and discussion of how the study is understood as a whole, which considers the study's validity, implications for future research and personal reflections on conducting the study.

Results indicate that incorporating spirituality into a therapeutic approach is important in terms of: eradicating the potential for damage to both clients' and therapists' relationships with the transpersonal; accommodating the possibility of participation with transpersonal processes, for in this lies greater scope for healing; and the accommodation of a wider range of client experience that includes the spiritual dimension.

Therapists indicate that it is context that makes therapy transpersonal, and that this is shaped by therapists' individual transpersonal interests and their assimilation into the therapist's way of being. Key to what therapists bring are their encounters with and understandings of the nature of the transpersonal. These are multifarious, highlighting the need for training to avoid reducing transpersonal participation to a prescriptive set of skills.

Training plays an important role in enhancing transpersonal interests, and if healing is the goal of therapy then trainings that foster humility, sincerity, honesty of intention, a reduction in self-centredness, the ability to wait, to 'let go' and 'let be' are required.

The findings highlight an understanding of spirituality that is based on being-in-the-world and interconnectedness, and that challenges self-centredness and self-interest.

Since most therapists, possibly unknowingly, already participate in transpersonal processes, the long overdue need for open acknowledgement, dialogue and discussion about these significant experiences, events and processes that have been ignored and pathologised for too long, requires urgent attention.

For my mum, Thelma.

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PREFACE

The wish to undertake research into therapists' actual lived experience of spirituality and the transpersonal, in relation to therapy, was the main reason for embarking on this study. I was eager to find out about actual experience around this area and not just have theoretical knowledge of it.

As an MA student, studying counselling and psychotherapy, and as a practicing therapist, I became acutely aware of the existence of a gap between my own personal experience as a therapist, of the transpersonal and spirituality, and theoretical knowledge of these areas in relation to therapy. It often felt as though theory belonged in one world and practice and actual experience belonged to another with little dialogue between the two. I often wondered what some of the theory I was learning was grounded in and where it had originated. Sometimes I felt frustrated, irritated and oppressed by this top down approach to learning about my work. Maybe I also felt resentful about the seeming lack of value attributed to actual practitioner experience and knowledge.

My experience was affirmed by discovering that relatively little has been written in relation to transpersonal therapeutic practice. Shafranske & Gorsuch (1984) and Shafranske & Malony (1985) have explored correlations between psychologists' personal relationship with spirituality and its impact on their work, but not in the UK, only in the United States. Little research in the UK, if any, has been conducted around how a spiritual orientation can be integrated into a therapeutic training approach (Bergin & Payne, 1991). However, it is acknowledged that this would be of great value (Bergin & Jensen, 1990 and Bergin, 1991).

Some years after embarking on this study, it was also reassuring to discover that a similar gap to the one I had experienced in relation to the transpersonal, a research-practice one, had been identified generally and was one of the main motivating forces behind the publication of the British Association for Counselling and Psychotherapy's (BACP's) new research journal, *Counselling and Psychotherapy Research* (CPR), launched in 2001. McLeod (2001) tells us that one of the purposes behind CPR is to find '...ways of cultivating the relationship between research and practice' (McLeod, 2001a, p. 3).

He highlights the fact that there has been a lack of interest on the part of British counsellors and psychotherapists in research papers in the last decades of the twentieth century. He suggests that this is because research has either been conducted by academics or practitioners with a psychology background that the majority of British therapists do not have (McLeod, 2001a).

McLeod (2001a) highlights the fact that therapists' primary reason for reading research articles is to improve their work as individual practitioners. He also notes that the most relevant parts of research studies are those that describe what was done in relation to clients.

It is this descriptive material that can help the practitioner to develop a wider "repertoire" of practical knowledge, of what is possible, and what might happen, in different clinical situations (McLeod, 2001a, p. 8).

This latter observation of McLeod's echoed another aspect of my experience. That is, my experience had cultivated a wish to discover and uncover other therapists' experiences and understandings of the transpersonal. A further wish was to share the findings of the study with other counsellors and therapists in a way that could be helpful to them and their respective experiences, possibly in ways that stimulated further openness, sharing, and reduced feelings of isolation around this area.

In order to respond to my dissatisfaction with the theory-practice gap, to explore how counsellors and therapists incorporate the transpersonal into their practice, and to fulfil my wish to produce a study that could be helpful to other therapists, I needed a research approach that allowed access to descriptions of therapists' lived experience.

EXECUTIVE SUMMARY

The aim of this study is to deepen and widen our knowledge and understanding of therapists' experience of participation with the transpersonal in the therapeutic encounter and, subsequently, to highlight the implications of the findings for therapy training.

In order to fulfil its aim two methodological phases were devised. The first involved the design and distribution of a questionnaire to practicing therapists/counsellors. This was for the purpose of gathering and analysing quantitative data about therapists and their relationship with the transpersonal through returned questionnaires. The second involved conducting interviews with those therapists who subsequently volunteered. This was for the purpose of conducting a phenomenological analysis of qualitative data. The aim of this part was to deepen understanding of therapists' experience of transpersonal participation in the therapeutic encounter.

A literature review follows next. The unorthodox placement of the literature review reflects the phenomenological process followed in the study (this will be elaborated on later when discussing the rationale behind the literature review). This forms the foundation for a discussion of the study's integrated findings and outcomes arising out of Parts One and Two. The results of the study highlight characteristics of a transpersonal therapeutic approach, which, in turn, have implications for training, practice and future research. This is followed by discussion of how the study is understood as a whole, which considers the study's validity, implications for future research and personal reflections on conducting the study.

In brief, the study finds that incorporating the transpersonal and spirituality into a therapeutic approach is important in terms of: (a) the need to eliminate the potential for damage to both clients' and therapists' relationship with the transpersonal/spiritual; (b) accommodating the possibility of participation with transpersonal processes for in this lies great scope for healing; and (c) accommodating and encouraging a wider range of client experience that includes the spiritual dimension.

We find that training plays an important role in enhancing therapists' transpersonal interests, that it is context that makes therapy transpersonal and this is shaped by therapists' individual transpersonal interests and the assimilation of these into the therapist's way of being. Characteristics of a transpersonal approach are: (a) what therapists bring to the therapeutic encounter through their being; (b) their understanding of why clients seek therapy; (c) how they prepare themselves for the therapeutic encounter; and (d) their perceptions of what happens before, during and after transpersonal participation in the therapeutic encounter.

Fundamental to what therapists bring are their encounters with and understandings of the nature of the transpersonal. Because of the nature of the transpersonal/spiritual and the multifarious ways in which participation with transpersonal processes and events can occur, it is

of paramount importance that training must avoid, at all costs, attempts to reduce, get on top of the transpersonal and turn participation with it into a definitive, prescriptive list of ‘how to’ skills and techniques. A paradoxical approach towards the transpersonal is required. The transpersonal is not some ‘thing’ that can be reduced, captured or pinned down. Paradoxically, to endeavour to do this means to have missed the whole point of the transpersonal.

This study draws our attention to what is made possible in the therapeutic encounter ‘through’ therapists who show: clear intent; courage; the ability, and the willingness to surrender themselves to be used and worked through in the service of the other; who can be open to the presence of love; who possess the wisdom to know how to keep out of the way of the natural ‘flow’ of things without interfering; and who have the humility to recognize that any healing that occurs is not of them, and is not to be used as a way of promoting their own egos and self-importance.

A positively passive stance, emanating from a lack of self-centredness in the therapist, supports their immersion in, and contributes towards, participation in a transpersonal process in the therapeutic encounter. Optimum therapist qualities would therefore include the ability to wait, to be yielding, receptive, to ‘let go’ and ‘let be’. Further, if healing is the goal of therapy, then trainings that foster humility, sincerity and honesty of intention, whilst encouraging a reduction in self-centredness, are required.

The study highlights that ‘being-in-the-flow’, as a feature of therapists’ experience of participation in a transpersonal process, shares similar characteristics to the findings of other therapists and previous studies outside of this one, where it finds different names, meld (Sterling, 1993), mergence (McAleer, 1995), relational depth (Cooper, 2005). This suggests that these moments are not an uncommon aspect of therapists’ everyday therapeutic experience. That is, therapists who may not regard themselves as transpersonal or spiritual in approach, are, nonetheless, participating in what this study calls a transpersonal process.

The study suggests that spirituality and participation in transpersonal processes exists in and happens for ordinary people, and that open acknowledgement, dialogue and discussion about these experiences, events and processes is long overdue.

Finally, the study asserts an understanding of spirituality that is based on being-in-the-world and interconnectedness. Since we are interconnected being responsible for our actions and behaviour takes on a whole new meaning, one that seriously challenges self-centredness and actions based on self-interest.

PART ONE: QUANTITATIVE STUDY

The quantitative part of the investigation falls into four broad sections. The first section outlines the study's design and method. The second section is concerned with the quantitative analysis of returned questionnaires, and specifically focuses on demographic characteristics, correlational analyses and group differences. Qualitative analysis of the returned questionnaires constitutes the third section. Finally, the fourth section condenses the findings from the second and third sections into a summary and conclusion of the quantitative findings.

DESIGN AND METHOD

It was decided that the use of a questionnaire would be a good way to initially access and gather data about therapists and their relationship with the transpersonal/spirituality. A questionnaire would make possible contact with a wide range of therapists spanning different locations. Also it would allow participants the opportunity to provide feedback and information that could be used as a barometer of therapists' transpersonal understanding. I believed as well that the feedback generated would prove helpful as an indicator of how the study might be developed further.

The first task to complete before designing the questionnaire involved making decisions about:

1. **Who** my subject group would be.
2. What **geographical area(s)** I would focus the study on.
3. Which **sources** I would use to obtain participant names and addresses.
4. The **criteria** I would use as the basis for selecting participants.
5. The actual **sample selection**.

The Participant Group

I identified practicing counsellors/therapists as the target group for the study.

The Selection of Geographical Location

I chose the London area as the study's geographical location for three reasons:

1. I wanted access to a broad and varied range of counsellors/therapists representing each of the major theoretical and therapeutic schools. London provides this.
2. I felt it would be more practical to focus on one location because I also wanted to interview therapists.
3. I have a base in London where I could stay to conduct the interviews.

Participant Sources

I required a list of names and addresses of therapists and counsellors to send questionnaires to. I selected individual participants from two sources - the UKCP (UK Council for Psychotherapy) National Register of Psychotherapists (1997) and the BAC (British Association for Counselling, now known as the BACP – British Association for Counselling and Psychotherapy) Counselling and Psychotherapy Resources Directory (1997). The UKCP and the BACP are the two main bodies representing psychotherapists and counsellors in the UK.

Criteria for Selecting Participants

In the BACP Directory, unlike the UKCP Register, specific details of a therapist's approach are provided. For instance, it is possible for a prospective client to search out a counsellor offering a very particular therapeutic approach, for example, existential-phenomenological. In the UKCP Register it is only possible to identify the general theoretical framework that a therapist works within. This is supplied alongside a therapist's name and address in the form of a Section Grouping. There are eight UKCP Section Groupings. These are:

- Analytical Psychology
- Behavioural and Cognitive Psychotherapy
- Experiential Constructivist Therapies
- Family, Couple, Sexual and Systemic Therapy
- Humanistic and Integrative Psychotherapy
- Psychoanalytic and Psychodynamic Psychotherapy
- Hypnotherapy
- Psychoanalytic and Psychodynamic Psychotherapy and psychoanalytically-based Therapy with Children.

I decided to select all participants according to a common criterion, which would be the UKCP Register's 8 Section Groupings.

The UKCP Section Groupings are equivalent, in a broad sense, to the main existing theoretical therapeutic models. Within each of these groupings there exist various therapeutic styles and approaches. For example, falling within the Humanistic and Integrative Psychotherapy Section Grouping are the person-centred, gestalt, the existential-phenomenological, bodywork, and psychospiritual approaches, as well as others.

In the BACP Directory the range of specific approaches a therapist is able to offer can sometimes span several UKCP Section Groupings. For instance the details of a therapist's theoretical approach may show up as gestalt, person-centred, cognitive-behavioural, and psychodynamic. Whereas the first two approaches fall into the UKCP's Humanistic and

Integrative Psychotherapy Section Grouping, the third falls into the UKCP's Behavioural and Cognitive Psychotherapy Section Grouping, while the last falls into the UKCP's Psychoanalytic and Psychodynamic Psychotherapy Section Grouping.

At first this presented itself as a dilemma in that it was implausible for me to ascribe only one UKCP Section Grouping to a participant where more were equally applicable. However, the purpose of selecting participants according to UKCP Section Groupings was to ensure that the final sample was equally representative of participants from a broad spectrum of therapeutic approaches. I therefore made a decision about which UKCP Section Grouping I would use for BACP listed therapists where multiple UKCP Section Groupings applied. This was to take the first listed approach, for instance gestalt, and its appropriate UKCP Section Grouping, Humanistic and Integrative Psychotherapy, as representative of a participant's Section Grouping.

This decision was not an effort on my part to categorise participants according to my own criteria, but merely to ensure that each Section Grouping was equally represented in the final sample and so that the distributed questionnaires reached equal numbers of therapists from the broad spectrum of therapeutic approaches. In the questionnaire (see Appendix A, questions 4 and 5) participants are asked to self categorise. It was these categories that were later used in the data analysis and not my original categorisations.

Table 1 below shows the spread of all BACP and UKCP therapists according to therapeutic approach.

Table 1: Therapists' Therapeutic Approach

Counselling/Therapeutic Approach	Number of BACP and UKCP Therapists According to Approach		Totals
	BACP	UKCP	
Analytical Psychology	13	167	180
Behavioural & Cognitive Psychotherapy	11	54	65
Experiential Constructivist Therapies	6	38	44
Family, Couple, Sexual & Systemic Therapy	3	191	194
Humanistic & Integrative Psychotherapy	332	385	717
Hypnotherapy	1	25	26
Psychoanalytic & Psychodynamic Psychotherapy	248	539	787
Psychoanalytically–based Therapy with children	0	141	141
TOTAL	614	1540	2154

The Sample Selection

I made a number of decisions about the sample regarding which UKCP Section Groupings to include and exclude, the size of this selection, the numbers I would require from the BACP Directory and the UKCP Register, and the inclusion of additional therapists who specifically identified their approach as transpersonal/spiritual/psychospiritual.

I did not include those therapists falling into the Family, Couple, Sexual and Systemic Therapy Section, the Hypnotherapy Section, or the Psychoanalytically-Based Therapy with Children Section. The reasons for this exclusion were due to my lack of knowledge, training and experience in these approaches that, I assumed, could prove difficult if therapists from these Sections were willing to be interviewed. Also, apart from hypnotherapists, therapists

from the other Sections did not work with adult individuals only. I decided that only those Sections that allowed for meaningful comparisons would be included. The five Sections listed below encompass the dominant adult individual therapeutic approaches practised throughout the UK. These were:

- Analytical Psychology
- Behavioural and Cognitive Psychotherapy
- Experiential and Constructivist Therapies
- Humanistic and Integrative Psychotherapy
- Psychoanalytic and Psychodynamic Psychotherapy

I trusted that the gathered data may indicate something of each Section's relationship and attitude towards the transpersonal that might illuminate similarities and/or differences between them.

I felt that a sample size of 200 would be an appropriate number for participants selected from the UKCP Register and BACP Directory combined.

Whereas all UKCP listed therapists are registered (approved), not all BACP listed therapists are accredited (approved) yet some of those who are not have considerable counselling experience. I decided to take equal numbers of therapists from the UKCP Register and the BACP Directory, that is, 100 therapists from each. I also sought equal numbers of therapists from each Section Grouping. So, for each Section Grouping in the UKCP Register and the BACP Directory respectively, 20 participants were sought. However, from the BACP Directory (London based) I was only able to identify 10 therapists for the Analytical Psychology Section, 10 therapists for the Behavioural and Cognitive Psychotherapy Section and 6 therapists for the Experiential Constructivist Therapies Section and some of these did not supply their address. From the UKCP Register I was able to obtain the required number of therapists from each Section Grouping. This resulted in a sample weighted more towards UKCP therapists.

The sample size was therefore 166 (66 BACP, 100 UKCP). Where there were more therapists in a Section than the required number, therapists were selected using randomised quota sampling. This process consisted of categorising, according to theoretical approach, every individual therapist and their corresponding UKCP Register or BACP Directory page number. Each therapist -within their theoretical approach, was then given a number. These numbers were placed in a bag and randomly selected by an independent person until the BACP and UKCP sample quotas were selected for each theoretical approach. Questionnaires were then sent to all selected therapists.

In addition to the 166 participants selected in this way, a further list of 137 therapists (40 from the BACP Directory and 97 from the UKCP Register) was drawn up and these were all sent questionnaires. This second sample comprised all those therapists in the London area who clearly identified their approach as one that included/incorporated the transpersonal and/or aspects of spirituality. For example, some therapists specifically stated that their approach was transpersonal, spiritual or psychospiritual.

The final sample size therefore totalled 303. Table 2 details the breakdown of the sample’s sources.

Table 2: Questionnaire Sample

Section	BACP Sample	UKCP Sample	Combined Sample
Analytical Psychology	10	20	30
Behavioural & Cognitive Psychotherapy	10	20	30
Experiential Psychotherapies	6	20	26
Humanistic & Integrative Psychotherapy	20	20	40
Psychoanalytic & Psycho -dynamic Psychotherapy	20	20	40
Transpersonal, Psycho- spiritual Psychotherapy	40	97	137
TOTAL	106	197	303

Questionnaire

Purpose of the Questionnaire (see Appendix A)

The main purpose of the questionnaire was to obtain as much information as possible about therapists’ relationship with, awareness, and understanding of the transpersonal – regardless of whether or not they designated themselves as a transpersonal/spiritual/psychospiritual therapist. I also wanted therapists to provide information that touched upon their beliefs about, experiences of and attitudes towards the transpersonal. Additionally I viewed the questionnaire as an opportunity to access participants who would be willing to take part in more in-depth interviews.

Design of the Questionnaire

I designed a questionnaire (see Appendix A) that was transparent, direct, and as simple and straightforward as possible. This was in response to the fact that the transpersonal is such a broad area and one that is often regarded as being shrouded in mystery and confusion.

Most questions were designed in order to elicit specific information. Questions 1 to 5, for example, ask for information about sex, age, how long the participant has been practicing since their initial training, current theoretical approach and initial training approach. Other questions also required factual information but of a kind that was more specifically related to the transpersonal. Questions 11 and 14, for example, ask for information about the level of participants' transpersonal interests in relation to leisure, professional and personal development pursuits and how much the participant's initial training enhanced their transpersonal interests. Three questions sought a more detailed response. These were:

- Question 6, concerned with participants' reason(s) for changing approach, where relevant;
- Question 12, concerned participants' understanding of the connection between their transpersonal interest(s) and their approach to therapy; and
- Question 13 was concerned with finding out what aspects of a participants' transpersonal interests are incorporated into their work and how.

The information gathered through the returned questionnaires was analysed in two ways: quantitatively and qualitatively. The quantitative analysis comprised all those questions that sought factual information. The qualitative analysis comprised those questions that sought more subjectively detailed written responses.

QUESTIONNAIRE

Quantitative Analysis

The quantitative analysis is broken down into three sections. These are:

- Demographic Characteristics
- Correlational Analysis
- Group Differences

Each section is followed by a discussion of the results obtained.

Demographic Characteristics

Participants

One hundred and seven therapists responded to the questionnaire making the response rate 35.3%. More questionnaires were returned but were unusable. For example, some therapists indicated they were no longer practicing or had moved address. Forty seven (43.9%) participants expressed their willingness to be interviewed.

Sex (see Q.1.)

Seventy seven (72.0%) participants were female and 28 (26.2%) were male. Two (1.9%) participants did not divulge their sex.

Age (see Q.2.)

Fifty seven (53.3%) participants fell between the ages of 31 and 50, 34 (31.8%) fell between 51 and 60 years of age, 8 (7.5%) fell between 61 and 70 years of age, 7 (6.5%) were 71 or over, and 1(0.9%) participant did not respond. See Figure 1.

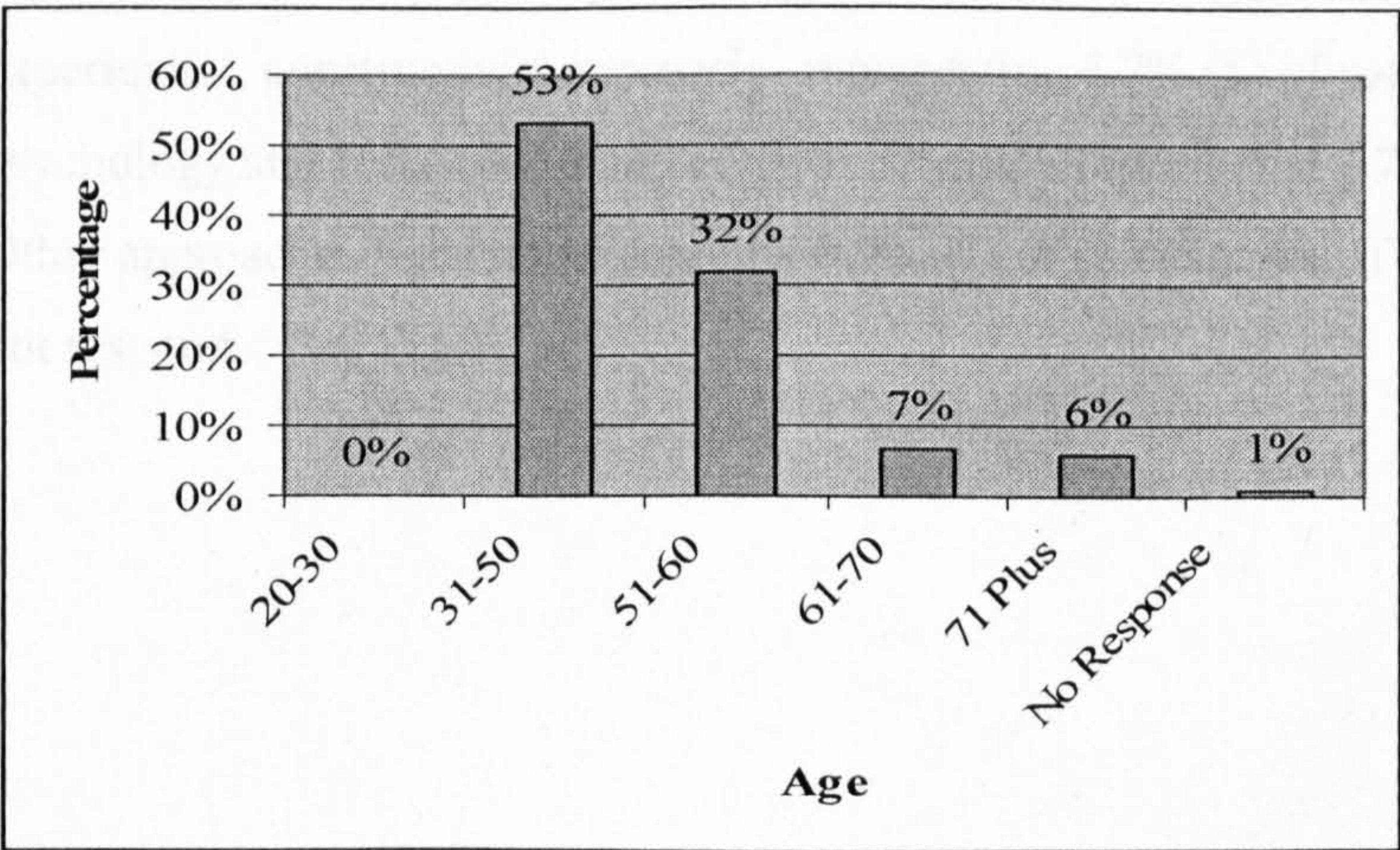


Figure 1: Participants' Age

Length of Time as Post-Qualifying Therapist (see Q.3.)

Eighty five (79.4%) participants have been practicing between 1 and 15 years. Twenty nine (27.1%) have been practicing between 1 and 5 years, 34 (31.8%) for between 6 and 10 years, and 22 (20.6%) for between 11 and 15 years. Relatively few, 21 (19.6%), have been practicing for between 16 and 46 plus years. One (0.9%) participant did not respond. See Figure 2.

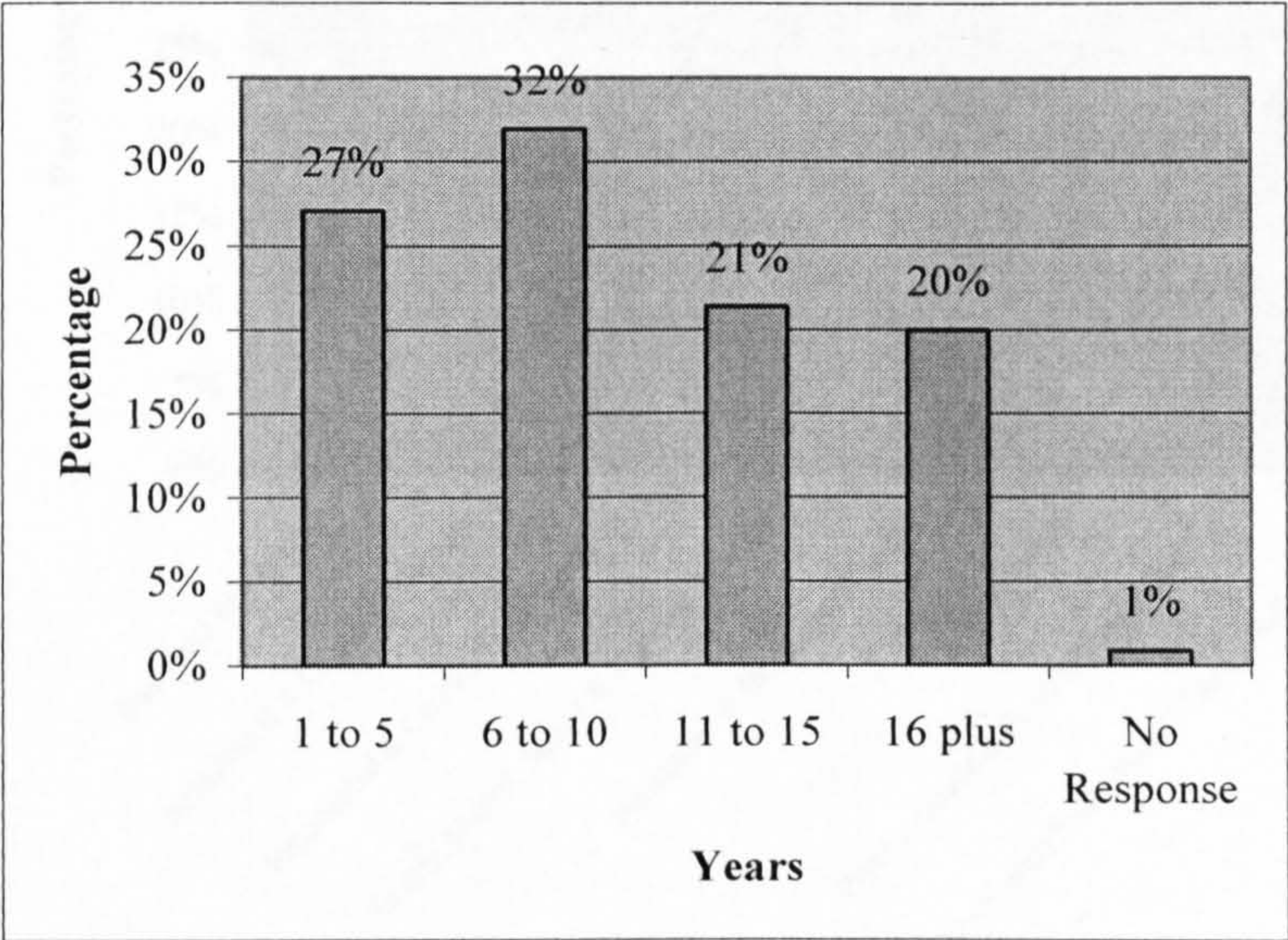


Figure 2: Length of Time as Post-Qualifying Therapist

Present Theoretical Approach (see Q.4.)

The two main theoretical approaches adhered to by participants were the humanistic and integrative approach, representing 39.3% (42) of participants and an eclectic approach, representing 38.3% (41) of participants. The next two significant approaches were the psychoanalytic and psychodynamic approach, representing 7.5% (8) of participants and the experiential, constructivist approach - representing 4.7% (5) of participants. Analytical psychology and behavioural and cognitive therapy represented 3.7% (4) participants each. Other approaches were represented by 0.9% (1) of participants. Two (1.9%) participants did not respond. See Figure 3.

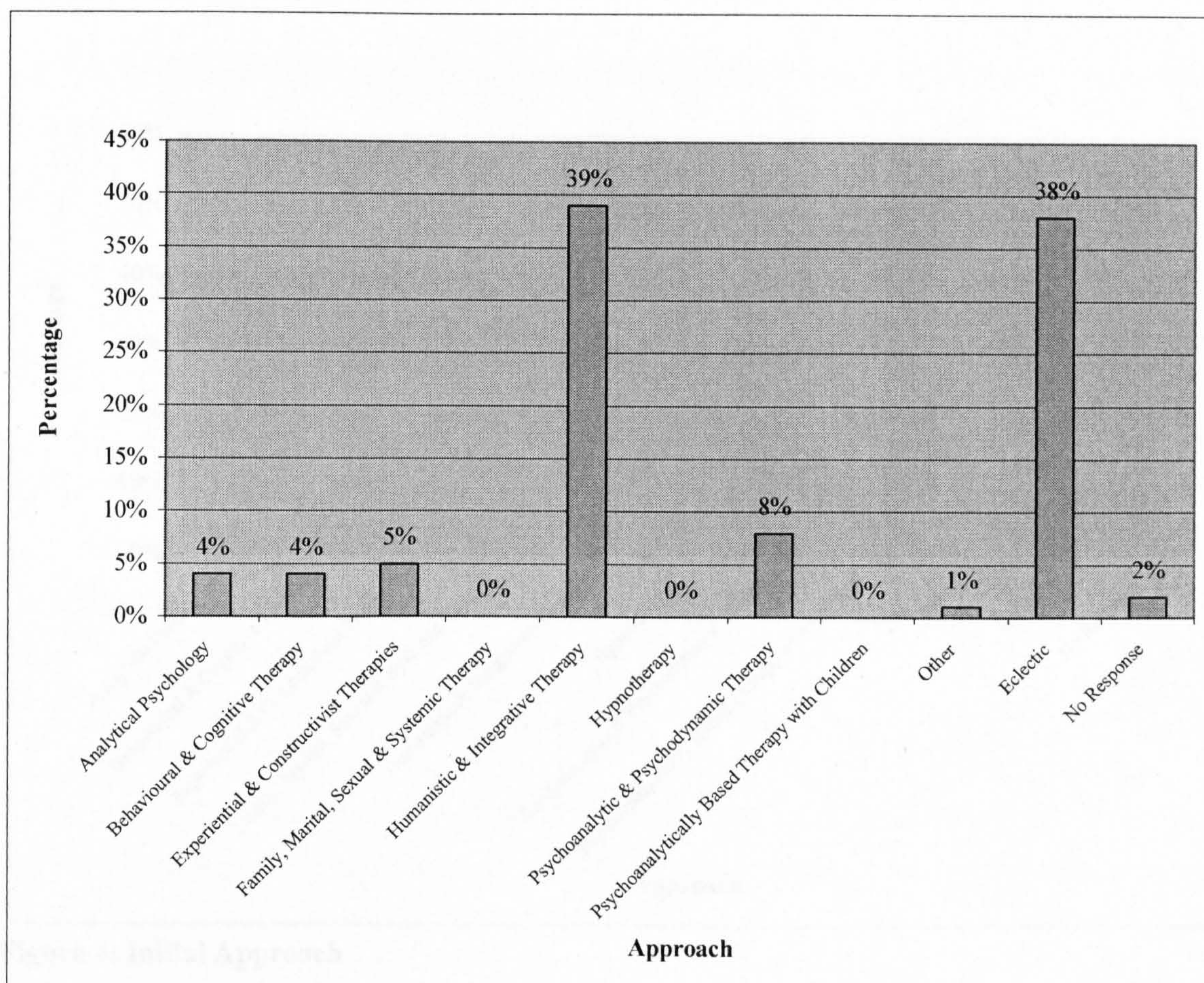


Figure 3: Present Theoretical Approach

Initial Training Approach (see Q.5)

Fifty seven (53.3%) participants were trained in the humanistic and integrative approach. The next significant group was trained in the psychoanalytic and psychodynamic approach representing 16 (15.0%) participants. The other approaches were represented at lower frequencies. See Figure 4.

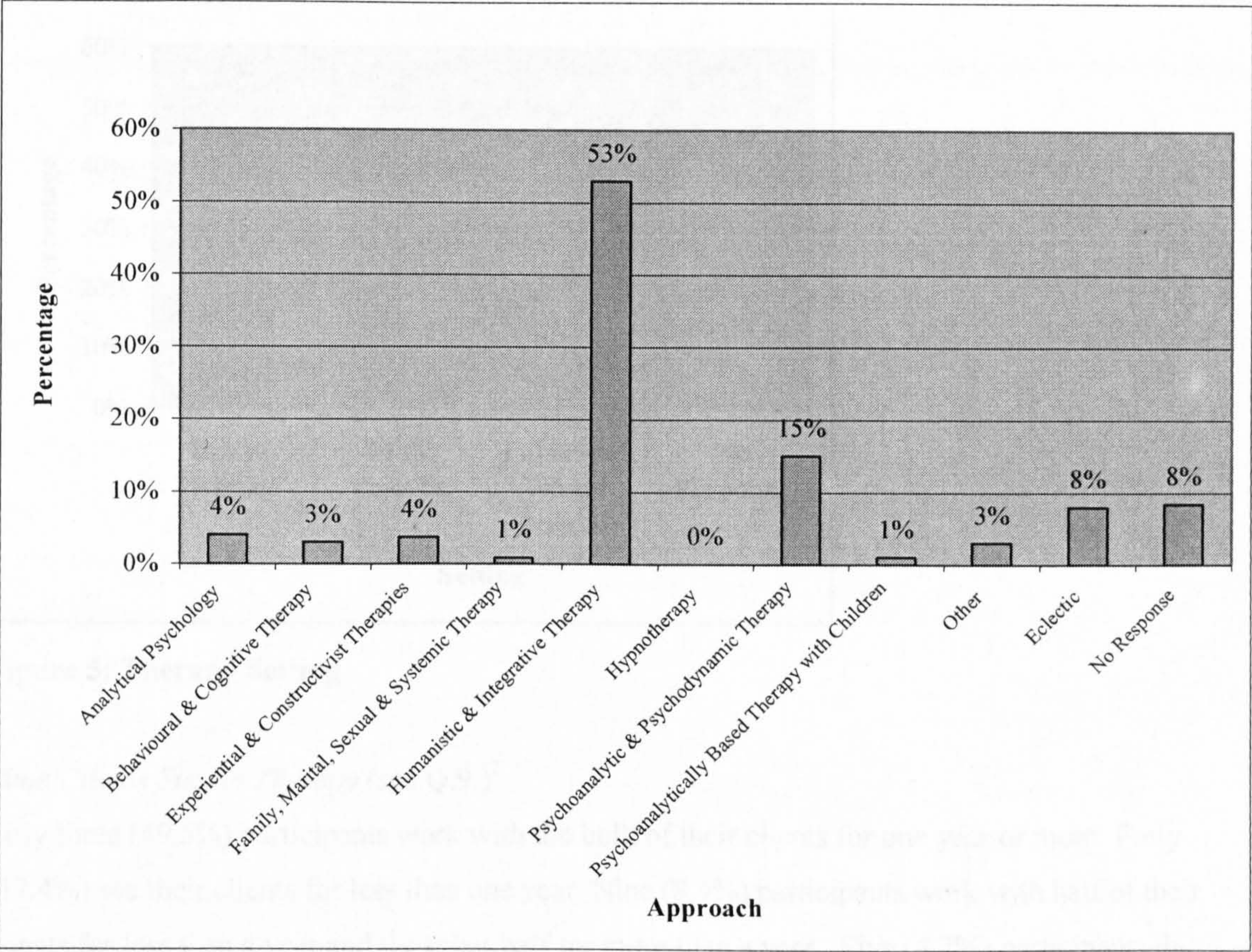


Figure 4: Initial Approach

Setting (see Q.7.)

Fifty three (49.5%) participants practice privately¹. Forty eight (44.9%) practice within both a private and public setting. Four (3.7%) practice in the public sector alone. Two (1.9%) participants did not respond. See Figure 5.

¹ Please note that participants had the choice of nine responses for Question 7. During the data analysis, responses were categorised as either private practice (Private) practice in the public sector (GP, School/College/University, Clinical Psychology Department, Hospital, Voluntary Organisation, Workplace and Social Services). The bar chart in Figure 5 depicts the forms of practice engaged in, i.e. those who work either only privately, or only publicly, and those whose practice involves a mixture of both private and public work.

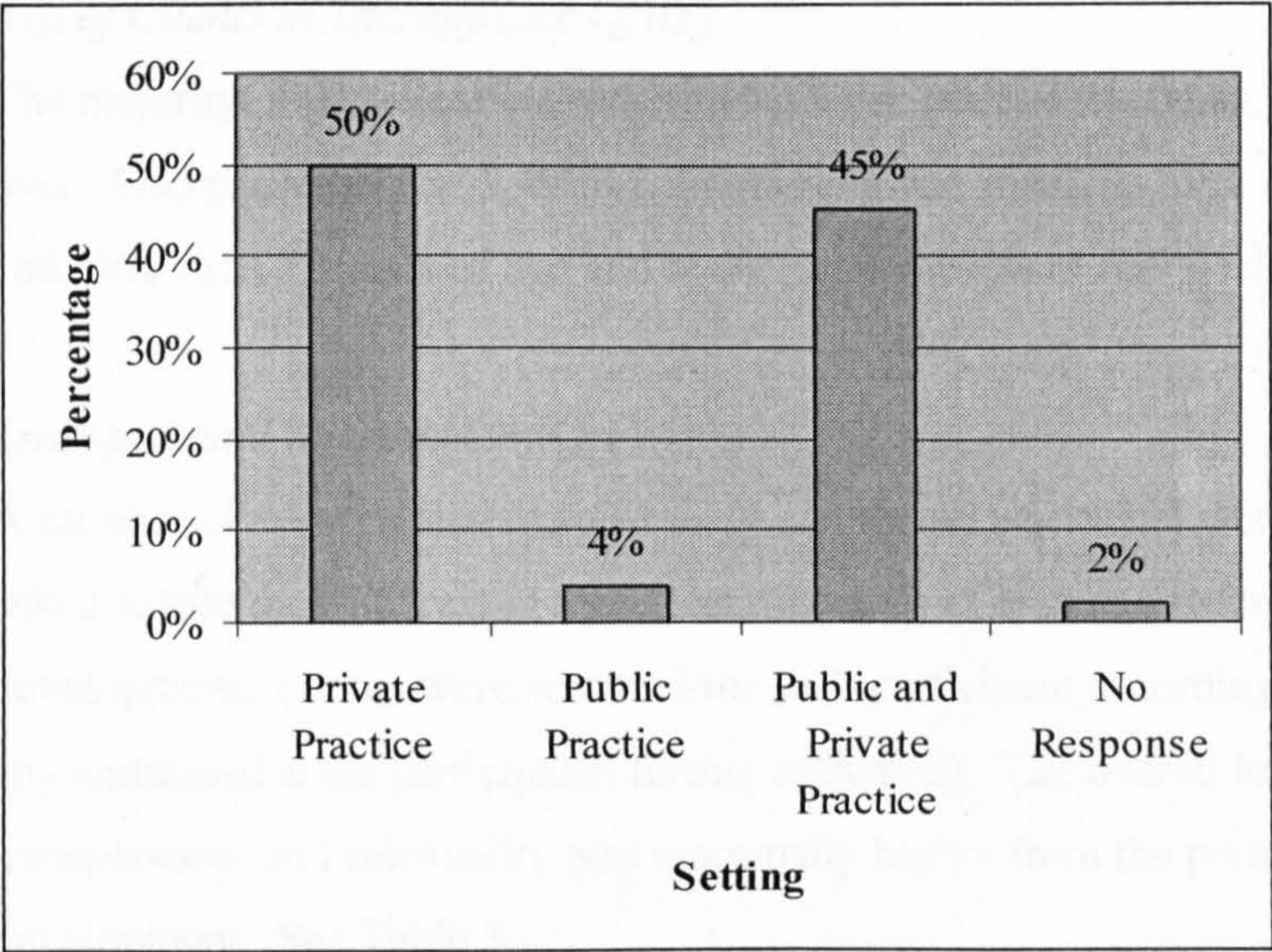


Figure 5: Therapy Setting

*Time Clients Stay in Therapy (see Q.9.)*²

Fifty three (49.5%) participants work with the bulk of their clients for one year or more. Forty (37.4%) see their clients for less than one year. Nine (8.4%) participants work with half of their clients for less than a year and the other half for more than a year. Five (4.7%) participants did not respond. See Figure 6.

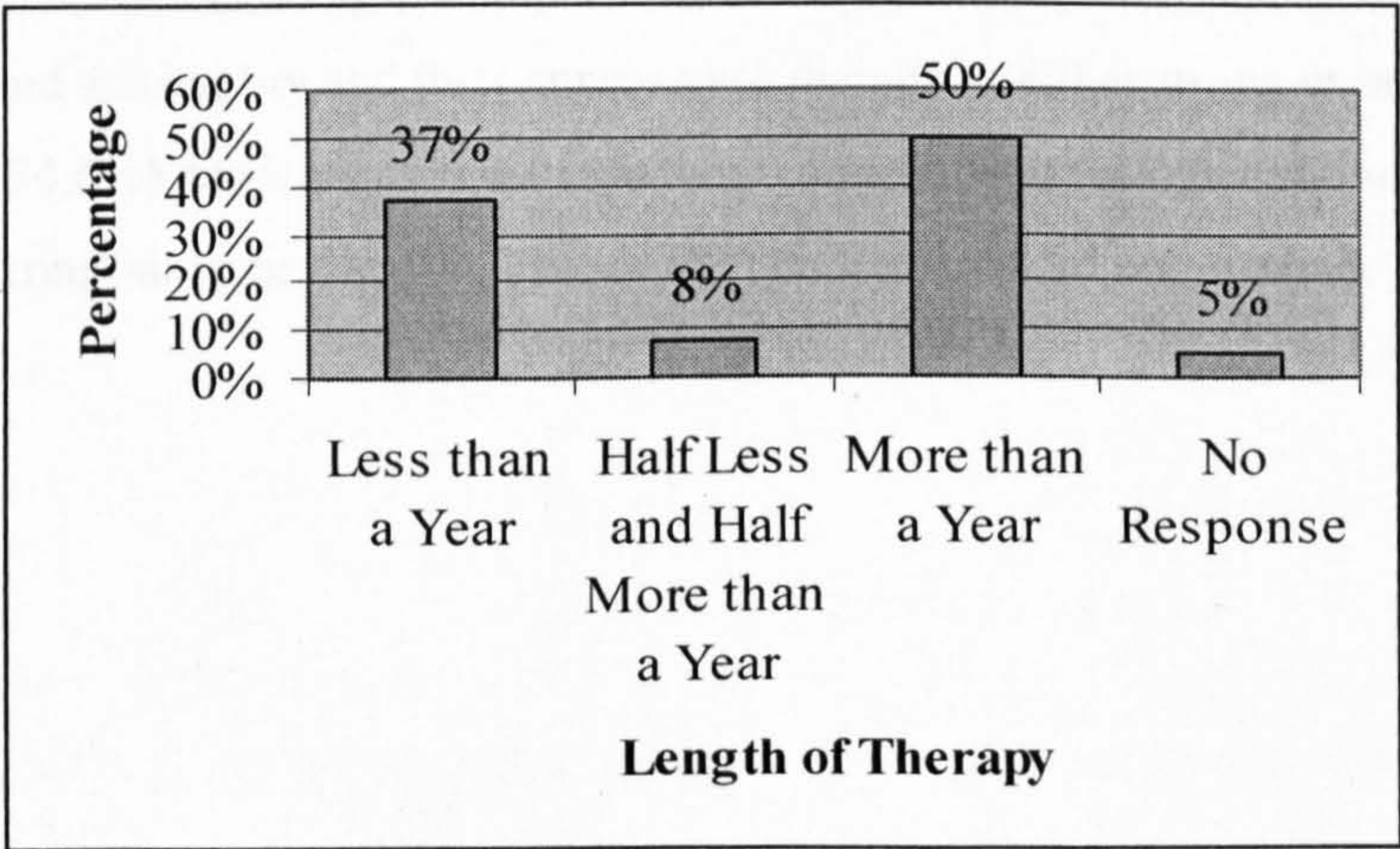


Figure 6: Length of Therapy

² Please note question 8 was left out from the analysis. It did not seem to provide information of much value that added to the study's outcome as a whole.

Age of Clients in Therapy (see Q.10.)

The majority of participants (105, 98.1%) work with adult clients, that is, 22 years of age and over. One participant's (1, 0.9%) client group was made up 50% of clients under the age of 21, and 50% aged 22 years of age and over. One participant (0.9%) did not respond.

Transpersonal Interests (see Q.11.)

A number of areas related to spirituality and the transpersonal were listed and participants were asked to rate their interest in these areas in terms of leisure, professional and personal development. Scores were summed for each participant according to each area of interest (and any additional areas participants further indicated). The overall level of interest in the transpersonal and spirituality was marginally higher from the point of view of personal development. See Table 3.

Figure 7: Connection between Transpersonal Interests and Approach to Therapy

Table 3: Forms of Transpersonal Interest

	N	Mean	Standard Deviation
Leisure Interests	107	11.57	8.37
Professional Interests	107	11.40	7.94
Personal Development Interests	107	12.51	7.98
TOTAL Interests	107	35.47	22.42

Connection between Transpersonal Interests and Approach to Therapy (see Q.12.)

Sixty five (60.7%) participants rated the connection between their interest in the transpersonal and spirituality and their approach to therapy as either strong or very strong. Thirty seven (34.6%) participants registered their connection at the other end of the spectrum, i.e. ranging from fair to negligible. Five (4.7%) participants did not respond. See Figure 7.



Figure 8: Relationship of Transpersonal and Spiritual Interests (see Q.13.)

Expected Progress with Transpersonal and Spirituality Interests (see Q.13.)

Eighty seven (75.7%) participants have indicated as positive a relationship between transpersonal and spirituality interests. See Figure 9.

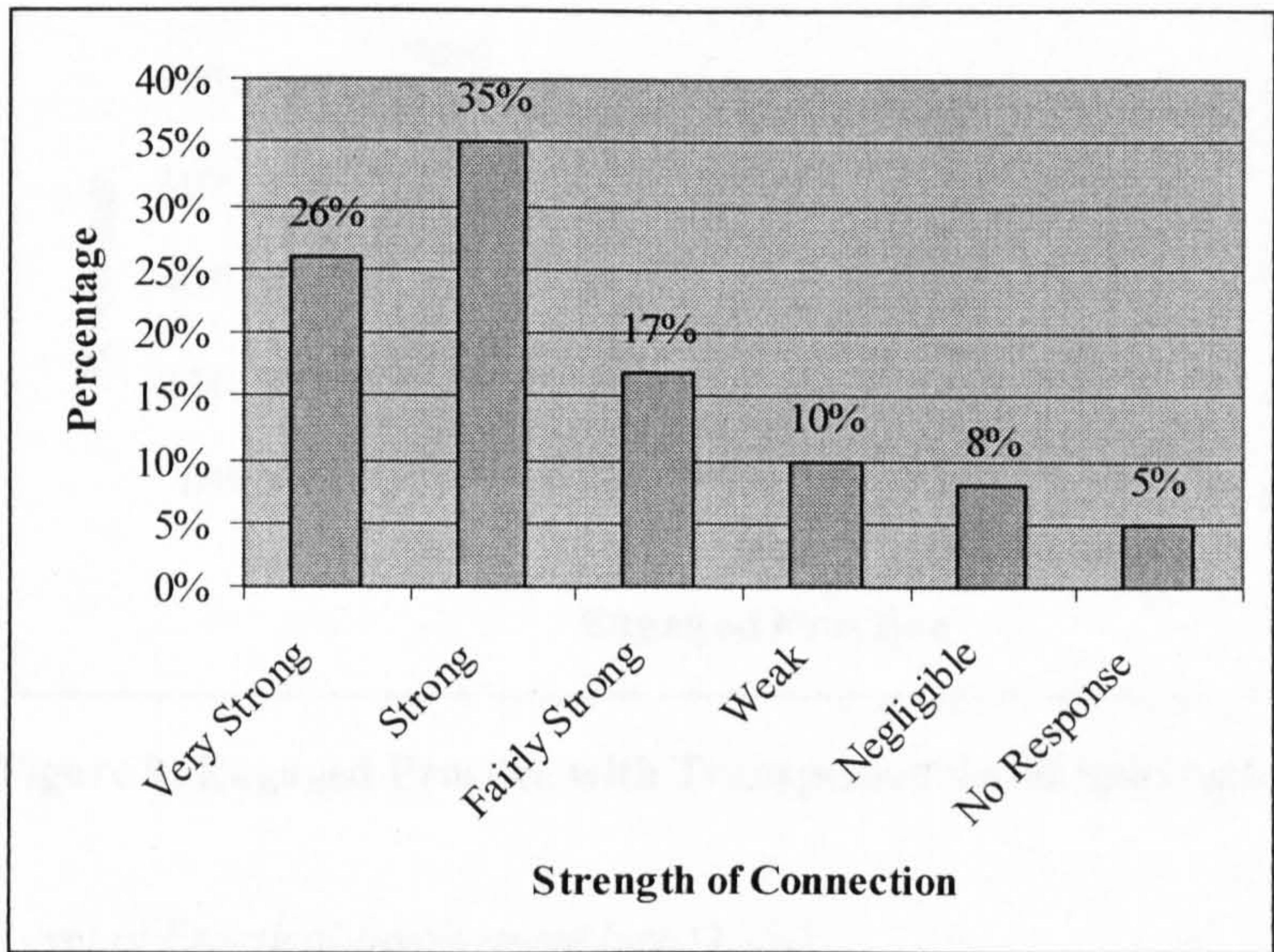


Figure 7: Connection between Transpersonal Interests and Approach to Therapy

Enhancement of Transpersonal and Spirituality Interests Due to Initial Training (see Q.14)

Thirty nine (36.4%) participants felt their initial training enhanced their interest(s) a lot, 35 (32.7%) a little and 28 (26.2%) not at all. Five (4.7%) participants did not respond. See Figure 8.

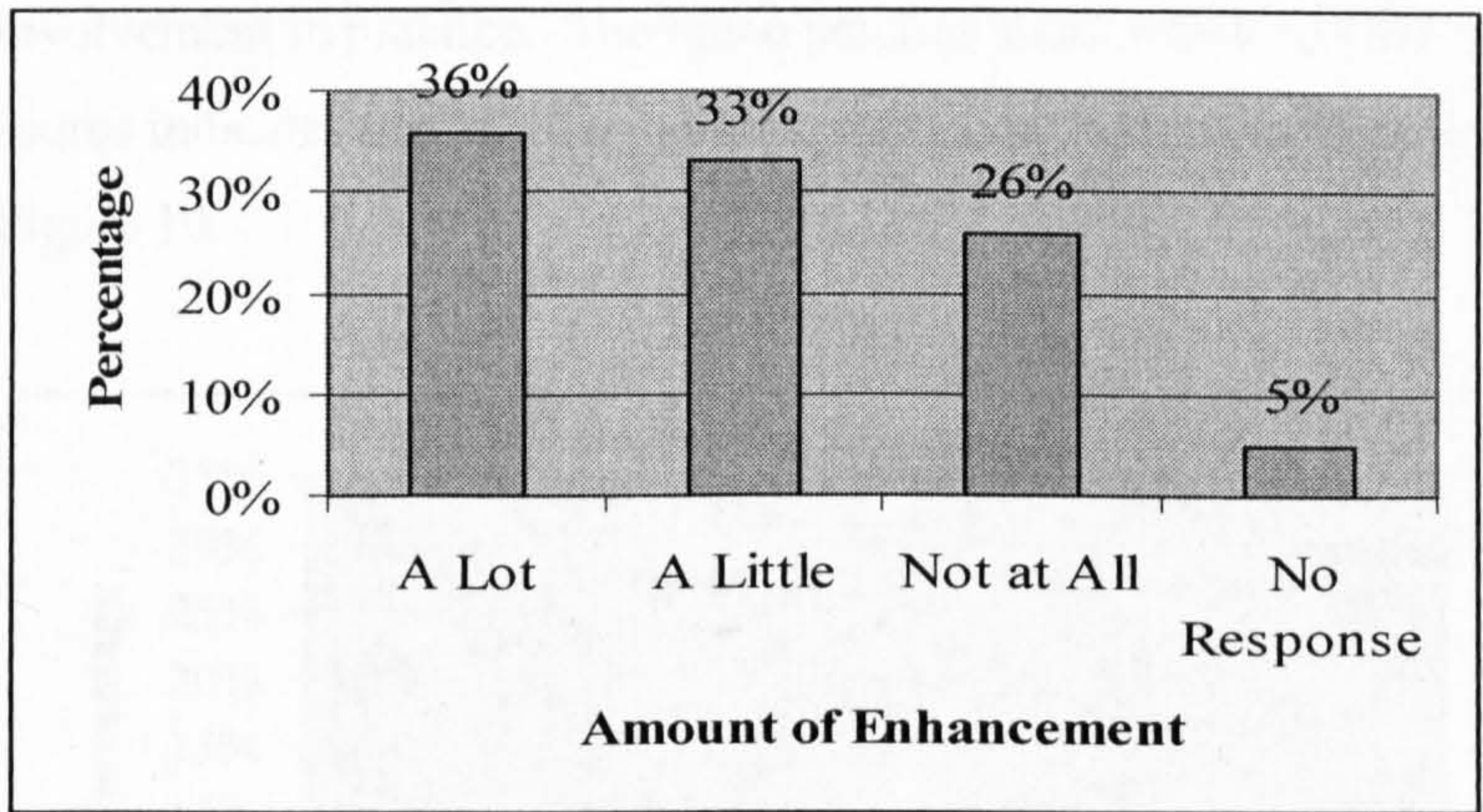


Figure 8: Enhancement of Transpersonal and Spirituality Interests Due to Initial Training

Engaged Practice with Transpersonal and Spirituality Interests (see Q.15.)

Eighty one (75.7%) participants have undertaken practices related to their spiritual and transpersonal interests. See Figure 9.

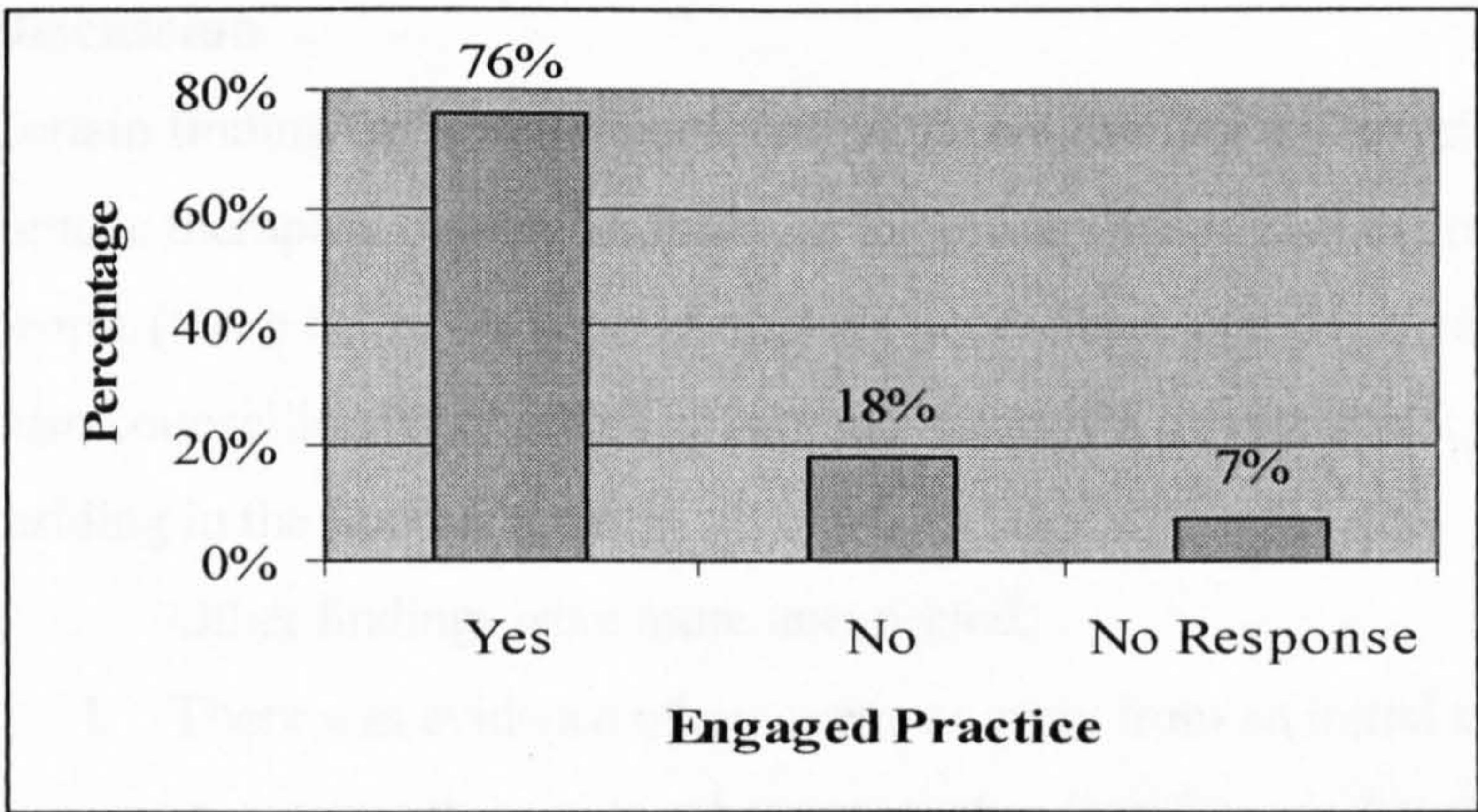


Figure 9: Engaged Practice with Transpersonal and Spirituality Interest(s)

Level of Practical Involvement (see Q.15.)

Participants were asked to list any practices they were actively involved with, for example, meditation. Then, for each practice, they were asked to score their level of involvement according to three choices – Brief, Ongoing but Intermittent, or Regular and Frequent. Brief involvements were given a score of 1, Ongoing but Intermittent involvements a score of 2, and Regular and Frequent involvements a score of 3. Scores were summed for each participant across all levels of involvement. Eighty one (75.7%) participants indicated involvement with transpersonal and spiritual practices. Twenty six (24.3%) participants indicated no involvement in practice. The mean practice score was 8.43 (SD = 8.60). The distribution of scores indicates that involvement in practice tended towards the lower end of the scale. See Figure 10.

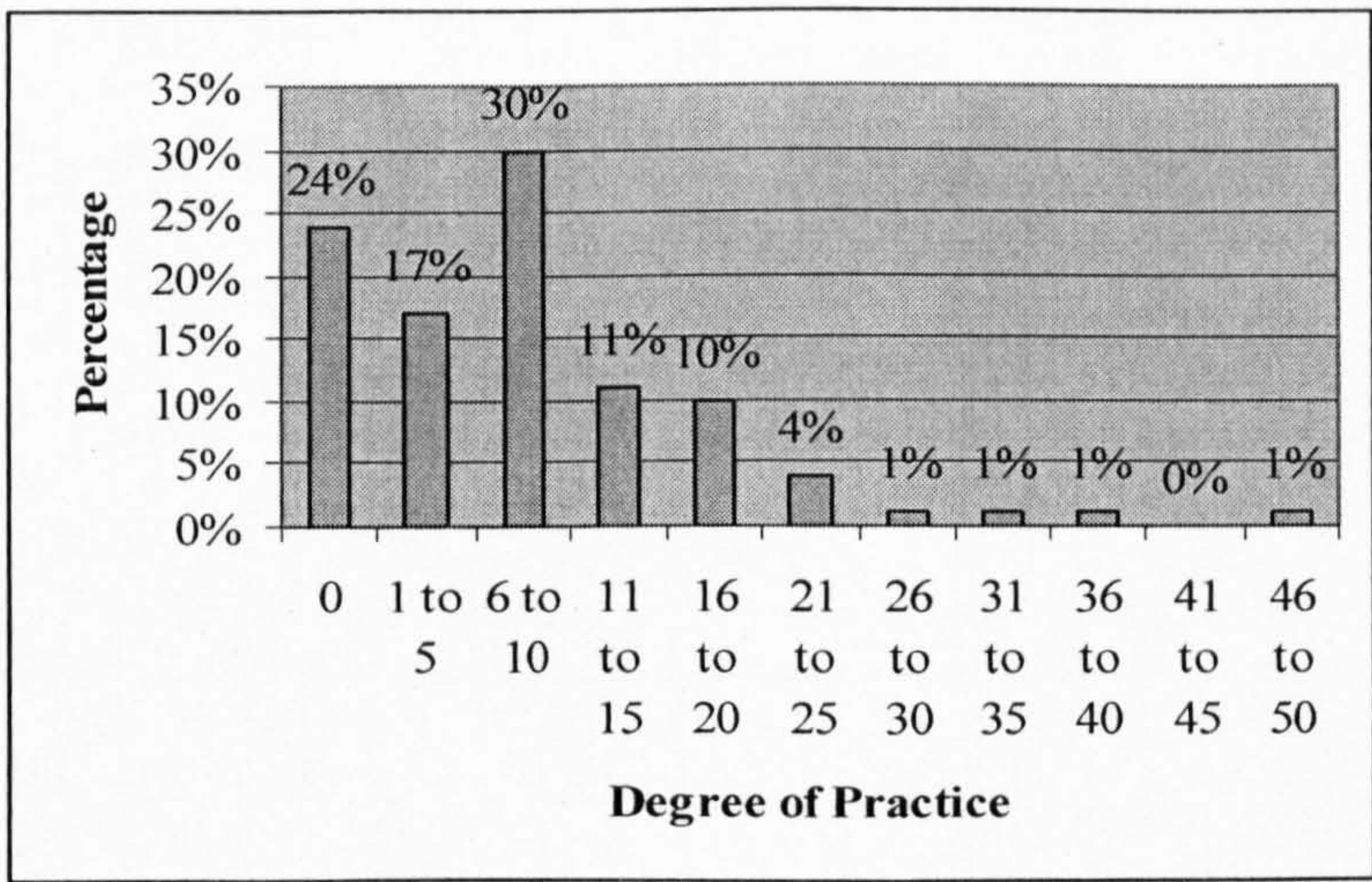


Figure 10: Level of Practical Involvement with Transpersonal Interests

Discussion

Certain findings reflected traits found in the counselling and psychotherapy field generally. Female therapists outnumber males in the present sample, in the ratio of 77:28. Younger people (those below 30 years of age) are under-represented (absent in the present sample). Also counselling/psychotherapy is predominantly a private sector activity - at least for those residing in the London area.

Other findings were more unexpected.

1. There was evidence of a movement away from an initial training in humanistic and integrative therapy to other approaches (see Figures 3 and 4), particularly towards a more eclectic one.
2. Participants, generally, are interested in the transpersonal and spirituality, probably because those who chose to respond did so because they were interested in this area.
3. Participants mainly rate the connection between their transpersonal interests and their therapeutic approach as strong and are actively engaged in these interests.

Correlational Analysis

For this section I calculated Spearman Rho correlation coefficients between the questionnaire variables. Significant correlations are shown in Tables 4 to 8.

Connection between Transpersonal Interests and Approach to Therapy

Table 4: Significant Correlations with the Connection between Transpersonal Interest(s) and Approach to Therapy (Q.12)

	rho	n	p
Leisure Interest in The Transpersonal (Q.11)	0.36	102	< 0.0005
Professional Interest in The Transpersonal (Q.11)	0.55	102	< 0.0005
Personal Development Interest in The Transpersonal (Q.11)	0.45	102	< 0.0005
Enhancement of Interests via Initial Training (Q.14)	0.32	101	< 0.001
Frequency of Involved Transpersonal Practice (Q.15)	0.39	102	< 0.0005

Enhancement of Transpersonal and Spirituality Interests Due to Initial Training

Table 5: Significant Correlations with the Enhancement of Transpersonal and Spirituality Interests via Training (Q.14)

	rho	n	p
Length of Time Therapists Work with Clients (Q.9)	0.35	98	< 0.0005
Leisure Interest in The Transpersonal (Q.11)	0.23	102	<0.05
Professional Interest in The Transpersonal (Q.11)	0.38	102	< 0.0005
Personal Development Interest in The Transpersonal (Q.11)	0.36	102	< 0.0005
Total Interest in The Transpersonal Q.11)	0.35	102	< 0.0005
Degree of Transpersonal Practice (Q.15)	0.22	102	<0.05

Engaged Transpersonal and Spiritual Practice

Table 6: Significant Correlations with Engaged Transpersonal and Spiritual Practice (Q.15)

	rho	n	p
Leisure Interests in The Transpersonal (Q.11)	0.58	107	<0.0005
Professional Interests in The Transpersonal (Q.11)	0.48	107	<0.0005
Personal Development Interests in The Transpersonal (Q.11)	0.57	107	<0.0005
Total Interest in The Transpersonal (Q.11)	0.59	107	<0.0005

Amount of Transpersonal Interest

Table 7: Significant Correlations with Amount of Leisure Interest (Q.11)

	rho	n	p
Age (Q.2)	-0.19	106	<0.05
Professional Interest in The Transpersonal (see Q.11)	0.66	107	<0.0005
Personal Development Interest in The Transpersonal (Q.11)	0.74	107	<0.0005
Total Interest in The Transpersonal (Q.11)	0.87	107	<0.0005
Degree of Transpersonal Practice (Q.15)	0.58	107	<0.0005

Table 8: Significant Correlations with Professional Interest (Q.11)

	rho	n	p
Personal Development Interest in The Transpersonal (Q.11)	0.85	107	<0.0005
Total Interest in The Transpersonal (Q.11)	0.91	107	<0.0005
Degree of Practice (Q.15)	0.45	107	<0.0005

Table 9: Significant Correlations with Amount of Personal Development Interest (Q.11)

	rho	n	p
Total Interest in The Transpersonal (Q.11)	0.57	107	<0.0005
Degree of Practice (Q.15)	0.94	107	<0.0005

Table 10: Significant Correlations with Amount of Total Interest (Q.11)

	rho	n	p
Degree of Practice (Q.15)	0.59	107	<0.0005

Discussion

The connection between transpersonal interests and therapeutic approach is stronger the more: (a) therapists felt their transpersonal interests were enhanced by initial training; (b) therapists were interested in the transpersonal; and (c) therapists were involved with transpersonal practices.

Enhancement of transpersonal interests in initial training is positively correlated with:

1. Participants' transpersonal interest. Therapists whose initial training enhanced their transpersonal interests strongly had higher levels of various forms of transpersonal interest (leisure, professional, personal development and the sum total of these) than those whose initial training enhanced these interests less. There was also a small tendency for those with greater interest in the transpersonal to engage in more transpersonal practice.
2. The length of time spent working with clients. Therapists whose initial training enhanced their transpersonal interests showed a small tendency to work longer with clients than those whose initial training enhanced these interests less.

The study suggests important links between initial training, enhancement of transpersonal interests, the practice of transpersonal interests and the therapist's approach to and delivery of therapy. Each impacts on the other. The source of this spiral remains unclear. It is difficult to say whether a therapist's transpersonal interest emerges as a consequence of initial training, or whether it existed prior to it and possibly had an affect on the choice of training to start with. However, the findings do suggest that training could potentially play an important role in therapists' transpersonal development.

Group Differences

In this section I present significant Mann-Whitney U tests that provide information about the questionnaire’s variables. At the end I gather together more general observations.

Sex (Q.1)

There were no significant sex differences on any of the variables.

Present Theoretical Approach (Q.4)

There were no significant differences on any of the variables between therapists of different present approaches.

Initial Theoretical Approach (Q.5)

1. Those from a psychoanalytic/psychodynamic background are older than those whose initial training was humanistic and integrative. See Table 11.

Table 11: Differences in Age in Years between Therapists from a Humanistic/Integrative Background and those from a Psychoanalytic/Psychodynamic Background

	Humanistic/Integrative Approach (N=57)	Psychoanalytic/ Psychodynamic Approach (N=15)		
	Mean Rank	Mean Rank	Z	p
Age (Q.2)	34.00	46.00	-2.188	<0.029

2. Therapists from a psychoanalytic/psychodynamic background see less of a connection between their interests in the transpersonal and their approach to therapy than do those from a humanistic and integrative background (higher mean rank because of direction of scoring see Q.12). See Table 12.

Table 12: The Experienced Connection between Transpersonal Interests and Approach to Therapy amongst Therapists from a Humanistic/Integrative Background and a Psychoanalytic/Psychodynamic Background

	Humanistic/ Integrative Approach (N=54)	Psychoanalytic/ Psychodynamic Approach (N=16)		
	Mean Rank	Mean Rank	Z	p
Experienced Connection Between Transpersonal Interests and Approach to Therapy (Q.12)	32.22	46.56	-2.59	<0.01

3. Those from a psychoanalytic/psychodynamic background felt that their initial training enhanced their interest in the transpersonal less than those whose initial training was humanistic and integrative (higher mean rank because of direction of scoring see Q.14). See Table 13.

Table 13: The Enhancement of Transpersonal Interests through Initial Training amongst Therapists from a Humanistic/Integrative Background and a Psychoanalytic/Psychodynamic Background

	Humanistic/ Integrative Approach (N=54)	Psychoanalytic/ Psychodynamic Approach (N=16)		
	Mean Rank	Mean Rank	Z	p
Interests Enhanced by Initial Training (Q.14)	30.86	51.16	-3.73	<0.0005

4. Therapists from a humanistic and integrative background had more personal development, professional and total interest in the transpersonal than did those from a psychoanalytic/psychodynamic background. There was no significant difference between the groups on leisure interests. See Table 14.

Table 14: Levels of Transpersonal Interest between those from a Humanistic/Integrative Background and a Psychoanalytic/Psychodynamic Background

	Humanistic/ Integrative Approach (N=57)	Psychoanalytic/ Psychodynamic Approach (N=16)		
	Mean Rank	Mean Rank	Z	p
Professional Interest in The Transpersonal (Q. 11)	40.49	24.56	-2.66	<0.008
Personal Development Interest in The Transpersonal (Q. 11)	40.41	24.84	-2.6	<0.009
Total Interest in The Transpersonal (Q.11)	40.29	25.28	-2.50	<0.012

5. Those from a humanistic/integrative background engage in more transpersonal practice than those from a psychoanalytic/psychodynamic background. See Table 15.

Table 15: Differences in Degree of Transpersonal Practice between those from a Humanistic/Integrative Background and those from a Psychoanalytic/Psychodynamic Background

	Humanistic/ Integrative Approach (N=57)	Psychoanalytic/ Psychodynamic Approach (N=16)		
	Mean Rank	Mean Rank	Z	p
Degree of Transpersonal Practice (Q.15)	40.85	23.28	-2.95	<0.003

Practice Setting

1. Therapists working privately work longer with clients compared to those working in the public sector (Q.7). See Table 16.

Table 16: Differences in Length of Time Spent Working with Clients between Private Sector Therapists and Public Sector Therapists

	Private Sector Therapists (N=50)	Public Sector Therapists (N=48)		
	Mean Rank	Mean Rank	Z	p
Length of Time Spent Working with Clients (Q.9)	56.51	42.20	-2.80	<0.005

Engaged Practice with Transpersonal and Spirituality Interests

1. Therapists who undertake or have undertaken transpersonal practices acknowledge a stronger connection between transpersonal interests and their approach to therapy compared to those therapists who have not engaged in transpersonal practices (higher mean rank because of direction of scoring see Q.15). See Table 17.

Table 17: The Experienced Connection between Transpersonal Interests and Approach to Therapy According to Engagement with Transpersonal Practices

	Therapists Engaged in Transpersonal Practices (N=78)	Therapists not Engaged in Transpersonal Practices (N=19)		
	Mean Rank	Mean Rank	Z	p
Experienced Connection Between Transpersonal Interests and Approach to Therapy (Q.12)	41.35	80.42	-5.64	<0.0005

2. Therapists who undertake or have undertaken transpersonal practices acknowledge that the latter were enhanced through their initial training more than those therapists who have not engaged in transpersonal practices (higher mean rank because of direction of scoring see Q.14). See Table 18.

Table 18: The Connection between Enhanced Interest in the Transpersonal Due to Initial Training and Engagement or Non Engagement with Transpersonal Practices

	Therapists Engaged in Transpersonal Practices (N=78)	Therapists not Engaged in Transpersonal Practices (N=18)		
	Mean Rank	Mean Rank	Z	p
Transpersonal Interests Enhanced by Initial Training (Q. 14)	44.83	64.42	-2.86	<0.004

3. Those who engage in transpersonal practice have more leisure, professional, personal development and total interest in the transpersonal. See Table 19.

Table 19: The Connection between Transpersonal Interests and Degree of Transpersonal Practice

	Therapists Engaged in Transpersonal Practices (N=81)	Therapists Not Engaged in Transpersonal Practices (N=19)		
	Mean Rank	Mean Rank	Z	p
Leisure Interest in The Transpersonal (Q.11)	56.87	23.34	-4.54	<0.0005
Professional Interest in The Transpersonal (Q.11)	57.19	22.00	-4.77	<0.0005
Personal Development Interest in The Transpersonal (Q.11)	57.36	21.26	-4.89	<0.0005
Total Interest in The Transpersonal (Q.11)	57.70	19.82	-5.12	<0.0005

Discussion

This part of the analysis highlights some interesting differences. There are significant differences between therapists whose initial training was psychoanalytic and psychodynamic and those whose training was humanistic and integrative. Therapists from a psychoanalytic and psychodynamic background:

1. Are less likely to experience initial training as strongly enhancing transpersonal interests compared to those with a humanistic and integrative background.
2. Have lower levels of transpersonal interest than do those from a humanistic and integrative background.
3. See less of a connection between the transpersonal and their current approach to therapy than those whose initial training was humanistic and integrative.

Therapists who undertake or have undertaken transpersonal practices acknowledge:

1. A strong connection between these and their approach to therapy compared to those therapists who have not engaged.
2. That their transpersonal practices were enhanced by their initial training more than those therapists who have not engaged in transpersonal practices.

There is no significant difference between males and females concerning their interest in the transpersonal.

These findings raise questions about what might account for these disparities. Perhaps modern day training courses in the psychoanalytic and psychodynamic approach continue to live out Freud's dismissal of spirituality (Benner, 1988; Cortright, 1997; Deikman, 1982; Sovatsky 1998). Alternatively, maybe different personalities are drawn to the psychoanalytic and psychodynamic and humanistic and integrative approaches respectively.

Qualitative Analysis

The qualitative analysis comprised those questions that sought more subjectively detailed responses (i.e. Questions, 6, 12 and 13). The qualitative findings from Question 6 (generally concerned with therapists' change in approach) have been omitted, not because they were not important, but because mainly they were not relevant to the transpersonal focus of this study. Of interest, though, was evidence of a movement away from an initial training in humanistic and integrative therapy to other approaches (see Figures 3 and 4) particularly towards a more eclectic one.

The gathered data was analysed using phenomenological research methods that require some explanation.

Qualitative Methodology

Phenomenological research is not so much concerned with *why?* As *what?*

Productive phenomenological research supplies a deeper and clearer understanding of what it is like for someone to experience something (Polkinghorne, 1989, p. 58).

The aim of phenomenological enquiry is to identify the essence of an aspect of the experience being studied. The essence is the underlying principle that makes the experience what it is, regardless of changing particularities.

During the data analysis a description is assumed to encapsulate the basic essence of the experience being investigated. Descriptions must be analysed for the purpose of identifying, and making explicit, those basic elements that make the experience what it is. This involves a process that has been referred to as the 'reduction' (Polkinghorne, 1989, p. 51) of specific descriptions to their fundamental structures. Here reduction means bringing things down to a basic structure that captures the essence of a whole experience that can't be reduced any further. Van Kaam (1969, in Polkinghorne, 1989) sees it as bringing out and making explicit that which is implicit in the naïve descriptions.

The process of moving from a collection of naïve descriptions to a basic description can be difficult and complex. It is necessary to work on one individual description at any one time. Each description has to be broken down into manageable parts. A series of steps are required to help the researcher complete this process.

Different studies (for example, Colaizzi, 1978; Fischer, 1989; Giorgi, 1975 cited in Polkinghorne, 1989; McAleer, 1995; van Kaam, 1969 cited in Polkinghorne,) have implemented and devised steps in a variety of ways. However, each study conforms to a similar general pattern of procedural steps. These are:

1. Reading through the original descriptions first to get a feeling for their meaning.
2. Breaking down descriptions into more manageable parts or units.
3. Transforming the parts or the units into meanings expressed in psychological or phenomenological terms. The transformation

... does not remain at the level of linguistic expressions, as does traditional content analysis with its use of word counts ..., but focuses on the experiences to which the language refers. The transformation 'goes through' the everyday linguistic expressions to the reality they describe, and then it redescribes the reflective reality in the language appropriate to a phenomenologically based psychology (Polkinghorne, 1989, p. 55).

A meaning statement can be tested for correctness by working backward from the transformed expression to the original naïve description. Transformations must be publicly verifiable.

4. Synthesising the transformations and producing a general structural description of an experience being studied. Synthesis occurs through bringing together all the transformed meaning units into a description of the psychological structure of the experience under investigation. The general structural description is an expression of an intuitive grasping of the core elements of the experience as a whole (Polkinghorne, 1989).

General Procedural Steps

Generally descriptions of an experience for a phenomenological study are obtained through face to face interviews or written statements. Descriptions are usually lengthy. For example a recorded interview may take anywhere between 45 minutes and an hour. Questions 12 and 13 of the questionnaire did not obtain such lengthy descriptions. However, the questions elicited responses that could be analysed phenomenologically by following the general pattern of procedural steps outlined above. The only step excluded was Step 2 because the responses were already manageable. Therefore the steps followed were:

1. All responses for each question could be and were read through for the purpose of getting a feeling for their meaning.
2. The responses to each question were transformed into meanings expressed in psychological or phenomenological terms that could be publicly verified.
3. The transformations were synthesised to produce a condensed description of the experience each question had sought to uncover.

The specific way in which the procedural steps unfolded for questions 12 and 13 of the questionnaire was as follows.

Step 1

The verbatim responses to each question were gathered together separately to produce two lists. The responses in each list were read through for the purpose of getting a feeling for their meaning.

Step 2

One half of the responses in each list were transformed into meanings expressed in psychological or phenomenological terms. Remaining responses were left in their original state for verification purposes that I will return to and outline further on. With Question 12, for example, there were a total of 76 responses that were randomly divided into two groups, comprised of 38 responses each. The procedural steps were applied to only one group first.

This step involves a crucial qualitative research procedure, the transformation of the subject's language into the language of the researcher (Colaizzi, 1978; Fischer, 1989; Giorgi, 1975 cited in Polkinghorne, 1989; McAleer, 1995; van Kaam, 1969 cited in Polkinghorne). Using the statements established in Step 1, I endeavoured to state, as simply and as concisely as possible, in my own words, the dominant and general meaning of the participants' statements or phrases.

In this redescription, I tried to make explicit the implicit psychological meaning of the unit in a sentence. The transformation, written in the third person, therefore aims to be the psychological equivalent of the phrase or statement that was expressed in the participants' words in Step 1. At the end of Step 2 there were two lists each corresponding to the two qualitative questions analysed. Each list was comprised of both transformed statements and actual statements and phrases.

Step 3

This step involved reading through all the aggregated transformed meanings of each separate list for the purpose of organising them into clusters of themes (Colaizzi, 1978). Each list of transformed meanings arrived at in Step 2 was read through in turn. In the process I gave each transformed meaning a label. For example, in Question 12 the transformed statement 'It will influence my being with the client' was labelled A. If the essential meaning of the next transformed statement was similar, it too was labelled A. If not, B. Every time the essential meaning of a transformed statement differed from previous ones it was given a new label. At the end of this process each transformed statement had been assigned a label. It then became possible to gather together the transformed statements into clusters according to assigned labels. For instance, in each list all the A labelled statements were clustered together, as were the Bs, Cs and Ds.

Step 4

The purpose of this step is to take the clusters of each list generated in Step 3 and identify the absolute fundamental structure of the experience being investigated within each. Creative insight is required to tease out the themes given in the clusters (Colaizzi, 1978). The themes arrived at in this step are a distillation of the meanings implicit or explicit in Step 3's clusters.

The responses to Questions 12 and 13, left in their original state in Step 2 were returned to at this point. They were used as a means to check the validity of each theme. To do this I read each original response and accorded it a theme label, from those arrived at in Step 3, which encapsulated its essential meaning. For example in Question 12 the original response 'It is awkward to answer because as an analyst, I will not bring in an interest of my own but I will relate, as much as I can, to whatever my patient brings. Of course my relating to their material will be coloured by my own interest etc.' was labelled A. Theme A states: 'The therapist acknowledges their transpersonal interests, but they refrain from imposing them on the client. Instead, the therapist works with the material the client chooses to present' (examples of this procedure can be found in Colaizzi, *ibid.* & Fischer, 1989).

Wherever I discovered an original response that I could not accord a theme I worked my way back first through the themes arrived at in Step 4, then the clusters arrived at in Step 3, then the transformed meanings arrived at in Step 2. I did this for the purpose of identifying misinterpretations and misunderstandings of themes already arrived at and correcting them in a way that accommodated the essential meanings of all responses encapsulated in the various themes.

Public Verification

Two people, uninvolved in the study, were asked to act as verifiers of the validity of the themes I arrived at (verifiers' details can be found in Appendix B). In the first instance, one person was issued with:

1. Two complete lists of original, verbatim responses to the qualitative Questions (12 and 13) used in Step 1 of the procedural steps.
2. Two lists of themes arrived at in Step 4 above that corresponded to each of the qualitative questions.
3. Two lists of examples of original verbatim responses and assigned themes. For instance, six themes had been arrived at for Question 12 and for each theme a number of original, verbatim responses were selected as examples of each particular theme. These were supplied as guides for the verifier to refer to. They were also included in the list they were asked to verify.

4. A written request to first read through the original verbatim responses to each qualitative question, one list at a time, and its corresponding list of themes; and then, secondly, accord each lists' original responses a theme from each appropriate theme list. The purpose of this request was to obtain feedback that would both support and confirm the validity of the themes that I had arrived at, or suggest that they needed revising.

Where verification was not obtained from the first verifier, another verifier was then sought to check the newly revised themes. This process continued until either the percentage agreement was more than fifty percent, or if it became clear that seeking another verifier would prove redundant. For example if the gap between discrepancies and agreements remained fairly constant despite several revisions and checks.

Whilst feedback for Question 13 confirmed the validity of its respective themes, there were discrepancies and disagreements with those arrived at for Question 12. My response to this is explained as I take Questions 12 and 13 in turn and detail the process and results of conducting the study's procedural steps.

Although this part of the study is mainly concerned with describing the nature of the qualitative analysis, also included are additional quantitative results. These are incorporated because they complement and highlight further the qualitative results.

General Procedural Steps for the Study's Qualitative Questions

The study's relevant qualitative Questions are 12 and 13.

Question 12

How would you rate the connection between your interest in these areas (transpersonal) and your approach to therapy?

Very Strong, Strong or Fair?

Briefly describe your understanding of this connection.

Question 12 was concerned with the perceived connection between therapists' interest in the transpersonal and their approach to therapy.

The first part of Question 12 formed part of the quantitative analysis. The second part of the question, 'Briefly describe your understanding of this connection', became the focus of the qualitative analysis. Seventy six (71.0%) participants responded to part 2. The general procedural steps, 1 to 4 outlined above were followed for the purpose of identifying the fundamental structure of 'the experience of understanding the connection between respondents' interest in transpersonal areas and their approach to therapy.'

First of all, in accordance with Step1, the list of responses to Question 12 was read through. Examples of three original, verbatim responses can be found in Table 20. Next, in accordance with the second procedural step, subjects' original, verbatim responses were transformed into meanings expressed in psychological terms. In Step 2, to aid the transformation of original verbatim statements, and to bring out their underlying meaning, I put part 2 of Question 12 to each statement in turn, i.e. 'How does this person understand the connection between their interest in these areas (transpersonal) and their approach to therapy?'

Table 20: Question 12 - The Four Procedural Steps

Step 1: Original, Verbatim Responses	Step 2: Transformed Statements	Step 3: Labels	Step 4: Essential Themes
It will influence my being with the client, but not brought into the encounter unless by them.	Acknowledges that one has transpersonal interests and that these will indirectly affect one's approach. One refrains from directly bringing them to the encounter.	A	Theme A The therapist acknowledges their transpersonal interests and the fact that these affect their perception of the therapeutic context, but they refrain from imposing these on the client. Instead, the therapist limits themselves to the material the client chooses to present.
Any interest I have will shape my being and influence any approach I have.	Acknowledges that transpersonal interests will affect one's approach through the medium of one's being. Can't separate oneself from one's approach.	B	Theme B The therapist acknowledges that their transpersonal interests will affect their approach through the medium of their being. The therapist recognises that their approach is an extension of their being.
It helps to put the client in a wider, richer context.	Transpersonal interests affect one's approach via the wider context within which one perceives and works with the client.	C	Theme C The therapist's transpersonal interests affect their perception of the therapeutic context. This broadens the way one understands, makes sense of and relates to the client.

On the completion of the procedural steps, the list of themes and original verbatim responses for Question 12 were given to one of the verifying participants for independent verification. The feedback highlighted that there were discrepancies and disagreements between the first verifying participant and myself and therefore a second independent verifier was sought. My response to the feedback involved an elaborate verification process. Details can be found in Appendix B.

When the verification process had been completed, the number of times that each of the themes, A to E, had been assigned to participants’ original responses, was totalled.

Table 21 identifies themes A to E and indicates the total number of times each theme was assigned to a participant’s original response. Table 21 highlights, therefore, the most and least popular reasons that participants gave with regard to their understanding of the connection between their transpersonal interests and their approach to therapy. All participants who responded to Question 12 gave at least one reason and 4 gave an additional one bringing the total of assigned themes to 80.

Table 21: Themes of Understanding that Participants have of the Connection between their Transpersonal Interests and their Approach to Therapy

Themes A to E	Number of Participant Responses	%
Theme A The therapist acknowledges their transpersonal interests, but they refrain from imposing them on the client. Instead, the therapist works with the material the client chooses to present.	10	12.5
Theme B The therapist acknowledges that their transpersonal interests will affect their approach through the medium of their being. The therapist recognises that they cannot	18	22.5

separate out their interests from themselves and thereby their approach.		
Theme C The therapist's transpersonal interests affect their perception of the therapeutic context. This broadens the way one understands, makes sense of and relates to the client.	26	32.5
Theme D The therapist acknowledges their transpersonal interests by directly drawing upon skills and techniques and integrating them whilst with a client.	11	13.8
Theme E Some therapists did not directly answer Question 12 but made a personal statement about the transpersonal, or responded to the question without answering it.	15	18.8
Total	80	

From Table 21 we can conclude that themes 12C and 12B were the most popular reasons that participants gave with regard to their understanding of the connection between their transpersonal interests and their approach to therapy, representing 26 (32.5%) and 18 (22.5%) responses respectively. The remaining themes received the following share of responses: 12D, 11 (13.8%); 12A, 10 (12.5%); and 12E, 15 (18.8%).

Some therapists did not directly answer Question 12 but made a personal statement about the transpersonal. The following are some examples:

The knowledge that we are on both a spiritual and psychospiritual journey – simultaneously, has had a powerful influence on the way I view myself and the world. I am interested in exploring how the two strands interplay and interact. I feel I’ve only just begun.

I believe we are all connected to a greater whole.

Spiritually as a unifying centre. Deep profound connection with my Self. A coming home.

Table 22 shows the spread of Question 12’s themes according to participants’ current therapeutic approach.

Table 22: The Spread of Question 12’s Themes According to Participants’ Current Therapeutic Approach

Current Approach	No. of Therapists	Theme					Total
		A	B	C	D	E	
Analytical Psychology	4	2		2			4
Behavioural and Cognitive Therapy	4						0
Experiential and Constructivist Therapy	5	1	1	2		1	5
Family, Marital, Sexual and Systemic Therapy	0						0
Humanistic and Integrative Therapy	42	4	9	8	5	5	31
Hypnotherapy	0						0
Psychoanalytic and Psychodynamic Therapy	8		1	1	1	1	4
Psychoanalytically Based Therapy with Children	0						0
Other	1		1				1
Eclectic	41	3	6	12	4	8	33
Unusable Response	2			1	1		2
Total	107	10	18	26	11	15	80

Discussion

I would suggest that Categories 12A and 12D (see Table 21) form the two ends of a spectrum. At one end is category 12A, the reserved end. Here therapists practice restraint with regard to their inclusion of transpersonal interests in the therapeutic encounter. At the other end is Category 12D, the proactive end. Therapists here actively and directly include and draw on their transpersonal interests whilst working with clients.

What we end up with is a spectrum of responses. At one end is a reluctant and reserved attitude towards integrating the transpersonal (12A, see Table 21), followed by an open but passive approach (12B). Here, the therapist's approach is simply a part of who they are, an assimilation of their transpersonal interests. This is then succeeded by a more active approach where the therapist holds an attitude that is consciously aware of transpersonal inclusion (12C), and then, finally, a proactive approach where therapists actively and directly draw upon their transpersonal interests in a conscious way whilst with a client (12D).

Therapists' responses were mainly represented by themes 12C and 12B, see Table 21. 12C, whereby therapists' transpersonal interests affect their approach by influencing their perception of the therapeutic context, suggests that therapists have a more active and consciously aware attitude towards integrating their interests.

The difference between Themes 12B and 12C is that in 12B the therapist's stance can be interpreted as more passive. Their approach is simply a part of who they are. Also, the way the therapist integrates their interests is more elusive, less defined and more subtle.

Therapists' responses were rather less represented by Themes 12D and 12A, the two extremes of the response spectrum. This indicates that, on the whole therapists are relatively less likely to be either very active or very passive in their integration of transpersonal interests to their approach.

What the majority of categories suggest is a therapeutic encounter characterised by therapists who have an awareness, openness and a willingness to explore the transpersonal with clients. This makes the transpersonal an area that is well worth the attention of training institutions.

Question 13

If you incorporate any aspect(s) of these interests (transpersonal) into your work please say what and how. Examples would be helpful.

Question 13 was concerned with the way in which therapists incorporated transpersonal interests into their work with clients. 64 (59.81%) therapists responded to this question and their responses became the focus of the qualitative analysis.

The general procedural steps, 1 to 4, outlined above, were followed for the purpose of identifying the fundamental structure of ‘the experience of incorporating transpersonal experiences into one’s work as a therapist.’

The transformed statements arrived at in Step 2 (see Table 23) fell clearly, at this early stage in the analysis, into three distinctive groups, one in which incorporation of the transpersonal into the therapist’s approach was explicit, one in which it was implicit, and one in an implicit way until it becomes explicit. This meant instead of gathering together the transformed statements into clusters of meanings before arriving at the stated themes in Step 4, Table 23, they were arrived at following Step 2, rather than after Step 3.

In order to aid the transformation of statements in Step 2 Question 13, ‘In what ways and how did this person incorporate any aspect(s) of their transpersonal interests into their work?’ was put to each statement generated at Step 1.

Table 23: Question 13 - The Four Procedural Steps

Step 1: Original, Verbatim Responses	Step 2: Transformed Statements	Step 3: Labels	Step 4: Essential Themes
Work with the imagination e.g. imaging, guided fantasy etc. - dreamwork - exploring the broader context as the client sees it - meditation, relaxation as ways of finding a calm centre and sense of “just being”.	Works with imagination, guided fantasy, dream work. Uses meditation and relaxation.	A	Category A This represents those therapists who choose to work with the transpersonal in a direct and explicit way.
Transpersonal Psychology is Psychology with a ‘Soul’. So any or all of the aspects I have ticked might be included in my work depending on where the client is.	Depending on where the client is, one will incorporate one’s interests - difficult to leave out.	B	Category B This represents those therapists who choose to work with the transpersonal in an indirect and implicit way.
In terms of congruent response. What I value as important will come across and if it becomes explicit I sometimes acknowledge where my bias is or what interest of mine clarifies and offers interpretation. I always share only in terms of one way among several.	One will respond implicitly but explicitly if deemed appropriate.	C	Category C This represents those therapists who incorporate an aspect or aspects of their interest(s) into their work in an implicit way until it becomes clear and appropriate – based on the client’s presentation of material to work more explicitly.

On the completion of the procedural steps the list of themes and original verbatim responses for Question 13 were given to one of the verifying participants for independent verification, as described above. Because the validity of the themes I arrived at was confirmed

by the first participant they were not issued to a second. There were a total of 49 agreements, making the percentage agreement 71.0%. See Table 24.

The following are the results obtained between myself (R) and the first verifying participant (V1):

Table 24: Verification Results for Responses to Question 13

Verification Results		
Verification and Non-Verification Categories	Results between R and V1	%
Discrepancies	15	21.7
Agreements	49	71.0
Overlaps ³	5	7.2
Total	69	

There were no discernable patterns to the discrepancies.

Following the verification process I returned to the full list of participants’ original verbatim responses that had been assigned a theme label by me prior to the verification process. The number of A, B and C labelled original statements were totalled. The purpose was to identify the most and least popular way participants experienced including transpersonal interests into their therapeutic approach.

Whilst 64 participants indicated one way in which they incorporate their transpersonal interest(s) into their work, 3 participants indicated an additional one bringing the total number of responses to 66. That is 25 (39.0%) therapists incorporate their transpersonal interest(s) into their work in an **explicit** way. Twenty eight (43.8%) incorporate their transpersonal interest(s) in an **implicit** way. Three (4.7%) therapists incorporate their transpersonal interest(s) in both an implicit and explicit way. Eight (13.0%) therapists who incorporate an aspect or aspects of their interest(s) into their work in an implicit way until it becomes clear and appropriate – based on the client’s presentation of material to work more explicitly.

³ Sometimes more than one theme was chosen. This resulted in partial agreement and disagreement. For example I may have labelled a response with two themes – A and B, whilst the verifier may have labelled it A only.

Discussion

Those who integrate the transpersonal into their approach choose to do so slightly more in an implicit way than in an explicit one.

If we couple this finding with those illustrated in Table 21 we know that most participants understand transpersonal inclusion in terms of: the influence of transpersonal interests on their perception of the therapeutic context; and an assimilation of transpersonal interests into their being and that their inclusion is experienced both implicitly and explicitly.

SUMMARY AND CONCLUSIONS

It is important to point out that the following conclusions are based on a self-selecting group of respondents. However, there are some principal conclusions that can be gleaned about the therapists who responded to the questionnaire.

- The role of transpersonal interests, participants' understanding and experiential knowledge of them, has a strong effect on the approach of therapists who integrate them into their therapeutic practice.
- Those therapists who integrate the transpersonal into their approach choose to do so slightly more in an implicit way than an explicit one.
- The majority of participants are actively engaged in transpersonal interests.
- The study indicates that there are four themes in the understanding shown by therapists/counsellors of the connection between their transpersonal interest and their approach to therapy. These form a spectrum. At one end is a reluctant and reserved attitude towards integrating the transpersonal (Theme 12A), followed by an open but passive approach (Theme 12B). Here, the therapist's approach is simply a part of who they are, an assimilation of their transpersonal interests. This is then succeeded by a more active approach where the therapist holds an attitude that is consciously aware of transpersonal inclusion (Theme 12C), and then, finally, a proactive approach where therapists actively and directly draw upon their transpersonal interests in a conscious way whilst with a client (Theme 12D).
- We know that most participants understand transpersonal inclusion in terms of the influence of transpersonal interests on their perception of the therapeutic context, and an assimilation of transpersonal interests into their being. The inclusion of transpersonal interests maybe experienced implicitly or explicitly.
- The majority of responses came from therapists initially trained in the humanistic and integrative approach. The other main group of responses came from therapists originally trained in the psychoanalytic and psychodynamic approach. This is

surprising since the questionnaire was sent to substantial numbers representing the other main approaches, which show up relatively less frequently than the two mentioned. Why this is so and what it suggests begs further exploration concerning the transpersonal interests of those trained in other approaches.

- When we couple this with what we know about the influence of initial training a picture begins to emerge that suggests that initial training affects therapists' relationship with the transpersonal. The findings suggest that: training affects the development of transpersonal leanings, there are significant differences between therapists whose initial training was psychoanalytic and psychodynamic and those whose was humanistic and integrative.
- Most therapists from a psychoanalytic and psychodynamic background: are less likely to experience initial training as strongly enhancing transpersonal interests compared to those with a humanistic and integrative background; engage less with transpersonal interests than do those from a humanistic and integrative background; and see less of a connection between the transpersonal and their current approach to therapy than those whose initial training was humanistic and integrative.
- Involvement in the practice of transpersonal interests is greater when initial training enhances transpersonal interests.

PART TWO: QUALITATIVE STUDY

The qualitative part of the study falls into eleven sections. The first section outlines differences between quantitative methods and qualitative methods, and this paves the way for understanding the relationship between qualitative methods and therapy in the second section. The aim of this study is introduced in section three. Section four outlines what phenomenology is and what it entails. This is the philosophical tradition that informs the chosen research approach for this study – the focus of section five. Section six details the characteristics of phenomenological methodology. Section seven details the specific features this phenomenological study will focus on, whilst the eighth section highlights some of the general features of the study's phenomenological data analysis. The ninth section incorporates a summary of outcomes of the study's phenomenological data analysis. The tenth section details the conclusions of the qualitative study, whilst the eleventh section discusses how the qualitative research outcomes are understood.

DIFFERENCES BETWEEN QUANTITATIVE METHODS AND QUALITATIVE METHODS

A problem central to epistemology is how individual consciousness comes to have knowledge of the external world (Gergen, 1999). According to traditional philosophy our experience of the world is regarded as either a mental projection onto the world (the idealistic fallacy) or as merely a reflection of the world (the realistic fallacy). In both cases the world of traditional philosophy consists of a mind that is made up of mental representations, and an independent reality that we are capable of representing. Consequently, the task of such a philosophy and science becomes one of getting at reality as it is in itself through ways that guarantee a 'fit' between reality and our mental representations of it. Following from this it is assumed that it is possible to conceive of a disinterested observer who is motivated to observe out of curiosity about the nature of things (McAleer, 1995). The foundations of empirical science and research are rooted in this assumption.

Empirical research has been regarded by science as the sole creator of true, objective knowledge, arrived at through following a scientific method (Alvesson & Skolderberg, 2000). Data and facts produced as a result of this method are considered to be a reflection of reality. The ultimate aim of empirical research is to produce theories of universal and transhistorical significance (ibid.). It is committed to one realist, objective world and therefore aims to reveal the one true answer to any one question (Gergen, 1999).

In its quest for knowledge, empirical, positivistic science and research employ quantitative research methods. These are concerned with numbers and are closely associated with statistical analyses (Stokes, 2003).

Whilst natural science studies ‘objects of nature’ or ‘things’, human science studies

... beings that have “consciousness” and that “act” purposefully in and on the world by creating objects of “meaning” that are “expressions” of how human beings are in the world (van Manen, 1990, p.4).

Natural science methodology, in its quest for knowledge, leaves untapped any knowledge we may be able to access from exploring, or giving space to, our inward, unobservable side, which encompasses thoughts, emotions and sensations (Valle, King & Halling, 1989). This suggests that our quest for knowledge cannot be limited to the natural sciences alone. Whilst one aim of research is the discovery of universal laws that allow for explanation, prediction and control, there is another, equally valid, aim. That is, a full description, understanding and appreciation of individual cases, an aim considered to be more idiographic (Braud & Anderson, 1998 in Braud & Anderson, 1998).

Whilst knowledge obtained through sense data is valuable, so also is tacit or personal knowledge, or knowledge derived through intuition, or through direct knowing, empathic sensitivity and/or possibly even via paranormal means, also is (ibid.). Braude et al. (1998)

...emphasise private, first-person experiences and experiential accounts as valid forms of knowing that complement third person accounts of what is publicly observable. We supplement outer (*etic*) descriptions with inner (*emic*) ones, and we do not privilege the former over the latter either epistemologically or ontologically (ibid., p.16).

Unlike the natural sciences, the human sciences are not based on an inductive investigative process that leads to empirical generalizations, which are then used to build theories upon (van Manen, 1990). Instead they are concerned with meaning and interpretation (Stokes, 2003). In its quest for knowledge, human science relies heavily on qualitative research methods, and these are associated with a range of research paradigms.

QUALITATIVE METHODS AND THERAPY

Whilst the nature of the research question determines the most appropriate method, as well as the researcher’s interest and temperament, other factors too may influence what methods are chosen. These include dissatisfactions with current research approaches and outcomes; incompatibilities between research and service; and incompatibilities between research and personal experiences (Braud et al., 1998).

Indicators that we have gone astray are feelings of dissatisfaction and disappointment among both the producers and consumers of research – feelings that something is missing, that important topics are being ignored or are not receiving the attention or honour that they deserve, and that our findings are not having sufficient impact on the growth and expansion of our conceptualizations and theories or on our practices, ourselves and our world (ibid., pp.4-5).

In my opinion the picture outlined here by Braud et al. (1998) accurately captures some, if not all, of my concerns regarding research into the practice and understanding of transpersonal therapy. It also indicates why qualitative research methods would best be suited to address these. Qualitative methods make possible the attainment of three things at once:

- valuing the meaning of actual lived experience;
- bridging the gap between practice and research and/or practice and theory; and
- research that is relevant to practitioners and their practice (McLeod, 2001b).

I would suggest that we approach qualitative research as ‘... an essential component of the development of professional practice in counselling and psychotherapy’ (Elliott & Williams, 2001, p.183). Therefore, we must acknowledge the importance of developing methods of inquiry ‘... that are consistent with the type of therapy being researched’ (McLeod, 2001b, p.4). Since counselling and psychotherapy in Europe are representative of a tradition that has been profoundly influenced by philosophical ideas from hermeneutics, phenomenology, critical theory and existentialism, then it makes sense to turn to this tradition again in terms of approaches to research and inquiry.

This tradition has been associated with a movement toward:

- the development and extension of qualitative methods;
- placing research in a historical and social context;
- critical analysis of the influences of sources of power and privilege in the creation of knowledge;
- reflexivity - the use of the researcher’s awareness of their role in the inquiry process; and
- Collaborative inquiry involving clients and service users as co-researchers (McLeod, 2001b).

Before elaborating on the aim of, and the particular qualitative approach used in this study, let us sum up qualities that are common to qualitative research generally. These include: recognizing the value of qualitative designs and methodologies, which allow for the study of human experiences not accessible by quantitative methodologies; a focus on the whole of experience, not objects or parts of it; searching for meanings or essences of experience and not measurement and explanations; obtaining descriptions of experience; seeing the data of

experience as crucial in understanding human behaviour and as valid evidence; formulating questions that are of personal importance for the researcher; and viewing experience and behaviour as intertwined (Moustakas, 1994).

THE AIM OF THIS STUDY

The aim of this study is to explore therapists' experience of participation with the transpersonal in the therapeutic encounter. My initial curiosity about transpersonal experience was ignited through my own experience, both personally and as a therapist, and through my interest in the gap between my experience of spirituality and the transpersonal and what has been written theoretically about them. I wished to discover and uncover other therapists' experience and understanding of the transpersonal and spirituality in relation to therapy as a comparison to my own. The attitude underlying the study was characterized by a sense of wonder and excitement as to what may emerge. There was no expectation as such, but an openness to hear what therapists wished to share. Also important was my wish to share the findings of the study with other counsellors and therapists in a way that could be helpful to them and their respective experiences, possibly in a way that stimulated further openness, sharing and less isolation.

Braud (1998b in Braud et al., 1998) tells us that qualitative approaches are better suited to the idiographic and personal nature of transpersonal experience. Since this study seeks to describe the qualities and dynamics of therapists' experience of participation with the transpersonal in the therapeutic encounter, then their implementation here are most definitely appropriate. Like Anderson (1998 in Braud et al., 1998) this study is also interested in the rigours of complexity and full disclosure. This means where commonalities and differences are present participants will be allowed a voice whether similar or not.

Since the concern of this study lies with lived experience, and this is always the starting point of phenomenological research, phenomenology is the chosen qualitative research approach for this study. Phenomenology shows us how to orientate ourselves towards lived experience and its main concern is with acquiring understandings of concrete lived experiences through language (van Manen, 1990).

Phenomenological research differs from other qualitative and descriptive approaches '... because its focus is on the subject's experienced meaning ...' (Polkinghorne, 1989, p.44). Phenomenology grounds research endeavours by staying with the life-world. Here the concrete occurrences of living situations are looked to, or the happenings, and these are then reflected upon. This focus means we avoid making theoretical abstractions (Todres & Wheeler, 2001).

Whilst a phenomenological research approach clearly suits the nature of this study with its concern with therapists' lived experience of transpersonal participation, this is not the only

reason for choosing this methodology. Additional reasons made this choice of approach favourable too.

It would be fair to say that my decision to choose a phenomenological research approach for the study was made in order to find a way to allow for counsellors and therapists to speak and share their experience, knowledge and understanding as grounded in their practice. It is essential, if dialogue between theory and practice is to be productive, that a ground-up knowledge base is established. Also, as Todres et al. (2001) point out, if practice and ethical judgement are to become empowered, then understanding and knowledge need to be near to experience.

In addition, because my work as a counsellor and therapist is underpinned by a phenomenological approach, it made sense and was a natural progression from my work with individuals, to use a phenomenological research approach with study participants. Laying bare essential themes and patterns entailed in therapists' experience and understanding of spirituality and the transpersonal in relation to therapy, was something I hoped could also be beneficial to therapists' general awareness of spirituality and the transpersonal. I also envisaged the possibility of advancing knowledge and understanding in these areas.

For my MA in counselling and psychotherapy (McAleer, 1995) I studied therapists' experience of "listening" using phenomenological research methods. It made sense, considering that I had past experience of conducting phenomenological research, to build upon this further in this study.

Based on this past experience I felt confident that a phenomenological approach would make possible a general description that highlights both the common elements and the varied facets that contribute to a better understanding of therapists' experience of the transpersonal and/or the spiritual in the therapeutic encounter. Those qualities and attitudes that are most prevalent in a transpersonal approach could then be illuminated and discussed in relation to implications for training. This is an area that remains relatively unexplored.

WHAT PHENOMENOLOGY IS

Phenomenology emerged as a German philosophical movement at the start of the twentieth century (Alvesson et al., 2000; Moustakas, 1994). However, the term 'phenomenology' had been in use since the mid-eighteenth century where it had appeared in the works of Kant, Hegel and Marx (Moustakas, 1994). Phenomenology is a general approach that incorporates a variety of doctrines, but its common focus is directed towards the investigation of our experience of the world. This investigation is pursued differently according to two main branches of phenomenology (McAleer, 1995).

Transcendental phenomenology is the branch most identified with the writings and ideas of Edmund Husserl (1859-1938). That branch known as existential phenomenology is identified with and mainly influenced by the writings of Martin Heidegger (1889-1976).

Husserl and Transcendental Phenomenology

Husserl is generally acknowledged as ‘... the forerunner of the phenomenological movement’ (Spinelli, 1989, p.10). He was a German philosopher whose particular interests lay with the status of logic as well as scientific knowledge and theory. He wanted to know how logic is possible (Zahavi, 2003). It was the notion of intentionality – central to the philosophy of Franz Brentano - which was to have implications, not only for the phenomenology of Husserl, but Husserl’s university assistant Martin Heidegger, whom he came into contact with during his time as Full Professor of Philosophy at the University of Freiburg (1916-1929) (McAleer, 1995).

Husserl wanted to change philosophy. He wanted to make it more rigorously scientific in order to provide a basis that would underscore all science (McAleer, 1995). He wanted to provide a foundation for all knowledge. In that, his concern was epistemological. Husserl believed the positive sciences failed to reflect on their own epistemological and metaphysical presuppositions, so focused are they on attaining more and more results. Via phenomenology he wanted to draw out themes and elucidate the core questions concerning the being and nature of reality (Zahavi, 2003). This concern is known as his ‘transcendental phenomenology’ (Todres et al., 2001).

Husserl wanted to ground knowledge in reality, so it was to reality that he turned, meaning reality as it presented itself to human consciousness (Crotty, 1996). A materialistic science had largely ignored study of the experiencing person and how human consciousness and the objects in the material world may be connected. Now, however, it is accepted that all knowledge and experience are connected to phenomena. A unity exists between ourselves as knowers and the things or objects that we interact with (Moustakas, 1994).

Husserl’s phenomenology distinguished between subjective reality and objective reality. The objective is that which appears in consciousness but is recognized subjectively by the person perceiving it (Moustakas, 1994). In truly understanding physical objects we cannot avoid the subjectivity that experiences the objects, because that is the only place where they reveal themselves. Without subjectivity things cannot appear (Zahavi, 2003). Following from this Husserl made it his task to clarify how objects are experienced and how they present themselves to our consciousness (McAleer, 1995). More specifically transcendental phenomenologists wanted to illuminate

... how our consciousness imposes itself upon and obscures “pure” reality so that they might, ultimately bracket (or set aside) conscious experience and arrive at a more adequate approximation of “what is” (Spinelli, 1989, p.xi).

Husserl wanted nothing less than to elucidate the noumena of life - ‘things in themselves’. He wanted ‘... an experiential return to primordial life and existence’ (Hanna, 1993, p.188). In pursuing this aim he devised the transcendental phenomenological method or reduction. This method allowed him to discover knowledge by returning to the things themselves as given in actual experience and intuition (Moustakas, 1994). For Husserl, access to objective reality could be attained if the inquirer of a phenomenon was able to move beyond thought processes and arrive at a state of pure seeing, or intuition, free from interpretations (McAleer, 1995). Zahavi (2003) stresses that Husserl is not saying that another reality lies hidden behind the appearance of things. Neither is he saying that appearances are *mere* appearances. How things are is integral to how they really are. What he is highlighting ‘...is a distinction between how the objects might appear at a superficial glance and how they might appear in the best of circumstances’ (Zahavi, 2003, p. 56).

Husserl introduced the concept of the life-world. This incorporates the way a person lives, creates and relates in the world. He believed the life-world was the starting point of all knowledge (Crotty, 1996; Moustakas, 1994). What is meant by ‘life-world’ refers to experiential ‘happenings’ that we live first and know afterwards (Todres et al., 2001). Lived experience refers to immediate experience of life, our pre-reflective consciousness of life (van Manen, 1990). We are closest to the life-world when we are simply experiencing (Todres et al., 2001). Preceding reflection there is a non-reflective type of consciousness. This is when one is in simple presence with what one is doing. When we are present with what we are doing we are not yet conscious of our acts, instead our consciousness is in the act. It is only by thinking about this pre-reflective consciousness of life afterwards that it becomes conscious. When lived experience is reflected upon, this is always recollective because the experience has already been lived and passed (van Manen, 1990), and therefore ‘... our appropriation of the meaning of lived experience is always of something past that can never be grasped in its full richness’ (ibid., p.36).

Reflective consciousness is fed by the non-reflective aspect of life and themetises it. In phenomenology the non-reflective aspect of life is given reflective expression (van Manen, 1990). Husserl held that what he called the natural attitude in human beings, was the chief obstacle to his aim of getting to things in themselves (Crotty, 1996; McAleer, 1995; Todres et al., 2001). He believed that this attitude, influenced by theories about the self and reality, and beliefs that one has adopted through social and cultural conditioning, prevents the seeing or intuiting of an objective reality.

As a means to ‘... laying the world bare of conceptual deposits and the perceptual filtering of the natural attitude’ (Hanna, 1993, p.189) Husserl developed the phenomenological method or reduction so that ‘... the way is opened for the penetrating insights of phenomenological intuition’ (ibid., p.189).

Heidegger and Existential Phenomenology

Unlike Husserl, existential phenomenology suggests the impossibility of ever being able to separate ourselves completely from what Husserl calls the ‘natural attitude’. It is now generally recognized that the application of the phenomenological method is a never-ending process. We can never completely bracket our assumptions and biases so as to arrive at an ultimate knowledge of reality. Consequently the possibility of arriving at a universal experiential ground is rejected.

It is generally acknowledged that existential phenomenology has its roots in the writings of two nineteenth century philosophers: Søren Kierkegaard and Friedrich Nietzsche. But its development is more specifically identified with the writings and ideas of Martin Heidegger (McAleer, 1995). Heidegger was appointed as Husserl’s successor at the University of Freiburg (Crotty, 1996). After being in post until the end of the Second World War, he retreated to the Black Forest Region of Germany in the 1920s. *Being and Time*, published in 1927, is his best known and most influential work. It reflects his life-time focus on ontology – the study of Being (Crotty, 1996).

Although the development of existential phenomenology was influenced by Husserl, it places different emphases on issues of subjective experience, more specifically, those concerned with the meaning of existence (McAleer, 1995). Like Husserl, Heidegger was concerned to get at things as they really are, free from any assumptions that could distort our view. Heidegger similarly believed

... that such access is to be found by paying very careful attention to our actual experience of the world and ourselves. He uses the term ‘phenomenology’ to capture this getting things to reveal themselves to us in this way (Hall, 1993 in Giugnon, 1993, p.125).

Heidegger retained Husserl’s fundamental insight regarding the intentional, non-dualistic relationship between human beings and world. Human beings occur in and as world relationships and cannot be defined as separate from these. Human existence and world co-constitute each other. They can only be defined relationally (Crotty, 1996; Todres et al., 2001; Valle & Mohs, 1998 in Braud et al., 1998).

This original relatedness between human and world was expressed by Heidegger through the word *Dasein*, meaning Being-in-the-world. The one does not come before the other. Human existence is always already 'out there' in the world (Todres et al., 2001).

Heidegger made it his task to show '... that there is a meaningful concept of the being of all beings, a conception that underlies all our understanding of reality' (Frede, 1993 in Guignon, 1993, p.43). In order to fulfil his task, to discover the hidden meaning of that which does not normally show itself, Heidegger first turned his attention to that which does – our ordinary, everyday dealings with the world, ourselves and others. Fundamental ontology thereby begins with a description of the phenomena that show themselves in relation to our purposes as we go about our practical affairs that shape our lives. Through describing everydayness it becomes possible to see that at its most basic the world is one of significance. Things show up in the world because they matter to us, because they are of concern to us in relation to our practical affairs. In this sense we can say that human existence is tied to the world in an inseparable way. We are beings-in-the-world, and in that world the appearance of things, what shows up is precisely what those things really are (McAleer, 1995). Therefore '... the existence of these activities is no longer seen as needing to be bracketed in search of a transcendental realm where truth resides' (Crotty, 1996, p.69).

Such an understanding does not, in any way, depose an adherence to the phenomenological method throughout an enquiry of experiential phenomena. Whilst the possibilities of what can be achieved through the process are reformulated, the constant recognition and setting aside of one's biases and expectations are all still regarded as essential procedures to any phenomenological inquiry, primarily to ensure that the impact on subsequent interpretations of the inquirer's immediate experience are lessened (Moustakas, 1994; Spinelli, 1989).

So, we must not throw out the baby with the bath water. In other words we need to flesh out those concepts and understandings identified by Husserl that formed the foundation of the phenomenological method that remains in use today.

Intentionality

Discussion of intentionality must begin with Franz Brentano's (1838-1917) understanding of the concept, since it was his understanding that had an impact on Husserl, and through Husserl, Heidegger (McAleer, 1995).

Brentano, through his grasp of intentionality, claimed that a real physical world does exist outside of our consciousness. This then allowed him to assert that our consciousness is always directed to the real world so that we can then interpret it in a meaningful way (McAleer, *ibid.*).

Based on Brentano's idea, Husserl argued that, for human beings, consciousness is always consciousness of something - an understanding that Heidegger also adhered to. 'Every lived experience, every psychic comportment directs itself toward something' (Heidegger, 1992, p.29). The Scholastic philosophers who influenced Brentano, attributed an active role to consciousness in that '... the mind reaches out to the object and into the object and draws it into itself, at once shaping the object and being shaped by it' (Crotty, 1996, p.38).

In other words, intentionality is an intrinsic feature of consciousness (Moustakas, 1994; Zahavi, 2003). Through consciousness humans access the world. All we can ever know must present itself to consciousness. The world cannot be described without reference to an experiencing person or consciousness (van Manen, 1990). Essentially consciousness is related to objects. This does not mean that subject and object are synonymous, but they are inextricably bound up with one another (Crotty, 1996; Moustakas, 1994). A relationship exists between that which exists in conscious awareness and what exists in the world (Moustakas, 1994). Also, in order for the act of intentionality to occur one does not need an object to actually exist (Zahavi, 2003). An object may be an imaginary one (Moustakas, 1994).

Intentionality, as a structure of lived experience, is the term used by phenomenologists to describe the fundamental action of the mind reaching out to stimuli in the real world so as to be able then to translate these into its realm of meaningful experience (Spinelli, 1989). Through this basic mental act the unknown stimuli of the real world are translated into an object-based reality (McAleer, 1995). So, at the core of intentionality, is interpretation of something *as* something. An object is only an object for us because of the meaning we give to it - that is our contribution. Our interpretation allows the object to be for us (Zahavi, 2003).

Intentionality, then, was, for Husserl, fundamental to his understanding of how we construct our reality. He showed that every intentional act is made up of two experiential foci - or correlational poles which he labelled noema and noesis (McAleer, 1995).

Noema, or noematic correlate, refers to the *what* of our experience. The noema is that which we direct our attention toward, or that which we focus upon. It can be regarded as the directional aspect of our experience (McAleer, 1995). The noema is not the real object, but rather its appearance. The perception of this object can vary depending on when and how it is perceived (Moustakas, 1994).

Noesis, or noetic correlate, refers to the mode of experiencing. It is the *how* through which we define an object that is of concern to us (McAleer, 1995). Noesis is connected to the meaning or sense of that which we are perceiving, remembering, judging, thinking and feeling (Moustakas, 1994).

These acts are comprised of meanings which are hidden from consciousness and Husserl identified the need for these meanings to be recognized and drawn out. Husserl makes a

distinction between the object that appears in consciousness and the actual object, or, put another way, between the object as perceived from the standpoint of the natural attitude, and the thing in itself.

Knowing the nature of a thing more accurately means elucidating the hidden meanings harboured within an object. This involves engaging in a process of looking, seeing, describing and then looking, seeing and describing again, and so on. One starts off by seeing an object's noema. Through further looking, seeing and then looking and seeing again, and so on, multiple meanings and, thereby noemas, are thrown up. Each time we look at something anew, or recall it again, new things emerge. The reflective process allows deeper and deeper layers of meaning to unfold (Moustakas, 1994). Husserl believed our perception of a thing was never terminal or conclusive. Further, our intuitive understanding of a thing's essence could never be complete, additional perceptions could bring new noemas. However, the noema of each act of looking, seeing and describing the same object can be amalgamated and once synthesized, bring one to know the unity or wholeness of a thing (ibid.). Essential meanings are thus arrived at. These are the outcome of a transcendental reflection. This is comprised of two processes, the *époché* and the transcendental phenomenological reduction.

The *Époché*

We need to methodically prepare for turning towards the given of our experience (Zahavi, 2003). This requires the suspension of our 'natural attitude' (Crotty, 1996; Moustakas, 1994; Zahavi, 2003). On the one hand we keep the natural attitude, so we can investigate it, at the same time we bracket its validity. The procedure used to achieve this is known as the *époché* (Zahavi, 2003).

Époché is a Greek word meaning to refrain from judgement, to abstain or stay away from the everyday, ordinary way of perceiving things (Moustakas, 1994, p.33).

Throughout the *époché* we are called to look at life and notice things without imposing any pre-judgements on what we are looking at. This way of looking precedes reflectiveness, judging, arriving at conclusions. Everything that interferes with fresh vision is suspended (Moustakas, 1994).

It is not that reality is being doubted, denied or excluded from research, rather it is that a certain dogmatic attitude towards reality is being suspended so that we can focus more directly on the phenomenological given, i.e. the objects just as they appear. It is through the *époché*, which allows us to focus directly on phenomena, that we are able to understand the performance

of subjectivity. The world appears to us, it does not simply exist. The structure of the world's appearance is conditioned by subjectivity (Zahavi, 2003).

The Transcendental Phenomenological Reduction

The reduction is different to the *époché*. The reduction is the outcome of correlating subjectivity and world into themes (Moustakas, 1994; Zahavi, 2003). The reduction is a long and difficult analysis from the natural sphere to its transcendental foundation (Zahavi, 2003).

The reduction is a way of seeing and a way of listening with the conscious and deliberate intention of opening ourselves to phenomena. The work is aimed at bringing into focus the essential nature of the phenomenon (Moustakas, 1994). In the reduction one focuses on the qualities of the experience. The task becomes one of repeatedly looking and describing.

Via the phenomenological reduction we realize that complete reduction is impossible, and that descriptions can never be full or final (van Manen, 1990). This is due to the fact that conscious experience is a continuing mystery. The perceptual possibilities of our experience can never be exhausted (Moustakas, 1994).

Let us now turn to how phenomenology has been interpreted from the point of view of a research approach.

PHENOMENOLOGICAL RESEARCH

The primary task of phenomenological research is the analysis of our conscious experience of the world. It seeks an unbiased examination and description through the application of the phenomenological method/reduction (McAleer, 1995).

The purpose of a transcendental reflection is liberation from the natural attitude. This allows us to then become aware of the meaning-giving role we play (Zahavi, 2003). Human science research is concerned with returning to the things as they are given, in a way that is removed from the everyday (Moustakas, 1994). In phenomenological research reflection allows us to bring into awareness that which tends towards hiddenness, that which is veiled by the natural attitude to life (van Manen, 1990).

The aim of a phenomenological enquiry is to understand, gain clarification of, some aspect of 'lived experience' (Todres et al., 2001; van Manen, 1990). To do this we are required to reflect on the seamless flow of experiential happenings, something that is most common, self-evident to us, that will later become the focus of a structural analysis. The purpose of this is to bring some aspect of the complexity of the life-world into language and meaning via the construction of a textual description of human actions, behaviours, intentions and experiences (Todres et al., 2001).

Central to understanding the nature of phenomenological research methodology, is the pre-reflective level of awareness (Valle & Mohs, 1998 in Braud et al., 1998).

Reflective, conceptual experience is regarded as literally a “reflection” of a pre-conceptual and therefore pre-languaged, foundational, bodily knowing that exists “as lived” before or prior to any cognitive manifestation of this purely felt-sense (ibid., p.98).

A pre-reflective knowing is the ground of any meaningful human experience, this knowing exists as a pre-reflective structure (Crotty, 1996; Valle et al., 1998 in Braud et al., 1998). This structure or essence is embodied. It is a dimension of each individual’s life-world. At the level of reflective awareness it emerges as meaning (Valle et al., 1998 in Braud et al., 1998). In phenomenology meaning is regarded as the manifestation of the underlying pre-reflective structure of the particular experience being addressed in conscious, reflective awareness (Crotty, 1996; Valle et al., 1998 in Braud et al., 1998), and

... the purpose of any empirical phenomenological research project is to articulate the underlying lived structure of any meaningful experience on the level of conceptual awareness (Valle et al., 1998 in Braud et al., 1998).

Phenomenology wants to expose precisely what it is that makes a thing what it is and without this it could not be what it is (van Manen, 1990). The aim is to get to the essence of the phenomenon of the experience. The essences of experiences are the invariant meanings (Moustakas, 1994).

The ultimate task of phenomenological reflection is to create an explication that gets as close as possible to the experience under study. This means that a phenomenological description needs to remain connected with lived experience. It is not about theoretical abstractions (van Manen, 1990).

Descriptions retain, as close as possible, the original texture of things, their phenomenal qualities and material properties. Descriptions keep a phenomenon alive, illuminate its presence, accentuate its underlying meanings, enable the phenomenon to linger, retain its spirit, as near to its actual nature as possible (Moustakas, 1994).

An adequate elucidation of some aspect of the lived world is a good phenomenological description that resonates with our sense of lived life (van Manen, 1990). A good description is arrived at through implementing a phenomenological methodology.

PHENOMENOLOGICAL METHODOLOGY

Phenomenological research methods are used as general guidelines or outlines in which the researcher aims to develop an understanding of a particular experiential phenomenon. There is no such thing as THE phenomenological method (McAleer, 1995). Like qualitative research in general, the researcher needs to be creative in the selection of approaches and procedures used. This should be unique to the particular project and individual researcher (Elliott & Williams, 2001; McLeod, 1994; van Manen, 1990).

Each method in human science research is open ended. There are no definitive or exclusive requirements. Each research project holds its own integrity and establishes its own methods and procedures to facilitate the flow of the investigation and the collection of the data (Moustakas, 1994, p.104).

Phenomenological research, though, is characterized by a number of general features.

Characteristics of Phenomenological Research

The Rule of Époche

The first rule of the phenomenological method, the rule of *époche* requires the researcher to be as open as possible to their experience of the subject matter under investigation for the purpose of arriving at more adequate interpretations (Spinelli, 1989). To achieve this, researchers need to bracket or suspend their natural attitude, biases and presuppositions (McAleer, 1995).

As with qualitative research in general, a phenomenological approach also acknowledges that the researcher is not separate from that which is being studied, but is an integral part of the study. The researcher is not separate from culture, context, research participants, theoretical and political positions (Alvesson et al., 2000; Braud et al., 1998; Elliott et al., 2001; Finlay & Gough, 2003; Georgaca, 2003; McLeod, 1994; Abu Talib & West, 2002; Todres et al., 2001). So in following this step, researchers must first of all allow themselves to become aware of how the phenomenon being investigated presents itself to consciousness (McAleer, 1995). This then sets the scene for openly allowing any prejudgements, presuppositions, preconceptions, prejudices and forestructures to enter consciousness. When one senses that this process has come to an end the practice is then suspended and all that has entered our awareness can be written out. The understanding is that what is listed is released so that the phenomenon being studied can be freshly encountered and received. The aim is to encounter a phenomenon or experience with as pure a state of mind as possible. To sum up, *époche* is where a space is cleared within so that we can see what is before us and what is within us (Moustakas, 1994).

‘Bracketing’ is, however, acknowledged as a process that can never be completely achieved (Moustakas, 1994; Spinelli, 1989). Nevertheless, since fundamentally research is an interpretive activity, stimulating critical reflection and awareness is still regarded as essential (Alvesson et al., 2000; Todres et al., 2001). Also, despite its limitations, bracketing brings the researcher’s attention to the fact that their experience, knowledge and understanding of a phenomenon is coloured by past and present personal experiences of it. It also alerts them to the reality that others may have a very different experience, knowledge and understanding of the same phenomenon. Engaging in the process of bracketing for the purpose of generating research questions does not assume that the researcher’s experience is prototypical in any way. Instead it alerts them to quite the opposite, that descriptions of an experience may be very different to the researcher’s own and that the researcher needs to remain open to this.

The Rule of Description

The rule of description urges the inquirer to refrain from explaining, theorizing or hypothesizing about the data of immediate experience. Following this rule requires a focus on immediate, sensory-based experience. In this way the inquirer is able to build further on the openness already established through following the rule of *époché* (McAleer, 1995).

Like the rule of *époché* this rule also aspires to an unachievable ideal.

The Horizontalisation or Equalisation Rule

This rule requires the avoidance of placing hierarchies of significance onto any one of the items disclosed through the descriptions obtained (McAleer, 1995). Statements irrelevant to the topic and question, or that are overlapping or repetitive are later deleted. Only those invariant constituents of the phenomenon, or horizons are left (Moustakas, 1994).

Adherence to all three rules should be upheld at each stage of the research process. That is, in preparation before the interview (through writing a self-reflective statement) and throughout the interview and data analysis process (McAleer, 1995).

The Construction of a Textural Description of the Experience

In adhering to the phenomenological method one is attempting to allow experience to present itself as fully as possible for the purpose of teaching us its truth embedded in its context. Close ties between lived experience and knowledge and understanding can thereby be maintained (McAleer, 1995). For this to happen we must approach an object of inquiry with an open-minded attitude so that descriptions can reveal unsuspected relationships and meanings. The research must allow for the unknown whilst at the same time having a general set of criteria

around the phenomena one is interested in. You need to be disciplined and spontaneous at the same time (Todres et al., 2001).

...in phenomenological inquiry, we have no desire to dominate, or control or manipulate. We are content to remain open and passive, allowing the phenomenon to give itself to us as it is (Crotty, 1996, p.160). ... we listen to the phenomenon, simply waiting to hear what they have to say to us (ibid., p.162).

The outcome of applying the phenomenological method to an aspect of experience that is of concern to us is the construction of a complete textural description of the experience (Moustakas, 1994).

Throughout, there is an interweaving of person, conscious experience, and phenomenon. In the process of explicating the phenomenon, qualities are recognized and described; every perception is granted equal value, non-repetitive constituents of the experience are linked thematically, and a full description is derived. The pre-reflective and reflective components of phenomenological reduction enable an uncovering of the nature and meaning of experience bringing the experiencing person to a self-knowledge of the phenomenon (ibid., p.96).

The Construction of a Structural Description of the Experience

The Imaginative Variation follows the phenomenological reduction. The aim is to grasp the structural essences of experience. This process allows for the emergence of a structural description of the essence of an experience (ibid.). Arrival at a structural description of an experience is dependent on the researcher's writing skills and interpretive abilities (van Manen, 1990).

The Crafting of a Phenomenological Description

Human science meaning can only be communicated textually. Human science research is about crafting a text (van Manen, ibid.).

The phenomenological method consists of ... the art of being sensitive - sensitive to the subtle undertones of language, to the way language speaks when it allows the things themselves to speak. This means that an authentic speaker must be a true listener, able to attune to the deep tonalities of language that normally fall out of our accustomed range of hearing, able to listen to the way the things of the world speak to us (ibid., p.112).

Doing phenomenological research is always about bringing something to speech. Thoughtfully bringing something to speech is a writing activity in a general sense (van Manen, 1990). Although we can put our language in the service of our phenomenological description,

we can only allude to phenomena because ultimately they remain a mystery. Further, we can only grasp at the phenomenological object itself through those thought patterns and language of our culture (Crotty, 1996). In other words, 'our phenomenological descriptions cannot but be interpretations and constructions' (ibid., p.166).

Theory-neutral facts and interpretation-free facts do not exist. Data and facts are the construction of interpretation (Alvesson et al., 2000). Interpretive possibilities are shaped by various paradigms, perspectives, concepts, research and political interests. Therefore, in research work and in the constructing of a text, the role of language, interpretation and selectivity needs to be acknowledged and reflected upon (Alvesson et al., 2000; Finlay, 2003; Gough, 2003; Todres et al., 2001).

We must not forget, however, that human actions and experiences are precisely that: actions and experiences. To reduce the whole world to text and to treat all experience textually is to be forgetful of the metaphoric origin of one's methodology (van Manen, 1990, p.39).

The danger of always seeing the relative, historical, constructed and social aspect of all truth can be seen as epistemological nihilism (ibid. p.49). Such an approach suggests that there is no ground, no primordality. If this were the case then we would only ever be able to uncover the latest metaphor in fashion at any one time, as well as highlighting its particular position (Alvesson et al., 2000; van Manen, 1990).

Without denying that descriptions of phenomena are open to multiple interpretations it is possible to understand these in the context of accepting that many perceptions of an object can co-exist, and that these will never exhaust the possibilities of knowing and experiencing. New perceptions can always emerge (Moustakas, 1994). The many angles from which an object can be perceived, Husserl called horizons. He did not discount any perception, every horizon counts. The features of a whole are its horizons

... but as with all horizons the moment we single out one meaning the horizon extends again and opens up many other perspectives (ibid., p.53).

Understanding, Interpretation and Hermeneutics

The process of the hermeneutic circle means we have no absolute start point or end point to our understanding (Todres et al., 2001).

A theme central to hermeneutics is that the meaning of a part can only be understood if it is related to the whole. Also, the whole can only be understood on the basis of its parts. This gives us a circle, the hermeneutic circle (Alvesson et al., 2000; van Manen, 1990).

What seems like an unsolvable contradiction is solved by hermeneutics by turning the circle into a spiral, that is, you start with some part, you try to relate this to the whole, and then you return again to the part studied, and this continues on, this delving further and further into the matter via alternating between part and whole. This leads to a deeper understanding of both. The interpretation of the whole text is successfully developed by the interpretation of the parts. Also, the view of the parts is represented by the view of the whole (Alvesson et al., 2000).

At the same time there is an alternation taking place between pre-understanding and understanding throughout the interpretation process. Understanding of a new text requires pre-understanding. At the same time, in order for pre-understanding to be developed, understanding of the new text is required (ibid.). Understanding must continually refer back to pre-understanding and pre-understanding must be developed by the new understanding. (Alvesson et al., 2000; Moustakas, 1994).

Hermeneutics is the ability to make sense of the phenomena of the life-world. It describes how to interpret the texts of life. The task of hermeneutic phenomenology is to explicate the meaning embodied in lived experience (van Manen, 1990). This is no easy task if conducted reflexively.

Reflexivity is thus the process of continually reflecting upon our interpretations of both our experience and the phenomena being studied so as to move beyond the partiality of our previous understandings and our investment in particular research outcomes (Finlay, 2003, p.108).

Reflexivity makes it possible for us to acknowledge and include multiple voices, well reasoned exclusions and avoid totalizing theories. It makes claims to a definitive truth and authoritative interpretations things of the past. The researcher is seen less as a creative individual who discovers but more of a material body through which a story unfolds (Alvesson et al., 2000). This means that

A balance is required between ... recognizing our qualitative analyses as constructed ..., and - temporarily at least - settling for a version of analysis with which we are satisfied, which we think makes a valid theoretical and/or political point (Gough, 2003, p.31).

Aside from adhering to the various rules that comprise the phenomenological reduction, a phenomenological approach also features other characteristics.

Research Participants

Phenomenological research avoids treating the subject as an object to be manipulated for the benefit of the researcher. The participant is related to as a partner, as a human being, who has agreed to share their subjective experience (Braud et al, 1998a; McLeod, 1994; Polkinghorne, 1989). There is a further difference between phenomenological research and that which is typical of more traditional research:

... subjects and researchers are collaborators in an experience whose meanings and purposes have been revealed and openly discussed. There is no effort to deceive subjects as is frequently required in the case of natural scientific research designs (Fischer, 1989, p.131).

Participants are not, however, responsible for the analysis or conclusions reached other than through their process of involvement (McAleer, 1995).

Data Gathering

The Interview

Once the researcher has generated questions for the study as a result of their own personal reflections of the experience they are exploring and have had, they turn to other people for descriptions of the experience being studied (McAleer, 1995).

Data collection usually occurs via the long face-to-face interview. This is usually informal and interactive with open-ended comments and questions. The researcher may have prepared some questions in advance, these may be varied and not even used at all when in the interview. Next it will be suggested that the participant focus on the experience and then to describe it fully, without interpretations, or explanations, or general opinions (Kvale, 1993 in Polkinghorne, 1989; Moustakas, 1994; van Manen, 1990). The interview must create a comfortable atmosphere so the participant can respond honestly and comprehensively (Moustakas, 1994).

Once transcribed, the descriptions produce hundreds of pages of written material in preparation for the data analysis.

Phenomenological Data Analysis

Common features of a phenomenological data analysis include:

- *Immersion.* The original transcripts are read through to get a feel for their meaning.
- *Categorisation.* The transcripts for each participant are broken down into more manageable parts or units.
- *Phenomenological Reduction.* Parts or units are transformed into meanings expressed in psychological or phenomenological terms.
- *Interpretation and Triangulation.* Transformations are synthesized and a general structural description of the experience is produced (see Appendix C for examples of how data analyses have been conducted by various phenomenological researchers) (McAleer, 1995).

The Outcome of Phenomenological Research

Finally, the outcomes of the data analysis in phenomenological research can lead us to be more aware of and sensitive towards people's experiences and understanding. They also enable us to build upon and deepen our understanding gained from non-phenomenological research (McAleer, 1995). Phenomenological researchers produce knowledge that informs human actions in ways that are sensitive to and appropriate for the situation. This kind of knowledge must engage the reader of the text in a dialogue that animates them and is lived by them. If our basic experience is reawakened as a result of reading a description, it is a powerful one (van Manen, 1990).

A phenomenological presentation is devoid of a punchline. That is because the link with the results cannot be broken because then the reality of all the results would be lost (van Manen, 1990).

As in poetry, it is inappropriate to ask for a conclusion or a summary of a phenomenological study. To summarise a poem in order to present the result would destroy the result because the poem itself is the result (ibid., p.13).

Validation

Lees (2003) reminds us that the outcome of a research project will differ between people who undertake the same project. This is due to the fact that we are all different and will have differing perspectives, yet these do not diminish the validity of each position. They are just different angles on the same focus. In this context the validity of a piece of research includes valuing the self of the researcher, and, at the same time the 'truths' of members of the research

community who read the research, even when they differ. These differences are perspectives that can enrich that of the original researcher (Lees, 2003).

There are various ways that the success of a research project can be judged. One of these is dependent on the researcher's sensitivity towards participants, data, meanings, nuances and dilemmas (Elliott et al., 2001). This can be assessed by asking research participants for comments and feedback on the research outcomes. This can support the validity of the outcome (McLeod, 1994; Wyatt, 2002).

Transferability can also be used as a way of assessing success. This concerns fittingness. This

... is attained when the research findings can be placed into context outside the study situation and when the audience for the research views the findings as meaningful in terms of their experiences (Wyatt, 2002, p.179).

Further, dependability happens when the study and its findings are auditable, or assessed formally. When credibility, transferability and dependability are achieved then the study's confirmability is established (ibid.). Braud (1998a in Braud et al, 1998) offers us yet another way of considering validity, especially when it comes to research in the area of the transpersonal. He says whilst internal and external validity, generalisability are important, so are bodily, emotional, aesthetic, intuitive and pragmatic indicators. These can indicate when we have been faithful to the study and when we have gone astray.

The principle of sympathetic resonance introduces resonance as a validation procedure for the researcher's particular intuitive insights and syntheses ... The procedures, insights, data analysis, and synthesis of transpersonal research may begin to approach the borders of understanding and communication that seem more like poetry than like conventional empirical science, as we have known it in the nineteenth and twentieth centuries (ibid., p.73).

Let us now turn to how phenomenological methodology has been applied to this study.

THE PHENOMENOLOGICAL STUDY

It is important to make clear, from the outset, that this study draws on two aspects of phenomenology outlined earlier. Whilst transcendental phenomenology informs the overall aim and thrust of how the research is conducted, hermeneutic phenomenology allows us to acknowledge that although the results of the study are the outcome of surfacing essential meanings that stay as close as possible to the lived experience of transpersonal participation in the therapeutic encounter, these remain as interpretations. That is, the results of this study are not the final say on this topic. However, they are a valid perspective on it, which, hopefully, will be built upon further by others.

Data Gathering

Participants

All therapists sent the study's questionnaire were asked on this to indicate if they were willing to participate in a more in depth interview (see Questionnaire, Appendix A) and to provide their name and address. Out of a total of 107 questionnaires returned, 47 therapists indicated that they were willing to be interviewed.

All 47 therapists were contacted again to obtain an indication of those therapists who were still interested in being interviewed (see Interviewee Letter 1, Appendix D). If interested they were asked to state days and times of availability. Table 25 shows how therapists responded to the invitation for a follow up interview. One therapist, from my home town, agreed to participate in a pilot interview, making the total number of respondents who were initially willing to be interviewed 47 and the total number of therapists finally willing to be interviewed 20.

Table 25: Responses to the Invitation to a Follow-Up Interview

	Numbers of Respondents	%
No response to invitation to participate in interview.	16	34.0
Returned opt in letter but indicated that they were unable to participate.	4	8.5
Made a conditional commitment. ⁴	5	10.6
Initially made a definite commitment but subsequently cancelled.	2	4.3
Made a definite commitment. ⁵	20	42.6
TOTAL	47	100

⁴ For example, one therapist would participate if I paid the hourly rate for her work room. Others required me to contact them closer to the week I planned to conduct the interviews to arrange interviews then. Some were prepared to be interviewed but at a time other than the week I had planned. These respondents were not interviewed.

⁵ This number includes the pilot participant.

Table 26: Characteristics of Those Therapists Willing to be Interviewed

Therapists	Sex		Age						Current Approach/ Approaches								Approaches Initially Trained In		
	Female	Male	20-30	31-40	41-50	51-60	61-70	71+	Analytical Psychology	Cognitive & Behavioural Therapy	Experiential Constructivist Therapies	Family, Marital, Sexual & Systemic Therapy	Humanistic& Integrative Therapy	Psychoanalytic & Psychodynamic Therapy	Psychoanalytic Based Therapy with Children	Other	Humanistic& Integrative Therapy	Psychoanalytic & Psychodynamic Therapy	Other
Adrian		*						*					*				*		
Bernard		*					*						*					*	
Colin		*				*				*			*	*			*		
David		*				*							*				*		
Edward		*				*			*				*	*		*			*
Alice	*						*							*				*	
Frank		*			*					*				*				*	
Betty	*				*								*			*	*		
Christine	*				*								*						*
Gareth		*			*								*				*		
Diane	*					*					*						*		
Ella	*					*							*				*		
Fiona	*			*									*				*		
Grace	*				*								*				*		
Harry		*			*						*						*		
Jack		*						*	*			*		*	*				
Helen	*				*				*				*			*	*		
Ken		*			*								*						
Iris	*					*			*				*	*			*		
Leonard		*				*							*				*		
No.	9	11	-	1	8	7	2	2	4	2	2	1	15	6	1	3	13	3	2

Interview Procedures

Questions⁶

Before I engaged in the interviews, and according to the rule of *époche*, I recorded a personal statement (see Appendix E, Personal Statement and Self Reflection) that identifies my own beliefs and assumptions. I used this as an aid to form questions for the study. These were:

- 1) What is your understanding, interpretation or perception of the transpersonal?
- 2) Could you recall an encounter or encounters with a client or clients when you experienced yourself as being aware of the transpersonal? Could you describe this or these?
- 3) Could you describe, in as much detail as possible, what you experienced before, during and after the encounter or encounters?
- 4) How did you know that you were aware of the transpersonal in this encounter or these encounters?
- 5) Did you notice any differences within yourself following this encounter or these encounters? If so, what?
- 6) Is there anything else you would like to add?

Pilot Interview

Before interviewing therapists in London I ran a pilot interview with the therapist from Liverpool, my home town. He indicated that the questions for the study created anxiety in him.

I mean, one of the first things I'll say is that I immediately encounter the familiar difficulty I have in answering questions. In that I tend to freeze and lose contact with the thing that matters, and the thing that matters is often the transpersonal. So, that's an area where I, where I actively struggle. So, I will try not to be frozen by the questions.

I incorporated his response into my meetings with subsequent therapists by indicating that they may refer to the questions if they felt they needed help getting started but if they felt they wanted to speak in a free flowing way without referring to them then that was fine too. I did not alter any of the questions as a result of the pilot study and the pilot interview was thereafter included in the data analysis. The main purpose of the pilot study was to give me the opportunity to practice engaging the other person in a meaningful exploration of their experience of

⁶ It may be worth noting that the word 'spiritual' is not included in any of the questions. The aim was to support participants in attaching whatever meaning they wished to, to the word 'transpersonal' without leading them in any one direction.

participation with the transpersonal in the therapeutic encounter. The questions were regarded as a way of entering into dialogue.

Timetabling of Interviews

With the use of a map of London I marked each therapist's location. I then tried to arrange interviews according to days and times therapists gave and their location. I devised a time-table for the week that took into account where each therapist was located and travelling times to, from and between them. Therapists were contacted again (see Appendix F, Interview Confirmation, Letter 2) with an interview time and date.

Nearer the time of the interviews, participating therapists were sent an information letter explaining the purpose of the interviews, the ways in which the information they shared would be attended to and respected, and an attached Research Consent Form (see Appendix G, Interviewee Information, Letter 3).

The Interviews

At the interview I introduced myself to each therapist. Although I had outlined the purpose and nature of the interview through correspondence (see Appendix G), I briefly went through this again. I explained that I was interested in them sharing with me their experience and personal understanding of participation with the transpersonal in relation to their work with clients. As an aid to focus therapists, each was given a copy of the interview questions.

I indicated that the questions might be used as a way to start thinking and getting a sense of what they would like to share about their experience and understanding of the transpersonal. I did not wish the questions to straight-jacket therapists' expression or put them under an obligation to answer that could compromise free expression. On the contrary, if the questions were experienced as restrictive I was more than happy for them to be put aside.

More than anything I wished to create an atmosphere in the interviews that encouraged and made it safe to talk about anything that therapists understood by spiritual/transpersonal experience.

I am aware that there still remains a huge sense of taboo around the spiritual aspect of human experience. I indicated this understanding before the interview by asking them to try not to judge any experiences or understandings they may like to share, no matter how strange or wacky they feared they would sound. I indicated that the interview would last for up to one hour.

With each therapist I also discussed my intentions regarding the taped interviews, also outlined in the information sheet received by participants (see Appendix G). I indicated that I would transcribe all 20 interviews, and then, using a phenomenological research approach, I

would reduce each interview to a condensed version. On completion I would send them a copy of the full, transcribed interview and a copy of the condensed version for them to comment and provide feedback on.

At the end of the interviews I collected each therapist's completed consent form (see Appendix G), sent out before the interviews.

I incorporated an extra half hour for each interview. This allowed for any general questions at the end as well as information time at the start. Most therapists used this time for a general sharing and exchange at the end.

Researcher's Reflections Before, During and After the Interviews

At least two therapists confirmed my own experience of training. They too had experienced negative attitudes towards spirituality during their training. Also, following the interviews, some therapists told me, and I sensed it from others, that the opportunity to talk candidly about spirituality and the transpersonal was a relief and greatly appreciated.

Some therapists, either before the interview started or at the end, asked me to tell them a bit about myself and my interest in this area. I was more willing to do this at the end than the beginning. I did not want to influence what therapists might say by divulging too much of my understanding of the transpersonal at the outset.

I had carefully reflected beforehand on the stance I wished to take whilst engaged in the interviews. I wanted to be as open as possible to as wide a range and variety of understandings, interpretations and experiences of the transpersonal. I wished to keep out of the way for the purpose of allowing therapists as much freedom of expression as possible.

I approached each interview in the same way I approach a therapy session. I tried, as best I could, to put aside my own personal concerns and issues for the purpose of being as present as possible to each therapist whilst I was with them. However, I was aware of my own beliefs, assumptions, experiences and understandings of the transpersonal and spirituality and I did not put these aside, as is the normal requirement of a phenomenological research approach. I am doubtful that this is ever possible and although it can be argued that what is important is the effort to do so, I personally find that this is dishonest and can consume a lot of energy which is a distraction. I prefer, instead, to acknowledge to myself what I think and believe yet hold them in a state of suspension. I hold them in this position with a belief that they are not static and can be affected and altered at any time according to my interaction with others and the world. I use them as a backdrop to enter more deeply into another's understanding and experience. For example, if a therapist described their experience of the transpersonal in a way that was very different to my own I noticed I was acutely aware of wanting to learn more about their experience. Equally, when therapists shared transpersonal experiences similar to my own it was

fascinating what those areas of commonality were. My own experience and understanding were an invaluable way of connecting with the therapists I interviewed as well as the entry point for my beliefs and assumptions to be touched, opened and transformed.

Responding to the Taped Interviews

All interviews were recorded using C90 (90-minute) audio cassette tapes. As I listened to each tape I transcribed it.

The voices of two therapists were inaudible. I tried, using various types of sound technology, to improve the sound quality but to no avail. I wrote to both therapists involved, explained the situation and apologised for not being able to use their interview (see Appendix H: Apology for Inaudible Tapes, Letter 4). One therapist wrote back a very supportive letter to express his regret that I had not been able to use his interview (see Appendix I: Letter from Study Participant, anonymity was respected).

On completing the 18 hand written transcriptions, each was then typed up. The interviews had created hundreds of pages of written descriptions now ready for data analysis.

DATA ANALYSIS

General Features

In this study a phenomenological data analysis means, in the first instance, reducing each therapist's transcribed interview to its essential meanings to create a 'situated structural description' (Giorgi, 1975, cited in Polkinghorne, 1989). In the second instance it means reducing the amalgamated transcriptions to essential meanings that capture the essence of transpersonal and spiritual understanding and experience across the range of therapists involved in this study. However, at the same time, this analysis is respectful of diversity of meaning and seeks to reveal this too as an integral part of therapists' experience and understanding of participation with the transpersonal.

I resolved to work on one individual description at a time because the process of moving from naïve descriptions to a structural description can be difficult and complex.

To aid this process, the stages of - *immersion, categorization, phenomenological reduction, interpretation and triangulation* were followed. I selected, for each of these stages, one or more ways of proceeding; whichever seemed most appropriate for the transcribed interviews. For example, categorization was conducted in accordance with the variety of ways outlined by: Colaizzi (1978), Fischer (1989) and Giorgi (1975, cited in Polkinghorne, 1989).

Like Giorgi (ibid.) as well as being interested in a final, general structural description of therapists' transpersonal experience and understanding, I was equally interested in generating

situated structural descriptions for each therapist. I intended to accord these as much significance as the general structural description so as not to preclude the value and worth of any diversity that may have emerged.

The data analysis consisted of three phases (see Appendix J for a more detailed description of how the analysis was conducted). Phase One involved the analysis of each individual transcription. Before proceeding to an analysis of the amalgamated, reduced, individual transcriptions I contacted each of the participating therapists again to request their feedback and commentary on the first stage of my analysis. This was a test of its validity (see Appendix J, Table 33, Feedback Request Letter 5). Following the incorporation of feedback Phase Two was embarked upon. Phase Two involved the analysis of the amalgamated condensed versions of each therapist's original transcription. Phase Three involved identifying the results of the qualitative analysis, which now follow, and, finally, a summary of the qualitative findings.

RESULTS OF THE QUALITATIVE ANALYSIS⁷

The study's findings fall into three parts and are a response to the question that has guided this study, 'what is therapists' experience of participation with the transpersonal in the therapeutic encounter?' The first part focuses on therapists' actual experience of participation with the transpersonal within the therapeutic encounter whilst with clients. Part Two looks at what therapists experience after a therapeutic encounter in which the transpersonal has been present. The final part looks at held beliefs, views, influences and personal experiences that therapists bring to the therapeutic encounter.

PART ONE: TRANSPERSONAL PARTICIPATION IN THE THERAPEUTIC ENCOUNTER

The way in which Part One evolved and revealed itself tells us something about the awareness of therapists involved in this study when engaged in an encounter where the transpersonal is present. It tells us that their awareness is tri-partite.

Therapists' awareness of participation with the transpersonal manifests in three ways: (1) Through an awareness of the therapist's individual experience of participation with the transpersonal; (2) through an awareness of outside events and situations of a transpersonal nature; and (3) through an awareness of clients' experience in relation to participation with the transpersonal.

Each type of awareness is grounded in, and arises from, the relationship that is formed between therapist and client.

Therapists' awareness of participation with the transpersonal in the therapeutic encounter is triggered by felt shifts.

1.1. CHARACTERISTICS OF TRANSPERSONAL PARTICIPATION

This category is broken down into three sub-categories that express this felt shift in three ways. The first concerns a therapeutic relationship that feels qualitatively different, the second an experience that features specific types of changes and the third concerns the intense experience of being there with another person. Each type of experienced shift manifests a different form

⁷ The reader will note that each participating therapist is represented by a fictitious name. However, the gender of the name is a true reflection of each participant's actual gender. The text closely follows the language used by participating therapists. All the statements and comments throughout closely reflect the language used by participating therapists and are not mine apart from those paragraphs in italics.

of experience and awareness of participation with the transpersonal.

A Qualitatively Different Therapeutic Relationship

15 therapists contributed to this sub category.

This shift is concerned with being aware of identifiable and noticeable differences in the therapeutic relationship.

A therapeutic relationship feels qualitatively different when:

1.1.1.1. Therapists Experience a Very Deep Empathy

For Bernard this occurs when feelings of love just happen. He says these cannot be manoeuvred. For him when they arrive they allow him entrance to a deeper state of empathy. He experiences this contact as creating a spiritual centre between both that makes it possible for him to access where a client's soul may be and to intuit the potential of what can happen.

1.1.1.2. Playing a Role Creates a Spiritual Relationship

Bernard took on the role of a parent for a client who was deprived and noted that as a consequence the client was able to grow. Through Bernard listening to himself, tuning into himself and the client and then following his sense of what was needed he felt that a deep connection developed that made the piece of work feel transpersonal.

1.1.1.3. Something Else is Going On

Betty describes this as a feeling that the client and herself have both jumped into a river that is carrying them. She notes that when she is allowed in on that very deep dimension of a client's life then they have a transpersonal connection in common.

Betty, Gareth, Harry and Helen understand this experience as a connection with something that is beyond, which they believe we are a part of and yet something that is experienced differently by each of us.

1.1.1.4. Something Emerges that is Exciting

Alice suggests that therapy is a journey towards clarity. She says this can take a long time and it can be hard. She points out it may also consist of meaningless parts. She believes, though, these difficult aspects are integral to the spiritual part of therapy too. For her those moments when client and therapist are on the same wavelength are uplifting, exciting and invigorating. Alice finds these moments punctuate the therapeutic journey and are experienced as spiritual.

1.1.1.5. The Therapist Experiences a Change in Awareness

Therapists define this change in terms of a shift in awareness. Christine experiences this as a gift in the same way as a dream. Harry experiences it as an unpredictable experience that takes him to another level. Gareth experiences this change through an all round feeling of well being, hope and meaning. Finally, Alice acknowledges that whilst the transpersonal is not on an everyday world physical plane, though that is the context, she does not go to another place whilst with a client. It is more a feeling of one or two changes.

1.1.1.6. Awareness of the Transpersonal is Constant

For Christine this experience comes through a feeling, a presence, or healing. As a child Christine reports that she had a belief and sense that God could help her. She sensed if she was in pain she could pray and she would receive help.

From a very early age Betty was aware of another existence, that of God. She reports He was always there for her, the only connection she had, and still is – when she becomes still. She feels God is a part of who she is. For her there is this other, God, who is consistent, who is, regardless. When engaged with a client in a transpersonal way Betty experiences the presence of God. She says this is not something that could be pinned down, but is more a sense of something that is with, and between, client and therapist.

Alice and Ken experience the transpersonal as being everywhere and all of the time, regardless of whether we are in touch with it or not. Betty believes that transpersonal connection always happens, but sometimes to such a small degree you would not notice it or it would not have much of an impact.

Bernard, David, Alice, Frank, Christine, Gareth, Grace, Harry, Jack, Ken and Leonard claim that the transpersonal is not tangible, that we are close to the transpersonal all of the time despite the fact that it is suppressed, oppressed and lost. These therapists believe it can be reached. Leonard believes that healing can be found right here - although it is in a different place to where we ordinarily are.

Bernard, Alice, Frank, Gareth, Grace, Harry and Bernard believe that the transpersonal can be found in places considered sacred, activities considered spiritual, in processes in life, like therapy, in relationships with others, and/or on your own. They believe that the transpersonal is inside of us, and that experience of participation with it can happen any place, any time, and that this is connected to being grounded.

1.1.1.7. The Transpersonal is Bound up in Relationship

For instance, Betty reports experiencing participation with the transpersonal as something going on between a client and herself that is not tangible or perceivable but is deep and just is.

Ella notes that when a client is more open and less defensive so is she. She points out that when she is able to engage in conflict and confrontation with a client in a loving and accepting way without needing to win, paradoxically this can lead to a feeling of warmth and closeness. It is in those moments, when the client and her are creating something together, that therapy is experienced by her as worthwhile and transpersonal.

Helen notes that a connection is established as soon as a client and she agree to work together. She notes this creates a sense of connectedness between them straight away. And then once she engages in working with someone, the client and her are then connected on quite a profound level.

Ella notes that it can be helpful when a client accepts her as she is and she too accepts the client as they are. For her it can also help if she connects with a shared sense of humanity whilst with a client.

For Bernard, Alice, Betty, Ella, Iris and Leonard, participation with the transpersonal is experienced and understood as the theme between client and therapist. For Iris it is always between because that is the nature of it. According to her it happens from the client's and her presence together. It seems to arrive out of the relationship. She believes it is about a relationship.

1.1.1.8. An Experience that cannot be put into Words

For Alice, Betty and Helen, there are moments when a therapist is most present and feels very connected with a client. That is when words are redundant. The experience is reported to be beyond language and not possible to express.

David, Alice, Frank, Betty, Grace and Ken describe spiritual experience as private, wordless, something to be felt, outside of this dimension and the explicable, and difficult to talk about.

David states that although the transpersonal/way cannot be spoken of directly, it can be talked *about or around*, and hinted at. He says words can be used as pointers in the ways used by the mystical poets.

1.1.2. Specific Types of Changes

9 therapists contributed to this sub category.

When the transpersonal is present in the therapeutic encounter four broad changes characterize the intensity of this experience.

1.1.2.1. Environmental Changes

Harry reports that the atmosphere in the room gains a thickness. He notes things become quieter and calmer.

1.1.2.2. Heightened Awareness and Perception

This type of change may be as a consequence of a therapist's own separate experience of participation with the transpersonal outside of the therapeutic relationship. For Christine, for instance, outside of the therapeutic encounter, this heightened awareness can come from being in a visionary, shamanistic state, trance dancing, changing a habit, a strong feeling and a sense that she is fulfilling her purpose. For Jack, he says he was able to be more aware and keenly perceptive of both self and others as a result of participation with a transpersonal event. He says he observed clients more carefully and absorbed the information gained. He noticed he was more attentive, interested and there for the client. Consequently he says he heard and discovered more than clients may otherwise disclose. He noticed they were more trusting, confident and talked about things they had not before.

It seems that this type of change may be as a result of working transpersonally in the encounter. Both types of experience seem to bring the therapist in touch with deeper aspects of, and into a better connection with, themselves, and this would then appear to heighten the therapist's awareness and perception of self and other. Bernard and Harry report that their sensitivity to smell, hearing and everything that is going on is deepened. For example Harry says he becomes more attuned to the pattern in the things that happen.

1.1.2.3. Actual, Physical Bodily Changes

For Gareth the presence of the transpersonal initiates changes that can manifest through feelings of spaciousness and lightness in his body, or through the awareness of the absence of usual physical symptoms.

Harry points out that he may notice physical changes in clients too that indicate the onset of things of a transpersonal nature. For example, he says he may become aware of a

change in the way clients talk. He notices they may talk more calmly, their voice may change as well as their posture or physical movements. He reports that when he realizes what is happening the process then shifts to another level where more knowledge becomes available to him. Things seem more obvious. He describes this as a broader, higher level.

1.1.2.4. Stepping out of Time into Non-Ordinary Reality

With regard to the fourth type of change, Ken points out that in the therapeutic encounter there are always two possibilities. He says we can step over into an expanded space or we can stay with the everyday.

Jack, Helen, Ken and Leonard, once transported over, experience participation with the transpersonal as a different dimension. They describe it as consisting of different levels. Also as a reality that operates on a higher form of consciousness. Further, according to Ken unlike in human existence, the transpersonal does not have a space-time dimension. He says time is illusory. For Ken, human existence is probably a sub set of this higher form of consciousness.

Some therapists, Helen, Ken and Leonard note that stepping over can be encouraged. They claim that in clients it can be done by raising awareness or encouraging them to stay with their experience. For Leonard this is achieved by using an effective trigger point. He says he uses a painting to focus on that flicks him over into non-ordinary reality.

Two therapists, Helen and Leonard report that when they access this dimension they experience a feeling of things stepping out of time. For them time becomes subjective. They note that a session can feel like it has lasted for hours. This feeling, of things stepping out of time, is reported by Leonard to be an important cue to things being of a transpersonal nature, happening with a different level of consciousness.

1.1.3. Intense Experience of Being with Another Person

9 therapists contributed to this sub category.

This suggests a shift in experience and awareness of participation with the transpersonal that is characterized by a merging between the therapist as experiencer and the experience being experienced.

1.1.3.1. An Experience of Energy Flowing

When the transpersonal is present in the therapeutic encounter, Gareth can picture energy as going back and forth and as real. Gareth sees energy as coming down into the top of his head into a centre of being or awareness around the stomach/solar plexus, going into the other

person and connecting with something in them before coming back. The outcome is experienced by him as a great presence and at the same time transcendence.

1.1.3.2. Feeling Present and Feeling Somewhere Else

When the transpersonal is present in the therapeutic encounter some therapists, Gareth, Ella and Harry, report feeling present in the encounter and feeling at the same time that they do not exist and/or are somewhere else.

1.1.3.3. 'Being In The Flow'

When the transpersonal is present in the therapeutic encounter Harry notes, whilst in the flow, that he has the sense that there is far more going on that is not in the client's or his conscious control. In these moments some therapists, Christine, Harry and Ken, report that their fears, self-judgements, concerns, hopes, expectations of the therapy and desires do not exist. For them there is a lack of internal conflict. Harry reports not caring for the distinction between himself and a client. He notes that these inner states then impact what he is able to provide. Harry reports an experience of being incredibly accepting of a person's situation and working in the purest possible way in relation to her or his level of development.

Iris notes that in such moments there is a real capacity for intimacy. The intimacy is experienced by some therapists, Alice, Gareth and Harry, through quiet feelings. These moments are experienced by them as very easy, yet more effective than anything else and as just flowing. Whilst in them they report feeling that they are not conscious of working.

1.1.3.4. Working with the Bodymind Dream

Christine experiences a change in her perception. She notes that she receives knowledge through her body awareness. She describes this process as involving a multi-dimensional, colourful reality that can be experienced by her as a surreal gift.

She reports that her experience of participation with the transpersonal can manifest through becoming visionary with a client. She reports that this that can feel like dreaming together. For her, dreaming can be triggered by entering a client's created landscape with them either through following the client's own guided fantasy or the client's bodily unravelling process. The process feels interconnected to her.

1.1.3.5. Re-Creation of Transpersonal Participation

An intense experience of being there with another can happen for Gareth and Helen when a client describes participation with a transpersonal event. They note that it will start being

created in the here and now.

For Betty if she is working with a client who has a transpersonal perspective it is much more likely that the transpersonal event/process will re-emerge. For her, it is as though if she returns to that person or that situation she can revisit it somehow.

The re-creation of a transpersonal event can also happen for Gareth when he recalls and then talks about an experience of his that was transformational.

1.2. TYPES OF TRANSPERSONAL PARTICIPATION

Therapists highlight various types of participation with the transpersonal in the therapeutic encounter. It is encountered through:

1.2.1. Unusual Ways Clients Find Therapists

4 therapists contributed to this sub-category.

Helen and Leonard indicate that there are the usual ways that clients find their ways to them. That is - publicity and referral. But also, they report, other, less straightforward ways that are influenced by the unconscious. Harry points out that this may be at work in a telephone call when a client checks out a therapist. Leonard notes this may manifest through a client initially being drawn to a therapist only then to discover obstacles that require the client to persist if they are to succeed and pass an apparently invisible test.

1.2.2. Outer Events

4 therapists contributed to this sub-category.

These were experienced through :

1.2.2.1. Deja Vu

1.2.2.2. Laughter

For Iris participation with the transpersonal can manifest in a moment of shared laughter, through a joke, something funny, which can bring a new understanding, even if there may have been an understanding beforehand.

1.2.2.3. Uncanny Coincidences and/or Synchronicities

David points out that participation with the transpersonal can manifest through outer events and processes like synchronistic events, unexplainable coincidences that have a striking

meaning.

David reports that he, as a client, met his therapist via a number of coincidences. He says an unknown woman approached him and informed him that his as yet to be therapist, had told her to meet David. The woman gave David instructions about how to contact this unknown therapist, which David did. David discovered that a famous person he had met many, many years ago, knew the unknown therapist and had told him about his experience with David. When the unknown therapist heard David's name after all those years, and despite a change in vocation, he thought it was the same person.

A client of Edward's dreamt about a particular bird. As the client was talking about the dream there came a gentle thud from Edward's bookshelf. A standing book had fallen over. The book was a children's story about a little boy's adventures as he travels with this swarm of birds. According to Edward what was strangely coincidental was the bird in the client's dream was the same bird that featured in a major way in the book. He felt that the transpersonal manifested. Edward reported this as a meaningful happening.

1.2.3. Receiving Unbidden Knowledge

8 therapists contributed to this sub-category.

David, Fiona, Grace, Helen and Iris report that experience of participation with the transpersonal can come in the form of receiving unbidden knowledge. For them this can manifest through fantasies, dreams, a feeling, a sense of something, visual imagery or surprising words before or in the therapeutic encounter that prove useful to it.

For example, even before a client arrives, Helen notes that she can often sense their mood and the emotional tone of what they are bringing. Helen says she will only make sense of it when the person actually arrives. According to Frank and Harry this aspect of participation with a transpersonal process/event can express itself through an instant knowing about something, for example, through the therapeutic process in the form of transference, countertransference and parallel process. Fiona reports that she may see pictures in her head that come from tuning into someone. These give her some sense of knowing something. She says pictures may come to her as a result of what a person is saying. She notes they are not totally divorced, separate or received in advance. According to Fiona images received by her, about another, may not be understood by her, yet will make sense to the client. Two other therapists, David and Betty give examples.

David worked with a survivor of a major disaster. He noted that the client was depressed. David was committed to listening to the client although he was the last client

before he went on holiday.

Despite sitting very close to the client David reports that he kept missing part of what was being said. David noted that he was immersed in the encounter, in an altered state, but as the client proceeded to leave he called him back and spontaneously asked him if he was going to kill himself. The client admitted he was.

David reports that he was surprised that he knew this client was going to take his life yet he knew it. David notes certain features to this knowledge. He says there were no interposing thoughts. There was no thought. He notes it was visual, all there in a picture. For him it was clear, so perfect. He felt it was no time, no thought, just there.

Betty described how she used a metaphor with one client to summarise what the client was experiencing. She noted that the client was surprised and indicated that he had used the same metaphor for his experience when talking to his GP. Betty understood this as her unconscious having picked that up from the client.

1.2.4. Receiving Unbidden Experiences

9 therapists contributed to this sub category.

Two types of unbidden experience are identified, unbidden experience in general and malevolent experience.

1.2.4.1. Unbidden Experience in General

Grace reports calling a client three wrong names. She discovered that the client was rarely called by the right name. She felt like she had entered the client's experience on a deep level and was given information by the client.

Edward reported that one of his clients has difficulty with intimacy. He says his fear manifests through coming late to sessions. On one occasion Edward reports that he had an appointment arranged with the client he believed to be an hour later than it actually was. He took a nap during the time the client was due to arrive. Edward reports this as being out of character. He says he could not say he is a bit forgetful, or things like that happen every so often. Edward said he took responsibility for what had happened, but also indicated that he felt there was something that was so powerful in the client that it may have affected him as well.

Edward said the client and him did share and acknowledge the experience of something happening between them and with them that was greater and more powerful than either of them, and in the face of which they were powerless. He said powerless in the sense that the client consciously tried to be on time. In that moment he said it was as if something,

more powerful than the client's positive intention, had influenced both client and himself together.

Edward understood it as something big happening between the client and himself. He says psychic infection might be a bit too dramatic, but he felt it was as if he had caught something from the client that contributed to forgetting the exact time. Edward sees energy as an attempt to name that transmitting medium.

1.2.4.2. Unbidden Malevolent Experience

It is evident that it is not just benevolent experiences that can use this transmitting medium but unbidden malevolent experience too. These are still regarded by one therapist, Grace, as transpersonal processes/events.

With one client Grace reports how she could not control the knowledge she had or defocus. Whilst with the client she noted that she felt horrible and could not stop this. She described a buzz that she could not escape. She experienced the client's anger as incredible, ferocious and paralyzing.

Afterwards, when the experience had ended, Grace reported that she felt shocked and as if she had been engulfed by something. She described how she had felt like she had been psychically invaded and attacked. She said she would say that this experience was a participatory transpersonal event too.

1.2.5. The Experience of Healing and Transformation

13 therapists contributed to this sub category.

1.2.5.1. Transpersonal Participation is Characterized by Real Change

Iris states that experience of participation with a transpersonal process/event can come through transformational experiences characterized by feelings of unity, wholeness, belonging, and roundness. David makes the point that there is a difference in believing in God and knowing God, implying that knowing God is the result of direct experience and real change. For Alice real change is an essential part of participation with transpersonal processes/events.

The latter point finds support first through therapists' experiences of clients' healing and transformation and then through examples of therapists' experiences of their own healing and transformation.

1.2.5.2. Clients' Healing and Transformation

Christine reports that for one client the appearance of an image in several sessions brought

healing and change that couldn't be explained. Frank witnessed the healing of a client's physical symptoms. He understood this as being as a result of engaging in the therapeutic process. He pointed out, though, that what went on in this process cannot be explained. Iris reports that transformation and change expressed itself for another client through dreams that were dark and sombre at the start and green and alive at the end. She understood that healing came about through dialogue and the therapeutic relationship. Christine noticed that one client's experience became more level, stable, less up and down. Alice witnessed how another client, through coming out spiritually in the therapy room, was able to effect changes in the world that were healing for themselves and other family members. Diane has noticed how for other clients the healing of inner figures, again, effected positive changes in the external world and in one case healed physical symptoms.

1.2.5.3. Therapists' Healing and Transformation

Examples of therapists' experiences of healing and transformation came through various avenues. For Jack it came through exposure to particular esoteric writings and LSD. He said these brought clarity and an expanded understanding. For Christine through going deeper into her body and then having a dream. She found that through staying with the experience of depression and meditating at an altar of the Goddess she was able to experience healing, which she understood as the acknowledgement and transformation of the dark side of the feminine.

Three therapists, David, Christine and Gareth, were transformed by a peak experience. David experienced it in a therapeutic encounter. Before this he said he had been agnostic. Gareth experienced hope as a result of his peak experience. He said this also led to dramatic changes in lifestyle, beliefs and outlook that did not involve struggle. Iris experienced feelings of unity, wholeness, belonging and roundness, as a result of her peak experience.

1.2.6. How Therapists Perceive the Transpersonal

17 therapists contributed to this sub category.

1.2.6.1. Transpersonal Participation Works in Invisible Ways

According to Ken, the way clients find therapists can be understood if we understand reality as having a hidden dimension of energy lines. According to him if these energy lines operate through us too, then, he suggests, clients may get some play with the energy of potential therapists through the "ethos" (presumably the therapist meant 'ether'). He says they may pick up on an energy current and swim in the right direction for them even though they would not know how to describe that. He points out that it is probably not a coincidence that clients find

the right therapist for them.

1.2.6.2. Transpersonal Participation as Something that Incorporates Much

Grace and Leonard understand participation with the transpersonal as something that is big, broad and incorporates much, such as the spiritual, the religious, the soul and higher things.

1.2.6.3. Transpersonal Participation Coming from Anywhere

For Bernard, Gareth, Ella and Grace, experience of participation with the spiritual/transpersonal can come from anywhere and in different forms. They note that a peak experience can come as an oceanic, merging type of experience and as a mid-life crisis.

1.2.6.4. Transpersonal Participation as Going Beyond Typical Limits

Grace and Leonard regard participation with the transpersonal as something that would encompass different aspects of human experience, like multi-dimensions and past lives.

1.2.6.5. Transpersonal Participation as a Background Philosophy

For Fiona participation with the transpersonal is not just a theory about counselling.

1.2.6.6. Belief in the Existence of a Spiritual World

For Ken a spiritual world exists. He believes other laws operate in this world that defy description but which may account for experiences of coincidence. Fiona believes this world, higher order, or universal energy is a source of spiritual guidance, of help.

Leonard points out that this world is not acknowledged by ego based, secular psychology, yet believes it is not absent of theory which a person can have knowledge of. Leonard believes there are forces, processes or spirits leading us, interfering with us and having an effect on us. He suggests there are good and bad spirits and/or angels and demons. He believes that the latter can be defeated with love.

Leonard notes that acceptance of the existence of a spiritual world impacts on his understanding of consciousness and the Self. He reports that it widens it and suggests that the Self is something other than the ego only. For him it includes and encompasses the many aspects. His therapeutic theory is based on a spiritual theory that he draws on.

1.2.6.7. Transpersonal Participation as Unpredictable

Bernard, David, Betty, Christine, Gareth, Ella, Harry, Jack and Iris believe that although experience of participation with the transpersonal is something that can happen any time, any

place, we cannot predict, force or guarantee its presence or control it. They experience its presence as a gift, spontaneous, caring, graceful, unexpected and loving. Ken points out that when it is there he is not thinking but feeling a connection. For him, if you are thinking you are less likely to be in a spiritual place and may invent it.

What seems important is the therapist's willingness to be humble enough to surrender to participation with the transpersonal if it arrives.

1.2.6.8. Transpersonal Participation Uses Energy as a Medium of Communication

Edward, Grace, Harry and Iris understand receiving unbidden knowledge as a mystery that happens between client and therapist, as the outcome of having been given some communication on some deeper/other level. Edward understands it differently. He points out that if we accept that our personal unconscious is connected to the collective unconscious then boundaries can shift resulting in more connectedness, less separateness. Fewer boundaries would suggest easier access to information about another he was in connection with.

Edward, Christine, Gareth, Diane, Ella, Grace, Helen, Ken and Iris point out that unbidden experiences usually come when a therapist is really embroiled with a client and gets taken right into their process. Edward and Grace report finding themselves experiencing things and behaving in ways that are definitely the effect of engaging in a powerful process that neither they nor a client have control over.

Edward points out that the medium that transmits experience can be regarded as energy. He understands these situations as ones where there may be strong feelings that are too scary or uncomfortable for the client to be consciously aware of, instead, he notes that they push this potential for conscious awareness, currently held unconsciously, into him. For him it is as if there was a transpersonal medium via which a feeling or bodily sensation can be transmitted.

1.2.6.9. A Biased Portrayal of Transpersonal Participation

According to Gareth, Diane, Ella, Ken and Iris, participation with the transpersonal is not something that is all love and light, they believe it can encompass shadow aspects of oneself and can come through experiences that may not normally be considered transpersonal like conflict, passion, miscommunication and misunderstanding.

According to Christine, Diane, Ella and Ken, participation with the transpersonal is portrayed as too one-sided. They feel this neglects and denies the dark side, or shadow side, of human nature. According to Diane if light becomes trapped in us it may seek expression

through evil deeds, or, for Christine, if our spirit is wounded due to a lack of mirroring that honours the true self, she believes this wounding can express itself through rage and aggression.

Ella and Fiona point out the potential for harmful use of experience of participation with the transpersonal. Ella points out that it might be harmful for clients if she sought more transpersonal moments or experiences in the therapy room. She feels this could obscure other areas that needed attention, and would be an abuse of the process involved. She believes her experience would be imposed onto the client, which could cause a client to back off, become more defended, separate and harden up.

Fiona points out that trying to use a visualization of a client before the client arrived whilst in the therapeutic encounter could be harmful for her and her ability to work effectively. Fiona reports an experience of trying to fit information received beforehand to what a client shared. She found this proved confusing, unhelpful and an obstacle to listening fully to the client.

1.2.6.10. Transpersonal Participation as Healing

For Frank healing comes through the power of the mind. For Helen it can come through seeing a vision. She believes this can change a person's life direction.

Frank understands healing as coming about through the interchange between client and therapist that is a mystery and cannot be pinned down.

For Ella a very important part of the healing seems to be when a client experiences connection and being met in a very open way. She experiences this as rare. Healing for Gareth seems to occur when limiting beliefs and things that were too scary to let into awareness are given some breathing space. He describes how the outcome of a life all screwed up in a ball in the client's hand at the start is its unravelling at the end that brings a shift, hope and sense of astonishment to him every time.

Bernard notices that allowing people to share experiences that have been considered taboo and accepting them leads to healing. He says clients begin to form a deeper connection with him and thereby acknowledge participation with the transpersonal.

1.2.6.11. Healing can be Supported in Various Ways

1.2.6.12.1. Meeting Clients in a Very Open Way

A very important part of the healing seems to be when a client experiences connection and being met in a very open way. It does not happen very often (Ella).

1.2.6.11.2. The Therapist Providing Certain Ingredients

Frank, Gareth, Diane, Harry, Iris and Leonard point out that the therapist needs to provide certain ingredients for healing and transformation to happen, like learning to give meaning, process things, work with imagery and the “bodymind”.

Gareth and Iris contend that to support healing further a therapist, through their presence, could provide a welcoming, receptive and accepting space for a person’s shadow side or negative experiences.

Frank points to the importance of therapists establishing a safe framework. He says this needs strict time bounds, clarification of how he works, clarification of issues around confidentiality and a space that is not interfered with. He believes this is the client’s *temenos*, sacred space, within which something happens.

For Leonard it is important to bring a compassionate emptiness, cultivated by letting go of what is going on, staying with another, bringing his attention to them, not just cognitively but compassionately.

Harry is interested in what the client wants to happen actually happening. Frank points out the importance of taking responsibility for what he may bring to bear on the therapeutic process, in terms of feelings and life experiences, by attending for personal therapy.

Frank, Diane and Iris acknowledge the need to be accepting of clients, totally receptive, open, encouraging of exploration and trusting of clients’ process. Diane stresses the importance of being honest, totally fearless and positive.

1.2.6.11.3. Healing Depends Upon Love being Present

Bernard believes healing depends upon love being present, a therapist that deeply cares and an awareness of this by both therapist and client.

1.2.6.11.4. Clients can Support Healing and Transformation

Frank, Christine and Diane indicate the need for clients to bring certain ingredients in order for healing to happen. For Frank this partly depends upon the client’s commitment to regularly attending for therapy and thereby putting themselves in a position to receive being attended to in a positive way.

Christine believes the client needs to be motivated. For her this can come in the form of a wound that pushes a person towards healing.

For Diane for healing to occur clients needs to be able to look with their inner eye and become aware that something is observing the whole business.

1.2.6.11.5. A Commitment from Both Parties

Frank indicates that healing requires a commitment from both therapist and client. For Alice when a client and her are open at the same time it allows for something to happen. She believes that trust, in addition to a dissolving of roles that allows both to 'be' there experiencing something 'with' each other, makes this possible.

1.3. THERAPISTS' AWARENESS OF THE CLIENT

1.3.1. Therapists Access Clients' Experience through their Own Experience

12 therapists contributed to this sub category.

In this study various therapists report:

1.3.1.1. Feeling and Sensing what Others are Experiencing

Jack experiences feeling and sensing through his body when a client or group is experiencing participation with the transpersonal. He notices his awareness of it as he is a witness to it. Fiona, Harry and Helen point out that although it is not possible to know how every client experiences what goes on and it is difficult to say how accessing clients' experience is known, it still is.

1.3.1.2. Indications of Being in Tune with a Client

Helen, whilst with clients, experiences a type of mandalic, field of synchronicity. She says this just happens and is not cultivated. Diane, whilst inside a client's internal universe, will experience a door opening. She feels she is being shown a sequence of dance steps that she then follows. For her, inside, there is simply a knowing about what the next question is. Also there is an instinctive knowing as to where to direct a client's attention. Gareth points out that a practiced intuition, that cannot be put into words, is the guide. For Iris and Leonard responding to feelings that give information about a situation guide their responses, and these can be other than is common practice.

1.3.1.3. Confirmation of Being in Tune

For Iris there is a 'Yes' when she is in tune with a client. Fiona experiences a click afterwards. For Diane there is simply a knowing that she is on track, and, for Gareth, this alerts him to when he is not.

1.3.1.4. What Helps or Hinders Tuning in

For Fiona it helps her tune into a client better if she stays true to herself. This can involve sacrificing taking a more formal therapeutic route. Yet this choice helps her concentrate, engage and connect better with a client.

Christine finds judging a client, or herself, and feeling unsure about what to do, unhelpful. Christine and Iris indicate that when they feel anxious, pressured, tired, lethargic, depressed, afraid, needing to curb their instincts, like the need to dance, unwell, unable to follow their feelings, then things can go wrong.

Ken points to the threat of the ego and possible feelings of superiority.

For Fiona it can be difficult for her to discern whether her understanding of something not clicking is appropriate or an indication that she has failed to grasp what the client is telling her.

Various therapists notice the different ways in which clients experience participation with the transpersonal in the therapeutic encounter. These can be affected by whether or not clients have a personal relationship with the transpersonal already, and if they do not, how they interpret and respond to experience of it when it is present.

1.3.2. Clients' Experience of Transpersonal Participation

9 therapists contributed to this sub category.

Harry notes that clients are surprised by key moments in the therapeutic process.

Gareth experiences clients being open and willing to reflect on deeper issues underlying a presenting difficulty. Gareth notes that some clients think they have come to talk about a specific thing and then discovered that it is a symptom of something far greater. He notices that when clients are open to exploring this it can lead to greater understanding and self-awareness.

Leonard has noticed that clients' contact with the transpersonal makes it possible for them to tune into and pick up on intangible aspects of the encounter - like the harmonious structure he endeavours to provide for his work.

Bernard notices that clients' spirituality usually comes out of their talking about their lives. He also says that accessing a person's spirituality comes through a deep respect for a person. Bernard notes too a connection between the level of cynicism in a client and the depth of yearning for their spirituality.

Helen has noticed that if clients have been struggling emotionally because of what they are trying to work with, in terms of their spirituality, and they then let this out, some clients literally cry with relief.

Alice points to clients' sensitivity around spirituality. She says some have been ridiculed and anticipate being seen as mad. She notices that it is very rare that they bring something that they describe as a spiritual experience. Similarly Helen points out that clients hide and are afraid to share and talk about their spiritual experiences until they trust her, for fear of being laughed at or thought mad.

Leonard notes that clients do want to talk about spiritual matters but confuse religion and spirituality. He says some will not talk about spirituality if they do not consider themselves to be religious.

Betty notices clients being drawn into something bigger and deeper that could be called God. Jack notices that clients are totally different as a result of coming into contact with something recognized as spiritual, touching something they have not touched before. Diane notices that when clients experience participation with the transpersonal they forget themselves, lose self-consciousness and start to trust and come up with their own answers, even though they are surprised and do not know where these have come from.

1.3.3. Clients who already have a Transpersonal Relationship

3 therapists contributed to this category.

One of Christine's clients, with a transpersonal relationship, approached her illness as something she could use as a gate. She says another client of hers was better able to bear her pain and use it as part of her growth process because she, too, had a relationship with the transpersonal.

Betty noticed that for clients who could see another perspective, participation with the transpersonal was experienced as part of a deeper growing part of the process.

Betty also notes that the client's own connection with the transpersonal can facilitate the connection with her, as a therapist who too has a spiritual journey. She says the shared journey can be a link between them and part of a better understanding and relationship between client and therapist. She says this changes the quality of what happens and brings another dimension and understanding to their communication.

1.3.4. Clients without any Prior Transpersonal Relationship

6 therapists contributed to this sub category.

Ken notices that clients are aware when something of a transpersonal nature is happening, however they can go on to describe participation with this experience in two very different ways. He says they can either describe participation with the transpersonal materialistically - which involves more ego, and they might say something like, 'I was having a relationship with you then', or they can acknowledge it as an ineffable experience. If the client responds to the ineffability of the experience then an exploration of existential issues may follow. However, he notices that this is not something that happens often. Consequently, he notes that few clients are likely to embark on a spiritual path. Instead, he notices that most clients choose to believe that the reality of the everyday world is all there is and that this life is it.

Grace points out that clients may be closed and defensive towards transpersonal communication. Alice indicates that other defences may be precursors to this, like defences against being seen and known. She points out that clients may equate being seen and known with being taken over which they fight by keeping her at a distance. Her task then becomes one of battling with a client's fears and defences. She notes that these struggles get in the way of being there together and hamper trust.

Edward notices that clients express their fears and defensiveness through the denial of a connection with him. Edward sees this as a denial in two ways, one of an external relationship, and two, of an internal relationship between the person's conscious and unconscious parts that is impoverishing. Similarly, Iris notices that clients block themselves off from contact with her and thereby disrupt the connection.

Alice sums up these various forms of struggle by suggesting that therapy is working with clients' fear of being vulnerable and exposed, which, paradoxically, keeps them away from what they are seeking, to connect, to have a relationship that is real, satisfying and meaningful.

Clients' resistance does affect therapists detrimentally. Some therapists, Fiona and Iris, get stuck, feel frustrated, less engaged, and unable to tune into themselves. This affects Iris's thinking.

PART TWO: THERAPISTS' EXPERIENCE FOLLOWING TRANSPERSONAL PARTICIPATION

2.1. HOW THERAPISTS ARE AFFECTED FOLLOWING TRANSPERSONAL PARTICIPATION

8 therapists contributed to this category.

When the transpersonal has been present in the therapeutic encounter, therapists are generally positively affected afterwards. It brings a number of factors into their awareness like:

2.1.1. Experiencing Another Kind of Knowing

For Leonard touching the transpersonal in a session exemplifies another kind of knowing, a deeper level. For him this is not a question of a more analytical understanding, or more knowledge.

2.1.2. The Ultimate Value of Transpersonal Participation

For Leonard participation with transpersonal moments can signify one movement out of time into touching something, an epiphany. Those moments are often the most important for him. For Betty participation with transpersonal moments brings a sense of having to engage with something that is vitally, ultimately, eternally important that brings a satisfaction with it. For Leonard there can be a sense of joy, a satisfaction that there has been a meeting and a feeling of sharing.

For Harry, even if it could be proved that a therapist's experience of participation in transpersonal interactions with a client were no different to others in life he would continue to be open to and cherish them.

2.1.3. A Sense of Gratitude

Betty and Harry report that participation with these kinds of experiences do not come along often, when they do they add a lot of meaning. They are experienced by Betty as very fulfilling and they make what she does feel really worthwhile. She reports that it is an incredible experience to have in her life. Similarly Harry has a great sense of gratitude he does not try to explain.

2.1.4. Therapists' Experience of a Shift in Perspective

For Leonard participation with transpersonal moments brings a feeling of having returned to the things that matter. He describes these as having a quality of being out of time.

For Betty there is a feeling that something very important has happened afterwards and everything just falls into its true perspective as a consequence.

Christine experiences a shift in habit. She notes that it is like there has been a groove, and then suddenly it is as if new connections are made. She says it is like entering the dreamtime which then enhances her mundane life. For her there is movement to another zone and then back.

Ken understands this experience in terms of our ability to operate on a continuum of consciousness. For him, connection with the transpersonal is to do with levels of consciousness. In moments of better connection with a client he believes you move up a level of consciousness and no longer care about the trivia. He says whilst you have not gone anywhere different you are not labelling that physical phenomena as being important anymore.

2.1.5. Feeling Sustained and Energised

For Betty, Christine, Harry and Leonard experience of participation with the transpersonal can sustain and energise them through hours of drudgery, or pettiness, or tiredness or feeling ill. They report that because this important thing has happened they are better able to cope. Afterwards Christine feels inspired to write down her experience of a session.

2.1.6. Transpersonal Participation can have an Afterlife

Iris experiences an ongoing process, after a client has gone, that she continues to work on. For Frank, he is absorbed with the process afterwards and reports that it is difficult to lose.

2.1.7. More General Types of Experience

Grace and Ken report respectively being shaken, experiencing nothing happening but having experience of participation with the transpersonal as a memory, a taste of something not really connected with the usual things in life.

Alice, Ella and Ken can feel that they have really met someone, or that the client and therapist were creating something together.

2.2. HOW THERAPISTS UNDERSTAND, AFTERWARDS, TRANSPERSONAL PARTICIPATION

10 therapists contributed to this category.

The ways in which various therapists understand, afterwards, experience of participation with the transpersonal in the therapeutic encounter, reveal further aspects of their understanding of the nature of participation with the transpersonal.

2.2.1. Transpersonal Participation is not a Possession

When something of a transpersonal nature occurs in the therapeutic encounter, Leonard, afterwards, does not regard this as a possession owned by him. He says it is more, 'We have done something.' He describes this 'we' as incorporating client, himself and whatever they have been in contact with. In one encounter David was aware that his role was to be used, played. He says he does not consider himself special as he believes God chooses to play many people, but he does acknowledge that maybe a willingness to be played partly explains God's appearance.

2.2.2. Transpersonal Participation makes Reflection Impossible

For Betty, Gareth and Harry when the transpersonal is present they are in the experience so not reflecting on it. They say that this comes afterwards. For them, if you start to think about participation with it, it signifies its absence.

2.2.3. Transpersonal Participation is a Mystery

For Frank, Gareth, Fiona, Grace, Harry, Ken and Iris, participation with the transpersonal is a mystery, difficult to understand and make sense of, and is unknown and unknowable. As a consequence, Fiona, Grace and Ken find it is difficult to get a clear, recognized definition of the transpersonal or as to what spiritual means.

Grace reports a conundrum. On the one hand she says we are foolish to attempt explaining this something that goes on, yet, on the other hand, we are even more foolish to ignore it.

2.3. HOW CLIENTS ARE AFFECTED FOLLOWING TRANSPERSONAL PARTICIPATION

7 therapists contributed to this category.

It would seem that therapists' views of clients' experience afterwards, when the transpersonal has been present in the encounter, affects them in a number of general ways. In a way that further enhances their already existing spirituality and level of self-development, and, in a way that develops their awareness and learning to a point where the potential exists for them to have their own spiritual journey.

More specifically, therapists noticed:

2.3.1. Transpersonal Participation is Contagious

David, when around his therapist, as a client, found he could do some of what the therapist can, but not when not around him. For example, when around the therapist David too could pick things out of the air automatically, regularly and accurately that contained knowledge about another person he could not have known about them.

2.3.2. Transpersonal Participation is Transformational

Jack notices that clients are affected following contact with the transpersonal. He says although nothing happens they are changed. He notes they cannot continue in the way they had before and they will want to find participation with the transpersonal again.

2.3.3. Clients become more of an Observer

Gareth, Diane, Harry and Helen report that as a consequence of experience of participation with the transpersonal clients become more of an observer on their own process. Some clients then can realize that they are more than they thought or believed.

2.3.4. Compatibility between Therapy and Clients' Spirituality

During the therapeutic process Harry noticed that some clients make a separation between the 'I' that observes/witnesses themselves and that part of themselves that experiences patterns, behaviours, thoughts or feelings. He says they realize that this process is not unlike what they experience in meditation.

2.3.5. Clients Free Up

Some clients may be affected in ways which they might be less aware of but which the therapist notices and experiences. Alice noticed a freeing up of a client as a result of client and therapist really understanding each other.

2.3.6. External Manifestations

Diane notices that when clients experience a breakthrough this is mirrored externally by the sun coming out.

2.3.7. Negative Inner Figures seen as Positively Intended

Diane also notes that clients come to realize that negative inner figures are positively intended towards survival and are light holders waiting to be found, freed and brought to manifest in the present.

2.3.8. New Found Awareness Integrated into Everyday Life

Betty notes that when people start to grow they carry that awareness into everyday life.

PART THREE: WHAT THERAPISTS BRING TO THE THERAPEUTIC ENCOUNTER

3.1. WHAT SHAPED THERAPISTS' RELATIONSHIP WITH THE TRANSPERSONAL

10 therapists contributed to this category.

Therapists report a range of influences that shaped their views of and relationship with the transpersonal, like:

3.1.1. Family Backgrounds

Bernard's parents denied spirituality. Ella's were Quakers. Christine's grandfather was interested in the occult, Catholicism and Christianity.

3.1.2. Outer Influences

Fiona's and Jack's interest was ignited through outside sources like societies, and by gaining theoretical knowledge. For Christine and Fiona interest was ignited through personal experience, that is, through actual experience of theoretical knowledge and a push towards participation with the transpersonal quest triggered by wounds and deficiencies.

3.1.3. The Negative Attitude of Certain Therapeutic Models

Helen highlights how some therapy trainings split off and exclude participation with the transpersonal by encouraging clients to work just within the head but not in the present.

moment. She believes that if clients are encouraged to work in the present the spiritual may still remain split off because it may not be brought in.

Helen also notes that in the analytical traditions the spiritual has become either something to be analysed as a collective delusion, and/or as a way of denying death, or re-creating the mother-baby union.

Jack pointed out that Freud denied and ridiculed participation with the transpersonal and this impacted the field of psychotherapy. Jack sensed a fear around spirituality in his colleagues and it was therefore avoided. He could not share his experiences for fear they would be adulterated. He noticed that others in his profession are happier and more comfortable if they can be in control of something through understanding.

For Alice, trained in the analytical tradition, she noticed that colleagues were a bit scornful of religion.

Helen works in a culture that is dominated by the medical model of therapy and finds that her approach is not supported. She says she cannot bring in the spiritual strongly, if she does she has to change her language even to begin to discuss it. She holds her approach secret thereby limiting its effect. She experiences the spiritual as quite taboo.

3.1.4. Training

Alice and Ella indicated that there was an absence or lack of input around the transpersonal in their training, for Christine and Fiona it was an integral part.

3.1.5. Personal and Spiritual Development

Frank, Christine and Harry have experienced personal and spiritual development through their training to become a therapist, through personal therapy and supervision, through better alignment with the Self, and through an ongoing process of unfolding self-awareness.

At the start Harry was not consciously aware of experiences of transpersonal participation, had only noticed big experiences and was confused by them. Now he is aware that there are lots of little ones and that they are more available than he realized and they are appreciated and cherished by him.

3.1.6. The Variety of Therapists' Transpersonal Relationships

Bernard and Ella identified their family background as impacting on their relationship with the transpersonal. They identify experience and current relationship with and understanding of it as being embedded in these early influences. For example, Bernard was influenced early in life by the non-spirituality of his parents, the denial of it. He says this impacted on him later in life.

When he started training as a therapist he had the sense that he had no spirituality. In recent years he says he has realized that quite the opposite is the case. Now he is open to a variety of individual interpretations of participation with the transpersonal.

Frank whilst believing in certain aspects of understanding of participation with the transpersonal, like meditation, the existence of an inner soul, does not believe in other aspects, like a God that controls our lives.

Sometimes, Gareth thinks the transpersonal is a load of rubbish, something we have to concoct to defend against meaninglessness.

Harry is pleased his profession connects with the spiritual.

3.2. GENERAL BELIEFS ABOUT TRANSPERSONAL AND SPIRITUAL PARTICIPATION

10 therapists contributed to this category.

Therapists report a range of beliefs and understandings about participation with the transpersonal and spirituality, like:

3.2.1. Collective Experience Common to Transpersonal/Spiritual Participation

Helen believes that collective experience is common to participation with the transpersonal and the spiritual, and that animals can represent these energies.

3.2.2. What Spiritual Experience is

For Bernard and Helen spiritual experience is experienced as beyond the self and universal, like the experience of bereavement.

3.2.3. How Transpersonal Participation is Understood

For Gareth and Jack, participation with the transpersonal is understood as a spiritual possibility, sensation, anything that can make us aware we have untapped potential.

3.2.4. What the Spiritual is

For Bernard the spiritual is genuine. It is not a form of escapism.

3.2.5. What Spirituality is not

For Ken spirituality is not about being a bit more excited with life or going on a guided fantasy. To him this is a clever operation of mind, whilst spirituality is more transcending.

3.2.6. Held Views about Religion and Spirituality

Alice does not accept the maleness of religion. Neither, does she believe, that you need a God at the centre if spirituality is about being one with what you believe.

For Ken, influenced by Eastern traditions, there are concerns about the implications of Western traditions which, unlike in the East, tend to focus on a personal God who is involved in human affairs.

For Harry participation with the transpersonal does not require a God or an intelligence that is directing things.

3.2.7. What can Limit Spiritual Participation

Bernard, Diane and Ken point to factors that can restrict and limit spiritual participation. For Bernard and Ken these include imposing an agenda on how spirituality is to be participated with, like doing a visualization. For Ken, labelling, categorizing and describing things in metaphors like Indian guides coming to visit you is a problem. For Diane an approach can be restrictive if the therapist is concerned with maintaining distant objectivity. For Ken it does not help movement in a spiritual direction if the therapist keeps describing and closing things down in symbols.

3.2.8. Benefits of Incorporating the Transpersonal into our Lives

Alice and Christine suggest that we would not find life as stressful and we would probably manage better by bringing participation with the transpersonal more into our lives.

According to Christine it can help us cope with adversity. She says this can lead to expanded knowledge about our purpose and an awareness of something bigger.

3.2.9. Possible Relationships with the Transpersonal

Betty points out that it is possible for God to be the whole focus of your life.

3.2.10. Obstructions to Transpersonal Integration

3.2.10.1. On an Individual Level

Alice points out that on an individual level this can be the result of not valuing your own inner life or being detached and cut off from it, and thereby your conscience.

Alice also points out that an obstacle can be feeling we have to defend ourselves against a fear of being wiped out.

According to Bernard upbringing and cultural stereotypes can hinder a person's openness to their own spiritual yearnings.

Alice and Helen point out that being detached from our inner lives, and thereby the spiritual dimension, makes it easier to be deceitful and exploitative. Alice, Harry, Helen and Leonard claim this makes for appalling human relations, limits the possibility of transformation, makes for a much less richer life and makes it difficult to access what a person needs for understanding and dealing with evil.

For Ken losing contact with the transpersonal means we live in a small, limited, egocentric world, which we think is it.

3.2.10.2 On a Societal Level

Alice points out that on a societal level materialism and exploitation have been legitimized, the opposite of spiritual.

Bernard highlights that the problem with using the word transpersonal is that it can mystify the public.

3.3. HELD BELIEFS ABOUT HUMAN BEINGS

8 therapists contributed to this category.

Therapists report two types of beliefs about human beings. One concerns our purpose for being here and the other pertains to health and well-being.

3.3.1. A Purpose for Being Here

3.3.1.1. Why we Chose to Come to this Planet

David believes we chose to come to this planet in order to develop spiritually.

3.3.1.2. Our Purpose for Coming Here

Harry believes our purpose is to manifest the sacred code or contract we were given when we came to the planet.

3.3.1.3. Our Purpose can Manifest Variously

According to Bernard, Betty, Christine, Harry and Helen this expression will take many different forms and will happen in many different ways.

3.3.2. How Therapists Understand Health and Well-Being

For Diane illness is a distortion of a person's internal structure of subjective experience. In contrast she believes health and well-being is a person fully radiating in the Here and Now.

For Ken illness is defined by maintaining little images of ourselves. He believes health

is connected with controlling this ability we have to think and talk about ourselves in restrictive ways.

3.4. THERAPISTS' UNDERSTANDING OF THE THERAPEUTIC ENCOUNTER GENERALLY

5 therapists contributed to this sub category.

3.4.1. Therapists' Understanding of the Therapeutic Encounter Generally

Therapists acknowledge that there is responsibility around issues of power in the relationship. Also, some therapists acknowledge that working creatively is risky.

3.4.2. Therapists' Experience of being a Therapist

Alice and Frank experience being a therapist as draining, exhausting and difficult to manage sometimes.

Frank notices that he experiences differently when being a therapist compared to when he is out of role. As a human being he is affected by what he hears from clients but not as a therapist.

According to Grace, therapists have the ability to sense things in people. According to Helen, experienced therapists, regardless of tradition, tend to work in a similar way with clients, and those with a spiritual understanding would tend to incorporate that in their response, again, regardless of tradition.

3.5. THERAPISTS' EXPERIENTIAL RELATIONSHIP WITH THE TRANSPERSONAL

15 therapists contributed to this sub category.

Therapists' experience of connecting with the transpersonal can come through ways considered spiritually conventional and those considered less so.

It is reported that this can come through the body, through conflict, through ritual and culture and through participation with a spiritual tradition.

3.5.1. How to Connect to the Transpersonal

Christine reports that this can come through the body, through dance. For example, she notes that energy comes in the body that can be used purposefully to take us outside of ourselves or towards change. Ella reports encounters with the transpersonal as a result of connecting with

clients through conflict. Betty believes we are finite creatures with limited parameters for who it is not possible to experience the whole thing. Ritual and culture act as mediators. Ken believes there are many ways of connecting with a spiritual tradition and each connects with the transpersonal through various activities, prayer, devotion, meditation, self-flagellation. He believes all help to reduce the hold of the clutching mind. They shock and discipline us out of thinking this is all there is and they teach us, otherwise we would get lost.

3.5.2. Making yourself Available for Transpersonal Participation

For Iris it can be through a sitting still way, like contemplative prayer, or a go-getting extroverted way. Bernard experiences it by connecting with the landscape.

Ken suggests that we need to clean our way of perceiving the world and then keep looking and it may become obvious.

Alice, Betty and Jack believe we need to make ourselves available by making an effort to put ourselves in situations and environments that maximize our potential to participate with the transpersonal.

3.5.3. The Benefits of Connecting to the Transpersonal

3.5.3.1. Transpersonal Participation as a Guiding Experience

Ella experiences participation with the transpersonal through feelings of openness and awareness of herself. Christine through working on her own history.

Self-awareness leads some therapists Christine, Harry and Leonard, to a sense of the existence of something helpful, bigger, wider than themselves that guides their life.

For Christine, Harry, Ken, Iris and Leonard, when spirituality is understood in this way, they experience it as having determined what they are doing and as guiding the direction of their life in general.

For Christine connecting to the transpersonal brings an experience of not being alone. For her participation with the transpersonal can give us the sense that we are being helped or supported, or, at other times, being challenged.

3.5.3.2. Transpersonal Participation as an Experience of Expansion

For Betty and Grace connecting to the transpersonal brings understanding and encourages further exploration and additional openness. For Christine and Helen connecting to the transpersonal brings a feeling of being more able to be. Gareth enjoys an experience of there being more space and expansion, as a consequence. Gareth enjoys heightened awareness, greater relaxation and an increased ease in doing activities as a consequence. Gareth noticed

that as a result of regularly meditating objects became more vivid. He reported being more relaxed and able to do things more easily.

3.5.3.3. A Positive Experience for the Therapist

For Frank, Betty and Ken connecting to the transpersonal is an experience that is welcomed, enjoyed and leaves them with something positive. For Ken the presence of the transpersonal in the therapeutic encounter is enormously attractive. He likes it. It feels mysterious and sometimes appealing to him. Mostly he feels more connected, more himself, more real.

3.5.4. The Effects of Negative Perceptions of Spirituality

Iris points to the 'American' use of intuition expressed in an extroverted way like using ideas to make money.

For her another problem arises when spiritual development is made into a goal rather than respecting it as something that is evolutionary. Or, as Christine and Gareth note, selling the high of spirituality at the expense of acknowledging the basic requirements of living. Some therapists have experienced not being able to share their spirituality. As a result of not being able to share with others in a group because their spirituality was not accommodated for, Christine and Jack have experienced isolation and a sense of loss.

A lack of affirmation has affected Christine's work. For her the opportunity to develop more has been lost. Also, she reports, because spirituality still feels very marginal, it also makes it difficult for her to live it in the world.

3.6. THERAPISTS' SPIRITUALITY AND THEIR WORK AS THERAPISTS

All therapists contributed to this sub category.

3.6.1. Why Clients Seek Therapy

According to Alice, Betty and Ken some clients seek help with problems and dissatisfactions of living. For others Christine believes it is for healing wounds. Alice suggests that some clients have a knowing that things could be different.

Reasons observed for clients seeking therapy coupled with the types of clients they prefer to work with and will not work with, tells us something about what some therapists make available to clients. For those therapists who observe a range of difficulties that clients can present with, a broad, flexible approach is made available to clients. Other therapists are less flexible in what they choose to offer. They are more specific about the whereabouts, on a continuum of reasons clients seek therapy for, they are pitching themselves.

Comment

I would like to suggest that you could perceive each reason as existing on a continuum from quick fix, utilitarian at one end, through to spiritual unfoldment at the other. Whatever a client is seeking may very well depend upon the level of awareness they are operating from at any one time.

3.6.2. Clients some Therapists Like to Work with

Bernard likes to work with clients who use participation with the transpersonal as an escape or who are out of touch with it. Betty prefers to work with those who are willing to look at their part in the difficulties they present.

3.6.3. Clients some Therapists would Not Work with

Helen is clear that her approach would not work for those clients who did not have a spiritual or transpersonal understanding of themselves or those who would be more suited to a head based cognitive behavioural approach.

3.6.4. Therapists Provide for a Range of Things

Helen provides a transpersonal approach for clients looking for this type of therapy. Leonard provides an approach that is poetic rather than scientific. Bernard allows clients to explore the deepest parts of them without labelling his approach as spiritual. Helen allows clients to work in less conventional ways by exploring past lives, say.

3.6.5. The Aims of the Therapist

The aims of various therapists, Alice, Frank, Betty, Diane, Fiona, Harry, Helen and Ken in the therapeutic encounter vary but can be reduced to:

- Raising awareness
- Achieving healing
- Allowing for change, transformation and unfolding in a way particular to, in tune with, and fulfilling for the uniqueness of each person.

3.6.6. Therapists Bring a Range of Factors

3.6.6.1. What Therapists Bring to the Encounter

Frank and Betty bring things to the therapeutic encounter like enthusiasm, a willingness to help, a good feeling about what they do, wanting to be there, caring and experience and awareness of their spiritual journey.

3.6.6.2. Therapists' Beliefs about Therapy and being a Therapist

Helen believes that what therapists do is a response to metaphors brought by clients.

According to her clients come and tell her what has happened in their week. She says this is actually a metaphor for threads, difficulties, or places in their lives that are changing, stuck, or whatever.

Betty believes therapy is trusting God's love is working through all and everything in the encounter.

Alice believes you need to believe in the therapy you practice.

3.6.6.3. What the Transpersonal Therapist is Able to Provide

Betty, Christine and Ken point out that clients have the chance to explore those areas more fully, be helped to look at things from a transpersonal perspective, be supported to be more truthful with themselves, and be encouraged to keep being open. For Bernard, Edward, Betty, Harry and Ken, the therapists' openness to the possibility that transpersonal processes can be participated with makes available to clients an encounter with a different quality and potential. For Edward the therapist's openness also makes possible a deeper connection with clients.

Betty notes that clients also have the chance to connect with this part of them, if alerted to it through a sensing of the existence of this part in her.

For David it may not just be a matter of a therapist being consciously aware of their spiritual path or having a personal relationship with the transpersonal that has an impact but also the talent and giftedness of the therapist.

3.6.6.4. A Transpersonal Perspective can make a Difference

Helen's experience was positive because her therapist shared a spiritual understanding, Christine's was negative because her therapist did not. Christine felt disrespected, saddened and let down.

3.6.7. Therapists Prepare Themselves in Various Ways

3.6.7.1. Some Therapists make Contact with their Support Network

Betty, Gareth, Fiona and Leonard do this psychically and spiritually through various activities, through ongoing prayer, meditation and spiritual activities, through trying to drum up past experiences of participating with the transpersonal, through trying to get present, through just sitting and thinking, by practicing to remember, and to hope, that one can be present as a unique human being, and, at the same time, present in a universal way too, and by consciously

opening the crown and base chakras.

3.6.7.2. Some Therapists Prepare Themselves Internally

Frank and Iris prepare internally by practicing putting themselves aside.

3.6.7.3. Preparing through Engaging in External Activities or Rituals

For Leonard this could be keeping the house clean and clear of things to maintain a setting for people to come into that is harmonious, orderly, has good tuning and is safe and peaceful. For Frank burning his oils and having a cup of tea between sessions helps him prepare.

3.6.7.4. Preparing Invisible Forms of Self Protection

For Fiona this involves putting a protective force-field between herself and a client to protect herself from the expectation of fixing everything, and using a protective cloak to protect her from negativity, a sense of badness, evil or difficult feelings.

3.6.8. How Therapists Work Generally

3.6.8.1. Ways of Working that are General

These include, for example, Gareth working with caution by being appreciative of a person's boundaries and resistances and by Betty working with what the client really wants.

Helen tries to stay as present and aware as possible. She drops agendas, avoids putting too much of her ego in the process, stays with the client and gives up needing to put words and information on top of a person's experience. She tries to 'follow process, trust process and get the hell out of the way', and to allow whatever is in the client to unfold.

3.6.8.2. How Therapists Relate to themselves whilst Working

These include Helen paying attention to what is going on in her so she can be there more for the other person and to get a better sense of what is going on between them. Iris indicates that this involves doing two things at once, being totally absorbed in the process whilst also paying attention to her inner guidance. Fiona is aware of her unknown waiting for something to ignite it.

3.6.9. Links between Spirituality and Therapy

A book helped Fiona personally and she used this in her work. Harry and Ken noted the compatibility of their therapeutic approach and their spiritual beliefs. Edward notes that areas of his work touch the transpersonal.

3.6.10. How Therapists Work Specifically

3.6.10.1. Those who Include the Transpersonal and Spiritual

David, Edward, Betty, Fiona, Grace, Helen and Ken acknowledge their own relationship with the transpersonal and express it indirectly through the therapeutic relationship, but not explicitly. Their approach creates potential for clients who themselves are open to participation with the transpersonal, yet does not impose it on those who are not.

For example, Ken highlights that Gestalt dialogic method means that we find our humanity and spirituality through relationship. He encourages a meeting that is healing on an ordinary neurotic basis, and also allows for moments when he sees a particular quality of attention in someone's eyes and he knows there has been an automatic breakthrough to participation with the transpersonal. Although he would label it as this, clients probably would not. He notes the more materialistic clients would probably want to talk about it and he would not, because to describe it means you have missed it.

3.6.10.2. Creating Conditions Conducive to Transpersonal Participation

Therapists who work according to the second approach not only acknowledge their own relationship with the transpersonal they explicitly, openly and directly acknowledge and work with it in the therapeutic relationship. Betty's, Christine's, Gareth's, Diane's, Fiona's and Harry's relationship with the transpersonal expresses itself through techniques, the introduction of skills and processes that the client is actively encouraged to engage with. In this sense this approach is more directive.

For example, Harry does not know how, when or if participation with the transpersonal is going to happen in a session, but he works with the client to establish the condition. He believes he is creating the conditions where people can make a choice about how much they want to connect and be aware. He says he does this by attending to a client's metaphor, their way of being-in-the-world, their noticing, the quality of their noticing, and the way they are open to experience their own life in a different way.

3.6.10.3. Some Therapists Work Reservedly with the Transpersonal

Therapists who work according to the third approach, Jack, Helen and Bernard, acknowledge their own relationship with the transpersonal yet respond with tentativeness and reservedness to its presence in the therapeutic relationship as a matter of respect.

For example, Jack would not initiate talk about participation with the transpersonal or push a client to talk about an experience of participation with the transpersonal. For him, if the

client returned to an experience of participation with the transpersonal he would avoid adulterating it or pushing them away from it. Instead he says he would just recognize and respect it. For him, he would avoid trying to hammer a client's experience of participation with the transpersonal into shape.

3.6.11. Some Therapists Use Aids

Aids are used because the language of words is experienced as limited. Bernard, Betty, Fiona and Helen use images, visualizations, the language of colour, symbol, dreams, metaphor, body awareness, and drawing as additional ways of working with the personal unconscious and tapping into intuitive knowing.

SYNTHESIS OF THE QUALITATIVE ANALYSIS

What follows is yet a further interpretation of the raw data.. The aim of the following summary is to further clarify what has already been named in the results, to the point that the experience of transpersonal participation in the therapeutic encounter becomes more transparent. In addition, the summary aims to make intelligible interpretations that are not exclusively focused on participants' accounts (Gough, 2003). As Braud (1998b in Braud et al., 1998) says:

Thinking and interpretation may indeed interfere with experiencing per se, and it may be necessary to bracket the former so they do not interfere with or distort the latter. At some point, however, thinking, interpreting, conceptualizing, modelling and theorizing can be unbracketed and brought back into the fold to yield a more complete account of the topic. In Jungian terms, researchers need not leave their thinking function at the door while inviting the sensing, feeling and intuiting functions inside for the feast (p.48).

It is important to highlight that through reflexivity researchers are required to come clean about the impact subjective and inter-subjective experiences have on the research process (Gough, 2003; Maso, 2003). Reflection or reflexivity refers to the interrelationships between processes of knowledge production, the various contexts of such processes and the involvement of the knowledge producer (Alvesson et al., 2000). Reflective research therefore encourages us to consider the impact of theoretical, cultural and political circumstances that are behind and influence our interpretations (ibid.). So, what follows, although still faithful and as close as possible to what participants have shared, is framed within a particular context. That is, the following interpretationS of the results are influenced and affected by:

1. the fact that I have worked full-time for the past twenty years as a counsellor and therapist in various settings, from education to the NHS. Also, throughout this period of time I have been involved with supervising other counsellors and trainee counsellors, training counsellors, and facilitating personal development groups for trainee counsellors;
2. I practice mindfulness meditation;
3. I have a strong interest in the transpersonal and spirituality;
4. I have a concern about the neglect of the transpersonal and spirituality in the therapy world; and
5. I am interested in ways that such neglect can be offset by inclusion of these areas in therapy training.

THERAPISTS' EXPERIENCE OF TRANSPERSONAL PARTICIPATION IN THE THERAPEUTIC ENCOUNTER

Ways in which Transpersonal Participation is Experienced

Transpersonal participation is experienced variously. For me this suggests that we need to avoid narrow definitions of what therapists' experience can and cannot include. An open, inclusive stance, rather than a prescriptive, definitive and exclusive one would seem to be indicated. Although the form of transpersonal participation is variable, there are, however, a number of features that are characteristic of the experience. It is experienced as unpredictable, like a gift, graceful, spontaneous, caring and loving. I suggest that these characteristics could be used as indicators and guides of authentic experience of participation with the transpersonal, and, as such these could be highlighted and acknowledged in the training of both therapists and supervisors. Introducing and acknowledging the possibility of transpersonal participation in this way could ensure that experience of its form is left undefined and open, and not prescribed.

Therapists' Awareness when the Transpersonal is Present

Therapists who experience transpersonal participation in the therapeutic encounter report a beneficial effect on their awareness. That is, their awareness expands, seems to become global, broad, all encompassing, not narrow or self-centred. It is highly likely that such qualities will impact the therapeutic relationship and make for new possibilities, not feasible before.

Felt Shifts when the Transpersonal is Present

Through a Therapeutic Relationship that Feels Qualitatively Different

One expression of participation with the transpersonal in the therapeutic encounter is a qualitative felt shift in the therapeutic relationship. This is understood to be of benefit to those therapists who experience it and also their clients. It is reported that the connection between client and therapist deepens. This then made it possible for one therapist to access where a client's 'soul' may be, and to intuit the potential of what could happen.

An Experience that Features Specific Types of Changes

A felt shift that features specific types of changes is another reported expression of participation with the transpersonal in the therapeutic encounter. Again, this is reported to be of benefit to both therapist and client. As a consequence of a therapist's more inwardly immersed attention, more knowledge becomes accessible to the therapist about Self and other and what is going on between them, than would otherwise be the case.

Although a therapist's awareness is more focused on themselves in relation to transpersonal participation in this shift, the focus is not for them, rather it is through themselves to the client, or for the other. This suggests the therapist as someone who allows themselves to be used and/or worked through in the service of another.

In this felt shift, again, participation with the transpersonal makes additional things possible like greater relational depth and breadth between client and therapist. The enjoyment of its gifts, though, would appear dependent upon the humility of a therapist - that is, a therapist who allows participation with the transpersonal to work through them - as opposed to using it to promote themselves as the source of healing.

The Intense Experience of Being There with Another

A felt shift characterized by the intense experience of being there with another is the third reported expression of participation with the transpersonal in the therapeutic encounter. Both therapist and client benefit. Some therapists report a merging between the therapist as experiencer and the experience itself. Subsequent benefits manifest through, again, more knowledge becoming available to the therapist, therapists' experience of greater compassion for a client that creates a real capacity for intimacy, and also through the therapist experiencing these moments as being more effective than anything else.

In this shift we learn how the presence of the transpersonal, expressed through merging, or non-separateness, leads to compassion, which, in turn, creates the possibility of greater intimacy. This state appears to be the key to greater effectiveness. The more a therapist is able to let themselves go and enter into experience of the other, whilst maintaining awareness, then the more that the therapeutic relationship can be benefited and deepened.

Each felt shift highlights a different way in which the therapeutic encounter is enriched by therapists' experience of participation with the transpersonal. Mainly it is enriched through greater relational depth between client and therapist that proves effective, and through therapists' ability to access more information about another and what is happening between them. Yet these benefits would not appear to be automatic. Instead they seem to be partly dependent upon therapists' humility, as well as their ability to surrender to their experience of the therapeutic process. In both cases what is important is the therapist's willingness and ability to keep themselves out of the way of the natural flow of what happens by not interfering. This translates the therapist's task into one of 'to be', and not one of 'to do'.

THERAPISTS' FEATURES

What Therapists Bring to the Therapeutic Encounter

Therapists in general, regardless of approach, bring an array of influences to the therapeutic encounter. However, the participants in this study all have an interest in the transpersonal and acknowledge it either openly or discreetly in their work. Thus participants in this study bring a variety of attributes, beliefs, understandings, current relationships with the transpersonal, and the influences that shaped these, as well as their own experience of personal and spiritual development.

Therapists' beliefs, attitudes, assumptions and understandings indicate an openness towards, an acknowledgement, awareness and recognition of, participation with the transpersonal in the therapeutic encounter that does make possible an encounter that has the potential to be qualitatively different. If those features are absent, it is likely that client and therapist may miss the opportunity to connect in quite the same way as when they are present.

Therefore, without imposing participation with the transpersonal or spirituality onto trainee therapists and trainee supervisors, the importance of awareness, acknowledgement and recognition of its existence cannot go ignored. This could validate the experience of those who already have a relationship with the transpersonal, bring understanding to others who have, as yet, an unrealized relationship with the transpersonal, and alert others to the possibility of such a relationship for themselves and others.

Negative Experiences That Have Affected Therapists' Transpersonal Relationship

Several therapists report a number of factors that have had a detrimental and negative effect on their relationship with the transpersonal and/or their spirituality. Some therapists have experienced isolation and a sense of loss as a consequence of not being able to share with others in a group. Their spirituality was not accommodated for. A lack of affirmation has affected another therapist's work. For another the opportunity to develop more has been lost. Also, because spirituality still feels very marginal, it makes it difficult for another therapist to live it in the world.

As two therapists point out, it certainly makes a difference to a client if the therapist holds a transpersonal perspective. One therapist's experience of therapy was positive because her own therapist shared a spiritual understanding. Another's was negative because her therapist did not. She was left feeling disrespected, saddened and let down.

Comment

It seems to me that the hallmarks of participation with the transpersonal are invisibility, intangibility, subtlety, ineffability, all those aspects of human experience that are equally real but less easily identifiable or quantifiable. Consequently, it is easy to understand how experiences of this nature shared in the company of people who only value or perceive experience that can be seen, touched and measured, could invite ridicule and accusations of madness, which are clearly inappropriate.

The Impact on Clients of what Therapists Bring

If the therapist is open to participation with the transpersonal in the therapeutic encounter clients are perceived by therapists to benefit in a number of ways. Further opportunities include:

1. Access to therapists who can experience accessing and receiving unbidden knowledge and information.
2. The chance for clients to explore spiritual/transpersonal areas more fully.
3. The chance to be helped to look at things from a transpersonal perspective.
4. The chance for clients to be supported in being more truthful with themselves, and to be encouraged to be more open.
5. The chance for clients to connect with the transpersonal part of themselves if alerted to it through a sensing of its existence in the therapist.
6. The possibility for clients to experience an encounter that is qualitatively different in that the potential exists for clients to connect with and bring in participation with the transpersonal.
7. The possibility of a deeper connection between therapist and client.
8. Clients may further benefit as a result of a therapist's talent and giftedness.

Clients can present with a wide range of needs. Clients stand to benefit if they engage in therapy with a therapist who is both flexible enough to meet clients where they are at, at the particular time, and who is able to accommodate and support the spiritual end of a spectrum of therapeutic approaches if clients wish to explore this. Even if clients do not, the therapist providing the possibility for exploration may touch the spiritual in a client, no matter how vaguely, that they may later wish to remember, explore and connect with more.

Generally then, if therapists are open to participation with the transpersonal in the therapeutic encounter clients stand to benefit. However, there are exceptions.

Potentially Harmful Use of Therapists' Transpersonal Relationship

Equally as important as the benefits clients stand to enjoy as a result of the therapist being open to participation with the transpersonal, is the potentially harmful use of therapists' relationship with the transpersonal in the therapeutic encounter.

Some therapists indicate that it could be confusing, unhelpful and harmful for clients if therapists used the therapy room to seek out more transpersonal experiences. Other areas requiring attention could be obscured. This would also be an imposition of the therapist. One therapist points out that as a result a client may back off, become more defended, separate and harden up.

Another therapist indicates that it could be harmful for therapists and their ability to work effectively if they tried to use and fit information received by them before a session to what a client shared in a session. It could be an obstacle to fully listening. For example, trying to use a visualization of a client before they have arrived whilst in the therapeutic encounter.

Trainers and supervisors would do well to be aware of these potential dangers.

Therapists' Understanding of Clients Seeking Therapy

Ways Clients Find a Therapist

Some therapists understand that the way some clients find their way to a therapist is less straight forward and is influenced by the unconscious. This suggests that some therapists sense the existence of another reality, perhaps, that operates behind the scenes, so to speak, is invisible, yet exists and has an influence over us.

If this is the case then the nature of reality, as generally understood in terms of natural laws, is here being called into question. In the light of new developments in the fields of physics, mathematics and science in general, there may be some foundation for such questioning.

Types of Approaches Therapists Provide

For those clients working with a therapist who offers a wide ranging approach, one that includes the transpersonal, the potential exists for them to bring this aspect themselves if they choose to. This possibility would not be open to clients working with a therapist who did not consciously, or sub-consciously, acknowledge or recognize the transpersonal as an aspect of human experience worthy of attention.

Clients will benefit from a therapeutic encounter where the potential and choice exists for them to bring in the transpersonal and/or spirituality, regardless of whether or not they choose to act on the possibility.

It would be interesting to explore, through further research with clients, their experiences of working with different therapists some of whom did not acknowledge the transpersonal, some who did so explicitly and some who did so implicitly. We do not know enough about the client's experience.

The Ways in which Therapists Work

Preparations Before Entering the Therapeutic Encounter

Some therapists practice what perhaps most therapists do generally, that is, practice putting themselves aside. Other therapists practice less conventional activities that could be regarded as explicitly transpersonal, like making contact with their support network psychically and spiritually, in some cases by engaging in rituals, and one therapist preparing invisible forms of protection.

Underlying the less conventional preparations is an acknowledgement of a relationship with something other than some therapists believe will provide support and protection for them.

Precisely how these preparations impact and influence what occurs in the therapeutic encounter is unclear. What is clear is that some therapists enter the therapeutic encounter with a receptiveness towards the existence of participation with the transpersonal. On some level this dimension within the therapist is likely to be present in the therapeutic encounter whether invisible and intangible or not.

Again, as indicated earlier, this is an area requiring further research.

Three Broad Aims of Therapists

Therapists' aims in the therapeutic encounter fall into three broad ones:

1. To raise awareness.
2. To achieve healing.
3. To allow for change, transformation and unfolding in a way particular to, in tune with and fulfilling for the uniqueness of each person.

If the aims of therapists generally were sought, maybe they would not differ from those identified here. Perhaps there would be little difference too between the way therapists in general work and the ways reported by therapists in this study. For instance, all therapists generally may have reported how they relate to themselves whilst working with clients and how they access client's experience. They may have also identified factors that can block off their ability to tune into and connect with clients in the therapeutic encounter.

However, the translation of each factor according to therapist approach, understanding and practice, would be different for therapists who do not acknowledge a relationship with the

transpersonal compared to those who do. How therapists prepare themselves before entering the therapeutic encounter is an example in point.

I suggest that therapists without an active relationship with the transpersonal would neither relate to their clients, nor make sense of their experiences with clients, in the ways participating therapists in this study relate to their clients and make sense of their interactions with them. Again, this reminds us that clients entering a therapeutic relationship with a therapist who is open to and/or has an active relationship with the transpersonal, have the potential to explore this aspect of themselves if they so choose. Even if clients do not take up this option, they may well benefit from working with a therapist who is able to hold a connection with a more expanded understanding of the possibilities of human experience and relational depth.

How Therapists Work with the Transpersonal

Three ways are identified. In one approach the transpersonal is acknowledged implicitly, in another explicitly and in the third tentatively and reservedly⁸.

There is no set way of working transpersonally with clients. From this study it is clear that therapists' ways of working with the transpersonal are individual. We can only say that therapists' styles are either implicit or explicit, or, indirect or direct. The form through which a therapist's transpersonal approach manifests is not dictated or prescribed but expressed in a way that is true to and appropriate for each individual therapist.

Therapists' Thoughts about how Healing Happens

Therapists report a number of ingredients that are likely to contribute to a healing outcome. A commitment by therapist and client to each other and the therapeutic process is one ingredient. The therapist's success in overcoming potential barriers is another. This then makes it possible to tune into and connect with a client. Once this has been established the way may be open for the therapist to connect more with their experience whilst in an encounter. This may manifest through shifts in the therapist's awareness that may encompass states of immersion (heightened perception and awareness) and merging (being in the flow, a sense of no boundaries). When these shifts occur then healing is likely to be the outcome.

Healing is not something that can be guaranteed. There are many variables that decide whether or not this will be the outcome, and some of these are outside of the therapist's control, like the presence of the transpersonal. But the therapist can ensure they make their contribution.

⁸ It is important to note that this finding in the quantitative study mirrors similar findings found in the qualitative study.

FEATURES OF THE TRANSPERSONAL

Therapists experience participation with the transpersonal as beyond language. It is not possible to express experience of it. The transpersonal is a mystery. It is difficult to pin it down, understand and make sense of it. The transpersonal is something that is unknown and unknowable. One therapist points out the conundrum this presents. On the one hand we are foolish to attempt explaining this something that goes on, yet, on the other hand, we are even more foolish if we ignore it.

This conundrum clearly creates difficulties for one therapist, in terms of being unable to get a clear, recognized definition of the transpersonal or as to what spiritual means. This would seem to percolate through to problems with using the word transpersonal to describe a therapist's approach. This can mystify the public.

What therapists' experiences suggest is a frustration due to the seemingly ineffable nature of the transpersonal. This does have implications in terms of popular scientific methods relied upon to validate aspects of human experience. These mainly rely on what can be accessed and measured through the five senses, that is, those aspects of human experience that can be pinned down. Experience of participation with the transpersonal and spiritual do not conform to these criteria, yet are experienced as real just the same.

How Therapists Understand Transpersonal Participation Generally

Despite the difficulties encountered by some therapists around getting a clear, recognized definition of the transpersonal or as to what spiritual means, therapists do indicate broad ways in which they understand their experience of participation with the transpersonal. Participation with the transpersonal is generally understood as an experience that is all encompassing, inclusive and unlimited in its scope and penetration. At the same time participation with the transpersonal is described as elusive and other worldly. It is regarded as hidden, yet available and ever present. Connection with the transpersonal makes possible access to additional forms of experience and knowledge. Healing, as an outcome, is a sign that it has been present.

Therapists' experience and understanding of participation with the transpersonal as other worldly finds much support from several therapists. And again, although hard scientific proof would be hard to present in support of its existence, the different types of understandings and experiences shared by therapists do suggest a common belief that another world does exist and is engaged with. It also seems that this belief in another world guides the work of some therapists.

Benefits of Incorporating Transpersonal Participation into our Lives

The therapists in this study are clear that having a relationship with the transpersonal is beneficial. It can help us feel less stressful, manage better and cope with adversity. There is a

sense that adversity can lead to expanded knowledge about our purpose, and, thereby, an awareness of something bigger.

The Effects of Losing Contact with Transpersonal Participation

Losing contact with participation with the transpersonal is regarded as detrimental. Some therapists believe our world becomes limited, egocentric and definitive without contact. Another believes a loss of contact with the transpersonal makes it easier to be deceitful and exploitative. For one therapist losing contact with the transpersonal makes for appalling human relations. For others the loss limits the possibility of transformation, makes for a much less richer life and makes it difficult to access what a person needs for understanding and dealing with evil.

How the Transpersonal can be Connected with

Key to the emergence of participation with the transpersonal, whether as an individual, or a therapist in the therapeutic encounter, is a willingness to be open to the possibility of its presence (actively seeking out). Because the presence of the transpersonal is understood as something that cannot be controlled, predicted or guaranteed, when it does arrive it is not considered as a possession that is owned by therapists (passive receptiveness).

Therapists understand their role in the emergence of participation with the transpersonal in the therapeutic encounter as one of being used or played. Being humble in relation to participation with the transpersonal and being able to surrender to it are ways of being that are conducive to connection with the transpersonal. These ways of being point to a letting go approach on the part of the therapist, as opposed to an over controlled, omnipotent one.

Each of the described ways of being of the therapist towards participation with the transpersonal can connect client and therapist in a way where participation with the transpersonal happens. This is the outcome of their presence together. Some of the study's examples of transformation suggest that there is a relationship between a person actively opening themselves to the possibility of transpersonal participation and its emergence. For example, one therapist exposed themselves to esoteric writings, another through going deeper into the body, another through meditating. Each of these activities were seen as being rewarded through the emergence of participation with the transpersonal.

How to Re-Access Experiences of Transpersonal Participation

On a practical level some therapists have noticed that once connection with the transpersonal has occurred this experience can be re-accessed. Some therapists report that non-ordinary reality and past experiences of participation with the transpersonal can be re-accessed if you return to either the person or the situation you shared experience of participation with the transpersonal

with (or to the memory of them).

What this suggests is that once a connection with the transpersonal has been established this is an experience that can be returned to and built upon. This inner located experience of participation with the transpersonal confirms and affirms its realness.

How Clients' Transpersonal Connection can be Blocked

Therapists notice that there are various ways in which clients block off connection with the transpersonal. They mainly do it through being closed and defensive towards the connection between client and therapist.

One consequence of clients' denial of participation with the transpersonal is the client's impoverishment. This manifests in two ways. One is through a client denying themselves an external relationship with another. Paradoxically, this keeps them away from what they are seeking, that is, to connect, to have a relationship that is real, satisfying and meaningful. The second is through a denial of an internal relationship between the client's conscious and unconscious parts.

When clients block connection with the transpersonal in the therapeutic encounter therapists' general feelings seem to be frustration and sadness, as though something good, an opportunity, has been turned down and lost that is perceived to be of potentially great benefit and value.

Spiritual Participation can be Restricted

Therapists indicate several ways in which experience of participating with the spiritual can be restricted and limited. The main problem would appear to come through an over controlling attitude towards spirituality that endeavours to reduce it to something material that may be specific to the West. For example, some therapists point out that controlling spirituality is restricted by imposing an agenda on how it is to be experienced, for example through doing a visualization, or through labelling, categorizing and describing things in metaphors such as Indian Guides coming to visit you. Equally limiting is a therapist who seeks control by maintaining distance and objectivity with a client. Experience of spirituality can be restricted when religion defines how the divine can be experienced and/or the ways in which it will express itself.

Of concern also is spirituality being used for material ends. For example, one therapist points to the 'American' use of intuition whereby ideas are used to make money. Another points to the idea of spiritual development being turned into a goal rather than something to be respected as an evolutionary process, or using the high of spirituality as a selling point that foreshadows the basic requirements of living.

Each of these factors reflects a lack of understanding of the nature of participation with the transpersonal as understood and described by some of the therapists in this study. Movement in a spiritual direction would seem to be defined by freedom from definition, easy compartmentalization and categorization. The spiritual would seem to be about letting go as opposed to being in control, about expansion not being reduced to the material in terms of money and identifiable goals, and about being connected.

What Obstructs our Relationship with the Transpersonal

Several therapists identify a number of factors that may have contributed towards the need for us to block off connection with the transpersonal. These could prove invaluable learning in the training of therapists and supervisors. Blocking off may have stemmed from:

- a) Not valuing your own inner life, or being detached or cut off from it, and thereby your own conscience.
- b) A fear of being wiped out that can lead to defensiveness.
- c) Upbringing and cultural stereotypes that can hinder a person's openness to their own spiritual yearnings.

That is why, for one therapist, therapy becomes about working with clients' fears of being vulnerable and exposed. This suggests that for clients entering therapy in this way, the chance of connecting with the transpersonal is less likely and possibly some way off.

However, some therapists noticed that some clients who have or have had a relationship with the transpersonal may also block off connection with participation with the transpersonal in the therapeutic encounter. They understand that this is due to damage done to them through encounters with others outside of therapy where the transpersonal was ridiculed. Some therapists have noticed clients' sensitivity and fear around spirituality. Clients have reported to them that they have been seen as mad. Some therapists note if clients do share spiritual experience they are not explicit about it. One therapist noted that clients rarely do bring spiritual experiences to the therapeutic encounter. Another therapist noticed that other clients confuse religion and spirituality, whereby they will not talk about the latter, despite a desire to do so, because they do not consider themselves religious.

It is not surprising, considering the reactions experienced by some clients, that this aspect of human experience is hidden and kept secret and thereby made taboo. The taboo nature has a further knock-on, detrimental effect. Because talking openly about spirituality and the transpersonal continues to remain marginalized, those clients who do have a relationship with the transpersonal but do not talk about it a) never get the chance to openly validate and develop this; and b) because some clients do not consider themselves religious, are stuck with the belief

that religion and spirituality are synonymous, which they are not but can be. For those clients who are religious little is mentioned. This would be worth exploring further in a future study.

The Later Impact of Transpersonal Participation

Therapists' Experience of Healing and Transformation

One of the consequences of contact with the transpersonal seems closely linked with experiences of healing and transformation. This appears to be the consistent, overall outcome regardless of the variety of modes of engagement with the transpersonal. This suggests that there is no monopoly over the ways in which people can have a beneficial relationship with the transpersonal.

How Therapists are Affected Following Transpersonal Participation

What therapists in general seem to gain afterwards from a therapeutic encounter where the transpersonal has been present, is a valuing and appreciation of its presence which brings a sense of worthwhileness and gratitude. These feelings would seem to energise and fuel therapists to cope better with less uplifting situations. However, for one therapist, experience of participation with the transpersonal in the therapeutic encounter, because malevolent, had the opposite effect. What is clear, though, is that the experienced benefits are non-material. They are interior experiences that cannot be seen or touched, yet are real to those experiencing them.

Experienced Benefits Following Transpersonal Participation

Generally, benefits seem to be about changes in the way a therapist experiences something. The difference seems to be about *addition* to an experience, for instance, a feeling of being more able to be, or an expansion on an experience, for example, enjoying an experience of there being more space, expansion. Benefits accrued seemed focused around aspects of therapists' being, again benefits that are non-material in nature.

How Clients are Affected Following Transpersonal Participation

Therapists' experience of the ways in which clients are affected suggest that participation with the transpersonal impacts clients in a way that opens up possibilities for them that were unseen before, and allows them to experience an expanded, and in one case, transformational sense of themselves.

Clients who already have a Transpersonal Relationship

For those clients who come to the therapeutic encounter already in relationship with the transpersonal, therapists notice a number of ways in which they have been positively affected

by it. This can find expression through a positive attitude towards experience of adversity, pain and suffering. Clients may be better able to bear pain, or approach an illness as an opportunity for further development. Also, one therapist noticed that an existing connection with a therapist who has a spiritual journey can be further enhanced when clients already have a transpersonal relationship. The shared journey can be a link and can form part of a better understanding and relationship between client and therapist.

Experience of participation with the transpersonal seems to impact a person's perspective in such a way that something normally perceived as negative is then seen as an opportunity. Particular to this change is its movement in a positive direction, one that opens a situation out as opposed to closing it down. A client's relationship with the transpersonal would also appear to open up the possibility of better connection with others.

Clients without a Previous Transpersonal Relationship

Therapists report that for those clients without a relationship with the transpersonal prior to coming into contact with it in the therapeutic encounter, the transpersonal brings them to places previously unknown. Sometimes the experience bestows gifts, like the ability to sense intangible aspects of an encounter, the possibility of exploring existential issues and greater understanding and self-awareness. Sometimes the experience creates a longing to find this place again.

Therapists' Experience of Clients' Healing and Transformation

Therapists have experienced clients' healing and transformation as coming about in different ways. Some of these are conventional, like simply engaging in the therapeutic process, and others are less conventional. For one client, healing came through the appearance of an image throughout several therapeutic sessions. For another, healing was evident through dreams that changed over time. At the start of therapy they were dark and sombre, at the end they were green and alive. Another client became more stable. As a result of inner changes, another client effected changes in the world that were healing for themselves and other family members.

In general participation with the transpersonal has a positive impact on both therapists and clients afterwards. Common to their experience of contact with the transpersonal is healing and transformation. This is regardless of the variety of ways contact with the transpersonal is made. Also, healing and transformation take different forms.

Therapists, generally, from experience of contact with the transpersonal, seem to gain through:

1. Valuing and appreciating its presence, which brings a sense of worthwhileness and gratitude.
2. Being fuelled to cope better with less uplifting situations.
3. The way they experience something. For example, they experience themselves as being more able to be as well as experiencing there being more space.

Clients seem to gain through:

1. Being opened up to, beforehand, unseen possibilities.
2. Allowing for an expanded and/or transformational sense of themselves.

General Implications for Training

The study highlights several factors worth noting with regard to the training of therapists and supervisors in the future. These include:

1. Appreciating the importance of awareness, acknowledgement and recognition of the existence of transpersonal participation. This could be a validation of the experience of those who already have a relationship with the transpersonal, be supportive towards those with an unrealized relationship with the transpersonal, and alert others to the actual possibility of such a relationship (see 1.3.2. – 1.3.4., in Results of the Qualitative Analysis).
2. The potentially harmful use of therapists' relationship with the transpersonal in the therapeutic encounter. For example, it could be confusing, unhelpful and harmful for clients if therapists used the therapy room to seek out more transpersonal experiences (see 1.2.6.9.).
3. An awareness of a number of factors that may have contributed towards the need for us to block off connection with the transpersonal. Like not valuing your own inner life, being detached or cut off from it, or being fearful of being wiped out that fosters defensiveness, or not being open to one's own spiritual awareness due to upbringing and cultural stereotypes (see 3.2.10.1.).

HOW THE QUALITATIVE RESEARCH OUTCOMES ARE UNDERSTOOD

Rationale Underpinning the Qualitative Study

A phenomenological analysis allows the experience being engaged with to speak for itself with all repetition and unconnected material not connected discarded. The aim of the data analysis is to tease out the essential descriptions of the investigated experience. The essential structure being the basic elements that make the experience what it is. The end result is a 'general structural description' (Polkinghorne, 1989).

In phenomenological research arriving at a structural description from naïve descriptions involves a process. This has been referred to as the ‘reduction’ of specific descriptions to their fundamental structures (Polkinghorne, 1989, p. 51). Here reduction means bringing things down to a basic structure that captures the essence of a whole experience, which cannot be reduced any further. Van Kaam (1969, cited in Polkinghorne, 1989) sees it as bringing out and making explicit that which is implicit in the naïve descriptions (Polkinghorne, 1989).

Whilst the analysis employed in this phenomenological study has allowed us to attend to the conscious structures of therapists’ experience of participation with the transpersonal in the therapeutic encounter, it is important to note that I do not arrive at a conventional general structural description. The outcomes arrived at do not portray a description that encapsulates those aspects of therapists’ experience that are essential and invariant. Instead they incorporate the range of therapists’ experience of participation with the transpersonal that honours, respects and reflects its diverse and complex nature. As Anderson (1998 in Braud et al., 1998) points out:

In transpersonal research, the landscape of a particular experience may have many layers and qualities. A penetrating and revealing portrayal is generally more desirable and complete; comprehensive meaning is often conveyed more fully through subtlety and nuance (p.xxvii).

Through immersion in, and engagement with the data, the way to go suggested itself differently. Rather than imposing a direction on the data I allowed the data to direct me. This translated itself as honouring and laying bare the richness of the material shared so that its essence could be intuited within the outcomes. Another point identified by Anderson (1998 in Braud et al., 1998) is that:

When the inquiry proceeds further than the sketchy maps left by others, following the surprises and “chance” occurrences of the inquiry will guide the way to more gratifying insights and far-reaching conclusions and understanding (p.xxvii).

Therefore, although the process of phenomenological reduction was followed and engaged with, data was not reduced to a point that missed its richness and its story. It seems that it is in the nature of the transpersonal to hide itself within a story. One therapist in this study - Leonard - makes this point beautifully at the end of his interview. He says:

... I mean I think I’ve said everything that came to me to say and seemed to have covered the questions. I don’t feel there’s anything that needs to be said to complete it. Again, perhaps that’s an aspect of the transpersonal that it’s all there in the little bits. It’s not like a long kind of argument that has to have nothing missing or it falls apart. It’s not like that. It’s all there in every instant of it.

In order to enter into a considered discussion of the results, it is important to review relevant literature in the field first.

LITERATURE REVIEW

The literature review consists of three broad sections. The first section details the rationale behind the literature review in terms of how it was conducted and at what stage of the study. The second section introduces the reader to the content of the third section, the review proper.

RATIONALE BEHIND THE LITERATURE REVIEW

The field of transpersonal psychology had always felt very confusing and diverse as well as fascinating to me. This experience of the field had an impact on the way I decided to proceed with regard to the literature review.

I was aware that I was confused about what was meant by ‘the transpersonal’, and what could be considered spiritual and what could not. To say that I *decided* to take advantage of my confusion suggests a purposeful strategy, when in fact this was not the case. Out of fear of becoming more lost, more confused and overwhelmed, it made sense at the time to delay reviewing the literature until the findings had emerged, had spoken for themselves.

With hindsight, proceeding in this way has proved invaluable. In the first instance, it is a process that is true to a phenomenological approach. That is, if I had engaged with reading others interpretations of the transpersonal and spirituality, the rule of *époche* (attempting to bracket or suspend one’s biases, presuppositions and assumptions), the rule of description (the attempt to refrain from explaining, theorizing or hypothesizing about the data of immediate concrete experience) and the equalization rule (the need to avoid placing hierarchies of significance onto any one item through descriptions obtained) would have been seriously compromised. Others beliefs, ideas and experiences would, I believe, have influenced my perception and the way I approached both the interviews and the data analysis. It is highly likely that I may have formed additional expectations and/or had a bias towards or against what I was hearing from therapists and reading when analysing the data. As it was, I had no axe to grind in one direction or another. In fact my confusion and my seeming inability to make meaningful judgements about what therapists presented, turned out to be a blessing in disguise. What it meant in terms of the interviews was I was very open to anything and everything therapists were willing to share with me. And, in fact, this is precisely what happened. All kinds of different takes on the spiritual and transpersonal were offered.

Like the interviews, I approached the data analysis with an attitude of openness and a genuine ‘not knowingness’. This study’s findings are the result of an approach characterized by minimal influence and interference from outside sources. Consequently, I believe such an approach adds weight to the validity of the findings, and would recommend this to others as a way of proceeding in accordance with their individual research needs.

Once I had embarked upon the literature review, I found myself facing the same confusion I had encountered when analysing the data from the interviews. So, again, I approached the relevant literature with an attitude of openness and genuine not knowingness concerning the range and variety of interpretations and ways in which these were linked, if they were.

I believe that the difficulties I encountered when approaching the interviews, subsequently responding to the data analysis and considering how best to approach the study's literature review, are a direct reflection of the nature of participation with transpersonal and spiritual phenomena. Because these escape easy compartmentalization, categorization or simple definition, nothing could be ruled out and everything needed to be included.

I believe my approach to this aspect of human experience, whose truth I have endeavoured to honour by following what the transpersonal/spiritual suggested was required from me, reflects qualitative research in action. According to Colaizzi (1978) and McLeod (1994) this approach is characterized by flexibility, and adaptable methods and procedures that respond to new circumstances and experiences. Colaizzi (*ibid.*) recognizes the importance of developing research to suit the understanding of the particular experiential phenomena being studied. McLeod (*ibid.*) suggests an open minded stance towards the data and literature, bringing one's knowledge to bear upon it, whilst at the same time not imposing any expertise the researcher may have on it. Furthermore, and in accordance with what McLeod (*ibid.*) recommends, I believe I have acted in a way that has been as unobtrusive as possible whilst being open to whatever emerged. The phenomenon being studied has been viewed as dynamic, in flux and continually changing.

INTRODUCTION

The following literature review is an attempt to link together the various disparate aspects of what has come to be known as the transpersonal as it pertains to therapy. The journey begins with an excursion into the past. It is here that the modern world of counselling/therapy and transpersonal therapy has its roots. These roots were nourished by religion and philosophy. However, with the dawn of modern science, the world of psychology and therapy made concerted efforts to forget its religious and philosophical origins. This resulted in the beginning of the marginalisation of spirituality that ended in it earning taboo status.

In the 1960s the world of therapy and psychology sought to re-member its heritage through the birth of psychology's fourth force, transpersonal psychology. This put spirituality back onto the psychological agenda, but not in any one encompassing way. Spirituality was, and still is, understood multifariously, as was its relationship with religion.

Early understandings of spirituality and religion paved the way for the subsequent development of transpersonal psychological theory. Whilst the literature review does not detail this development, it can be said that transpersonal psychological theory has had a huge impact on the ways in which transpersonal psychology has been interpreted and subsequently translated into therapeutic practice.

In the final part of the review the nature of the transpersonal as understood, lived, practiced and experienced in relation to the therapeutic encounter, is explored. Attention is paid to clients, therapists and what they bring to the therapeutic encounter, how therapists work transpersonally, what contributes to healing, and how both clients and therapists are affected afterwards when the transpersonal has been present in the therapeutic encounter. The future practice of transpersonal therapy is then considered in the light of training and areas of concern that require attention if we are to liberate transpersonal therapy, spirituality and religion from the taboo status that they have detrimentally acquired.

THE HISTORICAL BACKGROUND OF MODERN DAY THERAPY AND TRANSPERSONAL THERAPY

The Religious and Philosophical Roots of Modern Day Therapy

Various therapists and writers remind us that modern day therapy has its roots in religion and philosophy (Benner, 1988; Clarkson, 2002; Cortright, 1997; Deikman, 1982; Elkins, 1995; Gubi, 2001; Lannert, 1991; Shafranske & Gorsuch, 1984; West, 2000, 2001a).

Slife, Hope and Nebeker (1999) report that historically, spiritual and scientific knowledge have revolved around the issue of authority. In the Middle Ages, God (or a representative of God) was considered to be the authority on knowledge. However, during the Renaissance and Enlightenment this authority was challenged, eroded and subsequently supplanted by a rise in the authority of rationalism and empiricism, known today as Western science. Slife et al. (ibid.) highlight that the authority of rationalism and empiricism were seen as bringing light and reason to the dark Middle Ages of religious authority.

According to Deikman (1982) though, the rise in this new authority ushered in a split between the sacred and the rational that, he claims, continues to hinder and impact the work of therapists today.

Slife et al. (ibid.) assert that traditional science, as we know it today, is characterized by a total absence of the traditional authority of the spiritual or religious. They argue that this is due to the fact that neither is based on totally rational systems of thought and also because there are many aspects to each that are not directly observable. They point out, therefore, that the struggle for religion and spirituality to find an effective voice has consequently gone through

various contortions, the expression of which can be traced through the historical journey of psychology and therapy.

Deikman (1982) and Lines (2002) remind us that curing hysterical possession, madness and acute sickness used to be the domain of the medicine man/woman, the shaman, the priest/priestess. In other words, therapy was originally the interest of philosophers and priests. Along similar lines Benner (1988) adds that the origins of therapy as we know it today are rooted in the long standing religious tradition of cure and care of the soul that goes back to before Freud to shamanic societies⁹. He says that before Freud the focus of psychotherapy was care of the soul, rooted in religion.

Elkins (1995) points out that the word psychology means ‘the study of the soul’, and the word therapist originally meant servant or attendant, leading to an understanding of a therapist as a servant or attendant of the soul. But as Deikman (1982) highlights, at the turn of the nineteenth century the treatment of emotional and mental disorders fell to medicine and not the church. The clergy were supplanted by rationalistic medicine and care of the soul became the domain of psychiatry.

Some (Elkins, 1995; Shafranske et al., 1984; West, 2001a) have suggested that it was at this point that psychology reached a place where it was in a hurry to dissociate itself from philosophy in order to gain respectability as an empirical science, but in the process it dissociated itself from the religious and spiritual dimensions of human experience. According to Clarkson (2002) traditional psychology has been pathologising religion, spiritual experiences, beliefs and practices ever since and ridiculing them in theory and practice.

For Benner (1988) Freud’s position effected a shift away from care of the soul to care of the mind. Cortright (1997) puts it like this:

Beginning with Freud, Western psychology has maintained a consistently negative view of religion and spiritual experience (p.157).

⁹ The concept of ‘soul’ is, of course, complex and has been understood in many different ways throughout history. According to many religious and philosophical traditions the soul may be considered as immortal, as existing prior to its manifestation through a living being. It can also be understood as a concentration of the inner essence of each living being (see, for example, Daniels, 2005, Chapter 8; Tart, 1992, p.70)

Hillman (1996) understands soul as each individual’s destiny written into an acorn ‘... and we go to therapy to recover it (Hillman, 1996, p.5)’. He points out that soul finds expression in a person’s life through a sense of calling which is mysterious, yet central to each human life. He regards this understanding of soul as moving down the middle of two old contesting dogmas of institutional Religion on the one hand and institutionalised Science on the other.

In the context of this study, ‘soul’ is used loosely to refer to the notion that human beings have a ‘spiritual’ nature and purpose that transcends a purely physical, psychological or social understanding.

Lukoff (n.d.) notes that other well known therapists in the field also held negative attitudes towards religion and spirituality. He cites Albert Ellis, the creator of Rational Emotive Therapy, and B.F. Skinner, the pioneer of cognitive-behavioural therapies, as examples.

For Elkins (1995) the fact that few psychology books talk about the study of the soul whilst many look at the science of behaviour, reflects this position clearly. Hillman (1975, cited in Elkins, 1995) also identifies this split when he distinguishes between two types of psychology. He says there is psychology where there is a connection to soul, and psychology where there is not. He prefers to call the latter statistics, physical anthropology or cultural journalism.

Deikman (1982) asserts that the implications for modern day psychotherapy of Freud's alignment with a scientific reality have been far reaching. He holds that because modern day psychotherapy is based on scientific materialism, Western therapy struggles to help clients with meaning. He says meaning is deemed as arbitrary and purpose as nonexistent. He highlights how humans are understood to have developed by chance in a random universe. He concludes that the loss of a religious framework saw the displacement of meaning, and that without meaning humans suffer from boredom, despair and depression.

Lannert (1991) claims that as a result of these historical factors, therapists today face confusion and controversy around their understanding of therapy and spirituality. He believes they face an impossible task of the cure/care of the soul or psyche without any reference to the spiritual aspects of our being. Benner (1988) makes the same point.

... while psychotherapists have become the most visible and socially acceptable physicians of the soul, paradoxically they do not usually see their work as being continuous with the tradition of religious soul care (p.149).

In response, Gubi (2001) urges therapists to challenge the historical alienation between religion and therapy in order to develop their awareness of religious and spiritual issues. Without awareness of this dimension therapy may continue to operate within a confined space dictated by rationalism, a space that remains adrift from the possibility of allowing people to give meaning to their lives, illnesses, suffering and death.

However, stepping up to Gubi's (ibid.) challenge could prove to be a tall order. A deeply ingrained reluctance and/or fear around contact with religion or spirituality, that has its roots in this past, continues to hang over the world of therapy to this day.

The Legacy Facing Modern Day Therapy

The Unspoken Taboo

According to King-Spooner and Newness (2001)

The experience of spirituality has not been much respected by a conspicuous majority of modern psychotherapists and psychologists (p.2).

Along similar lines Thorne (2001) doubts that anyone in the psychotherapeutic establishment, who responds to their spiritual calling, will find themselves honoured members. He (2002) points out that it was only post 1979 that Carl Rogers' relationship with spirituality was more openly acknowledged, and notes that some practitioners in the international person-centred community today are embarrassed by Rogers' forays into the domains of spirituality, unlike himself. According to Benner (1998), Gay (1987) and Lannert (1991) the taboo status that was once attached to sex has now been transferred to spirituality (however, Thorne (2001) points out that discussion of spirituality and mystical experiences does suggest that the taboo is lifting. He notes, though, that making a distinction between religion and spirituality seems important in lifting it. That is, currently the label of 'religious' may not be received as well as being labelled as 'spiritual'. 'Spiritual' seems to carry positive connotations and can be interpreted as a compliment. In this sense religion and spirituality are seen by some as mutually exclusive, not as partners).

Hastings (1999) reminds us that apart from Abraham Maslow and William James, who regarded transpersonal events as natural and healthy, psychology often treated such phenomena as pathological. His point is echoed by Lukoff, Lu and Turner (1996).

Traditional psychiatry has tended to ignore or pathologise religious and spiritual issues. Yet these issues are among the most important cultural factors structuring human experience (p.231).

Lukoff et al. (ibid.) add that the view that religion and spirituality are linked with psychopathology, has been long held, despite the fact that many studies show that religion is associated with psychological well-being and provides a sense of meaning and purpose in life.

Gubi (2001) highlights how these deeply ingrained, negative views play themselves out. He points out that prayer, or any kind of religious intervention, is viewed with suspicion by mainstream therapy. He says it is often associated with a Christian fundamentalist, evangelical, proselytizing agenda, and is rarely acknowledged in the counselling literature.

Likewise, King-Spooner et al. (2001) note that their own profession of clinical psychology has been mute on the subject of spirituality. There have, for example, been only a

few papers in its UK newsletter that mention spirituality and/or religion. Lannert (1991) also notes that until recently there has been a lack of empirical research around religious and spiritual issues in psychology journals, leading her to conclude that there is professional ignorance and bias around these areas (however, this trend has been steadily changing in recent times. See, for example, the *Transpersonal Psychology Review*).

Clarkson (2002) notes that there is a problem around access when it comes to the transpersonal dimension in the therapeutic encounter. She argues that it is not as easily accessed as other forms of the therapeutic relationship are. West (2000) and Hay (1982) suggest that the difficulty when it comes to accessing this area in therapy is due to fear of being perceived as mad and that perhaps this is why most people keep spiritual and religious experiences to themselves.

West (2000) also notes that the world of counselling and psychotherapy has a problem with spirituality. He says many therapists are like Freud, dismissive of religion and spiritual experiences. He points out that few training courses mention spirituality, yet there are many therapists who do incorporate spirituality into their work. Boorstein (1996a), writing in the introduction to his book *Transpersonal Psychotherapy*, says:

We believed that many therapists in this country were practicing transpersonal therapy but that most of them were hidden from public and professional awareness - as was the field of transpersonal psychology itself. There was no easy available forum for the opening up of discussion in this area, so we established ways of establishing one (p.1).

Brooke (2000) expresses concern too regarding the impact the taboo around religion and spirituality has had on therapists interested in these areas. His worries lie with the fact that therapists do not discuss their spiritual beliefs despite having them. He says:

...silence in this regard means that an essential dimension of psychotherapeutic process remains unarticulated, subliminal, or even frankly unconscious (p.146).

Lukoff (n.d.) reports that such negative views regarding religion and spirituality have had a devastating effect in terms of clinical consequences. He identifies five broad areas of neglect that he believes are a direct consequence of traditional neglect of the area of spirituality. These include: occasional devastating misdiagnosis; not infrequent mistreatment; an increasingly poor reputation; inadequate research and theory; and a limitation of therapists' own personal development.

Although religious and spiritual issues have received scant recognition by the world of psychology and therapy generally, efforts to rectify this have been made. One such expression

has been the birth of transpersonal psychology and transpersonal therapy. However, this response - given the background outlined - out of necessity, has been an underground one.

The Birth of Transpersonal Psychology

Vaughan (1991) argues that transpersonal psychology is not tied to a particular faith, philosophy or religion. Instead, according to Rothberg (1998), it is seen as a challenge to the split between rationality and religion and as an important critique and development of Western psychological theory.

Taylor (1996) points out that the word 'Transpersonal' was first brought into being by William James in 1905. Its place in psychology was, however, brought to prominence in 1969 through the publication of the *Journal of Transpersonal Psychology*¹⁰.

Cortright (1997) reminds us that transpersonal psychology became known as the fourth major force in psychology. Maslow (1966) identified the others as behaviourism, Freud's psychoanalysis and humanistic psychology.

Cortright (ibid.) points out that the major difference between transpersonal psychology and the other three forces rests on the perception of self. He says the first three forces all operate within the realm of the self whilst transpersonal psychology places the self in a larger context. He notes that transpersonal psychology does not have a problem with the other forces apart from them being limited, and points out that it suggests their integration.

Levy (1983) sees transpersonal psychology as the beginning of a synthesis of Eastern wisdom and Western science in an effort to create a new science and a new way of experiencing and being. For him transpersonal psychology is not religious but a secular, rational psychology that is now examining what was before the exclusive property of the mystical schools.

Cortright (1997) points out that although the early days of transpersonal psychology in the sixties have been criticized for focusing on the high end of human experiencing, it did bring people's attention to neglected aspects of human experience, ignored or pathologised by previous psychological models. This new focus supported a paradigm shift away from the traditional scientific worldview towards a more holistic, spiritual one.

Tarnas (quoted in Ferrer, 2002) arrives at a similar conclusion. He tells us that spirituality came to be recognized as an important focus of psychological theory and research. At this point transpersonal psychology took task with the gap between religion and science.

¹⁰ The transpersonal may be a term that many people do not relate to or understand, it is simply a contemporary term that encompasses the lived experience of spirituality and religion as experienced by peoples of all times and cultures.

However, Tarnas (ibid.) also brings to our attention important areas of concern highlighted by Ferrer (2002) with regard to the origins of transpersonal psychology. For Ferrer (ibid.) transpersonal psychology has its roots in modern science, which, in turn, has its roots in the Enlightenment. These origins, he says, have now proved to be problematic, although they were helpful at first.

According to Ferrer (2000, cited in Hart, Nelson & Puhakka, 2000) transpersonal and spiritual phenomena are generally understood in terms of individuals who 'have' transpersonal experiences

... and then, during these states of expanded awareness, access sources of knowledge that lie beyond their biographical histories and ordinary time-space limitations (p.213).

Ferrer (ibid.) points out that implicit in this is the belief that transpersonal experiences provide a person with transpersonal insights. In turn, he notes that this has led modern transpersonalists to adopt the view that spirituality is mere inner experience. When 'transpersonal experience' is mentioned we then fall into the trap of Cartesianism, whereby it is assumed that there is a 'subject' who has had the experience (object).

Ferrer (ibid.) calls this approach the experiential approach and holds it responsible for limiting transpersonal studies due to its inner and individualistic premises. He believes the experiential approach nourishes narcissism. This approach confines spirituality to the realm where the ego considers itself sovereign - inner experience.

Ferrer (ibid.) understands transpersonal phenomena differently. According to him the nature of transpersonal phenomena renders the Cartesian split between object and subject implausible. He says the nature of transpersonal phenomena is non-intentional and suggests that

...transpersonal phenomena can be more adequately understood as multilocal participatory events (i.e., emergences of transpersonal being that can occur not only in the locus of an individual but also in a relationship, a community, or a place) (2000, p.223).

He suggests that rather than understanding a person's access to transpersonal contents coming about as a result of expansion of their individual consciousness, the transpersonal event comes first which then 'forces' in the individual a transpersonal experience. He acknowledges, though, that a transpersonal participatory event requires the participation of an individual's inner consciousness. He understands the role of individual consciousness in transpersonal events as being one of co-creative participation. However, what he does not accept is that transpersonal phenomena are essentially interior experiences. Instead, he wants

...to suggest that transpersonal phenomena are like a party in the sense that they are not individual inner experiences but participatory events; they are neither “objective” nor “subjective”; they cannot be possessed (they are not anyone’s property); they can be optimised but never forced; and they can emerge spontaneously with the coming together of certain conditions (Ferrer, 2000, p.225).

According to Ferrer (ibid.), the aim in spiritual traditions is to overcome delusion and ignorance. He believes the participatory approach puts transpersonal studies in better alignment with this quest, a quest that is not concerned with individuals having experiences but understanding that they are in a process of realisation. He points out that mystical traditions understand spiritual phenomena as stemming from humans participating in realms of being and awareness that are beyond the merely human.

In much spiritual literature, the spiritual quest is not about ‘having spiritual experiences’ but stabilizing spiritual consciousness, to ‘... live a spiritual life, and transform the world accordingly’ (Ferrer, 2000, cited in Hart et al., 2000, p.221). Ferrer (ibid.) says whilst the experiential approach is so focused on an individual’s inner transpersonal experiences, it neglects other important aspects of the spiritual life, like ethical commitments, commitments to community life, serious study of spiritual texts etc. He argues that an urgent task of modern transpersonal psychology is the integration of transpersonal phenomena into everyday life.

In highlighting the difficulties inherent in the early foundations of transpersonal psychology, Ferrer (ibid.) hereby suggests another path that could take transpersonal psychology and therapy in a more fruitful and promising direction. A direction that puts religion and spirituality firmly back in a social, public and communal domain through encouraging the integration of transpersonal phenomena into everyday life. This also holds the potential for transpersonal psychology and therapy to free themselves from any shame or embarrassment bestowed upon them by ways of thinking that date back to the Enlightenment.

Whilst it is difficult to dispute that the birth of transpersonal psychology did put the religious and spiritual back on the psychological map, the way in which it did so was, to some extent, a contradiction. Its aim was to close the gap between the dogma of institutional Religion on the one hand, and the dogma of institutionalised Science on the other (Hillman, 1996). Yet in order to close it, it relied heavily on the dogma of institutionalised Science¹¹.

Much of the development of transpersonal theory has its roots in the various ways in which spirituality, within this experiential context, has been perceived, understood, lived and interpreted and these influences have filtered through to some of the ways transpersonal therapy has been understood and practiced.

¹¹ See the language employed by Levy (1983) above, for example, and note Ferrer’s (2000) observation that the roots of transpersonal psychology are embedded in modern science, and thereby the Enlightenment.

TRANSPERSONAL THERAPY

It is necessary at the outset to acknowledge the potential difficulties that lie ahead when considering therapy that seeks to incorporate spirituality. For example, as West (1998) points out, counselling and psychotherapy are emerging professions, and in order for them to become established as such there is a push for them to fit into the dominant secular paradigm. He believes that this makes incorporating spirituality into the world of counselling and therapy difficult. Furthermore, he suggests that this secular paradigm may well contribute to the suffering counselling and therapy seek to alleviate. He holds that this is compounded by a current obsession and concern with evidence-based practice, short-term efficacy and measurable outcomes that has led to some in the field wanting to distance themselves from anything that is not based on well articulated methods and predictable outcomes.

Such a stance is diametrically opposed to alternative views held about therapy by some. Brookes (1996), for instance, reminds us that Jung regarded therapy as unreproducible and concerned with the interaction between the two people involved. Each person's response to the other arises out of the moment and as a consequence of the meeting of two unique psyches (Brookes, 1996).

Gibson (2000) regards psychotherapy as '... a contemplative, sacramental craft' (p.175). He believes that as an attitude of mind of both clients and therapists, contemplation is fundamental to therapy. He holds that therapy is not so much about relief or catharsis, as about discovery and possibly renewed creativity. He suggests that at best, therapy may be able to enhance a sense of meaning about one's life.

According to Fabry (1996) therapy has been variously regarded as a common search for signs from the clients' spiritual unconscious of their hopes, visions and goals. Hora (1983, cited in Welwood, 1983) understands therapy as being about discerning the good beneath the pathology. Hora holds that this is based on a belief that there is a fundamental order or being and the task of therapy is to support another to come into harmony with it.

At the heart of these spiritually infused understandings of therapy is: the centrality of the client-therapist relationship, the prospect of creativity and a sense of meaning in one's life, the possibility of giving life to one's hopes and visions, or coming into harmony with the fundamental order of one's being. These interpretations of transpersonal therapeutic goals are reminiscent of a psychology and therapy that has as its goal care of the soul. It seems though, that transpersonal therapy is always in a vulnerable position when it comes to justifying its ongoing existence, because, unfortunately unlike other therapeutic approaches (for example, cognitive-behavioural therapy) its outcomes are difficult to pin down and measure. In a world that demands proof, because proof can justify expenditure, the success of spiritually infused

therapy may well depend on a unified voice of transpersonal therapists, but, as we shall see, diversity of perception, interpretation, belief and understanding, quite the opposite of unity, characterizes the field.

Transpersonal Therapy as Broader than Conventional Therapy

Generally, transpersonal therapy, or a transpersonal approach, is regarded as something broader than traditional therapy yet inclusive of it (Boorstein, 1997; Cortright, 1997; Fontana quoted in Wellings & Wilde McCormick, 2000; Kornfield quoted in Caplan, Hartelius & Rardin, 2003; Viche quoted in Caplan et al., 2003).

Western therapy has been criticized for holding a very limited view of what a person can be, compared to that of the East (Tart, quoted in Tart & Deikman, 1991). Whilst the main goal of the traditional path of therapy has been understood as facilitating maximum psychological development; that of transpersonal therapy has been perceived as facilitating spiritual understanding and a person's ability to relate to all of life experience in the fullest way possible (Boorstein, 1997).

Whilst this general understanding of transpersonal therapy may be widely accepted by most therapists with spiritual or religious leanings, its interpretation, however, in terms of therapeutic approach, would not. In qualifying this assertion it will be necessary to draw attention to what will be termed the ascendant tradition in transpersonal therapy. Some space is given to this tradition since it has been the most dominant in the field to date.

Transpersonal Therapy within the Ascendant Tradition

According to some (Cortright, 1997; Tart quoted in Caplan et al., 2003; Walsh & Vaughan, 1980, cited in Hutton, 1994; Walsh & Vaughan, 1996) traditional therapy is regarded as holding ego development as the summit of mental health, whilst transpersonal therapy is understood as that aspect of therapy that goes beyond egoic goals.

Whilst the methods and techniques used in a transpersonal approach may be similar to traditional approaches, the orientation and scope of transpersonal therapy, as well as the attitude of the therapist, are not traditional (Boorstein, 1996a, quoted in Caplan et al., 2003). Boorstein (ibid.) says transpersonal therapy in this tradition, is understood as going further than traditional therapy, in that it does not set the limits at knowing oneself, but encourages persons to transcend, to go beyond the self.

The ascendant position in transpersonal therapy rests on underlying beliefs and assumptions about the relationship between psychology and spirituality.

The Relationship between the Spiritual and Psychological

The relationship between the spiritual and the psychological is understood variously by different transpersonalists. Some (Boorstein, 1997; Campbell, 1999; Rowan, 1993, 2005; Welwood, 2000, cited in Hart et al., 2000), mainly those who support the ascendant position in transpersonal therapy, understand spiritual development and psychological development as distinct, yet connected, as well as tending to regard psychological development as a prerequisite for spiritual development.

As a proponent of this tradition, Rowan (1983, 2005) depicts therapy as a bridge connecting the psychological to the spiritual realm. He suggests that whilst one end of therapy's bridge is clearly grounded in psychology, the other end is understood to be where spirituality lies.

Rowan, and a considerable number of other transpersonal therapists and writers, has been greatly influenced by the work of Ken Wilber. Wilber is often considered to be the leading, contemporary transpersonal psychology theoretician (Cortright, 1997; Rothberg, 1998; Washburn, 1995). Cortright (ibid.) points out that Wilber's model of psychospiritual development has captured the imagination of many transpersonal therapists.

Wilber's model suggests that there are pre-personal and personal levels of development prior to later transpersonal development. Boorstein (1997) points out that this means that Wilber understands psychological development as preceding spiritual development.

Washburn (1995) notes that according to Wilber, development proceeds by way of the pre-egoic (prepersonal), egoic (personal) and trans-egoic (transpersonal) phases, level by level through ascending structural tiers. No structural stages can be skipped. He understands Wilber's model as essentially a structural-hierarchical, developmental model of the psyche, rooted in Eastern spiritual traditions (especially Advaita (non-dual) Vedanta, Buddhism and Sri Aurobindo), and thereby points out that the focus of the ascendant tradition's understanding of the relationship between the psychological and the spiritual is on transcendence of the physical and psychological towards achievement of the ultimate goal of non-dual awareness.¹²

However, whilst - according to the ascendant tradition - Western therapy has been viewed by some transpersonal therapists as preparing the way for spiritual development, it has also been noted by others outside of this tradition that therapy is not necessary in order for spiritual work to occur (Cortright, 1997). Also, according to Benner (1988), psychological growth does not automatically lead to spiritual growth, although, as Cortright (1997) understands, psychological healing is a way of entering into spiritual being.

¹²Daniels (2005) also notes that Wilber's influences include Vedanta, Buddhism and Aurobindo.

Other transpersonal therapists too, whilst still regarding the spiritual and psychological as distinct, see the place for a mutual, ongoing feedback loop between the two that equally honours the place of both. Cortright (1997) argues that the integration of the spiritual and the psychological could be seen as an important goal for therapy in the promotion of a person's mental health. He points out, for example, that a person developing their spirituality could be in danger of becoming blind to their psychological hang-ups, even avoiding them, and suggests that this is where traditional therapy could support ongoing spiritual development. Equally, according to Boorstein (1997), through the process of traditional therapy, a client can improve their capacity to witness the contents of their mind, a skill regarded as important for spiritual development. He also points out that through the practice of mindfulness meditation a person's capacity to be aware of changing mind states may improve and this can increase a person's ego strength. He further makes the case that traditional therapy can be of value in terms of freeing up emotional energy locked into past emotional experiences that, again, can be used for spiritual development.

Some transpersonal therapists, however, question altogether the notion of making a distinction between the spiritual and psychological. Cortright (1997) says that whilst Wilber's model suggests a continuous developmental line that joins psychological development with spiritual development, he questions whether such a fusion is possible and expresses doubt whether psychological development and spiritual development are separate and distinct processes.

Wahl (1999) regards Wilber's integrative model of Western psychology and mystical traditions as unwieldy when it comes to therapeutic application. He says a therapist working according to Wilber's model would first of all need to discern a client's level of development so a decision could be made about whether to work with a client psychologically or spiritually. He says this results in the client not being seen within the full context of who they are psychospiritually, and the therapist would not be relating to them from who they are psychospiritually.

Wahl (ibid.) goes further and points out that unlike Wilber's model, (which suggests we can only engage with the transpersonal once we have developed all the psychological levels preceding it) if we deeply accept that which appears psychological, this can open the door to the transpersonal regardless of the level of psychological development.

Whilst Wittine (1989) understands levels of development in accordance with Wilber's model, he too diverts from it in two important ways. Unlike Wilber, he sees the transpersonal level of identity as a realization of the depth dimension of being human, which he understands as both immanent and transcendent. Secondly, and like Wahl (ibid.), he says the three dimensions

of egoic, existential and transpersonal identity are interpenetrating and their expression will be intermingled in therapy¹³.

Clarkson (2002) arrives at a similar conclusion to Wahl (ibid.) and Wittine (ibid.). She notes that human being (ontology) and human knowing (epistemology) are complex. Clarkson points out that all worlds of experience co-exist - even if they seem contradictory - and that it is possible to differentiate phenomenologically between layers of co-existent human subjective experience. That is, it is possible to differentiate between what is ontological (concerned with different ways of being) and what is epistemological (concerned with different ways of knowing). She further argues that such different dimensions of experience each have a voice worth listening to. She reports that it is possible for people in one conversation to say one thing on one level, another thing at another level, and so on. However, although different ways of knowing can co-exist, normally one domain will usually occupy the foreground at any one time. Clarkson (ibid.) suggests that as an approach to transpersonal therapy, her understanding of human communication is advantageous in several respects. It is an approach that is not hierarchical or developmental, like Wilber's. She believes her model follows the phenomenological rules of *époché*, description and equalization. In addition, she believes her understanding allows for a multi-vocal expression of transpersonal experiences on many levels that co-exist and are of equal value.

It is clear, as Cortright (1997) points out, that psychological development is not essential in order for spiritual development to occur. There are plenty of individuals and cultures throughout the world that do not have access to therapy or therapists yet this has not hindered them from developing spiritually. It is also true as Benner (1988) indicates that psychological development does not automatically lead to spiritual development. Very few clients, in my experience, who engage well with counselling and therapy, and gain much from it, indicate an interest in matters of a spiritual nature. As both Wahl (1999) and Clarkson (2002) suggest though, engagement with clients is not necessarily about identifying notions of psychological and/or spiritual development anyway. Rather it is about two human beings openly meeting one another in a dialogue that can accommodate many shifts in focus and that can hold the possibility of multiple communications, conceived as being of equal value, co-existing within the one dialogue.

Emerging here is a distinction between: (a) seeing the relationship between the spiritual and the psychological in therapy in terms of: development and how one form of development may lead to the other; and (b) seeing it in terms of their organic interplay, through dialogue, that

¹³ These three dimensions directly correspond with Wilber's (See Wilber, 1996, p.164, for example, and Rowan, 2005, p. 60) three broad structural developmental phases mentioned earlier, i.e. prepersonal, personal and transpersonal phases.

is less concerned with their clear differentiation and more focused on their expression through the vehicle of the therapeutic meeting.

Despite the fact that not all transpersonal therapists fall under the umbrella of the ascendant tradition, it has had a dominant influence on how the majority of transpersonal therapists have interpreted the relationship between the spiritual and psychological, and on how a large number of transpersonal therapists have come to understand the nature of their practice. Because the ascendant tradition in transpersonal psychology has its roots primarily in an understanding of spirituality based on Eastern traditions - such as Vedanta and Buddhist meditation - much exploration in the field has been in relation to these traditions' practices and their relationship with therapy. For instance, according to Cortright (1997) and Welwood (2000, cited in Hart et al., 2000) although the practice of meditation is but one of many spiritual practices, because of the ascendant tradition's dominance in the field, its relationship to therapy has been paid particular attention - as the following discussion highlights.

Therapy as Already a Spiritual Space

Eastern understandings of spirituality find various expressions in Western approaches to transpersonal therapy. They can be seen, for example, in the belief that psychodynamic therapy has the potential to support enlightenment. For instance, similarities have been identified between psychodynamic therapy and the spiritual quest in that both seek to cultivate a state of being that accepts the flux of feelings, thoughts and fantasies as they arise in awareness (Boorstein, 1996b). Parallels have also been drawn between certain therapeutic practices, especially the practice of free association in the psychoanalytic tradition, and mindfulness meditation (Lancaster, 2004; Sutherland, 2001). Therapy may also be seen as a form of spiritual work, since, like the aim of spiritual practice, its aim is the expansion of consciousness (Cortright, 2001).

It is believed by some that all therapies, more or less, promote and are the practice of mindfulness (King-Spooner et al., 2001; West, 2000). Wahl (1999) suggests that different therapies may also be regarded as different means of helping clients to disidentify from attachment to the self. He says in these ways psychological therapies are not just about the psychological but also about the spiritual.

However, not all understandings of spirituality are infused with assumptions derived from Eastern traditions. King-Spooner et al. (2001) note, for instance, that the relational aspects of therapy contribute to a therapy that may be understood as spiritual. They believe that all therapies promote the I-Thou relationship, i.e. a meeting of depth between two human beings. This form of relating can act as a medium through which spiritual and/or transpersonal participation can occur. It could be argued that most I-Thou therapeutic relationships are

spiritual ones. However, not all therapists would want to acknowledge that this might be the case.

Others understand therapy as spiritual in a way that is more difficult to pin down. Rowan (1993, 2005), Thorne (2002) and West (2000, cited in Gubi, 2001) suggest that counselling may be seen as a spiritual space where clients can be spiritually present, but point out that it is also important to explicitly acknowledge that this is the case.

It seems that there are two ways in which therapy can be understood as spiritual. One understanding relies on identifying therapeutic practices that parallel types of spiritual practice. The other depends more on the therapist's perception of the therapeutic space. Since it is possible to show how spiritual practices are easily found within therapeutic practice, then there could be a case for arguing that all therapy is spiritual. Whilst this may well be true, it could be, however, that what really makes a difference is when therapists themselves are consciously aware that therapy is spiritual¹⁴ (see 'The Impact on Clients of what Therapists Bring', p.117.).

With such a variety of ways existing in which transpersonal therapists understand their practice, it is worth exploring what, if anything makes therapy transpersonal.

What Makes Therapy Transpersonal

Transpersonal therapy is represented by a variety of therapists and approaches. It is not defined by any psychology in particular. Neither is it defined by subject matter, like altered states of consciousness or meditation. Many viewpoints co-exist, and transpersonal psychology can be regarded as a work in progress (Cortright, 1997).

In their book, *Transpersonal Knowing*, Hart et al., (2000) make the same point. They indicate how the various authors in the book represent diverse perspectives. They believe that this '... lack of uniformity ... is intrinsic to the territory itself' (p.4).

At the same time, there are plenty of therapists who loosely indicate what makes therapy transpersonal. We can understand therapy as transpersonal in terms of engagement with the transpersonal therapeutic relationship and the beliefs, values and intentions brought by the therapist that create a transpersonal context. Clarkson (2002), for instance, has argued that:

Transpersonal psychotherapy is any approach to psychotherapy or counselling which engages explicitly with the transpersonal therapeutic relationship (p.25).

Cortright (1997) and Vaughan (1979, cited in Cortright, 1997) have also suggested that it is context that defines whether or not a therapeutic approach is transpersonal, not techniques.

¹⁴ What is meant by 'spiritual' is difficult to pin down. See 'What the Transpersonal is', p.148. for a range of understandings and interpretations.

King-Spooner et al. (2001) note that the context itself incorporates the therapist's beliefs, values and intentions. They hold that these may include human heartedness and mindful attention. For Wittine (1989) the context would be shaped by a therapist who wishes to realize the 'Self/deep centre of Being', and for Hutton (1994) the manifestation of an energy and quality of love.

However, there are differences worth taking into account between therapy that is transpersonal, and pastoral counselling, psychospiritual therapy and spiritual guidance.

For instance, Benner (1988) and Clarkson (2002) note that whilst transpersonal therapy can be practiced by any therapist from any religious or spiritual tradition, or from none, it differs in an important respect from spiritual direction or guidance. Benner (1988) reports that the latter involves directly helping a person in their relationship to God, or the divine¹⁵. He believes that the major difference between the two is that spiritual guidance focuses on spiritual growth whilst therapy focuses on psychological growth, although he does acknowledge that each type of growth can occur as a by-product in practice. However, it could be argued, in contrast to Benner's (1988) understanding, that spiritual guidance may also concern itself with psychological development, and therapy may focus on spiritual development as well as psychological development.

With regards to pastoral therapy, Clarkson (2002) reports that this is generally practiced by those with formal religious responsibilities. She points out that practice is explicitly related to a religious tradition or organization, even though it draws on psychological and clinical insights. Similarly, psychospiritual therapy is also based on certain religious or spiritual traditions.

Whilst differentiation may be possible between therapy that is transpersonal on the one hand, and pastoral counselling, psychospiritual therapy and spiritual guidance on the other, a single, clear, all encompassing definition of transpersonal therapy is not possible. Any understanding of transpersonal therapy is dependent on what beliefs, values and attitudes each individual therapist brings along with them to the therapeutic encounter. For many transpersonal therapists these will have been influenced by the ascendant tradition, as a result of its general dominance in the literature. However, this tradition has come up against some recent challenges whose influences are now also finding a voice. These two broad influences show up clearly through therapists' interpretations of what the transpersonal is.

¹⁵ The 'divine' is often used as a 'General term for an ultimate sacred reality or Supreme Being' (Daniels, 2005, p.286).

THE TRANSPERSONAL

What the Transpersonal is

In a general sense the 'transpersonal' can loosely be understood as something that is connected to spirituality (Rowan, 1993), and, according to Maslow (quoted in Battista, 1996), as something to do with the fact that spirituality is not necessarily underpinned by any religious or metaphysical assumptions (see also Daniels, 2005; Fontana, 2003).

The nature of the transpersonal can be understood as '... the unknown or unknowable ...' (Clarkson, 2002, p.239), or as *physis*. *Physis* was

... First named by the pre-Socratic Greeks, it is defined as a generalized creative force of Nature which eternally strives to make things grow and to make growing things more perfect. It was conceived as the healing factor in illness, the energetic motive for evolution, and the driving force of creativity in the individual and collective psyche (Clarkson, *ibid.*, p.181).

Clarkson (*ibid.*) regards it as something that likes to hide and believes one of its hiding places is other cultures like Africa as *Sereti* or the Eurocentric sciences of chaos theory and complexity. According to her, although it is hidden it is always with us but it is something that cannot be put into words.

King-Spooner (2001) notes that the essence of spirituality does not allow the transpersonal to be pinned down by language. He believes as therapists we are working with ineffable subjectivity as well as working through it. He understands the tools of our trade as inexpressible, beyond words, and suggests that the heart of therapy can only be alluded to.

Thorne (2002) asserts that the spiritual dimension of experience cannot, however, be denied, even though '... and for which the usual language of psychology and therapeutic discourse is ill equipped and inappropriate' (p.52).

For the various reasons outlined, finding a definition of the transpersonal is difficult. Still, it has been outlined in broad terms by proponents of the ascendant tradition and by representatives of what I will call the inclusive, participatory approach - its complementary partner.

Those experiences where consciousness extends beyond (trans) the individual or the personal are those most generally associated with the transpersonal (Rowan, 1993, 2005; Wellings et al., 2000). Such experiences may include spiritual emergency, near death experiences, states of mind 'beyond' normal perception, altered states of consciousness, states of consciousness generated by drugs, meditative and contemplative practices, intuition, creativity, imagination etc.

Rowan (1993) argues that although the ascendant position suggests higher states of consciousness, these do not have to be understood as only attainable through great dedication. Rather, he believes they are potentially present in all of us.

Whilst there will be some truth in Rowan's claim, what it implies is a sense of spirituality and the transpersonal that is hierarchical and being at least relatively difficult to access. It also suggests that special gifts or qualities may be required in order to attain these spiritual states. In other words, the way the transpersonal is described and understood within the ascendant tradition implies a relatively exclusive approach to spirituality. This is in contradistinction to the inclusive, participatory approach.

According to Hutton (1994) *trans* can be understood in a different way, as not only meaning "beyond", but also "through", therefore acknowledging spiritual growth as an outcome of working with the most difficult aspects of human suffering, not just exploring the further reaches of spiritual consciousness. Heron (1998) says "trans" may also mean through, in the sense of transparent. He understands this as the ability to manifest subtle and spiritual energies through the person in the world.

Heron (1998) clarifies this complimentary position further. He makes a distinction between personhood and the limiting ego. For him, transpersonal means a person changing from one state to another, moving from identification with egoic separateness into intrinsic personhood. In this sense he understands the transpersonal as involving transformation, but in a way that does not leave personhood behind. He says what happens to personhood in fact, is that it enters into participation with here and now divine presence.

The different emphases given to the transpersonal according to the ascendant tradition and the inclusive participatory approach respectively, percolates through to how transpersonal experience is conceived.

Transpersonal Experience

In a general sense, transpersonal experience can be regarded as that which affects a person in a way that cannot be explained on a rational level. Transpersonal experiences

... can be understood as immediate existential proof that Someone or Something cares, whether the carer is conceived as a religious or nonreligious force, as God, Life, or Nature (Fabry, 1996, p.108).

For those influenced by the ascendant tradition, most attention is generally granted to transpersonal experiences associated with states that transcend individual ego boundaries (Hastings, 1999).

Transpersonal experiences may be defined as experiences in which the sense of identity or self extends beyond (trans) the individual or personal to encompass wider aspects of humankind, life, psyche and cosmos (Walsh & Vaughan, 1996, p.17).

In contradistinction to the ascendant perspective, Ferrer's (2000, 2002) focus shifts our attention in another direction. He offers a participatory vision when it comes to understanding transpersonal experiences. He points out that what is normally conceived as a transpersonal experience '... can be better conceived as the emergence of a transpersonal participatory event' (2000, p.223).

He says what comes first is the participatory event and

... transpersonal participatory events 'elicit in the individual what have commonly been called transpersonal experiences. What the participatory approach radically rejects is the anthropocentric, and ultimately egocentric, move to infer from this participation that transpersonal phenomena are essential human experiences (2000, p.223).

Further, participatory knowing is understood as emerging through one's being via a participatory event (Ferrer, *ibid.*). Participatory knowing involves multidimensional access to reality through all or some of the mediums of cognition, body, heart and soul. The participatory approach does not deny transcendent states, but understanding of how these states are arrived at does contrast with that of the experiential approach. That is, the participatory approach places more emphasis on the possibility of transpersonal phenomena occurring in relationship, a community or a place. It also regards transpersonal phenomena as multilocal (Ferrer, *ibid.*).

Ferrer's participatory vision takes transpersonal experience away from individuals' claims to exclusive, private ownership of such, and instead brings transpersonal experience into a public arena that makes access to participation with transpersonal events a real possibility, one that has the potential to include many people on both a social and communal level. In other words; his conception of transpersonal experience places more emphasis on a spirituality that is truly lived in the world, in everyday life. Ferrer is not alone with this understanding though, others too are keen to democratise the way transpersonal experiences are conceived.

Firman and Vargiu (1996) suggest that the transpersonal dimension is not unusual or exotic but an aspect of being human. Fabry (1996) believes transpersonal participatory events are common to most people but may not have been appreciated for what they are. He says they are often so unspectacular that a client or person does not regard them as extraordinary. Similarly, King-Spooner (2001) also believes that the transpersonal is always there whether we notice it or not. He says our everyday lives are shot through with spirituality. He holds that it is our mindlessness and attachments that obscure this.

King-Spooner (ibid.) believes a wide range of modes of experience point in the same direction as more clear cut spiritual events. He says that the ineffable lies in these events too, although more weakly than clearly recognizable spiritual, religious or mystical participation. He points to all aesthetic experience, all response to ceremony, any human relationship that has a grain of authentic meeting, as examples.

According to Clarkson (2002) transpersonal participation can occur whilst involved in anything (see also Daniels, 2005, Chapter 3). King-Spooner (2001) argues it can come in many forms, through religious ceremony, the death of a loved one, the beauty of the natural world, or connection with another. Rowan (1998, 2005) points out that peak experiences happen through very natural experiences like child-birth, in sport, dance, etc., and can cover simple feelings of peace and absorption in nature as well as inner states transcending time, space, identity and physical reality.

The times when participation with transpersonal events occur are generally understood as not being in our full control. Study is not necessary in order to experience transpersonal events. Participation can come to anybody anytime (Clarkson, 2002). Transpersonal events often come along during periods of stress and despair (Fabry, 1996; see also Daniels, 2005). They may also come through the intensity of relation, either in a group or individually (Lines, 2002; Thorne, 2002). Significantly, perhaps, transpersonal events come unexpectedly, in a way that cannot be made to happen at will (Fabry, 1996).

Profound spiritual experiences cannot be planned and predicted, and it would be foolish in the extreme to imagine that person-centred therapists can somehow be equipped to meet their clients in such a way that a transformational and transcendent experience is guaranteed (Thorne, 2002, p.37).

However, participation with the transpersonal ‘... can also be sought after’ (West, 2000, p.13). Although it may ‘... well be that grace cannot be commanded to come down ... at least we can do our bit to ensure that we are in a state of readiness for its arrival’ (Thorne, 2002, p. 46)¹⁶.

It is generally accepted that transpersonal experience escapes being pinned down by words and that the transpersonal is not a function of the ego. In fact, it is argued that ordinary language misses something essential about the transpersonal and falsifies it to an extent, since it is characterized by that which is currently unknown or not yet understood, the inexplicable, wordless, ineffable (Clarkson, 2002; Rowan, 1993). These events/processes can only be experienced, not explained (West, 2000). Rowan (1993) holds that when personally experienced

¹⁶ Grace can be understood as ‘the free bestowing by the Divine or a supernatural being of love, protection or other favours (Daniels, 2005, p.290).

there can be a sense of the holy and the ultimate, and to then talk about it in everyday terms can seem like a desecration.

Experiencing life as meaningful would seem to be another feature of transpersonal experience. As a consequence of contact with such events/processes a person's existence may become more meaningful (Hastings, 1999). Transpersonal participatory events can be regarded as guideposts to meaning (Rowan, 1993). As such they can make possible a glimpse into the world of soul or spirit that make such experiences hard to forget (Rowan, *ibid.*; also see Hillman, 1996). It is believed they can also bring a change in values (West, 2000).

Transpersonal participatory events/processes may be forgotten, repressed or disregarded. If they are perceived as a sign of instability, irrationality or even mental illness they may be experienced as an embarrassment, and yet it is through these experiences that meaning and order can become immediately apparent (Fabry, 1996).

Transpersonal experiences often achieve in one split second ... the awareness of an ordered totality in the universe of which the individual is a part (Fabry, *ibid.*, p.112).

They can bring a sense of belonging, comfort, insight and a sense of life as it could be (Fabry, *ibid.*). It is suggested that the reality of transpersonal events/processes is that their reality seems deeper than the normal everyday (Firman et al., 1996).

A transpersonal event, understood from a Jungian perspective, is the conscious awareness of a confrontation between the personal and the nonpersonal elements of the psyche (Brookes, 1996). Brookes (*ibid.*) points out that the personal includes consciousness and the personal unconscious, whilst the nonpersonal refers to the collective unconscious of humanity. He points out that this often reveals itself through archetypal images, often found in dreams, myths, art and fantasies.

According to Jung, the reality of the collective unconscious was important when it came to understanding human beings (and transpersonal experiences in particular), and that is why he attempted to develop a science that acknowledged these types of archetypal phenomena (Brookes, *ibid.*). Brookes (*ibid.*) says in fact Jung was the first Western therapist to identify transpersonal psychic events in his work, and to develop a theoretical methodology that would bring meaning to them as part of a general psychology.

Since meaning is central to the Jungian view of therapy, when a transpersonal event occurs, it is examined on two fronts, i.e. for the real (archetypal), and also for the potential meaning it may have for the client (Brookes, *ibid.*). Brookes (*ibid.*) says a transpersonal event is believed to be like a power larger than the individual that may occur repeatedly as a way of demanding that the person look at themselves from another perspective.

Brookes (ibid.) suggests that although these events can be regarded as uncanny and mysterious, many of them are actually mundane. He says when they are not seen as such there is a tendency towards ego inflation. On the other hand, though, he believes transpersonal events can do damage if they overwhelm the ego. He points out that ego strength needs to exist for the integration of transpersonal material. Also, he says transpersonal events

... often appear to be unresponsive to so called physical law and are often experienced as unrelated to space, time, or causality (p.80).

Despite the potential for alternative interpretations of such events, such as that they are distortions of perception, or manifest as a way of disguising instinctual experiences and impulses, Brookes (ibid.) argues that they deserve trust and attention. He holds that what happens in the world is regarded as of less importance than how a client feels and perceives. In other words, he says what matters is clients' psychic reality.

Another characteristic of transpersonal participatory events is transiency (West, 2000). These experiences are short lived (Deikman, 1982). Peak experiences too are temporary yet they can expand a person's understanding of life and transform their personality (Deikman, 1982).

Healing is often also regarded as a feature of transpersonal experience.

Transpersonal experiences often have a healing effect on the psyche and can be particularly helpful in recovery from addiction (Grof, 1990 cited in Vaughan, 1991, p.109).

A client's participation in a transpersonal event/process can later serve them as an example of when life made sense to them and as a comforting sign that this may recur (Fabry, 1996). It is possible for the therapist to help clients admit transpersonal participatory events and bring them into consciousness and sense their message (Fabry, ibid.).

The transpersonal, then, is characterised by a number of features, such as: its presence is out of our control; it is not something that can be pinned down by language; experiencing life as meaningful; and the possibility of healing. The transpersonal is ineffable yet participation with it promises many beneficial possibilities. Further, transpersonal experience can be conceptualised differently according to the ascendant tradition on the one hand, and/or the inclusive, participatory approach on the other. But, given its nature, how is connection with the transpersonal possible?

Connecting with the Transpersonal

Connecting with the transpersonal is understood variously but a common thread is the notion that access to the transpersonal comes through entering the depths of one's being.

Depth of being can be found through human relating (Lines, 2002). Such moments are characterized by a heightened sense of being, a state of peace and well-being, an enhanced capacity for loving, and an increased motivation to work for the greater good that is beyond egocentricity (Lines, *ibid.*).

This understanding of connecting with the transpersonal highlights the potential for transpersonal participation within the therapeutic relationship, even though, according to Cortright (1997), various therapeutic approaches may access the transpersonal differently: Jungians and psychosynthesists through the imaginal realms; body work approaches through the body; psychoanalytic through archaic configurations of self and other; existential and humanistic approaches through organismic experiencing; and Grof's approach through altered states of consciousness.

Connection may also come through prayer. Prayer is understood as a dialogue with God. More generally, it may be a sense of being connected with an essential Otherness. This Otherness may be experienced as a part of oneself, a higher being, a sense of God's presence within or without, opening to God, or reality, or as trying to find some inner silence (Gubi, 2001).

It is generally believed that connection to the transpersonal can be nurtured. This may be by recognizing it when it occurs, exploring it via meditation or introspection and through integrating the experience and expressing it in life and activities (Firman et al., 1996).

In a more general sense, symptoms can be seen as attempts to also make contact with the transpersonal. Gibson (2000) notes that clients may seek the transpersonal through their symptoms and their suffering.

The variety of ways of connecting with the transpersonal have implications in terms of potential for their incorporation into a transpersonal therapeutic approach. Central to such an approach is the transpersonal therapeutic relationship.

THE TRANSPERSONAL THERAPEUTIC RELATIONSHIP

Nature of the Transpersonal Relationship

Fundamental to our understanding of the transpersonal, regardless of how it manifests, is the transpersonal relationship. As a theoretician and practitioner, Clarkson (2002) has clearly and eloquently put into words just what this might be in a way that does not conform to the characteristic emphases of the ascendant, hierarchical tradition. She presents us with a

perspective that makes relationship (not transcendence, or altered states of consciousness) central. So, in this sense she outlines an understanding that could represent what this study has called a participatory, inclusive, relational approach. Her understandings have personal meaning for me as they confirm and reflect my own experience as a practitioner.

Clarkson (ibid.) tells us that there are five primary modes present in any relationship: the working alliance, the transference/countertransference relationship, the developmentally needed or reparative relationship, the dialogic or person-to-person relationship and the transpersonal relationship. She points out that these are not stages but states that can overlap, and that in reality they are in indivisible relationship. More specifically, Clarkson (ibid.) indicates that ‘... the transpersonal relationship refers to the spiritual or inexplicable dimension of relationship in all forms of psychotherapy and counselling’ (p.4). With regards to the transpersonal in general, she points out that it is characterized by timelessness, is beyond description, and is the spiritual dimension of the healing relationship. She further understands the transpersonal relationship in terms of all those aspects of the healing relationship which are superfluous to other relational categories, aspects of relationship which tap into the mystical, esoteric or archetypal aspects of universes; and those aspects of therapy that are concerned with chaos, complexity, quantum physics and not with causality and duality.

For Clarkson (ibid.) transpersonal therapy is about process or dynamic interrelatedness, similar to the importance of relationship as stressed in quantum physics; chaos and complexity sciences. The therapist is always part of the field, always affecting and being affected in the therapeutic relationship. She says there is no separation in actuality only in theory and description.

While the transpersonal relationship is intimate, it is also about the emptying of the ego. Clarkson (ibid.) talks about the ego of the therapist being emptied out of the therapeutic space and

... leaving room for something numinous (glowing) to be created in the ‘between’ of the relationship. This space can then become the ‘temenos’ (sacred space) ... inside which transmutation takes place (p.19).

For Clarkson (ibid.) the essence of the transpersonal process is understood to be at the heart of the shared silence of two people being together. She says that although this dimension is difficult to articulate, and is not capable of analysis, it is clearly present in the mystery of healing and cannot be denied.

Before we can explore Clarkson’s experience and understandings further we need to backtrack and identify the basic ingredients involved in any therapeutic encounter, that is, the persons who make it happen - client and therapist.

Why Clients Seek Therapy

There are various reasons as to why people seek out therapy. These include: the desire to make meaning of our existence (Clarkson, 2002); relief from pain or personal suffering (Clarkson, *ibid.*; Deikman, 1982); and the desire for further development (Clarkson, *ibid.*; Cortright, 1997; Deikman, *ibid.*).

Types of Clients

Clients from all walks of life attend therapy for the widest range of reasons and these reasons are now more likely to include issues relating to spirituality. Cortright (1997) and Thorne (2001) identify a growing need in clients for therapists who have a spiritual perspective. They note that clients are looking for someone who can respect the whole of their being, the psychological and the spiritual, and that clients nowadays are more likely to label some issues they present as spiritual (Thorne, *ibid.*).

Thorne (2001) also believes that some clients consciously choose not to take spiritual issues to clergy or to faith counsellors because they have been wounded previously by organized religion. Dwight (1996) too alerts us to the possibility that clients can present with the need to heal early religious wounds, since God for some people has come to be a punitive parent, a nurturing parent or a moral judge.

Clients with a religious orientation, however, may present themselves for therapy too, and such clients may express Fowler's three stages of faith (Dwight, 1996). Clients with a traditional religious orientation could be a member of a more fundamentalist tradition. Clients with an individualistic religious perspective may be affiliated to a tradition that is open to critical reflection and that encourages individual autonomy. Clients with a symbolic religious orientation are likely to have a mature openness toward the symbolic within their tradition.

Whilst Fowler's distinctions might be helpful to therapists when discerning the best form of approach to take with an individual client, they still suggest meeting clients from the point of view of a hierarchical, developmental model that seems mechanistic, if not unrealistic. It would be unusual for clients to present for therapy who fell so neatly into Fowler's categories. Skynner's (1983, cited in Welwood, 1983) way of identifying those features of clients likely to engage in spiritual pursuits and/or are open to spiritual and transpersonal participation within the therapeutic encounter is, in my view, a useful alternative. Importantly, it is not dependent on a hierarchical, developmental understanding of spirituality, in fact quite the opposite. Skynner's observations of clients have led him not to be fooled or hoodwinked into thinking somebody is spiritually developed simply because they are attached to a religious or spiritual tradition. The qualities he identifies can be found in any human being regardless of the existence or absence of actual spiritual or religious pursuits.

Skygger (1983, cited in Welwood, 1983) identifies features of those clients likely to later engage in spiritual pursuits. These include clients that are: more open and vulnerable in some way; more aware of themselves as part of the universe; more troubled by and interested in the meaning of their existence as a whole; and less focused on their individual past and fears for tomorrow. There is also a sense that they have been given a view from higher up the mountain which they recall and which motivates their seeking. They are more widely interested and more interesting to work with because they are generally more challenging, and towards the end of therapy they may point out that they are aware of something in the therapist that is implied in their presence but which they feel is being held back. Skygger suggests that although other clients too develop a deeper sense of themselves there is a difference between these clients and those with the above mentioned characteristics.

Skygger (ibid.) identifies other features encountered in clients. He says many follow a sacred tradition and change profoundly without therapy seemingly as a result of the influence of a subtler influence that permeates the whole of their being. He says others follow a sacred tradition but may appear closed, intolerant of others and of their own hidden aspects. He reports that, in these cases, traditions have been used to bolster their narcissistic tendency. He notes that there are also those who have misused the ideas and techniques of therapy. Finally he points out that there are some who can reach a simple openness of awareness of themselves as part of the universe.

Features of clients likely to engage in spiritual pursuits or to participate with the transpersonal in the therapeutic encounter are clearly of a more subtle nature than those features suggested by Fowler's (Dwight, 1996) three-staged model. In my opinion, Skygger has helped identify a very useful direction for therapists to look in when sensing clients' spiritual and/or religious sensibilities. It must be added though, that a therapist's ability to recognise such traits in others presupposes a recognition of them within themselves. Therapists with this kind of sensibility and openness towards the transpersonal can be regarded as transpersonal.

The Transpersonal Therapist

Who Transpersonal Therapists May Be

Walsh and Vaughan (1996) have argued that the field of transpersonal psychotherapy lacks an adequate experimental foundation and that

Many of the concerns of the transpersonal therapist lie outside the range of interest, competence, and investigative arenas of most researchers (p.29).

Walsh and Vaughan (ibid.) suggest that there is the need for therapists and investigators to undertake their own personal experiential work in the service of being open to their clients.

Because we are both the instruments and the models for what we have to offer, we must seek to live and be that which we would offer to our clients. With few empirical guidelines, we must rely heavily upon ourselves for guidance and strive for integrity and sensitivity. Nowhere in the field of psychotherapy is the therapist's growth more important for client and therapist (p.30).

What Walsh and Vaughan (1996) are highlighting is important. They seem to be saying that since no one else in the world of research has so far been motivated to research transpersonal therapy, then transpersonal therapists themselves need to take up the gauntlet, precisely what this study is attempting to do. They imply that not doing so is tantamount to failing clients. There is a close relationship between the person of the transpersonal therapist and their therapeutic approach. If awareness, knowledge and understanding of this relationship goes unrecognised, then the potential for development of the transpersonal therapist will suffer - with consequences for clients too.

Whilst Walsh and Vaughan (1996) draw our attention to the general predicament of who and where transpersonal therapists are in relation to the world of research, others identify, more specifically, those general characteristics they believe make a therapist transpersonal.

Who a transpersonal therapist is, is not clear. Boorstein (1997) says a therapist cannot just decide that they are a transpersonal therapist. For him, it was as a result of changes in belief system over a number of years that he became a transpersonal therapist. Similarly, Cortright (1997) says the transpersonal therapist is someone who needs to have spent years, even decades, pursuing a combination of personal work, therapy, meditation and spiritual practice.

Whilst Cortright (ibid.) acknowledges that being a transpersonal therapist does not require that the person is fully healed, he believes it does require that they are on a conscious spiritual journey, and that their search needs to be one that is living. However, Wittine (1989) points out that the idea of a path need not be traditional. Others too (Hastings, 1999; Hutton, 1994; Sutich, 1996, cited in Boorstein, 1996) point out that a requirement of the transpersonal therapist is to be engaged with their own spiritual journey.

I suggest that whilst it is important for a therapist who considers themselves transpersonal in approach to be involved/engaged with their own spiritual journey, we should be cautious about making a prescriptive list of what this should entail. It seems that each therapist's relationship with the spiritual is personal and therefore something they are free to define.

The spiritual journey of the transpersonal therapist generally involves some form of spiritual practice. The types of spiritual practices therapists engage in will be shaped by their

own individual relationship with the spiritual.

Transpersonal Therapists and Types of Spiritual Practices

A number of therapists advocate meditation practices as a means of enhancing the therapist's quality of 'Being' and their ability to practice mindful presence (Cortright, 1997; Del Monte, 1995; Walsh & Vaughan, 1996; Welwood, 2000, cited in Hart et al., 2000; Wilde McCormick, 2000).

Del Monte (1995) says that therapists' practice of meditation can bring a number of benefits to the therapeutic relationship, such as enhancing receptivity, empathy, the ability to stay in the present, better use of countertransference, the ability to vary one's attention between focused and panoramic, an improved quality of listening, a 'laying fallow' state of mind, a neutral and bare attention, and the ability to hold in abeyance 'memory, desire and understanding' (Bion, 1970, cited in Del Monte, *ibid.*).

Welwood (2000, cited in Hart et al, 2000) suggests that:

Psychotherapy as a dialogical process is essentially reflective, although when practiced by a therapist with a contemplative background, it can also include moments of non-reflective presence that facilitate a shift into a deeper dimension of being. In the spiritual traditions, disciplined reflection also serves as a stepping stone on the way towards greater self-presence (p.109).

Alternatively, the form of spiritual discipline suggested by Thorne (2002) with regard to the person-centred therapist, involves the practice of:

1. Self-love. This involves taking care of the body, and an empathic and accepting stance towards one's inner world. He says a loving connection with the self allows for connection with the other.
2. The cultivation of faith in the self and in the transformational power of relationships.
3. Connection with nature and creativity, art, music, poetry. He says a sense of awe and wonder in the resourcefulness of the invisible world can be encouraged by this practice.

Thorne (*ibid.*) argues that since it is part of a person-centred therapist's responsibility to be at home in the 'cosmic unity', then it is difficult for them to avoid a spiritual discipline.

We can note that despite differences in types of spiritual practices engaged in and advocated here, there is a common concern with the enhancement of the transpersonal therapist's presence through their being or the expression of who they are¹⁷. I believe that central to

¹⁷ It is important to clarify what is meant by presence here. It does not refer to a therapist's mere physical presence. Instead, it refers to each therapist's embodied spiritual values, beliefs,

transpersonal therapy is the presence of the therapist; and that if there is any one thing that allows us to conclude that a therapist is transpersonal it would be this mysterious quality.

Boorstein (1997) indicates how his presence, enhanced through spiritual practice, impacts his work with patients. He feels that he brings positive feelings towards his patients, and that this increased ability to access compassionate feelings has paralleled a development in his spiritual understanding. Also, he points out that his practice aligns him with his helpful intent towards patients, which also reinspires his work, as well as enhancing his awareness of his feelings generally towards patients. He puts it like this:

... as I have become more relaxed, more compassionate and less anxious, I have been able to view my patients' dilemmas more as an aspect of their spiritual journey than a reflection of pathology. I find that I am engaged more fully and resourcefully in our shared enterprise - rather than suffering from "therapist burnout", I am increasingly delighted with my work and find myself energised at the end of a day (p.10).

Boorstein (ibid.) uncovers another benefit that can arise from spiritual practice. As well as enhancing the therapist's presence, he also suggests that it can usher in a change in therapists' perception of what the therapeutic encounter is about. Clients' predicaments and situations are seen in a positive and compassionate way. Clients are not reduced or pathologised. Instead their difficulties are perceived within a context that is wider and meaningful. A picture is developing here of features that I suggest make therapy transpersonal, i.e. the presence of the therapist and the therapist's perception of the therapeutic encounter.

I would argue that therapists' perception of the therapeutic encounter is of central importance in terms of what is and is not allowed to enter that space. What therapists bring to the therapeutic encounter in terms of perceptions influenced by their therapeutic orientation and personal perceptions influenced by any number of factors, will have an impact on clients experience of therapy.

What the Transpersonal Therapist Brings

The relationship between therapy and spirituality varies according to therapeutic orientation. In turn this shapes therapists' perceptions of the transpersonal and its place in/or exclusion from the therapeutic encounter as we shall now see.

Whilst humanistic practitioners are likely to work from a holistic model, seeing clients as physical, emotional, mental and spiritual beings, they are less likely than transpersonal therapists to work with a client's spiritual experiences in a systematic way. Humanistic

understandings, experiences and spiritual practices as they are brought to bear on the therapeutic relationship through the medium of each therapist's way of being.

psychology still places ultimate authority for a person's life in the hands of the self (Walsh & Vaughan, 1996; West, 2000).

In addition, although an existential approach comes close to a transpersonal approach in its search for meaning and purpose, and in its acknowledgement of life as imbued with suffering, it does not consider the possibility of a way out of or beyond existential authenticity (Walsh & Vaughan, *ibid.*).

In a study conducted by Shafranske and Gorsuch (1984, cited in Hutton, 1994) that looked at the connection between psychotherapy and spirituality, it was found that Jungian therapists were positively oriented towards spirituality, whilst there was a strong negative relationship to spirituality for behavioural therapists. However, 'Psychoanalysis is the psychotherapeutic approach that is perhaps farthest from the realm of spirit' (Cortright, 1997, p.108).

Freud has been described as an atheist (Brooke, 2000). Freud saw religion as illusory and born of wish fulfilment, and contrasted it with the objectivity of the scientific approach (Watts, 1997). Although it has been argued that psychoanalysis may be interested in the individual's spiritual questions, Sutherland (2001) believes it dismisses the possibility of spiritual answers. In this way

Traditionally psychoanalysis has been dismissive of experiences in people's lives that they themselves would call 'spiritual'. Freud suggested (1930) that the yearning we feel for spiritual experience is a regressive yearning in disguise for the earliest oceanic bliss of symbiosis with mother (Wellings, 2000, p.178).

In pursuing a more spiritually oriented psychotherapy, Sovatsky (1998) argues that we need to be critical of psychoanalytically derived assumptions that have cast a spell and that need to be broken. He says clients and therapists have come to believe them without question as though they have actually been proved when they have not.

Obviously, though, transpersonal therapists do exist despite the fact that most therapeutic approaches are inadequate when it comes to encouraging a positive and fruitful alliance between therapy and spirituality/the transpersonal. Common themes unite these therapists. One of these concerns how transpersonal therapists view clients. Tart et al. (1991) suggest that the transpersonal therapist is someone who holds in awareness a spiritual reality as a way of informing their work in an overall sense. They believe that such an awareness will then affect how the client is viewed as well as the potential the therapist sees for the client.

Although the therapist's perspective is shaped by the model he or she adheres to, what we do as therapists with clients also depends upon how we see them (Wahl, 1998). Wahl (1998) says a transpersonal way of seeing clients allows a view of the depths of human suffering as well

as the heights of human evolution. He suggests that the response of the transpersonal therapist will be individual according to each person's particular relationship with the transpersonal.

We find that the spiritually minded therapist regards: the client's journey as a spiritual journey (West, 2000); the client as an evolving being and fellow seeker (Cortright, 1997); individuals as having an awareness of their spiritual nature (Sulneyer, quoted in Caplan et al., 2003); and, clients' physical symptoms metaphysically, as emotional blockages carrying metaphorical messages (Lines, 2002). According to Sovatsky (1998)

A spiritually oriented diagnostician/therapist is merely someone who can see hopefulness in the human soul - in its myriad and even tortured forms, and helps it impermanently along (p.195).

What distinguishes, then, the transpersonal therapist from other therapists is their spiritual perspective (Wittine, 1989). Boorstein (1997) acknowledges, however, that although his own views about human nature note the spiritual, this does not detract from the importance of focusing on clients' internal conflicts with self and others. At the same time he regards these particular dramas within a larger context, that of all existence.

Wilde McCormick (2000) points out that Buddhist (and transpersonal therapists in general) will bring two levels of understanding to their work with clients. First there is the understanding that some experiences, thoughts, beliefs, and feelings cause less pain than others. At this level, work would include an exchange of the most painful for the less. Secondly, there is the understanding that this exchange will ultimately be unsuccessful because suffering is unavoidable and a given of life. Suffering can be ended by relinquishing the goal of 'self-improvement' and remaining mindful of our experience as it is. In this she says the therapist is doing two things, namely supporting the development of a whole and healthy ego, and maintaining an openness to the possibility of trans-egoic healing involving the dissolution of the ego.

Therapists' personal relationship with the transpersonal/spiritual is also closely tied with how they regard themselves. For instance, Wahl (1999) says he always sees humans as psychological and spiritual and therefore he is not in conflict over the differences between Western therapies and the transpersonal perspective. He sees himself as

... just someone who attends, as well as I can, to the psychospiritual nature within self and other, recognizing that ultimately this nature will remain a mystery (p.17).

Wahl (ibid.) does not regard himself as either a psychological therapist or a transpersonal one. Sylvia Boorstein (quoted in Caplan et al., 2003) understands that being a

transpersonal therapist is mainly about her attitude. She does not think about people being cured or working things through but about their becoming more familiar with habits of the mind. She is much more compassionate and is interested in the wisdom of clients' hearts as guides to more skilful life choices.

We need to remain aware that transpersonal therapists do not fall into one homogenous group. This means that transpersonal therapists themselves cannot generalise their relationship with the transpersonal to how other transpersonal therapists integrate the transpersonal into their respective approaches. For instance, whilst I agree with Wilde McCormick's (ibid.) first level understanding of what the transpersonal therapist may bring to the therapeutic encounter, i.e. the goal of exchanging the most painful for the less, I question her assertion that transpersonal therapists in general would concur that suffering can be ended by swapping the goal of 'self-improvement' for that of mindful awareness of experience as it is. It is clear that her own relationship with the transpersonal is based on Buddhism. However, to generalise this perspective to transpersonal therapists in general is problematic in my opinion. Each therapist who considers themselves transpersonal in orientation will have a different personal relationship with the transpersonal, which, in turn, may be based on beliefs and practices that are not Buddhist in origin. They may be influenced by Jung, for example, and in that case the therapist may see what the Buddhists regard as suffering, as the call of the client's shadow, a call from the unconscious that could signify the need for subsequent integration of the shadow into the client's understanding of themselves.

Whatever therapists' relationship with the transpersonal/spiritual is, the ingredients that they bring to the therapeutic encounter, such as the therapist's presence, types of spiritual practices engaged in, and the way they view clients and themselves, create a context for transpersonal therapy.

The Context of Transpersonal Therapy

The context for transpersonal therapy is subtle and difficult to describe, but the way therapists choose to respond to clients expresses their attitudes, values and beliefs (Boorstein, 1986).

Transpersonal therapy lies not in what the therapist says or does, but in the silent frame that operates behind the therapist's actions, informing and giving meaning to the specific interventions (Cortright, 1997, pp.15-16).

According to Wittine (1989) a therapist who engages with some type of spiritual practice will eventually be influenced by this in their approach, and this will start to form the context of their perspective.

West (1998) points out that the 'soul' of the therapist does not have to be left outside the therapy room. The spiritual activities outside can be capitalized on inside, and in this sense it is understood that therapists are working within a spiritual context.

West (ibid.) notes that the spiritual context of the therapist's work expresses itself in two ways: (1) through the spiritual background - and those aspects that underpin therapists' work; (2) through the spiritual preparation beforehand, inspiration and the use of prayer.

In a study conducted by West (1998), exploring the impact of Quakers' spiritual beliefs on their practice, the Quaker therapists did see themselves as working in a spiritual way. They saw the therapeutic encounter as rich in spiritual meaning. At the same time they also indicated that they did not require clients in the encounter to see themselves as being on a spiritual journey, but they were open to clients if they brought spiritual issues.

Fundamental to what these therapists are saying, each in their own way, is that the context of transpersonal therapy is shot through with ineffable traces of their own spiritual practices and spiritual perspectives which inform their every response and intervention. The vehicle through which these find expression is the person of the transpersonal therapist. The transpersonal therapist is likely to bring their being, their authentic presence to the therapeutic encounter (as opposed to simply exercising their technical abilities).

The Importance of the Therapist's Presence

Cortright (1997), Welwood (1983) and Wittine (1989) suggest that the authentic presence or 'being' of the therapist holds the greatest potential for healing and the deepening of Being in the client.

A therapist's authentic presence can be deepened through: inner work with their consciousness; the therapist's intention and spiritual aspiration, in seeking to contact a deeper level of being; and the therapist's ability to be more fully centred in their Being, less reactive to their personal feelings or thoughts, and more connected to a calm presence within, to their inner witness (Welwood, 1983).

Beliefs, Attitudes and Qualities Brought by Therapists

The following gives the reader an idea of the possible range of ingredients that transpersonal therapists could bring to the therapeutic encounter. Again, as argued earlier, each can be seen as a reflection of each individual therapist's relationship with the transpersonal.

There are a variety of beliefs brought by therapists. For instance, one involves the belief, according to Wittine (1989) that the therapeutic relationship has the potential to transform both the therapist and the client, and that inner awareness and intuition are healing and restorative. Another is the belief that each of us is here for a specific purpose and that it is

important for us to understand and carry out our life mission. In this context the task of the therapist becomes one of helping clients to identify their mission and then to find ways to express it in everyday life (Hoffman, 1996).

Attitudes brought by therapists vary too. These encompass: an openness to the possibility of a client stepping into transpersonal spaces within their being (Wellings et al., 2000); an openness about self, spiritual orientation and experience and the ability to sense the presence of the numinous or to receive a report of numinous experience via a dream, a vision, a synchronous event, or contact with a spiritual teacher (Scotton, 1985, cited in Hutton, 1994); humility, curiosity and passion, daring and foolishness (Scotton, 1985, cited in Hutton, 1994); an open non-judgemental approach towards client's transpersonal experience (Del Monte, 1995; Wilde McCormick, 2000); and, a space for reverie that is open, accepting and friendly (Chappell, 2000).

Qualities characteristic of transpersonal therapists include: a stillness of attention and mindfulness; empathic resonance; the ability to listen to the client's story with an open heart in an atmosphere of compassion, safety and peace (Wilde McCormick, 2000); and, love as it comes through the heart of the therapist (Boorstein, 1997; Thorne, 2001).

The Impact Transpersonal Therapists May Have

... the beliefs and state of mind of the therapist - both conscious and unconscious - determine to a great extent the nature of the therapy and, in particular, its outcome (Wittine, 1989, p.269).

Boorstein (1997) points out that attributes brought by the transpersonal therapist impact clients regardless of whether the latter are interested in spirituality or not.

Similarly, King-Spooner (2001) believes that when the therapist relates to the other through Buber's I-Thou mode - that is, meeting and relating to another authentically, as a person and not as an object or a thing -

... it invites the same possibilities for the other, even if he or she is or seems completely blind to them (pp.34-35).

West (2000) notes that the spiritual development of the therapist is also important in the sense that

.... on the unconscious level it is very likely that the client in some tacit way knows or intuits that their therapist is spiritually awake which should act to encourage the client to consider that part of their being (p.108).

This allows us to conclude, along with Cortright (1997), that:

The state of consciousness of the therapist has a far-reaching effect on the therapy process. It is seen as a field which influences, mutually interpenetrates, and provides a facilitating medium for the client's inner unfolding (p.58).

This seems important for, as West (ibid.) says, therapists in touch with the 'ground of their Being' (or the spiritual essence of their nature) are likely to see through and beyond the egoic and existential levels of the client to the 'ground of clients' Being'. Also, according to Wittine (1989) when the therapist holds this kind of expanded vision of what the individualized self has the potential to be, then this allows the client to let go of some of the egoic constructions that constrict them. The client is therefore allowed the chance to expand their sense of identity. Or, put another way, Deikman (1982) says if a therapist is committed to serving the task of holding an expanded vision of clients' potential, then their responses will impact the way the therapy is guided. He holds that this will be in such a way that can support the client's Observing Self¹⁸(Deikman, 1982), which, in turn, can deepen and widen the client's knowledge of self and world.

What each of these therapists is telling us is that the therapist with a relationship with the transpersonal/spiritual can make it possible for a client to become aware of this possibility for themselves. This is unlikely to be the case for those clients working with a therapist who does not actively pursue such a relationship. So, therapists with transpersonal leanings bring something extra to their work with those clients who may not already have a relationship with the transpersonal. And further, even if such clients never realise such a relationship for themselves they will still have been given the opportunity to do so, and will have been related to, and viewed with that potential by the transpersonal therapist unlike with a more conventional therapist.

For clients on a spiritual journey the nature of the therapist's interior life and awareness of things of a transpersonal nature could be crucial (Hidas, 1981; Walsh, 1983, cited in Welwood, 1983; Wellings, 2000; West, 2000). If the therapist of such a client were not open to the transpersonal/spirituality then it is likely that this aspect of a client's experience would become hidden and thereby unsupported and neglected. In contradistinction, the opposite is likely to happen for clients working with a therapist who is open to the transpersonal/spiritual.

¹⁸ Deikman (1982) points out that awareness is the ground or background of all conscious life, and that awareness is different to the contents of consciousness. He notes that Western psychological theory is generally based upon objects, yet the observing self is not an object. 'It has no defining qualities, no boundaries, no dimensions ...' (Deikman, 1982, p. 11). The observing self cannot be observed. We can only directly experience it.

What the therapist with transpersonal leanings brings to the therapeutic encounter is their presence. It is through the vehicle of their presence that clients are impacted. We have also seen that the presence each individual transpersonal therapist brings to bear on the therapeutic encounter is shaped by their spiritual practice, which, in turn, influences their perception of the therapeutic encounter. However, despite differences in forms of spiritual practice engaged in and/or differences in beliefs and attitudes held by transpersonal therapists with regards to the transpersonal/spiritual, there seems to be a consensus that the impact of the transpersonal therapist's presence is conducive to healing.

For instance Thorne (2001) suggests that the therapist's spiritual practice and discipline could be conducive to entering an altered state of consciousness, thereby making it possible for 'something larger' to enter the therapeutic space, which is experienced by him as the release of potent healing energies (Thorne, 2002).

We may remember that Carl Rogers experienced his simple presence as healing in those experiences of the therapeutic relationship where a level of intimacy and intensity was reached. Thorne (2002) points out that Rogers understood that in such instances energy was released in him that flowed to the client. Rogers believed that these moments are when inner spirit meets inner spirit and then there is an experience of something larger.

Others too (Cortright, 1997; Walsh, 1983, cited in Welwood, 1983; Welwood, 2000, cited in Hart et al., 2000) regard the unconditional presence of the therapist as crucial to healing.

What often affects clients most is knowing that the therapist is really letting their reality in and feeling the therapist's presence as providing a larger space in which they can explore, unravel and resolve their problems (Walsh, 1983, cited in Welwood, 1983, p.xii).

Welwood (2000, cited in Hart et al., 2000) says 'unconditional presence' allows clients to 'be' with their experience. Boorstein (1997) and Elkins (1995) point out that other ingredients are conducive in the transpersonal therapeutic encounter. These include the expression of love through empathy, caring, warmth, respect, honesty and acceptance of the client, whereby a container for soul making is created. The therapist's capacity to refrain from intervening reactively and to endure with clients in the face of awful suffering without becoming overwhelmed is also considered important (Brooke, 2000). Walsh (1983, cited in Welwood, 1983) points out that this stance involves the therapist's ability to be 'in it' with the client, but not 'of it', where not being 'of it' involves a trusting of the client's own intelligence to move out of it. Trusting the client's process is understood to be supportive of the clients coming to trust themselves, and for the client to arrive at this experience of trust it is essential that the therapist has this trust themselves as a living experience.

It is worth pointing out here that, despite there being agreement that the impact of the transpersonal therapist's presence is conducive to healing, there are differences in understanding how healing is arrived at. For instance, Thorne (2001; 2002) and Rogers (Thorne, 2002) seem to suggest that healing is the outcome when the potential benefits of the therapist's presence are triggered through a deep, authentic meeting between both humans present in the therapeutic encounter. This understanding places emphasis on healing as a result of the relationship between client and therapist, whereas Cortright's (ibid.), Walsh's (ibid.), and Welwood's (ibid.) understandings place more emphasis on healing as a result of the therapist's embodiment of the practice of mindfulness meditation.

Whilst healing is the outcome for both positions, the approach of Thorne and Rogers suggests that healing cannot be guaranteed because it depends on a number of unpredictable factors mainly concerned with the quality and nature of the relationship nourished by both participants. If this connection becomes a real meeting between two human beings then this seems to make it possible for something larger than the two beings involved, to enter. In comparison, the approach to healing taken by Cortright, Walsh and Welwood is more method based and much more dictated by the therapist's steady, ongoing spiritual practice. There seems to be an implicit assumption on their part that as long as the therapist practices being present to the client's story whilst not getting carried away with it, then eventually the client will come to embody a similar stance towards themselves, whereby finally, they will be able to 'be' with their experience.

Rawlinson's (1997) model of experiential comparative religion allows us to identify where the two different ways of reaching a healing outcome, sit. His model starts with two sets of opposing concepts: Hot and Cool, and Structured and Unstructured. He uses these as a way of locating different forms of mystical experience and spiritual practice. Those traditions where the Divine or Spirit is regarded as other than oneself, as having a life of its own, and which is powerful, breathtaking and associated with revelation and grace, are known as Hot. Those that understand the Divine or Spirit as the very essence of oneself, as something that can be found independently of a teacher, as something we have access to as of right, as being quiet and still and associated with self-realisation, are known as Cool.

In addition to Hot and Cool traditions are those that can be Structured or Unstructured. Structured traditions are based on the belief that there is an inherent order in both the cosmos and the human being, that the Divine or Ultimate can be discovered, that there is a way to discover it, and that a map is required to arrive at one's destination. Unstructured traditions are based on the belief that no gap exists between the starting point and the finishing point, that the goal and the method are identical, that human beings are inseparable from the Divine or

Ultimate and therefore we do not need a map; and that everything has always been available to us and is so now.

I suggest that Rawlinson's (ibid.) concept of Hot-Unstructured seems to best capture Thorne's (2001; 2002) understanding of a healing outcome. Hot because God is conceived by Thorne as other than oneself, as having a life of its own. He notes that this 'Other' can enter the therapeutic space and can have a powerful effect on the occupants of it. Also, Thorne's understanding seems to be unstructured since no map is required. It is assumed that a combination of the therapist's presence engaged in a deep authentic meeting with another, as well as the presence of other, unknown conditions, makes transpersonal participation a real possibility. That is, the belief exists that participation with the transpersonal has always been available and is so now.

In contrast, Cortright's (ibid.), Walsh's (ibid.) and Welwood's (ibid.) understandings of a healing outcome seem better represented by Rawlinson's (ibid.) concepts of Cool-Structured. Cool because the therapists mentioned here seem to reflect a relationship with the Ultimate that is quiet and still, and involving the realisation of the self. They are concerned with the quality of space provided, and with being with experience. Their approach is structured in that there seems to be an implicit belief that the Ultimate can be discovered and there is a way to discover it. That is, through the client's embodiment of a certain stance towards their experience, learnt via the therapist's stance towards them, whereby eventually they will be able to 'be' with their experience.

Rawlinson's (ibid.) model allows for other combinations of Hot/Cool and Structured/Unstructured and also for a mixing of these combinations within spiritual traditions. For example, there can be spiritual traditions that contain both Hot-Structured and Hot-Unstructured elements, or both Hot-Unstructured and Cool-Structured, and so on. He suggests that when all possibilities co-exist that is the sign of a great or mature tradition.

This highlights a major concern when it comes to transpersonal therapy. So far, in the world of transpersonal therapy, the approach that has dominated is the Cool-Structured. It might be argued that for as long as the field of transpersonal therapy does not also incorporate other approaches, as a field it will remain underdeveloped and immature.

In relation to the earlier discussion of how healing outcomes are arrived at, I would suggest that neither Thorne's (ibid.) understanding nor Cortright's (ibid.), Walsh's (ibid.) and Welwood's (ibid.) understanding is better or worse than the other; they are simply different. However, although intellectually I can see and know the value and effectiveness of both, my personal preference lies with healing as the outcome of a meeting between two human beings intensely relating (i.e. Thorne's, ibid. Hot-Unstructured approach). This is because by its very nature the transpersonal therapeutic encounter is always already a cooking pot, a medium,

brimming with the potential for the occurrence of a transpersonal participatory event. This potential exists whenever two human beings authentically meet. Meditation does not have to be the only prerequisite for a healing outcome. Relationship can be too and is of equal importance and value. Put another way, practices associated with the structured traditions, such as meditation, are not the only path to a healing outcome for clients. Relationship - associated with the inclusive, participatory position - is of equal importance when it comes to understanding healing.

Tasks of the Transpersonal Therapist

We find that both the ascendant tradition and the inclusive, participatory position also find their way into how the tasks of the transpersonal therapist are interpreted. For example, Sutich (1996, cited in Boorstein, 1996), a representative of the ascendant tradition, says that the transpersonal therapist is someone who is committed to the belief that all persons have continuous impulses towards emotional growth and ultimate states of consciousness (see Daniels, 2005. pp.89-90). Consequently, he sees the chief task of a transpersonal therapist as being to function in the best way they know how in the service of promoting emotional growth and ultimate states.

Hastings (1999) also regards the transpersonal therapist as someone who is responsible for facilitating a client's growth towards higher levels of experience, facilitating an increase in the client's conscious awareness, removing obstacles in the way of greater awareness and freedom and someone who addresses all levels of human experience.

In broad terms the task of the transpersonal therapist, according to the ascendant tradition, is focused on growth in an upward direction or in a way that is perceived as incremental. The problem with this interpretation is that it suggests a hierarchical progression, and once you enter into hierarchies you potentially enter into a process of measuring one person's level of spiritual development as compared to another. However, great care must be taken with this approach, otherwise an elitist system is likely to emerge which can turn spirituality into a competition, as well as an object that can be attained.

Alternative interpretations of the transpersonal therapist's task include, for example, Wittine's (1989). His understanding sees a shift away from the ascending/ascendant/higher mode of understanding. He regards the task of the transpersonal therapist as helping the client towards integration of the spiritual and personal dimensions of existence. He says the task is:

... to help them fulfil their unique, creative individuality while pointing toward their rootedness in the nontemporal, formless, depth dimensions of being (p.269).

Further, Wittine (ibid.) sees the transpersonal therapist's task as one of supporting clients to let go of and disidentify from constricting self identifications. He believes moving towards truth involves the removal of barriers to truth. When these barriers have largely been loosened he says they give rise to a death of the old self, which may be experienced as a crisis.

Let us note the difference in the language used by Wittine (ibid.) compared to Sutich (ibid.) and Hastings (ibid.). With Sutich and Hastings we get - 'emotional growth', 'ultimate states' (or enlightenment), 'higher levels of experience', 'increase in the client's conscious awareness' - metaphors of height and increase. This is quite the opposite with Wittine. With him we get, 'rootedness', 'depth dimensions', metaphors for descent, downwardness, earthiness. Although the ultimate goal of both interpretations is similar in that both are concerned with removing barriers to accommodate more freedom and enhanced awareness, the difference in the perceived ways of facilitating client's arrival there cannot be overlooked. Metaphors for ascent and height have been overly associated with transpersonal psychology and transpersonal therapy since their inception, to the detriment of metaphors for descent, downwardness, depth (Daniels, 2005). Perhaps candidates for transpersonal therapy have been excluded because the ascent/height interpretation has not resonated with their experience. If the alternative is given a voice, i.e. the descent, depth, downwards interpretation, then transpersonal psychology and therapy could open its doors to additional ways that spirituality may have always been and still is being lived and experienced. I am calling this interpretation the inclusive, participatory position because descent, downwardness, rootedness also suggest involvement in life and relationships. Participation with the transpersonal through life, through relationships is a real possibility for all people independent of social rank or position. In other words, it is a democratic, inclusive understanding of spirituality and not an elitist, exclusive one.

At this point it should be pointed out that some of the concerns raised here have also been identified elsewhere. Heron (1998), for example, brings to our attention the fact that the current field of transpersonal studies is almost exclusively associated with one strand of spirituality - Hindu-Buddhist non-dualism. Alternatively, spirituality for Heron is understood in terms of ascent *and* descent, both within and without. His theory of the Divine encompasses:

1. *Ascendant spiritual consciousness*

Heron (ibid.) says this is beyond everything and informing immediate experience. This mode of being is characterised by either: a journey of *inward ascent* to the heights of spiritual awareness beyond name and form; or a journey of *outward ascent* whereby the energies and presences of subtle realms and higher worlds are engaged with.

2. *Immanent spiritual life, deep within and animating our immediate experience*

According to Heron (ibid.) there is a spiritual life within everything. This mode of being is characterised by a journey of either: *inward descent* to the depths of spiritual life within; or *outward descent* to become actively engaged in social change and planetary transformation.

Immanent spiritual life is understood to contain spirit seed, the potential of a person's becoming. Heron (ibid.) believes this guides people towards increased autonomy, expanded experience and inner growth. Spirit seed, or entelechy, is understood in a variety of ways by different theorists. Heron says Rogers understood it as the actualising tendency, Maslow as a self-actualising need, Wilber as the Ground-Unconscious, the potential of deep structures waiting to emerge at some point, Washburn as the dynamic ground, full of potential, and Jean Houston as the Entelechy Self, the seed of our potential.

3. *Present, immediate experience in the here and now*

Heron (ibid.) suggests that our present, immediate experience integrates the two poles and proposes a map that focuses on immediate present participatory experience of being-in-the-world. In this map he explores height and depth of both the beyond and the within. Ascendant states are characterised by a downward process (the below is influenced from above) and immanent states are characterised by an upward process (what is above emerges from below).

While one pole of the divine is ascendant, both beyond all manifestation and informing it, the other pole is temporal process in our world, the innovative, emergent becoming of divine immanence (Heron, ibid., p.11).

Heron (ibid.) argues that his understanding breaks the long held distinction between the sacred and the profane. He suggests it is this distinction that feminists have long criticised. Further, he describes his experience of the spiritual as one of diunity, neither duality nor non-duality, but incorporating both as the inseparable two - Many and One, Manifestation and Spirit, Subject and Object.

What Heron has achieved here is a map that locates all possible ways that individuals can, and do, live their spirituality in the world. It is a map that the field of transpersonal therapy is most definitely in need of if its aim is to serve clients who present with a variety of ways in which spirituality is incorporated into their lives (also, see Daniels, 2005, pp.26-37).

Other transpersonal therapy positions - less concerned with metaphors of ascent and descent - are also worth considering. Sovatsky's (1998) is a case in point. He sees the transpersonal therapist's task as being less about digging into the past and more about building upon subtle or dramatic degrees of progress, of happiness, in the present, as a way of responding to impermanence and clients' experience of uncertainty.

From a more pragmatic point of view the transpersonal therapist must assume a number of responsibilities. Boorstein (1997), for instance, believes there are two aspects to the role. One includes the use of particular spiritual techniques, and the other is about the therapist understanding what they are doing within a particular context. Walsh and Vaughan (1996) also agree that the use of an adequate conceptual framework for handling and responding to clients' transpersonal experiences is relevant, because, as highlighted by West (2000),

It is important that we do not assume that anyone and everyone engaged in following a spiritual path, or otherwise exploring their spirituality, is inevitably doing so in a healthy way (p.83).

According to Cortright (1997) and Vaughan (1991) it is therefore important for the therapist to be able to differentiate between progressive and regressive psycho-spiritual experiences. A therapist's ability to differentiate between spiritual experiences and psychotic ones, for instance, would be important (Clarkson, 2002). Key issues would seem to depend upon the therapist's ability to discriminate between religion or spirituality that has got sucked into psychopathology, and religion and spirituality that is working to liberate a person from it (Watts, 1997). Or, as Clarkson (2002) suggests, the ability to discriminate between spiritual practices that enhance life and cults that can take it. West (2000) says a member of a religious community who is unable to survive on their own in the outside world would be an example of unhealthy spirituality (the same could be true of any spiritual community). Other examples might include the development of psychic abilities in someone whose personality is unintegrated and who may interpret this as a sign of their own spiritual enlightenment. In the hands of a leader this misinterpretation could be used in a very destructive way (Boorstein, 1997).

Also considered crucial is the therapist's ability to make distinctions between purely spiritual issues and psychological ones. It would be wrong to spend years psychoanalyzing someone if their issues were spiritual (Boorstein, *ibid.*). Of equal concern is the importance of avoiding over psychologising spirituality and spiritual practice, lest it become reduced or pathologised (Wellings et al., 2000).

The importance of a discriminating approach to transpersonal experience is stressed because spiritual experiences are particularly vulnerable to misinterpretation and delusion (Wellings et al., *ibid.*).

There is a great need for enquiry to distinguish between pseudo spirituality, spiritual 'escapism' or 'tourism', and profound and authentic spiritual experiences (Wellings et al., 2000, p.4).

A number of pitfalls that clients may encounter in pursuing the transpersonal/spirituality are more specifically identified by various therapists.

West (2000) and Vaughan (1991), for example, point out that when spirituality is based on wishful thinking and the giving up of personal responsibility then it is potentially addictive. In this sense spirituality can be used as an escape from facing difficulties in life. Also problematic is the person who has become seduced by transpersonal experiences to the point of neglecting their participation in the world and everyday life (Firman et al., 1996). Boorstein (1997) notes that when people are so focused on becoming enlightened they forget, minimize, misuse or abuse the relational aspect of their life.

Cortright (1997) identifies further pitfalls. These include: spiritual by-passing, examples of this could be suppressing anger for fear of hurting another, seeing going into the past as pointless, and wanting to forgive without having worked through one's pain and anger. The other is spiritual materialism (Trungpa, 1973). This is when a person uses the language of spirituality to reinforce egoic tendencies and continues in activities without change. West (2000) notices that some people are drawn to spiritual practices as a means of inflating their ego whilst having a closed heart and little humility, and that some just seek the highs of spirituality as a way of escaping the pain of their ordinary lives.

Some therapists look out for hazards associated with clients who feel spiritually special (West, 2000; Vaughan, 1991). Skynner (1983, cited in Welwood, 1983) has also noted that some that follow a sacred tradition appear closed, intolerant of others and of their own hidden aspects. In such cases the tradition has been used to bolster a narcissistic tendency.

Wellings (2000) notes that another danger therapists need to be aware of is when the transpersonal has been confined due to the projection of parental images onto it. In this way the transpersonal can become the good father or mother. He points out that if this happens clients form a relationship to their fantasy to help cope with earlier traumatic experience. The transpersonal can come to be seen as all loving, caring, all knowing etc. A person may come to believe they are protected and will be safe from what life brings their way because they have this connection with the transpersonal. He says, however, that despite this potential pitfall, this child-parent relationship with the transpersonal may shift and the person may go on to develop a mature relationship with the transpersonal.

Finally, Clarkson (2002) warns therapists against focusing on the transpersonal in a way that could neglect other dynamics present in the therapeutic relationship. For example, she points out that there are five primary modes of relating potentially present in any relationship - the transpersonal relationship being one of them. The others include: the working alliance, the transference/countertransference relationship, the developmentally needed or reparative

relationship and the dialogic or person-to-person relationship. Attending to each of these relationships, when appropriate, is a requirement of any therapist.

We can conclude that, although the overall task of a transpersonal therapist can be generalised to the removal of barriers for the purpose of greater freedom and enhanced awareness, we cannot overlook the transpersonal therapist's beliefs that inform how this task is put into practice. I am arguing that these have the potential to make transpersonal participation exclusive or inclusive, depending on how each individual therapist interprets their own spiritual/transpersonal allegiances.

It is also important to highlight that there are a variety of significant pragmatic considerations and responsibilities that the transpersonal therapist must be equipped to engage with and respond to, that clearly mark them out as different to more conventional therapists. This becomes even more apparent as we turn to ways in which transpersonal therapists work.

WAYS OF WORKING TRANSPERSONALLY

Therapists' Approach Towards Assessment

An area that could mark out transpersonal therapists from conventional therapists is that of client assessment. This is an important area to address and the following contributions highlight the variety of pertinent ways some therapists have already done so and which can be drawn upon.

It has been argued that what therapists do when clients talk openly about their spiritual beliefs is an area that is spoken little of (Mills, 2000). Yet, as Clarkson (2002) and West (2000) point out, the case has been made for asking clients, at the assessment stage, whether or not they follow any religious or spiritual disciplines.

In fact, Clarkson (2002) has argued that entering into therapy with someone without knowing how a person makes sense of their life and their inevitable death is absurd. Clarkson, in the initial meeting, says she may ask: 'What are your ideas about the meaning of your life?' 'What is your religious or spiritual background?' 'How do you make sense of what has happened to you?'

Clarkson (ibid.) indicates that these questions elicit a number of important factors, that could include: the unique language the client uses in relation to ultimate issues; an area requiring further research by the therapist either through reading, films and/or consulting with others who are better informed; indications of psychosis, lack of meaning, suicidal or homicidal inclinations; and how the client construes their world. Richards and Bergin, (1997, cited in West, 2000) believe that understanding the world views of clients can then facilitate a better empathic understanding and can enhance the therapist's sensitivity. In addition, Clarkson (2002) says a mutual frame of reference once created can be used in the future.

Such questions allow for an assessment of the health of clients' spirituality and facilitate seeing the connection with their presenting problems (Richards & Bergin, *ibid.*). Clarkson (2002) holds that they can identify a person's source of strength and courage through their spiritual, religious or transpersonal perspective. A client's own sources of strength and nourishment can be tapped as a means of facilitating their recovery, regardless of the nature of the source, that is, whether Christian, Buddhist, Hindu and so on (Mills, 2000). Mills argues that it is therefore relevant to ask about faith or a sense of spiritual connection in an assessment meeting.

Also, it has been argued that assessment allows for identification of whether the client's religious and spiritual beliefs and community can be a resource for healing (Richards & Bergin, *ibid.*), as well as allowing the therapist to identify any spiritual interventions that could be helpful to the client.

Finally, Clarkson (2002) points out that asking such questions can indicate that there is a place to talk about death and dying. It can act as an indication from the therapist that there is a place for the transpersonal dimension in the therapy. By raising these questions West (2000) believes clients will then feel more enabled to speak about such issues.

During assessment, Boorstein (1997) shares that he establishes a client's religious background, spiritual beliefs and practices and their present role in the person's life. If these are not deemed relevant he works in a traditional psychotherapeutic way. When they are relevant he encourages people to explore within their own tradition, but he does also recommend practices or techniques that he is familiar with and indicates this to clients.

Boorstein (*ibid.*) points out that he informs clients that he does have an interest in the avenues of transpersonal growth. He points out, however, that introducing existential issues, for example, would be something he would do cautiously, and only after consideration following the taking of a detailed history at the start of therapy. He holds that the transference relationship will still develop normally despite revealing his values. In fact he claims that clients' awareness of his philosophical convictions has a positive effect on the working alliance. He acknowledges that although therapists' suggestions to clients may carry some weight if the therapist is held in some esteem, they need not be harmful if they are motivated by a sincere concern for clients' well-being.

According to Benner (1988) the role of the therapist is key to therapy that supports spiritual growth. A therapist open to spirituality would either implicitly or explicitly give permission for the raising of spiritual issues and questions in the therapeutic encounter. This permission may be communicated by the therapist inquiring about the client's religious history at assessment, or the therapist telling the client directly that they regard spiritual and psychological issues as inseparable and is happy to explore these areas.

In contrast to Boorstein (1997), although Cortright (1997) does assume that a transpersonal therapist is open about their orientation, he does wonder if spiritual values and beliefs should be shared explicitly. He suggests that, if they are, the worrying potential then exists for the therapist to become a guide, teacher, or guru. Due to the potential for this to occur Clarkson (2002) and West (2000 and 2001, cited in King-Spooner et al., 2001) have stressed the need for therapists to be able to differentiate between spiritual direction, pastoral care and therapy, and the importance of not mixing spiritual direction with counselling or therapy unless trained to do so.

In my opinion, how much therapists come to reveal about their own spirituality is a personal choice. As long as the therapist who is more explicit about their own values does so in a responsible and ethical way that avoids confusing spiritual direction with therapy, then there is no need to become prohibitive and/or overly prescriptive. This is an emerging field and I do not believe we know enough yet that warrants the imposition of dos and don'ts.

Contraindications of Transpersonal/Spiritual Interventions

Some therapists have, nevertheless, focused specifically on some aspects of spirituality in the therapeutic encounter that may require caution. West (2000), for example, indicates a number of contraindications of spiritual interventions. These would include: clients who do not want such an approach; clients who are delusional or psychotic; when spiritual issues are not relevant to clients' presenting difficulties; and where clients are minors and parental consent has not been given for such interventions.

West (ibid.) suggests that private practice may be more conducive to spiritual interventions than more public settings where interventions may be restricted. He believes informed consent to make such interventions is important, and can be aided by enquiring about the client's religious and spiritual background in assessment. He also states:

It is important that the client clearly consents to each spiritual intervention and it may well be appropriate to obtain their written consent (p.110).

We are warned that there are ethical and boundary issues for therapists who do acknowledge spirituality in their work (West, ibid.). West (ibid.) points out that the therapist's competence is an issue, and wonders if there has been sufficient developmental work and training around this area. Do therapists know where the boundaries are when working with clients? Is a therapist interested in spirituality? Is a therapist working with a competent and accepting supervisor?

West (ibid.) also wonders how addressing the client's spirituality in therapy will affect the therapeutic relationship. He asks how a therapist will support a client's spiritual experiences both inside and outside of therapy in a positive way. He believes that the therapist's response is influential and wonders what means therapists have for working with clients who have religious and/or spiritual affiliations that are very different to their own. Would therapists know when a referral would be appropriate? And how would a therapist cope with a client's spiritual emergency?

Whilst the concerns raised by West are highly pertinent, when it comes to the training and supervision of transpersonal therapists, there remains something, in the tone of his concerns, that suggests an atmosphere of fear, danger and trepidation when it comes to considering the relationship between the transpersonal/spirituality and therapy. In one sense this may be helpful, for it encourages discussion, and reflection, and carefully planned responses; but in another way it can become constricting in that the confidence in the potential transpersonal therapist may be undermined, making them impotent to respond to clients out of a sense of fear.

Alternatively, Benner (1988) believes in the legitimacy of therapists exploring any aspect of clients' experiences of spirituality, for example, clients' experiences of prayer, if they arose. But what would not be legitimate would be making specific suggestions regarding the actual practice of prayer. He says these would best be left to a spiritual guide or director. He argues that there are limits to therapy, which, whilst it may bring people to the verge of readiness for spiritual growth, cannot go much beyond this.

Whilst West and Benner are mainly concerned with contraindications of transpersonal spiritual interventions for those therapists already open to the transpersonal/spirituality in the therapeutic encounter, Lukoff (n.d.) alerts us to the potential dangers that beset those therapists with little or no interest in the transpersonal and who have not been exposed to this area in training, and, as a result may miss the implications of this for clients who present in spiritual crisis. To address this gap Lukoff and others have created a new psychiatric diagnostic category of "spiritual problems".

Lukoff (n.d.) points out that research in both psychopathology and mental health has largely ignored religion. Studies have highlighted that training for psychologists and other mental health professionals in this area is not adequately provided for by most training programmes, despite the importance of spirituality and religion in most people's lives. Clinical insensitivity towards individuals who present with religious and spiritual problems and issues has been uncovered. In response to this lack of sensitivity towards religious and spiritual difficulties, David Lukoff, Francis Lu, MD and Robert Turner, MD, proposed a new diagnostic category of "spiritual problems" for the *Glossary of the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV)* (1994). Lukoff (1998, n.d.) points out that on its acceptance it

was acknowledged as an important shift in the mental health profession's stance towards religion and spirituality.

Spiritual problems in the *DSM-IV* are about clients' distressing experiences that involve a person's relationship with a spiritual source or force without necessarily being related to an organized church or religious institution (Lukoff, 1998; n.d.).

The impetus for proposing the new *DSM* category came from transpersonal clinicians whose work had been impacted by spiritual emergencies (Lukoff, 1998; n.d.). These spiritual experiences are often the result of intense experiences associated with spiritual practices, whereby persons may become inflated and grandiose.

Christina Grof and Stanislav Grof coined the phrase 'Spiritual Emergency' and founded the Spiritual Emergency Network Institute in 1980 as a way of helping people experiencing a spiritual emergency to find therapists and gain other assistance (Grof & Grof, 1989). 'Emergency' means requiring action, a serious event, and Grof and Grof would agree that this would apply in the case of a spiritual emergency. However, of great concern to them is the form a response may come in. They suggest that the response will be appropriate if such an event is regarded as a spiritual *emergence*, i.e., as a positive happening that requires care and nurturance rather than negative judgement and negation.

Also associated with spiritual emergence are other extraordinary experiences that can precipitate a spiritual crisis. Lukoff (1998; n.d.) suggests the following typology: mystical experiences, near death experiences, meditation and spiritual practice, psychic experiences, visionary experiences, shamanic experiences, alien encounter experiences and possession experiences. Possibly less dramatic, but carrying equal potential for crisis, would be loss of or questioning of faith experiences, and terminal life threatening illness experiences.

According to Lukoff (1998, n.d.) and Grof and Grof (1989), therapy with spiritual emergency clients in crisis could include the following interventions: normalization; the creation of a therapeutic container; helping the client to reduce environmental and interpersonal stimulation; having the client temporarily discontinue spiritual practices; using the therapy session to help ground the client; suggesting the client eat a diet of "heavy" foods and to avoid fasting; encouraging the client to become involved in simple, grounding, calming activities; encouraging the client to draw, mould clay, make music, journal, write poetry, dance; and evaluating for medication. More general therapeutic strategies might include: giving people a positive context for their experiences; giving people information about the process they are going through; helping them to move away from the idea of disease; a helpful attitude from close ones; accommodating for the release of emotion; a therapist who can trust the healing wisdom of the transformative process; and a therapist who respects the whole spectrum of human experience.

Lukoff (1998, n.d.) argues that of paramount importance is the correct diagnosis of spiritual crises without the imposition of a label of mental disorder. It is believed that the clinician's response to a spiritual emergency or crisis can make all the difference between someone being diagnosed as mentally ill and someone who is supported to integrate the experience and use it for future growth. It is acknowledged that such crises can lead to long-term improvements in overall well-being and functioning.

Lukoff (1998, n.d.) suggests that a person's spiritual crisis is usually intermingled with an existential crisis regarding the meaning of one's life, and that psychotherapy can help people with spiritual and religious difficulties make sense of their experience and surface any inherent messages. In this way psychotherapy can be seen as a process to help clients create a new story of their lives, to change their personal mythology.

Having highlighted some of the potential hazards for both those therapists whose approach incorporates the transpersonal/spirituality, and those whose approach does not; we can now focus on actual techniques used by those therapists whose approach already does incorporate the transpersonal/spirituality.

Therapists' Use of Techniques

Rowan (1993) claims that:

... the practice of the transpersonal practitioner is not so very different from the practice of anyone else, very often (p.88).

Yet this claim is not borne out by most transpersonal therapists who believe that their practice is characterized by additional techniques. Boorstein (1997), for example, tells us that as a result of his own personal experience he recommends transpersonal practices to clients as an adjunct. He found that his own meditation practice helped him resolve certain psychological conflicts left untouched by his personal psychoanalysis. Consequently, he selects spiritual techniques for clients to practice in accordance with his understanding of a person's level of psychological development (Boorstein, 1996). Interestingly, he does not use spiritual practices with clients solely for the purposes of ego transcendence either, but also with clients at more fragile levels of psychological development. For instance, one of his clients who had been diagnosed as paranoid schizophrenic read, at his suggestion, *A Course in Miracles*, and it is reported to have helped.

In this way Boorstein (1996c, 1997) may use what he calls transpersonal bibliotherapy with clients, as well as suggesting various forms of meditation such as moving meditation, or vipassana. He believes the psyche of an individual will draw from a spiritual practice what it

needs for its healing. Boorstein suggests it is helpful for the therapist to have tried themselves what they recommend for clients, and then for the therapist to watch for its consequences. He is also aware that there are potential dangers involved in making such suggestions. For example, he warns that there needs to be caution around clients' over-idealisation of the therapist and being careful not to encourage dependency.

Richards and Bergin (1997, cited in West, 2000) also indicate numerous possible spiritual interventions open to the transpersonal therapist. These include praying for clients, encouraging clients to pray, discussing theological concepts, referring to scriptures, using spiritual relaxation and imagery techniques, encouraging forgiveness, supporting clients' congruent living with their spiritual values, self-disclosing spiritual beliefs or experiences, consulting with religious leaders, and using religious bibliotherapy. They too stress the importance of taking great care before making such interventions.

Cortright (1997) points out that Buddhist mindfulness meditation has been used as an adjunct to therapy for the purpose of enhancing awareness. Hoffman (1989) adds that it is also considered conducive to inner development, emotional calmness, well-being and the strengthening of our higher sensitivities such as intuition, creativity and spiritual discernment.

Cortright (1997) considers the powerful effects of meditation practice as most helpful in combination with long-term therapy. However, he sees these practices as an adjunct and not another therapeutic technique. That said, Cortright is not averse to the use of techniques in transpersonal therapy. He does not see a problem with information giving, using outside resources, or affirming and supporting clients moving in a spiritual direction. He says they are ways of accessing the self and their skilful use is part of the therapist's ongoing development.

Welwood (1983, cited in Wellings, 2000) does not advocate teaching spirituality in therapy and is generally reticent about its inclusion. He concludes:

In therapy, while it may be appropriate to introduce information about meditation, to discuss experience that comes from its practice and to use techniques that approach similar states of consciousness (...), finally it is best to leave psychotherapy to psychotherapists and meditation to meditation teachers (p.184).

Cortright (1997), Hastings (1999) and Rowan, (1993, 2005) remind us that in addition to meditation, transpersonal methods also include: Holotropic Breathwork, altered state work, psychosynthesis, logotherapy, image work, meditation, prayer, active imagination, personal mythology, visualization, guided fantasy, dreams and journalling.

Grof's (Bache, 2002) Holotropic Breathwork, is a technique that is understood to facilitate movement beyond a separate self-sense. Bache (ibid.) describes the technique as involving long periods of increased breathing, evocative music and bodywork. This technique

engages the deep psyche and powerfully stimulates the unconscious. The outcome is amplified patterns brought to conscious awareness. These patterns can build towards a threshold resulting in either conscious realization of an inner gestalt or a release of pain. Both lead to the dissolution of the pattern and a freeing up of energy. The more this process is repeated the more the patterns are released. Unlike in conventional therapy, where trauma is worked through and energy is freed up to allow a person to move on with their individual life, the trauma worked through in Holotropic Breathwork aims to bring a person into contact with a deeper insight into the nature of existence. The process sees the falling away of the conditioned mind that undoes our belief that our current life or our local experience is our identity.

In contrast to the techniques-trained approach of Holotropic Breathwork, the logotherapist will use anything, as long as techniques are not reductionistic. However, the main approach used is the Socratic dialogue. Logotherapy assumes that within the deepest resources of our human spirit we know who we are and what our potential is, and we know how to get to where we want to be from where we are. Through Socratic dialogue the logotherapist acts as a midwife for the birth of ideas and attitudes that lie dormant within the client (Fabry, 1996).

Jungian therapy incorporates working in a traditional therapeutic way with clients' issues but with an openness to and readiness for work with impersonal (collective) material. Jung understood images as direct translations of emotions (Brookes, 1996). He used the techniques of active imagination and amplification as ways of accessing the information held in an image. These techniques involve encouraging a person to associate whatever they like to an image through imagination as well as amplifying chosen aspects of it. So, working with images offers a direct way of working with emotion that can avoid getting caught up in the intellectual. Similarly, Foote (1996) points out that guided imagery therapy can be very helpful in aiding clients to unblock and resolve emotional conflicts.

Clients can also be encouraged to pay close attention to their dreams (considered concretely or symbolically) as a way of accessing personal guidance (Hoffman, 1989). Hoffman (ibid.) says another strategy is to encourage clients to read sacred texts as a way of strengthening their higher qualities, intentionality, intuition and creativity. Or, as Chappell (2000, cited in Wellings et al., 2000) points out, clients may be encouraged to connect thoughts and feelings with their body in the present and to go with those embodied feelings.

Techniques employed by the psychosynthesis therapist include the use of symbols, meditation, inner dialogue techniques for use with inner guides, and visualization. Assagioli developed these techniques as a way of aiding contact with the transpersonal Self. Alignment with the transpersonal Self comes about in two stages. In the first stage inner dialogue work may be used as a way of facilitating identification with the contents of the lower unconscious and its various subpersonalities. In the second stage visualisation may be used to support the

disidentification from the lower unconscious and facilitate contact with the higher transpersonal Self (Cortright, 1997).

Elkins (1995) argues that where therapy is understood as an initiation into the world of 'soul', a place where clients learn to care for their own souls and live soulfully, the therapist must help each client discover those things in life that are helpful to the nurturance and healing for that particular person. A soul-nurturing programme outside of therapy based on activities that ignite each individual's soul may also be suggested. In this, the therapist must first of all help the client identify particular soul activities in a way that is not mechanistic but rather guided by the soul of each individual.

Clearly, therapists with an interest in the transpersonal/spirituality incorporate a broad spectrum of techniques into their approach. Most likely the techniques chosen will mirror the particular transpersonal/spiritual interests of each individual therapist. Sometimes the techniques introduced will be explicitly of a transpersonal nature, for example, Grof's (Bache, 2002) Holotropic Breathwork. Perhaps of most importance, regardless of different techniques used, is the appropriate use of each technique, the need for the therapist to propose such interventions with tact and care, to incorporate them skilfully, and to possess the humility to know one's own limitations by not fancying oneself as a guru, and to be able to discern what responsibilities lie more appropriately with a spiritual director.

I would argue, however, that the ability of the transpersonal therapist is not dependent on capabilities as technicians. Techniques can be seen more as aids than anything else. The stance of the therapist towards their work is crucial and this is most readily communicated through the therapist's being, the way they are, their presence.

The Therapist's Presence and Stance Towards their Work

Wahl (1999) suggests that most therapeutic approaches are theoretically based and organized at the level of technique and this leads to an emphasis on the therapist 'doing'. Instead, he argues that seeing and being are crucial, although, he concedes that using any technique may be therapeutic as long as it is used in the service of presence.

Seeing and being informs doing ... The essence of the transpersonal perspective as it is expressed within a helping relationship has nothing directly to do with techniques which are associated with 'the transpersonal therapies'. The essence of this perspective is much closer to the 'presence' that Rogers describes so well, and my suspicion is that it is something which really must be experienced when helping someone, rather than be learned from a book (Wahl, *ibid.*, pp.18-19).

I agree with Wahl (*ibid.*) that crucial to a transpersonal therapeutic relationship is the presence of the therapist, which by implication can facilitate healing. However, I think the idea

of presence needs some demystification. Although presence is not something that can be defined and taught to therapists, it is possible to identify qualities that can contribute to it, and that point therapists in the appropriate direction.

The therapist's ability to simply 'be', as opposed to their ability to 'do', finds clear direction in Thorne's (2002) approach. He notes how it is important for the therapist to develop the ability to wait, without expectation, in a place of powerlessness, with an attitude of hope. It is Thorne's experience that it is then that the invisible world can reveal its treasures either via thoughts, feelings or the intervention of external forces.

In a similar vein, Clarkson (2002) suggests that in the transpersonal relationship it is helpful if the therapist lets go of skills, surrenders knowledge, gives up preconceptions, the desire to remember, heal or be present and instead acknowledges the importance of passivity, yielding and receptiveness. For her, it is important for therapists to simply 'be' with clients in a genuinely empty, non-existent space.

Types of Transpersonal Intervention

Welwood (2000, cited in Hart et al., 2000) reports that the type of transpersonal therapist intervention that can facilitate the emergence of a client's presence, involves distinguishing between two possible shifts in therapy, horizontal ones that operate within the personality and reveal more meaning or greater understanding, and vertical shifts which move from personality into a deeper quality of being. He acknowledges, however, that horizontal shifts can lead to vertical shifts. Welwood recommends bringing a client's attention to the nature and significance of such shifts when they occur.

Welwood (ibid.) identifies a progression in human experience starting with (1) a movement from unconscious, pre-reflective immersion in experience (identification); (2) moving to thinking and talking about experience (conceptual, reflection); (3) having our own direct experience (phenomenological reflection); (4) non-identified witnessing (mindfulness); (5) being-present-with experience (unconditional presence, leading to transmutation); and finally (6) trans-reflective resting open presence with whatever experience arises (self-liberation).

Welwood (ibid.) suggests that when approaching clients' experience the therapist needs to be willing to inquire into clients' experiences in an unbiased, non-reactive and non-controlling way. He believes that this allows a client to acknowledge their inner experience, to recognize and name their experience. He points out that it is important for clients to linger here and not to rush for some resolution. He says that after acknowledgement comes allowance of a feeling to be there as it is. Allowance makes it possible to then open to the feeling more fully, to enter into it, become one with one's experience without needing to do anything with it. Welwood (ibid.) notes that when awareness of a feeling shifts from relating to it as an object to one of presence

with it, new resources or wisdom in it become available. There is a movement from personality to being.

Welwood (ibid.) describes this approach with clients as follows:

I encourage them to rest there, appreciate the new quality of presence that has become available, and let it move freely in their body, without having to go onto another problem or anything less ... This contemplative approach to psychological work differs from conventional therapy in being more concerned with recovering the presence of being - accessed through opening directly to experience than with problem resolution (p.104).

The type of therapist intervention outlined by Welwood (ibid.) - which is clearly influenced by the practice of mindfulness meditation - contrasts somewhat with that advocated by Roberto Assagioli¹⁹. According to Battista (1996), Cortright (1997) and Daniels (2005), Assagioli highlighted two tasks of the psychosynthesis therapist. In the first instance they are responsible for supporting a client's '... personal psychosynthesis (the achievement of a well-integrated personality, centred on the personal ego) ...' (Daniels, 2005, p. 21). In the second instance, the therapist's task turns to facilitating contact with the transpersonal Self or Higher Self through symbols, meditation, inner dialogue techniques for use with inner guides, and visualization. This second task is known as '*transpersonal psychosynthesis* (the synthesis of personal ego and Higher Self)' (Daniels, ibid., p. 21).

Despite real practical differences between Welwood's (ibid.) and Assagioli's way of intervening, they both share a common presupposition, that is, an understanding of progress that is tiered and developmental. With Welwood (ibid.) we have his six stage progression in human experiencing, and with Assagioli, we have his two stage progression starting with personal psychosynthesis, and then moving onto transpersonal psychosynthesis. So, here again, we see traces of the ascendant tradition that implicitly informs how many transpersonal therapists perceive the therapeutic encounter, perceive clients, and how they correspondingly respond. This position is in contrast to how other transpersonal therapists, influenced less by the ascendant tradition, intervene, or rather, do not intervene. The focus for these therapists seems to be more about getting out of clients' way, based on a trusting in clients' inherent ability to heal themselves. For instance, Wittine (1989) suggests that therapists can be regarded as midwives to a client's new identity that a crisis may have precipitated. In these situations therapists need to trust the psyche's own healing tendency, and not to become anxious in the face of crisis. He believes that they also need to have an open heart towards clients in chaos and

¹⁹ The Italian psychiatrist (born 1888, died 1974), and creator of the psychosynthesis model of therapy.

crisis. Further, Clarkson's (2002) approach involves the need to look '... for where the life energy is, nourish that, and then get out the way' (p.180).

However, whilst I am personally averse to viewing human beings in developmental and hierarchical terms, I agree with the ways in which Welwood (ibid.) describes how he encourages and supports clients to be with their experience. This means that, although we must not ignore the implications and consequences of the different theoretical underpinnings various transpersonal therapists bring to bear on the therapeutic encounter, we can remember that there are areas of practice and therapeutic intervention that are shared between transpersonal therapists with differing perspectives. The arena in which these different approaches are lived out is the transpersonal therapeutic encounter.

Before arriving at the transpersonal therapeutic encounter it has been necessary, first of all, to build up our understanding of the transpersonal and transpersonal therapy generally. This has been made possible through: detailing the historical background of transpersonal therapy, outlining those features that characterise transpersonal therapy, exploring the nature of the transpersonal itself, identifying who and what contributes to the transpersonal therapeutic relationship and clarifying ways of working transpersonally. This foundation now makes it possible for us to enter into the transpersonal therapeutic encounter and discover the ways in which the nature of spiritual/transpersonal participation is actually lived and experienced. I shall start by outlining a variety of ways in which some transpersonal therapists prepare themselves for working transpersonally.

THE THERAPEUTIC ENCOUNTER

Preparations for Working Transpersonally

First of all, Clarkson (2002) reminds us that preparation of the space where the healing is to take place is of vital importance in all cultures. She tells us:

In psychotherapy we are dealing with a mysterious process to do with the creative life force in which we live and breathe and have our being ... If the work of psychotherapy is restoring vitality (or enlivenment) to the person's self-healing capacities ... Perhaps the most we can do is prepare ourselves and the space as best we can for the autopoietic emergence (self-creating manifestation) of healing in the context of the therapeutic relationship (p.88).

Clarkson (ibid.) suggests various ways in which therapists can ritually prepare for the therapeutic encounter. These can range from five times a week Kleinian psychoanalysis or seven years of study at medical school, to a meditation before the session, or simply washing one's hands. For herself she says:

For this brief time I will work from the clearest, best, most holy place in myself. The empty space, where Being breathes through me to metaphorically blow on the smouldering embers of life's fire in the other, like any performing artist, I have practiced and prepared, but when I go into the dance itself to perform the duet or chorus line, I will truly yield to a music I may never have heard in this way before (p.124).

West (1998) argues that spiritual preparation may not vary greatly from the psyching up done by secular therapists. Nevertheless, he notes that the use of inspiration and prayer by the Quaker therapists he studied set them apart. He found that regular attendance at Quaker meetings psychologically prepares a person to receive inspiration.

Also, with regards to prayer, Gubi (2001) in his study on Christian prayer with seven counsellor trainees, found that therapists used prayer covertly to ground themselves, to enhance their preparation for the counselling process, for when issues seem overwhelming for a client, and more generally, as an expression of hope and acknowledgement of the limits of the counsellors' responsibilities.

On a more personal level, Boorstein (1997) says he says a *metta* 'prayer' before meeting each of his patients for the day. He visualizes each person individually and repeats to himself:

May you be free from danger; may you have mental happiness; may you have physical happiness, may you have ease of well-being (p.7).

Thorne (2001) shares that he cannot engage in a therapeutic relationship without acknowledging the spiritual nature of his own and his clients' human beingness. Each day, he says that he holds each client in his thoughts in relation to their current state and on their essential nature (Thorne, 2002).

... the eyes of faith will dwell on their inner beauty and resourcefulness, their sacredness and infinite worth. At the same time the therapist, while yearning for the client's good, imposes no direction upon the process and no pre-determined goal (Thorne, 2002, p.42).

Like all therapists generally, transpersonal therapists prepare themselves in some way before entering the therapeutic encounter. Unlike conventional therapists, the preparations of transpersonal therapists will differ to the extent that they are informed by their perception of the therapeutic context, as well as their particular form of spiritual practice. Since different therapists have varying spiritual and/or religious commitments, preparations for working transpersonally vary considerably.

The Transpersonal in the Therapeutic Encounter

We can presume that for those therapists with spiritual or transpersonal leanings there will exist experience of participation with the transpersonal in the therapeutic encounter. However, precisely what is understood by the presence of the transpersonal in the therapeutic encounter is so far unclear.

Clarkson (2002) tells us that there are indicators when the transpersonal is or is not present in the therapeutic encounter. She says it is not present if it feels like you, if you can explain it, or if you feel proud of it. She says it may be present if it feels pure, clean, if it feels clinically right and at the same time different to anything else, if you feel inspiration coming through you, not from you, or if you experience a sense of timelessness.

In my opinion, Clarkson (2002) manages to capture with her words the essence of transpersonal presence in the therapeutic encounter. In identifying the borders between when the transpersonal is present and when it is absent, she has drawn our attention to its nonpersonal nature. That is, it is not a thing that belongs to an individual, or is owned and possessed by them, and thereby controllable. Rather, the transpersonal is a presence that we enter into participation with. If this occurs, transpersonal moments can be identified, although they may vary in quality.

For Clarkson (2002) such transpersonal moments include experience of our interrelationship with the rest of the universe, a sense of meaning, experience beyond words, a sense of refreshment, nourishment or cleansing, and a realization that these experiences are not something you can hold onto. For Hastings (1999) they include experiences of intense love, enhanced perception, a sense of merging, spiritual and religious experiences, psychic awareness and peak experiences.

Firman et al. (1996) and Hastings (1999) note that transpersonal moments may involve feelings of peace, a certainty that all things would work out for the good, a need to contribute to others, a belief that love is at the centre of everything, a sense of joy and laughter, seeing a deep meaning in one's life and in the life of humanity too, transcending one's normal identifications, seeing a larger connection to life, and moving into a state of consciousness beyond everyday awareness.

West (2000) found that over three quarters of respondents, in research he conducted into therapists who incorporated healing, reported feeling at times part of something bigger than themselves and their clients in their therapy work. He said half felt that grace was present and over half felt that God was present.

It is useful to be able to identify characteristics of transpersonal moments that indicate when participation with the transpersonal has occurred. These begin to create a language that can give us the opportunity to communicate with one another about what we may know is going

on but which we may not bother to discuss because we do not know how to put such things into words. If we do not create and build communication pathways to share experience of transpersonal participation, then opening up further to such participation will be highly unlikely. Being able to articulate one's experience is a way of starting to build knowledge about it, which in turn can develop our understanding. Some headway has been made when it comes to the articulation of our knowledge and understanding of the experience of deep empathy in the therapeutic encounter. This is a state that can be reached by client and therapist following the transpersonal therapist's preparations and immersion in the encounter.

The Experience of Deep Empathy

Before outlining the ways in which deep empathy is conceived, it is worth pointing out that the possibility of its occurrence in the therapeutic encounter is not confined to transpersonal therapy alone. Entering into deep empathy is a real possibility for any therapist of any approach, provided, that is, that certain factors are present. Fundamental to it, is closure of the gap between the client's experience and the therapist's, and their convergence towards a merged state.

Puhakka (2000) tells us that:

Empathy is the capacity to understand another person's experience (or one's own) with such intimacy as to be able to touch the interiority of this person's psyche and, from their view point of that interiority, "feel with" him or her (p.14).

Hart (2000) points out that most forms of therapeutic empathy involve a split between self and other. This means that the therapist uses themselves to sense or assess the other's experience. This type of empathic understanding partly depends upon the therapist distancing themselves from the client in order for the therapist to sense their experience. He notes that in deep empathy there is a move toward transcending the subject-object split or the division between self and other. He says, as the distance between therapist and client decreases, the opportunity to know the client more directly opens up. In deep empathy the separate self is maintained but the difference between deep empathy and empathy per se is the intent to open to the other.

Hart (2000) acknowledges that different therapists understand deep empathy variously. Tansey and Burke (1989) believe that the unconscious of the analyst understands the patient's unconscious in a way that is different to the analyst's conscious reasoning. Understanding is experienced as much deeper and more accurate. Segal (1964) understands deep empathy in terms of projective identification. That is, the client projects onto the therapist, who then becomes possessed, controlled and identified with the projected parts.

Nonetheless, common to all understandings of deep empathy, as Hart (2000) indicates, is the notion that absorption, immersion in experience, in the meeting with another is part of deep empathy. He identifies other important ingredients associated with the experience of deep empathy, like the therapist's awareness of self whilst also immersed with a client, through listening, paying attention, reaching out, receiving and allowing.

Hart (ibid.) further notes that whilst most therapists are trained to put their reactions to clients to one side, in deep empathy the opposite is important. If the therapist allows themselves to experience and understand their reactions, which may more generally be understood as countertransference, then these may provide the therapist with important clues about the client's experience, or how they impact on others. This stance towards clients is also encouraged by Puhakka (2000). She says emotional responsiveness towards another and being able to resonate with the other facilitates empathy.

What is essential to empathy, however, is a direct contact that is nonverbal and mutually recognized, even if not always verbally acknowledged (ibid., p.14).

Hart (2000) points out that deep empathy is dependent on reduced fear and a relaxing of defences, as well as the therapist being able to put themselves aside. He stresses, though, that deep empathy is not a particular technique, but more '...an activity of more direct knowing that involves a shift in being, consciousness, or awareness' (p.260). Hart provides a very vivid description of his experience whilst in a state of deep empathy.

... light in the room changed; background sounds retreated; and the boundaries between us seemed to collapse. I recall a sense of the client and myself being in a kind of luminous egg. Later, I experienced the deep connection as an exchange, like spiral waves flowing back and forth. Later still, I usually became less aware of the sensations and instead entered a more open awareness (p.25).

Hart (ibid.) goes on to say that there can be moments when his understanding of the other deepens in a way he cannot explain.

I seem to experience the others' feelings directly in my own body or recognize, patterns, histories, or meanings that do not appear to come from interpreting the words and gestures that we exchange (p.253).

Hart (ibid.) notes that these experiences were characterized by feelings of timelessness and a shift in knowing. Actively listening became like a practice for him. It absorbed his attention. Internal chatter would dissolve making possible an expansion of awareness. He believes this can be powerfully beneficial to the therapeutic relationship.

Hart (ibid.) further notes that moments of deep empathy can be confusing for the therapist in terms of distinguishing between what belongs to them and what belongs to the client.

Further, Hart (2000) points out that from knowing the other more directly love can spring, or natural compassion. He draws attention to how Carl Rogers (1980) found himself reacting in unexpected ways when he was in touch with the transcendent core of himself and following it as result of aligning himself with the client. Also, if therapists open to this field of consciousness then sometimes information feels as though it were coming from another source outside or from deep inside.

... other types of material become available (unexpected images, including possible archetypal themes, deep patterns, etc.) that may not be available to the client's immediate awareness. While one may be able to hypothesise origins and patterns in conventional empathy, in "witnessing", recognizing and appreciating multiple layers and patterns of experience intuitively and immediately becomes increasingly possible (Hart, 2000, p.262).

Puhakka (2000) adds that a moment of knowing may be followed by thoughts, mental images or impressions. These may help a person understand what the knowing is about, but the knowing itself is an act of contact. She says these are moments of empathic interconnectedness, and that in these moments of contact or deep empathy the dualism of subject and object may loosen or dissolve and there is an experience of inter-being.

This point is picked up by Deikman (1982). He says that in experiencing undifferentiated reality a person becomes their experience. West (2000) believes it is possible to view these experiences in terms of Buber's I-Thou relationship. He recognizes, however, that it is also possible to view these mergers between client and therapist in non-spiritual terms too.

Puhakka (2000) herself has experienced moments of knowing as a therapist and supervisor. She says these were experienced as insights and that some changed the life of the person. Such moments always involved the melting away of barriers within a person's psyche or within the interpersonal space between two people.

Let us pause a moment here, to consider the nature of knowing - as understood in the context of deep empathy - in a little more detail. Deikman (1982) understands that the means of knowing in Western science are primarily via rationality and sensation. However, he points out that the existence of intuition confirms that an alternative channel operates outside of the intellect and sensory pathways. It is associated with hunches, sudden solutions, feeling the right choice in a dilemma and receiving ineffable knowledge. He suggests that intuition is another avenue of knowledge that he believes has been ignored as a result of the advances in and success of Western science. He further believes that intuition is a process of acquiring knowledge that

does not involve conscious thought, senses or memory. This description seems to capture the experiences described by Hart (ibid.) and Puhakka (ibid.).

Puhakka (2000) adds herself that there is a difference between direct knowing and an altered state. 'Knowing' can occur in ordinary *and* altered states of consciousness. She says 'knowing' can provide connection across states and can effect transformations that are more substantial and lasting than changes in states of consciousness. However, she believes that the impact of moments of knowing may fade quickly or they can have a long lasting effect. Whether the impact is longstanding or not, they still have an impact, making contact through deep empathy something well worth valuing.

Hart's and Puhakka's experiences and understanding of deep empathy find support from several empirical studies. My MA thesis (McAleer, 1995) was based on a phenomenological study of eight therapists' experience of listening from a variety of therapeutic approaches and with therapeutic experience ranging from one year to twenty years. It highlighted that this experience is characterized by an interdependent matrix of various forms of listening.

After preparing themselves for the listening role, and holding a variety of aims in mind, the listener enters the therapeutic encounter. Entrance into the other's world may be hampered by a range of obstacles, that, once overcome, give way to *immersion*. This is characterized through a partial letting go of or setting aside of oneself for the purpose of opening oneself to the other; whilst, at the same time not losing awareness of oneself. The listener is able to notice what occurs in themselves, the other, and the interaction between self and other.

The listener draws on a variety of inner experiences that facilitate full engagement with the other allowing for an understanding and clarification of that which lies behind the other's communications. At some point thereafter, the listener's awareness can become clouded at the point where immersion deepens and dissolves in an intertwining between self and other. It is at this point the boundaries between self and other shift and the listener experiences confusion due to a seeming loss of self. The listener's return to their inner experiences can, again, make possible a re-emergence from the intertwining.

The alternation between the intertwining and re-emergence seems to have a powerful effect on the other. This makes possible insights or breakthroughs and changes in the other's relationship to self and others. The intertwining/re-emergence process is characterized by psychological and emotional shifts as well as shifts in the other's awareness. These shifts are experienced by the listener, but in a different way. The listener may feel clear, more relaxed and at ease. Afterwards the experience lingers for the listener and detachment may not have been completed, making supervision important (McAleer, 1995).

M.M. Sterling (1993) conducted a phenomenological study of the meld experience. Her study examined role play in psychotherapy supervision with three therapists in which the meld

experience featured. Her findings closely parallel the listeners' experience of the intertwining in my study.

Sterling's (ibid.) data revealed three components to therapists' experience - immersion, meld and resolution. As in my study, immersion is characterized in hers by therapists' ability to differentiate between 'I' and 'other'. In the meld phase of her study, like mine, the therapist becomes confused about whether what one is feeling is coming from oneself or from the other. Suddenly and unexpectedly one loses the ability to maintain the immersion experience. Distinctions between self and other no longer hold. The separated consciousnesses seem to dissolve into one experience. Although aware of one's bodily experiences, it becomes difficult to tell who is the source of one's current experience. This process happens quickly and one feels lost in the experience.

During resolution, therapists may wish to return to the state of immersion in order to separate from the other. This may not happen and afterwards therapists continue to feel lost. These feelings are deeply lived, hidden and are generally not mentioned. One is drawn to enter this deeper, unknown, impenetrable level. At the time, there is no awareness that one is doing this, the therapist just feels compelled to do so. Suddenly a moment of resolution comes. This brings with it a return to a clear sense of separate consciousness but a new level of knowing. The knowledge that comes is familiar, recognized and characterized by consciousness making seen what was already there. Afterwards, comfort in the body, relaxation and clarity come.

Mearns and Cooper (2005, cited in Cooper, 2005) have explored an 'extraordinary depth of human contact' which they have called 'relational depth'. Such moments have been acknowledged by others too (Csikszentmihalyi, 2002; Friedman, 1985; Geller & Greenberg, 2002; Hycner, 1991; Jordan, 1991; Stern, 1998, 2004; all cited in Cooper, 2005).

We can see, then, that the possibility of mergence/intertwining/melding/relational depth, is not exclusive to a special group of transpersonal therapists. Experience of the 'intertwining', 'meld experience', 'relational depth' is not an uncommon aspect of therapists' listening experience, if not always easy to attain.

As pointed out by West (2000) earlier, experiences associated with deep empathy do not have to be regarded as spiritual. They can be seen as non-spiritual. However, whilst this is not being denied, it is also possible to frame deep empathy in spiritual terms. In the context of this study identifiable criteria allow us to do so.

Features of deep empathy identified by Hart (2000), McAleer (1995), Puhakka (2000) and Sterling (1993) include: a collapsing of boundaries leading to the experience of inter-being, entering into a more open awareness, experiencing a sense of timelessness, more direct knowing involving a shift in being or awareness, a shift in knowing, feeling that information is coming

from another source or from deep inside and 'witnessing' - in no time - patterns of clients' experience outside of their immediate awareness.

Those features that characterise deep empathy parallel those that therapists in this study identify as indicators of transpersonal participation in the therapeutic encounter. When the transpersonal is present in the therapeutic encounter therapists report experience of felt shifts. These are characterised by greater relational depth between client and therapist - arrived at through mergence or non-separateness - that proves effective, and through the therapist's ability to receive knowledge and to gain access to more information about another and what is happening between them. Further, participation with the transpersonal in the therapeutic encounter has a generally positive impact on both therapists and clients afterwards. Common to their experience of contact with the transpersonal is healing and transformation.

Insights, breakthroughs, emotional and psychological shifts and increased clarity are hallmarks of deep empathy. Deep empathy is characterised by moments of inter-being that ultimately result in changes for a client. In other words, when deep empathy is achieved in the therapeutic encounter - as when the transpersonal is present - healing is the likely outcome.

Parallels between the experience of deep empathy and participation with the transpersonal in the therapeutic encounter suggest that we might grant a spiritual interpretation and understanding of deep empathy more consideration than they have received so far. In doing so, the possibility of building a language that allows us to start communicating about transpersonal events and moments more candidly becomes realisable.

Healing in the Therapeutic Encounter

Similar understandings of what contributes to a healing outcome are shared by other therapists too. For example, research conducted by West (1997, cited in West, 2000) into therapists whose work included healing, tells of one healer who had a sense of being part of something bigger than himself and his client. The therapist noted that something of the 'other' comes in when a certain resonance is achieved between client and therapist, when there is a common purpose and a common field. In such cases there is more than just two people in the room, there is a qualitative difference, and, according to West's study, both client and therapist get something from the Grace that comes in.

According to Clarkson (2002) healing is a natural process that cannot be resisted. She says it will happen when a client is strong enough. If it does not she says there is a good reason. She treats what others call resistance as simple feedback to the therapist that they are doing something unhelpful. She sees healing '... as blowing on the embers of another person's self-healing energy' (p.122). She also does not see how any healing can take place without the transpersonal, though, because she is aware she does not cause the healing herself.

Healing in the therapeutic encounter would seem to be less about hands-on physical healing and more about therapists' approach, presence, attitude, receptiveness and ability and willingness to openly relate to another person as well as something other than the two people present.

However, Cortright (1997) understands healing in a different way. He believes that it is consciousness that heals. He notes that what is happening in therapy, with its various techniques, like talking, exploration through drawing, images, writing, movement and so on, is the expression, through consciousness, of the many angles of an issue. He says that moving around the issue, coming at it over and over again and from different angles, is a way of fully being with it that then frees up its frozen aspects.

Cortright's (ibid.) perception of healing, on first glance appears to differ from West's (ibid.) and Clarkson's (ibid.), as well as from that described as the result of deep empathy. However, I would argue that his perception is an aspect, a feature of that which contributes to a healing outcome. What Cortright (ibid.) describes is something I believe most therapists would identify with, and which sums up how most therapists engage with their clients. I suggest that he is describing the 'doing', active aspect of therapy that most certainly contributes to a healing outcome, but without necessarily accounting for all of the healing that may occur. Other ingredients are important besides active doing, such as yielding and being passive, that make healing truly possible. What I believe Cortright (ibid.) is highlighting for us is what most therapists generally are long familiar with. It is the other aspect of healing, that which is out of our control, that feels important to illuminate since it has been so sorely neglected, left unexplored and unarticulated despite the crucial part it plays. Although this aspect of healing can seem mysterious and beyond words, it is possible to identify factors that are considered contributory. Again, identifying such is an example of another effort at articulating, finding a language, for transpersonal aspects of the therapeutic encounter that can advance our communication and thereby the knowledge base of this region. Let us start with qualities clients may bring that may contribute to healing.

Factors that May Contribute to Healing

Client Qualities

Wittine (1989) notes that if the client is spiritually inclined then it may be possible to be more open to the presence of healing guidance. Gibson (2000) suggests it is helpful if the client is a '*courageous enunciator*' (pp.177-178), i.e. someone who openly risks facing and sharing their truth no matter what. Clarkson (2002) reminds us that, as therapists, we have very little control over a client's healing. She says this is dependent on the *physis* of a client, i.e., the life energy as

it manifests in nature, growth, healing and creativity. Wilde McCormick (2000) makes a similar point.

For the transpersonal psychotherapist the ultimate authority is the Self and it is the energy of the Self that guides where the healing needs to take place, which may be quite outside ideas of healing presented by the ego (p.22).

We can note, at the outset, that these therapists share one thing in common, i.e., all acknowledge that they have little control over a client's healing, and all, explicitly or implicitly note that their hope for a client's healing depends upon a client's openness and willingness to surrender to the therapeutic process. What I would suggest is that if the client is open, and if therapists themselves are open to this openness, then the possibility of healing may become a reality, although this can never be guaranteed.

Just as the quality of clients' openness may contribute to healing, a number of therapist qualities can do so also.

Therapist Qualities

Gibson (2000) identifies certain therapist qualities as being conducive to healing in the therapeutic encounter, such as a therapist who is empathic, a merciful receiver, a non-anxious, compassionate witness who engages with clients in a prayerful way. Clarkson (2002) suggests a therapist with a welcoming, positive, enquiring attitude to change via relationship and someone with an ability to withstand disintegrating forces. Welwood (1983) advocates a therapist who is able to be as open to the client as the client is to the therapeutic encounter, a therapist with right motivation conducive to right communication between client and therapist. He also says it is important that the therapist does not therapeutise but is able to 'let be' as opposed to leaving alone, which Hora (1983, cited in Welwood, 1983) calls neglect. Welwood (1983) also believes that it is this reverent expression of love that heals, and it is the clarity of understanding that has the power to heal.

Trungpa (1983, cited in Welwood, 1983) recommends a therapist who can meet someone where they are in the present. The present, in the client's eyes, may have its ground in the past, but is alive for this person in the present. He suggests that a simple sense of reasonableness, gentleness and full human-beingness are associated with healing. Clarkson (2002) argues that the effective healer is understood to be someone with personal experience of profound change, especially the 'dark night of the soul'.

Thorne (2002) shares that when he feels he can be more himself - not for the purpose of meeting his own needs - then he is released for the purpose of being a channel for the healing energy, which he believes we are always surrounded by. He feels that a sense of belovedness

from God allows him to trust the energy flowing through him without it doing harm. He shares that his belief in the existence of an invisible world comprised of benevolent forces affects his response to everything.

Elkins (1995) writes:

I can only be a healer of the soul when I am in contact with and reaching out from my own soul. Soul to soul contact is necessary for this kind of healing, and the path to the client's soul begins in my own soul (p.92).

What seems to be conducive to healing is how therapists choose to position themselves in order to facilitate healing. This positioning can find expression variously. For example, by the way in which the therapist creates a space that is warm, welcoming and positive. It may come through how the therapist communicates that it is safe for the client to roam and explore freely in an accepting and loving atmosphere. The sense of acceptance and love is communicated through the therapist's presence. I would also suggest that on some level clients know when a therapist is present with them in an authentically sincere way. A way that is not about the therapist's ego, but about their wanting to be used in the best way possible to serve the client.

When clients' quality of openness is brought to bear on the therapeutic encounter - in combination with the therapist's qualities of warmth, love, understanding, fearlessness and sincerity of intention - vital ingredients exist for the possibility of a healing therapeutic relationship.

It could be argued that these ingredients may be embodied and brought to bear on the therapeutic encounter by any therapist practicing according to the person-centred position. However, as has been argued from the outset, it is the context within which a transpersonal therapist operates that makes all the difference to the ways in which these ingredients are understood, are integrated, and how they manifest and are communicated.

The Therapeutic Relationship

In a study by Frank and Frank (1991, cited in Clarkson, 2002) the therapeutic relationship is identified as one of the factors deemed essential for healing to occur, a claim supported by Lines (2002). Clarkson (ibid.) reports that Frank and Frank collected outcome studies from Eurocentric forms of therapy and other cultural healing practices. They found that theoretical approach was not a significant factor in terms of successful outcome, but the actual therapeutic relationship was. Wellings et al. (2000) say this about the therapeutic relationship:

It is unlike any other human relationship ... It can become a unique friendship within which the growth and exchange of love is possible (p.20).

Thorne (2002) believes that a meeting of relational depth can enhance a sense of connectedness to the infinite resource of the cosmos. Elkins (1995) argues that it is the relationship that heals, and that its quality is vitally important since relationship is considered to be a major path to the soul.

The combination of client qualities and therapist qualities outlined comprise the healing therapeutic relationship. Together these create the container within which the dynamic of the therapeutic process can play itself out.

The Dynamic Therapeutic Process

Gibson (2000) believes that therapy is about confession which is also a factor conducive to healing. He argues that creating confessional containers provides basic protection that supports the birth of a new psychic meaning, which brings healing.

Wellings et al. (2000) also acknowledge that the therapeutic relationship is not unlike the confessional. Its features include the telling of secrets, revelation of sin, sharing of wounding and pain. They acknowledge that when a client is listened to, heard, they also get the chance to hear themselves. This can itself be healing.

Wilde McCormick (2000) believes that the vessel of therapy, shaped by external boundaries and guarded by them - in addition to the therapist's internal boundaries of integrity, honesty, awareness and presence - all affect what is brought to the work. The vessel makes it safe for a client to bring their wounded self. She notes that it is a place for the unspeakable to be spoken and believed, to experiment, to play, to redress a balance.

Through being seen and accepted we move into being safe enough to grow into who we really are, and then are able to leave the therapeutic vessel of relationship behind, because we hold it in ourselves (Wilde McCormick, *ibid.*, p.26).

Wilde McCormick (*ibid.*) says the importance of regularly being there for a client is also acknowledged. This creates a rhythm and a continuum for the birth of the other.

It is worth pointing out here that whilst it is relatively easy to pin down and identify with words what clients 'do' in therapy, i.e. confess, bring their wounds, their shame, hurts and so on, and whilst we can acknowledge that it is important for the therapist to always be there, to be reliable, and dependable, the question of how healing actually happens as a result of this still defies a straightforward answer. Nevertheless, although healing in the therapeutic encounter will always retain its mystery this does not mean, as has been highlighted here, that we cannot move

up close to it so it can reveal and clarify some of its most prominent features. A feature of major significance concerns what indicators exist that inform us when and if healing has actually occurred as an outcome of transpersonal participation.

What Happens Afterwards

How Clients are Affected Afterwards by the Transpersonal

The effect of such an experience for clients leaving therapy is to translate in everyday intrapersonal and interpersonal relations the notion that when the human is faced, there can be seen the invisible force of the divine (Lines, 2002, p.120).

So, one indication of when clients have been affected by transpersonal participation is when this subtle process becomes evident to the client. Wilde McCormick (2000) believes that when a client is able to sense that there is a hidden language behind their presenting difficulties, and they can see that their symptoms have arisen from their survival strategies, then he or she can find ways to re-connect with the self. When a client owns this awareness within the therapeutic relationship, then they have begun their relationship with the transpersonal. However, she says they would then need to find their own spiritual practice to build on this further.

How Therapists May be Affected Afterwards

Clarkson (2002) argues that if the transpersonal has been present in the therapeutic encounter, then afterwards the therapist may feel gratitude, wonder, joy, serenity, increased resourcefulness, peaceful tiredness or enhanced energy, more respect for living things, a decrease or disappearance of bitterness or resentment, intensified physicality, and a deeper appreciation of responsibilities to ourselves, others and the world.

There would appear to be additional benefits for the transpersonal therapist following transpersonal participation. For instance, Hart (2000) says he came to rely on deep empathic connections with clients as a form of sustenance. He felt most human at these moments.

Beyond the benefits for the therapy, such meeting provides sustenance for the therapist in a profession noted for its burnout (p.267).

Participation with a transpersonal event in the therapeutic encounter would seem to have a nourishing influence on both participants, which when perceived and experienced in this way by the therapist, levels out differences around givers and receivers in the therapeutic encounter, and thereby makes it more equal at this time.

Wittine (1989) understands that in transpersonal therapy, unlike in other approaches, the relationship between client and therapist is seen as a vehicle for awakening for both - not just the client. We are also healed when the client is healed. Boorstein (1997) acknowledges that on some level helping others is also a way of helping ourselves. Helping others can promote feelings of well-being, greater self-respect, happiness and energy.

Since participation with the transpersonal in the therapeutic encounter is generally beneficial to both clients and therapist, then addressing spirituality/the transpersonal in training would seem like a good idea.

THE NEED TO ADDRESS THE TRANSPERSONAL, RELIGION AND SPIRITUALITY IN TRAINING

A Growing Interest in Spirituality

According to Sutherland (2001) increased disillusionment with scientific progress has fuelled a growing interest in spirituality. Others (Elkins et al., 1988; Heron, 1998; Lines, 2002; West, 2001b, cited in King-Spooner et al., 2001) have observed a growth in the innovative ways in which people are choosing to live and explore their spirituality.

In their quest for a life of depth and meaning, it seems there is a growing number who are pursuing alternative spiritual paths and nurturing their spirituality in ways they are discovering for themselves. The spiritual development of these people deserves to be treated with respect and sensitivity by those studying spirituality (Elkins et al., 1988, p.16).

It is difficult to argue with Elkins' (ibid.) last point, apart from wondering if there are, in fact, enough therapists out there who are actually studying spirituality and the various religions.

The Need for More Therapists Who are Conversant with Spiritual and Religious Matters

Sperry (2001) points out that more and more clients may require therapists who are conversant with spiritual matters, since people today are seeking greater meaning and fulfilment in their lives. Many people believe spirituality is vital to their growth and essential for helping them deal with life's problems. He notes that people begin spiritual practices like prayer and meditation but they may stop if they become trapped in old feelings and attitudes. Others who have made progress with their spiritual journey may also hit blocks and may turn to therapy for support.

Lyall (1995) and West (1998) indicate that there is a clear need for more therapists who are highly competent and open and responsive to the spiritual dimension of human experience.

Thorne (2001) has observed that increasing numbers of secular therapists are realizing the importance of their clients' spirituality such that spirituality is now of interest to secular therapists in a way it was not 15 years ago.

In summing up here, we can note Clarkson's (2002) suggestion that if we accept that all humans have the potential to experience the spiritual dimension, then the world of therapy needs to be in a position to respond to this aspect of clients' needs. If it is not, or if it fails to respond, then it is falling short in some way. West (2000) makes the same point but even more strongly.

How much longer can psychotherapy and counselling ignore the healthy as well as the possibly pathological part that spirituality plays in our lives? It is time for therapists and their trainers and supervisors to relate to the reality of their clients' spiritual lives, and to look beyond any prejudices and countertransference reactions they might have relating to religion and spirituality (West, 2000, p.124).

In order for therapists to be able to live up to West's (ibid.) challenge, spiritual and religious issues need to be addressed in training.

Spiritual and Religious Issues are Left Unaddressed in Training

In their study of the connections between psychotherapy and spirituality, Shafranske and Gorsuch (1984) found that spiritual issues were not addressed in the course of therapists' training.

Similarly, when it comes to religious issues we find

There is a cultural bias in our training against listening to and understanding a broad spectrum of religious language ... understanding the client's religious orientation is as fundamental to psychotherapy as understanding the client's sexual orientation (Dwight, 1996, p.294).

Williams (2003) argues that

... religion not only needs to be put on the counselling agenda but on all agendas of non-discrimination alongside race, gender, age, sexuality etc. (p.18).

Clarkson (2002) also argues that the formally prescribed texts in counselling and therapy exclude race and culture from the training curriculum and texts (a claim that many current training organisations would challenge). Clarkson also accuses the three traditional approaches to therapy of neglecting/excluding non-Eurocentric approaches to healing. In addition, she notes that transpersonal, spiritual and post-positivistic sciences are hardly mentioned.

Clarkson (2002) suggests that the current situation amounts to two thirds of the world's cultures being generally ignored by Eurocentric therapies. We are also reminded that these cultures are deeply spiritual or religious. In many traditions she notes that the life-force, ancestors, interrelationships between individuals and community, body and mind, nature and spirits are the principal realities, not ideas (Clarkson, 2002). Inayat (2005) also reminds us that

If mental health workers are to develop a deep understanding of ways of life and death, they need to incorporate into their Western scientific professional knowledge base some respect for the spiritual sanctions or maps that are generated within the cultures of the people they care for.

... For many people, religious faith or spirituality can act as part of the healing process. It can be part of finding that 'centre' - the balance - that gives calmness and peace, which is so vital to recovery. Spiritual principles and values need to be closely explored if mental health professionals are to really appreciate and work creatively with the richness of a community in all its facets (Inayat, 2005, p.6).

Inayat (2005) points out that there is still a long way to go in terms of providing such training. Therapists are reminded that we still have progress to make in terms of our work with black and other ethnic minority groups. According to Clarkson (2002) as a consequence of the many Eurocentric, individualist therapy practitioners, many peoples, for instance, Africans/Caribbeans, are being alienated from therapy because there is no explicit acknowledgement of the transpersonal dimension of human experience in most Eurocentric approaches. Clarkson urges the world of therapy to seriously explore other world-views as people from other cultures seek or want to offer therapy themselves. In particular, Clarkson (ibid.) and Hall and Moodley (2001) highlight that European therapists need to be aware of their own cultural perspective and the implications of working with clients with different world-views.

There are therapists, however, who would welcome the opportunity not only to explore other world-views, cultures and religions, but also to engage in training that facilitated this.

Sperry (2001) has pointed out that like clients, therapists too may have an interest in all these areas. They may experience a spiritual hunger, but may have no formal training in incorporating the spiritual into clinical practice. West (1998) reports that few therapy training programmes exist that acknowledge spirituality as a dimension that is fundamental to human existence, despite evidence that suggests that students have a keen interest in this area.

As a result of the lack of training courses addressing religious and spiritual issues in therapy, ethical issues exist. Therapists need preparation in training to work with these issues (Lannert, 1991). West (2000) also reminds us of another disturbing reality - problems in supervision. He (2000) conducted research into therapists whose work included healing. His research highlighted that some therapists' experienced great difficulties around taking spiritual

issues to supervision. West (2001b, cited in King-Spooner et al., 2001) suggests that where the supervisor is not open to clients' spirituality, trainee therapists will encounter supervision difficulties.

There are also therapists who, because of a lack of training in spiritual and religious issues, could potentially do harm to clients. Further, potential dangers lurk where therapists' own religious and spiritual values have been left unexplored.

Shafranske and Gorsuch (1984, cited in Hutton, 1994) found that psychologists are less religious when compared to the general population. Less than half were affiliated with an organized religion, but they were not necessarily irreligious or anti-religious. The majority reported spirituality to be personally relevant. Shafranske and Gorsuch suggest that maybe psychologists experience spirituality in a more private way. In a later study Shafranske and Malony (1985, cited in Elkins, Hedstrom, Hughes, Leaf and Saunders, 1988) found that a large number of well educated professionals whilst identifying spirituality as relevant to their lives were not actively involved in traditional religion.

Williams (2003) points out that spirituality seems to be both a fashionable and acceptable word. But, she argues, there is a contradiction in condemning, on the one hand, religious indoctrination, or religious interpretations and assumptions, whilst, on the other, leaving unchallenged secular indoctrination and assumptions. She suggests that, generally, religious beliefs and values are treated unfavourably by counsellors. Furthermore, when religious beliefs and values are ignored or denied, this then detracts from their potential as a source of great stability, strength and comfort that can help give meaning to life. She asserts that if a client's religious faith is important to them, then it should have a place in the counselling room. Clarkson (2002) has pointed out how damaged many clients have felt by their religious beliefs not being accepted by certain therapists.

According to Lovinger (1984, quoted in Lannert, 1991) clients can be harmed if therapists project their own unresolved religious conflicts onto them. Lovinger (*ibid.*) argues that therapists' negative attitude towards religion in general, or towards a particular sect or denomination, can have deleterious effects on clients. Therapists may not respond openly to clients' religious/spiritual experiences and their negative attitudes, biases and reflections could violate vulnerable clients. According to Walsh and Vaughan (1996) therapists' own limited understanding and development may block the client, and clients struggling with religious and spiritual issues could be misdiagnosed. In addition, Rudd (1998) has also noted that if clients have a spiritual core and the therapist does not recognize this they may not grow in a way that would be possible if the therapist did. She found that mental health professionals avoided the exploration of spiritual/religious issues because of personal barriers. She indicated that these can affect the therapeutic process negatively.

Williams (2003) warns us that therapists and counsellors need to be aware of not making assumptions about the different religious values and beliefs of a client. Similarly, Wittine (1989) warns against therapists imposing their beliefs on clients. Alternatively, Lines (2002) highlights how a religious counsellor may be unsympathetic towards a client's wish to break away from the faith of their upbringing. In this way judgmental countertransference could hinder clients. He points out that clients are not looking to have their spiritual search belittled or minimized, since enough of this has already been done historically by traditional therapy. However, Lines does acknowledge that a therapist with a faith may also be helpful for clients with a faith who wish to explore various experiences and difficulties they may encounter.

It is evident from this discussion that training in spiritual and religious issues is important for therapists generally. For the transpersonal therapist, however, it is crucial.

What Therapists May Bring as a Result of Training

Hutton (1994) conducted a study exploring those attitudes, beliefs, assumptions and practices which transpersonal therapists share and those that mark them out as different from other therapists.

Hutton (ibid.) sent 591 surveys to professional members of three clinical organizations in the Francisco Bay area, USA. One was a psychoanalytic institute (234 members), one was a cognitive-behavioural institute (210 members) and one was the Association for Transpersonal Psychology (147 members). Fourteen, thirty eight and fifty two people responded respectively.

The survey found that the transpersonal group defined their therapeutic approach more broadly compared to the other two groups who defined themselves more strictly within their respective areas. Hutton suggests that transpersonal therapy is a more inclusive term and that the transpersonal group utilizes more approaches and a variety of techniques in their practice, tending to be more eclectic than their counterparts.

Hutton (ibid.) notes that therapists in the transpersonal group were more likely to have had spiritual experiences. He says these experiences could be prior to transpersonal training and may be the reason they enter it.

Hutton (ibid.) also points out that this group had more experiential training in spiritual traditions and their techniques. He suggests that training in these traditions would lead a person to be open to such experiences, to have the ability to identify with them when they occur and to avoid repressing or denying them. He says that since the transpersonal group had been influenced by more spiritual books, suggesting more openness to this area, then perhaps transpersonal psychology is better suited to coping with the variety of psychoreligious and psychospiritual concerns of the general population.

So, training in spirituality and religious issues does have an impact on what clients may be offered. Now it is time to be more specific about what training in spiritual and religious issues could address and how.

Clarkson (2002), Dwight (1996), Lannert (1991) and Williams (2003) all highlight the fact that there is a clear need for therapists to monitor their own resistances, countertransference issues, attitudes and beliefs, assumptions and prejudices regarding different religious and spiritual traditions. In particular, Clarkson (ibid.) suggests that therapists who belong to a religious organization need to be willing to openly explore defences, projections and prejudices.

Clarkson (2002) believes that in helping to address potentially harmful influences, therapists need to be informed about different religions and transpersonal traditions. As ways that this may be achieved, it is suggested that therapists might: build good relationships with spiritual or religious leaders (Clarkson, ibid.); explore a religion from a different culture and attend a religious service (West, 2000); be aware of festivals and other important days; be informed about boundaries that are forbidden or inappropriate to the client's religion, such as a male client working with a female therapist; learn to use appropriate language that does not offend clients' experience of the divine; and check if clients wish to work with a therapist who shares the same faith (Williams, 2003).

In a more general sense various therapists recommend that a transpersonal training programme for therapists may include: conventional clinical training; training in spiritual systems; personal therapy; spiritual practice; and training in types of spiritual emergency (Boorstein, 1989, 1996 & 1997; Cortright, 1997, cited in Cortright et al., 2003; Scotten, Chinen & Battista, 1996; Walsh & Vaughan, 1993; Wittine, 1989).

What is required of the transpersonal therapist may also include: an openness to the transpersonal dimension and a willingness to bring attention to it; a belief that transpersonal contact may be transformative and possess the greatest healing potential; an ability to differentiate between psychologising the spiritual and spiritualizing the psychological, as well as differentiating between religious and mystical traditions; exposure to basic information with regard to the major faiths and religions within society; an awareness of the main maps and theories of human development that include spirituality; study of implicit and explicit forms of spiritual counselling; a genuine interest in philosophy, religion and spirituality in a broad minded way; awareness around spiritual emergence and awakening; familiarization with the literature around spiritual issues; and familiarity with various spiritual paths and practices (Clarkson, 2002; Cortright, 1997; Lines, 2002; Scotten, 1985, cited in Hutton, 1994; West, 2000 and 2001b, cited in King-Spooner et al., 2001 cited in Gubi, 2001; Williams, 2003).

Smail (2001, cited in King-Spooner et al., 2001), however, offers a cautionary warning with regard to the training of transpersonal therapists. He argues that in making the spiritual a

part of degree courses or an aspect of registration, or accreditation procedures, this could be seen as tantamount to 'effing the ineffable' and consequently regards it as an intrusion, a seductive sentimentality, a violation of interiority, and an impoverishment turning private riches into public capital.

In my opinion, Smail is making a useful point here. Whilst it is irresponsible and potentially harmful for clients to engage with therapists who have received little or no training around spiritual and religious issues; it would be a futile exercise if training in this area were reduced to a check list of skills. This would be a contradiction of that which lies at the heart of a spiritual and religious life.

Future therapy training in spiritual and religious issues may also need to take into account the historical influences that have shaped the ways in which transpersonal therapy is currently understood. In the literature review particular attention has been drawn to two positions taken by most of the transpersonalists referred to. On the one hand there is the ascendant tradition, and on the other the inclusive, participatory position. Although these two positions can be interpreted as oppositional, they are, in reality, complimentary. In fact, within each position there is acknowledgement of the other. For instance, the inclusive, participatory position - like the ascendant tradition - is also interested in transcendent states. Likewise, the ascendant position - like the inclusive, participatory position - is also interested in relationship. However, what the literature review has taken to task is the over emphasis, in transpersonal therapy, on transcendence at the expense of participation with the transpersonal/spiritual through relationship.

Since its inception, the influence of the ascendant tradition - with its emphasis on transcendence - has been most prevalent in the field of transpersonal therapy. In comparison, the influence of the inclusive, participatory position has been less prominent. Since the main focus of the ascendant tradition is on an ascent/height interpretation of transpersonal participation, the potential exists for reducing clients' relationship with the transpersonal to a consideration of their level of spiritual development. Consequently, if great care is not taken, an elitist system could emerge, turning spirituality into a competition, as well as a goal that can be directly sought and attained.

In contradistinction, the participatory, inclusive position places a different emphasis on the nature of transpersonal experience. In particular, it pays attention to the descent/depth dimension of transpersonal participation and, in doing so, involvement in life and relationships become gateways to transpersonal participation. Thus transpersonal participation becomes a real possibility for all people regardless of levels of spiritual and/or psychological development. In other words, this position makes for a more democratic, inclusive and less elitist and exclusive understanding of spiritual/transpersonal participation.

Both ways of engaging with the transpersonal/spiritual exist, despite the predominance of the ascendant tradition since the inception of transpersonal psychology. Whilst this tradition remains important there are potential downfalls, which we cannot afford to keep overlooking. To do so is tantamount to excluding those therapists and clients whose relationship with the transpersonal falls outside this tradition. It also means that we will continue to remain stuck with a one-dimensional view of how to live our spirituality, which, ultimately, will compound the underdevelopment of how we understand transpersonal therapy.

DISCUSSION

INTRODUCTION

The following discussion draws together the main threads running through each aspect of this study. That is, the findings from the quantitative part of the study, the synthesis of the qualitative analysis and those aspects of the literature review that relate to both aspects of the study's findings.

Before presenting the study's overall findings it will be worth saying several things about its format.

In this part of the study it is important to make clear that although the discussion will make use of the data generated by this study, these data are not neutral or interpretation free. As highlighted earlier, at the beginning of the Synthesis of the Qualitative Analysis, what follows is framed within the following context and is influenced by the fact that: (1) I have many years experience as a practicing counsellor/therapist, supervisor and group facilitator; (2) I practice mindfulness meditation; (3) I have a strong interest in the transpersonal and spirituality; (4) I have a concern about the neglect of the transpersonal and spirituality in the therapy world; and (5) I am interested in ways that such neglect can be offset by inclusion of these areas in therapy training.

The structure of the discussion is one clear example of how this context directly impacts its presentation. This study has been concerned to highlight therapists' experience of participation with transpersonal processes with particular reference to the therapeutic encounter. As a consequence, it made sense to present the discussion in terms of a before, during and after sequence that parallels the pattern of a therapy session.

WHAT THERAPISTS WITH TRANSPERSONAL LEANINGS BRING

Cortright (1997) and Wittine (1989) remind us that the beliefs and state of mind of the therapist, conscious and unconscious, impact the nature of therapy and its outcome. The vehicle through which these are transmitted is the presence of the therapist.

From this study we find that the presence of the therapist is moulded through a number of influences. Therapists' family backgrounds is one. Ella and Bernard identified their experience and current relationship with, and understanding of, the transpersonal as being embedded in these early influences. Ella's, for instance, was influenced by her parents Quaker background. Frank's, Christine's and Harry's was influenced by their experience of personal

and spiritual development through their training to become a therapist, through personal therapy and supervision and through an ongoing process of unfolding self-awareness.

In this study the array of perceptions and beliefs brought by therapists to the therapeutic encounter shape its context. Therapists' individual transpersonal interests and their assimilation into their way of being affect how they perceive and approach the therapeutic space. It is the context that these ingredients create that makes therapy transpersonal. This conclusion has also been reached by others outside of this study (e.g., Boorstein, 1997, quoted in Caplan et al., 2003; Cortright, 2003; Lines, 2002; Sutich, 1996, cited in Boorstein, 1996; Tart et al., 1991; Vaughan, 1979, cited in Cortright, 1997; Wahl, 1991, 1998; West 1998, 2000; Wittine, 1989).

Examples of the range of beliefs and perspectives brought to bear on the therapeutic encounter through the therapists in this study include: Helen's belief that collective experience is common to the transpersonal and the spiritual; Gareth's and Jack's belief that the spiritual is anything that can make us aware we have untapped potential; Alice's and Christine's belief that incorporating the spiritual into our lives would bring benefits; Diane's belief that health is about fully radiating in the here and now; Betty's belief that therapy is trusting that God's love is working through all and everything; and Ken's belief that health is the ability to control the way we think about ourselves.

The range of beliefs, perceptions, background influences and forms of spiritual activity engaged in by the therapists in this study, whilst varied, still create a context for therapy that can be called transpersonal. Fundamentally, what makes therapy transpersonal is each therapist's conscious awareness of their relationship with the transpersonal/spiritual. Through the presence of the therapist this is brought to bear on the therapeutic encounter. This allows us to conclude that this group of therapists is not homogenous, a conclusion also reached by Cortright (1999). There co-exists a diversity of therapist relationships with the transpersonal/spiritual. This study suggests, therefore, the need to avoid oversimplification. Each therapist's relationship with the transpersonal/spiritual is personal and therefore something each is free to define. A prescriptive list of what a person's relationship with the spiritual/transpersonal should be, could be a violation of free choice.

Besides beliefs, perceptions and attitudes brought to the therapeutic encounter by therapists, some therapists in this study - Alice, Betty, Diane, Fiona, Frank, Harry, Helen and Ken - acknowledge bringing a range of positive motivations, as well as a number of aims, too. These include raising awareness, achieving healing, and allowing for change, transformation and unfolding in a way that is unique to each person.

Whatever a therapist's relationship with the transpersonal/spiritual this study shows that transpersonal therapists can make available to clients a variety of possibilities. For example, Betty, Christine and Ken point out that clients have the chance to explore spiritual/transpersonal

areas more fully and to be helped to look at things from a transpersonal perspective if they choose. Bernard, Edward, Betty, Harry and Ken point out that the therapists' openness to the possibility that transpersonal things can happen makes available to clients an encounter with a different quality and potential. For Edward, the therapist's openness also makes possible a deeper connection with clients. Betty notes that clients have the chance to connect with this part in themselves if alerted to it through sensing its existence in the therapist.

We can say, then, that therapists with transpersonal leanings bring something extra to their work with those clients who may not already have a relationship with the transpersonal - findings that gain support from other therapists outside of this study (Cortright, 1997; Wellings et al., 2000; West, 2000). Further, even if such clients never realize such a relationship for themselves they still would have been given the opportunity to do so. Also, such clients will have been related to, and viewed with that potential by the transpersonal therapist unlike with a more conventional therapist. As Cortright (1997) and Wittine (1989) highlight, the therapist's beliefs and values may get conveyed on an energetic level and provide a facilitating medium for the client's inner unfolding whether they are interested in spirituality or not.

For those clients already on a spiritual journey, a therapist in touch with their own spirituality could be crucial (Hidas, 1981; Walsh, 1983, cited in Welwood, 1983; Wellings, 2000; West, 2000). In this study, for example, Helen's experience of personal therapy was positive because her therapist shared a spiritual understanding. Betty found that the connection between her and a client, who, like her, was also on a conscious spiritual journey, was enhanced. Betty says the shared journey was a link between them and part of a better understanding and relationship. She says this changed the quality of what happened and brought another dimension and understanding to their communication. If the therapist of a client already on a spiritual journey was not open to the transpersonal/spirituality then it is likely that this aspect of the client's experience would become hidden and thereby unsupported and neglected. Christine's experience, for instance, of personal therapy was negative because her therapist was not. Christine reports feeling disrespected, saddened and let down.

In conclusion, what we can say from this study, at this point, is that the general perception of the therapeutic encounter brought by therapists is one that is more accommodating of a wider range of client experience, one that includes the spiritual. This study indicates that various therapists provide a range of approaches that are at once less conventional and at the same time more inclusive and encompassing of spirituality, findings supported by others outside of this study (Clarkson, 2002; Cortright, 1997).

The transpersonal therapist, in addition to the host of features just outlined, also brings, through their approach, a style particular to how they integrate their transpersonal interests.

HOW THERAPISTS INTEGRATE THE TRANSPERSONAL

From the quantitative study we learn that the majority of therapists were actively engaged in transpersonal interests, and that these strongly affect the approach of those who integrate them into their practice.

This study identifies four ways in which therapists integrate transpersonal interests into their therapeutic approach. These range across a spectrum from therapists at one end who are reluctant and who have a reserved attitude towards incorporating the transpersonal. These are followed by therapists with an open but passive approach, whereby the therapist's approach is simply a part of who they are, an assimilation of their transpersonal interests. Thirdly, there are those with a more active approach where the therapist holds an attitude that is consciously aware of transpersonal inclusion. Finally, some therapists express a proactive approach where they actively and directly draw upon their transpersonal interests in an explicit way whilst with a client.

The findings from the qualitative part of the study generally support those of the quantitative part. We learn how some therapists - Jack, Helen and Bernard - work reservedly with the transpersonal, acknowledging their own relationship with the transpersonal yet responding with tentativeness and reservedness to its presence in the therapeutic relationship as a matter of respect. Several therapists - Betty, David, Edward, Fiona, Grace, Helen and Ken - acknowledge their own relationship with the transpersonal and express it indirectly through the therapeutic relationship, but not explicitly. Other therapists - Christine, Diane, Harry and Gareth - create conditions whilst with a client that are conducive to developing awareness and allowing for participation with the transpersonal, and, in addition to acknowledging their own relationship with the transpersonal, they explicitly, openly, and directly acknowledge and work with it in the therapeutic relationship.

This spectrum finds support from other therapists outside of this study. Some hold a very reserved position when it comes to working with the transpersonal and are reticent about the inclusion of spirituality in therapy (Cortright, 1997; Smail, 2001, cited in King-Spooner et al., 2001; Welwood, 1983, cited in Wellings, 2000). For these therapists, it is believed that the place of spirituality in psychotherapy must remain largely unspoken (Smail, *ibid.*). Some therapists outside of this study are cautious about explicitly sharing their spiritual values and beliefs. They acknowledge that if they do the potential exists for them to become a guide, teacher or guru (Cortright, 1997). Similarly, Clarkson (2002) and West (2000; 2001, cited in King-Spooner et al., 2001) regard mixing spiritual direction with counselling or therapy, unless trained to do so, as a cause for concern.

Some therapists outside of this study indirectly make a place for the transpersonal and spirituality in therapy by using assessment (Benner, 1988; Boorstein, 1997; Clarkson, 2002; Richards & Bergin, 1997, cited in West, 2000; West, 2000). It is believed by some that it can prove useful to gather information from clients regarding: whether or not they follow any religious or spiritual disciplines; how they make sense of life and death; what a person's source of strength and courage is as a result of their religious or spiritual perspective; and the connection between a client's presenting problem and their spirituality (Clarkson, 2002; Richards & Bergin, *ibid.*; West, 2000).

Some therapists outside of this study use assessment as a means of establishing spiritual interventions the therapist could make that would be helpful to the client, and for communicating to clients that there is a place for the transpersonal dimension in therapy, thus enabling clients to feel that they can speak about such issues (Clarkson, 2002; West, 2000).

At the other end of the spectrum are those therapists who openly inform clients of their interest in the transpersonal and actively introduce and suggest spiritual practices (Benner, 1988; Boorstein, 1997). In fact, Boorstein (1997) suggests that sharing his philosophical convictions has a positive effect on the working alliance, and making suggestions need not be harmful to clients if therapists are motivated by a sincere concern for clients' well-being.

Boorstein (*ibid.*) notes that if an assessment reveals that spirituality is not relevant to a client, he responds with a more traditional psychotherapeutic approach but, if it is, he encourages clients to explore within their own tradition. Practices or techniques that proactive therapists, outside of this study, may recommend could include: transpersonal bibliotherapy, various forms of meditation (Boorstein, 1996b), praying for clients; encouraging clients to pray, discussing theological concepts, referring to scriptures, encouraging forgiveness, supporting clients' congruent living with their spiritual values, self-disclosing spiritual beliefs or experiences, consulting with religious leaders (Richards & Bergin, 1997, cited in West, 2000), image work; active imagination, personal mythology, visualization, guided fantasy, dreams and journalling (Hastings, 1999; Rowan, 1993).

Some of these practices and techniques resonate with those identified in this study too. Some of the therapists in this study - Bernard, Betty, Fiona and Helen - indicate that they use aids when working with clients, such as images, visualizations, the language of colour, symbol, dreams, metaphor, body awareness, and drawing. However, this study also identifies other techniques and practices that are incorporated, not mentioned by therapists outside of this study. For example, from this study we find that it is possible to recreate and reconnect with participation in a transpersonal process by returning to either the person or situation that it was previously encountered with, or in. For instance, in this study Leonard may use an effective trigger point, like focusing on a painting that flicks him over into non-ordinary reality. Christine

connects with participation in a transpersonal process by entering a client's created landscape with them, or entering the client's bodily unravelling process. Helen, Ken and Leonard note that connection with transpersonal processes can also be encouraged in clients by raising their awareness or encouraging them to stay with their experience.

This latter form of transpersonal connection concords with Welwood's (2000, cited in Hart et al., 2000) point about how important it is to allow a client to acknowledge their inner experience, to recognize and name it. He notes that allowing a feeling to be there makes it possible to open to the feeling more fully, to become one with one's experience without needing to do anything with it. Presence with one's feeling also allows new resources or wisdom in it to become available. There is a movement from personality to Being. Welwood stresses the importance of drawing clients' attention to those times when the therapist notices this shift in them from personality into a deeper quality of being.

This study also suggests caution around practice. Ella and Fiona point out that it could be harmful for clients if therapists seek more transpersonal moments or experiences in the therapy room. Ella feels this could obscure other areas that needed attention, and may be considered an abuse of the process involved. Ella notes that clients could perceive her transpersonal experience as an imposition, thereby causing them to back off and become more defended. This echoes similar concerns held by Clarkson (2002).

Further, in this study Fiona points out that it could be unhelpful to pursue information received in advance of a client's arrival if this proved to be an obstacle to fully listening to the client. Fiona reported a situation where she had received a visualisation of a client before they arrived. Whilst engaged with the client in the therapeutic encounter she tried to fit the information she had received beforehand to what the client shared, thereby distracting her from being where the client was.

This study, once again, reminds us that it is practically impossible to lump all therapists with transpersonal leanings under one umbrella. How each therapist integrates the transpersonal/spirituality into their approach is particular to the individual.

However, whilst it is important to respect the different beliefs, values and attitudes each individual transpersonal therapist brings to the therapeutic space, we do need to acknowledge that these differences will impact ways transpersonal participation may then be experienced by clients.

Further, when it comes to the use of practices and techniques used by transpersonal therapists, this study would seem to suggest that of most importance, regardless of different techniques used, is the appropriate use of each technique, the need for the therapist to propose such interventions with tact and care, to incorporate them skilfully, and to possess the humility to know one's limitations and when to refer clients on.

Having established what transpersonal therapists bring to the therapeutic encounter and the style in which they work, transpersonal therapists are part way ready for entering the therapeutic encounter. However, this is dependent on clients actively seeking therapy.

WHY CLIENTS SEEK THERAPY

Alice, Betty and Ken point out that some clients seek therapy for help with problems and dissatisfactions of living. Christine believes clients seek therapy for the purpose of healing wounds. Alice understands that some clients seek therapy because they have an inkling that things could be different.

This study suggests that whatever reasons clients seek therapy for it is incumbent upon the transpersonal therapist to respond to each need accordingly. Wahl's (1999) and Clarkson's (2002) understanding of the relationship between psychological and spiritual development could be useful in doing so. For them engagement with clients is less about identifying these states and more about two human beings openly meeting one another in a dialogue. Within the encounter the transpersonal therapist would be expected to accommodate many shifts in focus and hold the possibility of multiple, co-existing communications - all conceived as being of equal value. In this context, the relationship between the spiritual and psychological in the therapeutic encounter would be less concerned with their clear differentiation, and more focused on their organic interplay as expressed through the vehicle of the therapeutic meeting.

Once the therapist and client have found each other and agreed to work together the next task confronting the transpersonal therapist involves preparations for the therapeutic encounter.

HOW THERAPISTS PREPARE FOR A THERAPY SESSION

From the qualitative study we learn that before entering the therapeutic encounter therapists prepare themselves in various ways. Betty, Gareth, Fiona and Leonard make contact with their support network psychically and spiritually, through various activities, such as ongoing prayer, meditation, efforts to drum up past experiences of participating with the transpersonal and other spiritual practices. Frank and Iris prepare themselves internally by practicing putting themselves aside. Fiona prepares invisible forms of self-protection by putting a protective force-field between herself and a client to protect herself from the expectation of fixing everything, and using a protective cloak to shield her from negativity, a sense of badness, evil or difficult feelings. Leonard prepares himself through engaging in external activities or rituals, such as keeping the house clean and clear of things in order to maintain a setting for people to come into that is harmonious, orderly, has good tuning and is safe and peaceful. For Frank, burning his oils and having a cup of tea between sessions helps him prepare. Whilst some therapists practice

what perhaps most therapists do generally, that is, practice putting themselves aside, others practice less conventional activities that could be regarded as explicitly transpersonal. Underlying the less conventional preparations is an acknowledgement of a relationship with something 'other' that some therapists in this study believe will provide support and protection for them.

Therapists outside of this study prepare themselves variously too. Some prepare through outer activities. For example, five times a week Kleinian psychoanalysis, seven years of study at medical school, and washing one's hands before a session (Clarkson, *ibid.*). Some prepare through internal activities, such as the intention to work from the clearest most holy place in oneself (Clarkson, *ibid.*); by acknowledging, before a session, the spiritual nature of one's clients and one's own human beingness; and by holding clients in one's thoughts in relation to their current state and on their essential nature (Thorne, 2001). Some therapists prepare through spiritual practices, such as a meditation before a session (Clarkson, *ibid.*), and the use of inspiration and prayer (see also Boorstein, 1997; Gubi, 2001; West, 1998).

Since different therapists have different spiritual and/or religious commitments, preparations for working transpersonally again escape homogeneity. Unlike conventional therapists, the preparations of transpersonal therapists will be informed by their perception of the therapeutic context influenced by their particular form of spiritual practice.

However, regardless of preparations beforehand, the transpersonal therapist can encounter obstacles to transpersonal participation in the encounter.

WHAT OBSTRUCTS TRANSPERSONAL PARTICIPATION

Therapists in this study identify a variety of blocks brought by clients that obstruct participation in a transpersonal process in the therapeutic encounter. Alice noticed that some clients are unable to value their inner life or they are detached and cut off from it. Also, that some can feel that they have to defend themselves against a fear of being wiped out. According to Bernard, upbringing and cultural stereotypes hinder clients' openness to their own spiritual yearnings. Alice and Ken conclude that being detached from our inner lives, and thereby the spiritual dimension, makes it easier to be deceitful and exploitative.

Therapists in this study notice other ways that clients may be closed off and defensive towards participation in a transpersonal process. Alice notes that clients may obstruct and deny the connection between client and therapist through defences against being seen and known. She points out that clients may equate being seen and known with a fear of being engulfed. Ken notices how clients can obstruct connection with a transpersonal process by describing it materialistically, rather than being with the mystery of the situation.

In addition, some therapists in this study identify ways in which therapists themselves can hamper clients' participation in a transpersonal process. For Bernard, Ken and Diane these include imposing an agenda on how spirituality is to be experienced. For example, by doing a visualization; describing things in metaphors like Indian guides coming to visit you; and when a therapist tries to maintain distant objectivity.

In this study therapists also acknowledge a variety of blocks that can get in their way. For instance, some therapists acknowledge that clients' resistance affects them detrimentally. Fiona and Iris get stuck, feel frustrated, less engaged and unable to tune into themselves as a result. In addition, Fiona notices that she may also become blocked when she is not true to herself. For Christine this occurs when she gets caught up judging a client or herself and when she feels unsure about what to do. Christine and Iris become blocked if they are feeling anxious, pressured, tired, lethargic, depressed, afraid, unwell, or are unable to follow their feelings. Ken can become blocked if his ego gets in the way, or he gets entangled with feelings of superiority.

In identifying those features of both clients and therapists that serve to block transpersonal participation in the therapeutic encounter, this study brings to our awareness an area that requires attention if we wish to advance practice. Although transpersonal participation cannot be controlled for or guaranteed, through developing awareness of how to respond to blocks the transpersonal therapist would then be in a better position to make transpersonal participation more of a possibility.

WHAT CONTRIBUTES TOWARDS TRANSPERSONAL PARTICIPATION

This study indicates that the more the therapist is able to let themselves go and immerse themselves in the experience of the other, whilst maintaining awareness, then the more the therapeutic relationship can benefit and be deepened.

This stance finds support from others outside of this study. Clarkson (2002) points out the importance for therapists to be able to let go of skills, surrender knowledge, give up preconceptions, the desire to remember, heal or be present, as a key to immersion. She stresses how important it is to acknowledge passivity, yielding and receptiveness. Similarly, Thorne (2002) reminds us of the importance for the therapist of developing the ability to wait, without expectation, in a place of powerlessness with an attitude of hope.

Other studies outside of this one identify ingredients that facilitate immersion in the therapeutic encounter that are similar to those of this study. In my MA study (McAleer, 1995) of therapists' experience of listening, a variety of ingredients that facilitate immersion in the therapeutic encounter are highlighted. These include preparing oneself for the listening role;

success in overcoming a range of obstacles; a letting go of or setting aside of oneself for the purpose of opening oneself to the other, whilst, at the same time, maintaining awareness of oneself; and drawing on a variety of inner experiences - emotional, bodily, and mental - for the purpose of understanding and clarifying that which lies behind the other's communications.

In Geller's and Greenberg's (2002, cited in Cooper 2005) study of therapists' experiences of presence with clients, ingredients that facilitate immersion are identified as therapists being fully receptive to their clients in a bodily, emotional and mental way; attending to their own spontaneous, intuitive responses to the client; and extending themselves to the client in a sincere and immediate way.

In Cooper's (2005) study of moments of relational depth, ingredients facilitative of immersion include therapists' high levels of congruence, acceptance and empathy towards their clients.

From the present study we find that the *intent* behind the therapist's immersion in the therapeutic encounter is crucial. That is, the therapist's focused awareness needs to be in the service of the other in order for immersion to occur. In this sense the therapist would be someone who was willing to surrender themselves to be used and/or worked through in the service of the other without considering themselves special. For example, in one encounter David was aware that his role was to be used, played. He says he did not consider himself special as he believes God chooses to play many people, but he does acknowledge that may be a willingness to be played partly explains God's appearance. Some therapists in this study do not regard transpersonal participation as a possession. When something of a transpersonal nature occurs in the therapeutic encounter, Leonard, afterwards, does not regard this as a possession owned by him.

Implicit in all studies is an understanding of the intention behind therapists' immersion as one that is concerned with serving the task. 'Serving the task' is a spiritual practice directed towards reducing the dominance of self-interest and self-centredness (Deikman, 1982).

A lack of self-centredness is further expressed by some therapists in this study who acknowledge that any healing that occurs is not of them. For example, Frank understands healing as coming about through the interchange between client and therapist that is a mystery and that cannot be pinned down. Similarly, Thorne (2002) does not see himself as the source of healing either. He says that when he feels he can be more himself and not for the purpose of meeting his own needs, then he is released for the purpose of being a channel for the healing energy he believes we are always surrounded by. Clarkson (2002) arrives at an identical conclusion. She does not see how any healing can take place without the transpersonal because she is aware she does not do it herself.

Therapists' humility is not only expressed through their attitude towards the source of healing but also through their willingness and ability to keep out of the way of the natural flow of what happens by not interfering. Helen, for instance, tries to 'follow process, trust process and get the hell out of the way', and to allow whatever is in the client to unfold.

The present study indicates that if the therapist succeeds in bringing to bear those ingredients that facilitate immersion in the therapeutic encounter, the outcome is access to more knowledge.

We can say then that the present study incorporates all those ingredients identified in the other studies mentioned with regard to what supports immersion in the therapeutic encounter, but makes more prominent specific aspects not identified so explicitly before.

In making these explicit, therapy may be afforded the opportunity to realign itself with its original religious and spiritual roots. That is, towards an understanding of religion and spirituality as associated with healing and towards a view of therapists as physicians of the soul.

This study draws our attention to what is made possible in the therapeutic encounter 'through' therapists who show clear intent, courage, the ability and the willingness to surrender themselves to be used and worked through in the service of the other; who can be open to the presence of love; who have the wisdom to know how to keep out of the way of the natural 'flow' of things without interfering; who have the humility to recognize that any healing that occurs is not of them, is not owned by them, and is not to be used as a way of promoting their own egos and self-importance.

We learn that these ways of being can create a depth of connection that can pave the way to knowledge that was, before, inaccessible, and that, more often than not, proves to be both healing and transformative for both therapist and client. From this study we find that when therapists succeed in overcoming a range of obstacles to immersion in the therapeutic encounter, this then makes it possible for therapists to tune into and connect with a client. Once this has been established the way may then be open for the therapist to tune into and connect more with their own experience whilst with a client. This may manifest through shifts in the therapist's awareness and perception and through merging (being in the flow, a sense of no boundaries). When these shifts occur then healing is likely to be the outcome.

This study highlights that healing cannot be guaranteed. There are many variables that decide whether or not this will be the outcome, and some of these are outside of the therapist's control - like the presence of the transpersonal. However, the therapist can ensure that they make their contribution.

These findings have possible implications for the training of therapists generally. If healing is the purpose for clients entering therapy, then therapeutic trainings that deepen, develop, cultivate, enhance, promote and support the blossoming of humility, sincerity and

honesty of intention - qualities of the human being that could be understood in terms of the ability to wait, to be yielding, receptive, to 'let go' and 'let be' - could be key. These are qualities of Being that not only contribute towards immersion, but are also regarded as important ingredients in terms of spiritual development generally (Deikman, 1982). This suggests that to practice as a transpersonal therapist may not be so different from a person who engages in any other form of spiritual practice.

If the transpersonal therapist succeeds in overcoming any blocks in the way of transpersonal participation and becomes immersed with the client in the therapeutic encounter then transpersonal participation may follow. A number of features indicate if and when this is the case.

FEATURES OF THERAPISTS' EXPERIENCE DURING TRANSPERSONAL PARTICIPATION

Being in the Flow

An indication of therapists' participation in a transpersonal process in this study is being in the flow. Whilst in the flow, Harry notes that he has the sense that there is far more going on that is not in the client's or his conscious control. Whatever is going on is experienced as more than, bigger than the client and therapist and the work they are doing together. In these moments Christine, Harry and Ken report that their fears, self-judgements, concerns, hopes and expectations of the therapy disappear. Any distinction between self and other falls away. Harry reports that when this occurs he becomes incredibly accepting of a person's situation and finds himself working in the purest way possible. For Iris there is a real capacity for intimacy in such moments. Alice, Gareth and Harry report feeling that these moments are very easy and yet more effective than anything else. In these moments they also report that they are not conscious of working.

Whilst in the flow Betty, Harry and Gareth notice that because they are 'in' the experience they are not reflecting on it. Reflection comes afterwards. In fact, they report that thinking about flow signifies its absence.

Some of these findings resonate with others outside of this study. For instance, therapists' experience, in this study, of being in the flow, find parallels with Puhakka's (2000) description of moments of deep empathy wherein the duality of subject and object may loosen or dissolve, leading to an experience of inter-being. Deep empathy can be understood in terms of intersubjectivity, whereby the therapist becomes a participant-observer, sometimes described as a fusion or merging (Hart, 2000). This interpretation equally captures and applies to this study's findings as also do those from the following.

From my earlier MA study (McAleer, 1995) we learn that the listener's awareness can become clouded at the point where immersion deepens and dissolves in an intertwining between self and other. The boundaries between self and other shift and the listener experiences confusion due to a seeming loss of self. The listener's return to their inner experiences can, again, make possible a re-emergence from the intertwining.

Sterling's (1993) study of the meld experience in psychotherapy supervision revealed three components to therapists' experience - immersion, meld and resolution. As in my MA study (McAleer, 1995), immersion is characterized in hers by therapists' ability to differentiate between 'I' and 'other'. In the meld phase of her study though, like mine, the therapist becomes confused about whether what one is feeling is coming from oneself or from what one is picking up from the other. Suddenly and unexpectedly one loses the ability to maintain the immersion experience. Distinctions between self and other no longer hold. The separated consciousnesses seem to dissolve into one experience. Although aware of one's bodily experiences, it becomes difficult to tell who is the source of one's current experience. This process happens quickly and one feels lost in the experience.

In Geller and Greenberg's (2002, cited in Cooper 2005) study, therapists found themselves immersed and absorbed in the present, experiencing a sense of expansion, timelessness, enhanced perception, feeling grounded and centred, feeling warmth and compassion and 'being there' for the client.

According to Levin (1989) in 'just listening', when we let another go and let them be in their otherness, our hearing/listening surpasses the ego constructed field and our familiarity with their difference shifts. Our listening is carried into the other's otherness. This does not mean that we lose touch with our sense of self as we are carried into another's otherness, but rather that we lose touch with our 'normal' conceptions of both self and other. Levin (ibid.) suggests that the intertwining affords us the opportunity to fulfil our potential 'to be'.

'Being in the flow', 'moments of deep empathy', the 'intertwining' (McAleer, 1995), 'meld experience' (Sterling, 1993), 'relational depth' (Cooper, 2005) can be understood as examples of moments of participation in a transpersonal process. We know that these are *not* an uncommon aspect of therapists' everyday therapeutic experience. Yet they are too quickly and easily brushed aside when conceptualized as 'spiritual', 'transpersonal', or 'religious', areas that mainstream psychology tends to treat as taboo. They pose a challenge to our held conceptions of self, other and conventional reality (McAleer, 1995).

Bugental (1993) urges us to make more place for our shared identity, for the melded state - a point that is most certainly endorsed by the findings in this study.

Unbidden Experiences

Another indication of therapists' participation in a transpersonal process in this study comes through unusual ways that clients find their way to a therapist. Helen and Leonard report that these less straightforward ways are influenced by the unconscious. Leonard notes that the influence of the unconscious may manifest through a client initially being drawn to a therapist only then to discover obstacles that require the client to persist if they are to succeed and pass an apparently invisible test. Ken does not believe it is a coincidence that clients find the right therapist for them. This belief is also held by West (2000). He suggests that it is synchronicity that brings together a particular client with a particular therapist.

Ken makes sense of synchronicity in terms of understanding reality as having a hidden dimension of energy lines, that operate through us too, that make it possible for clients to pick up on a therapist's energy current and swim in the right direction for them, even though they would not know how to describe that.

In the therapeutic encounter therapists in this study report that things like *déjà vu*, moments of shared laughter, and synchronistic events or inexplicable coincidences that have a striking meaning, may also occur. For example, a client of Edward's dreamt about a bird. As the client was talking about the dream a gentle thud came from Edward's bookshelf. A standing book had fallen over. The book was about a little boy's adventures as he travels with a swarm of birds. The bird in the client's dream was the same bird that featured in the book. Edward experienced this as a manifestation of the transpersonal and reported it as a meaningful happening.

Ken makes sense of such events in terms of the existence of a spiritual world. He believes laws operate in this world that defy description but which may account for experiences of coincidence. Clarkson (2002) arrives at a similar conclusion. She says psychic events are understood as being unresponsive to so called physical law. Instead, they are experienced as unrelated to space, time or causality. There are meaningful interconnecting patterns in human existence not based on ideas of causality.

This study highlights that unbidden experiences can be both benevolent and malevolent, neither good or bad, or all love and light. Edward, Christine, Gareth, Diane, Ella, Grace, Helen, Ken and Iris point out that unbidden experiences usually come when a therapist is really embroiled with a client. Edward and Grace report that they find themselves experiencing things and behaving in ways that are definitely the effect of engaging in a powerful process that neither they nor the client has control over. Edward, for example, reported that one of his clients has difficulty with intimacy. He says the client's fear manifests through coming late to sessions. On one occasion, when Edward had an appointment arranged with the client, he took a nap. Edward believed the session was arranged for an hour later than it actually was. This was out of

character for Edward. Edward did not consider himself a forgetful person, or a person for whom things like that happen every so often. Edward indicated that he felt that there was something that was so powerful in the client that it may have affected him as well. Edward and the client did share the experience and both acknowledged that something happened between them and with them that was greater and more powerful than either of them, and in the face of which they were powerless. Powerless in the sense that the client consciously tried to be on time, yet in that moment it was as if something - more powerful than the client's positive intention - had influenced both the client and Edward together. Much to her embarrassment, Grace called a client three wrong names, but then discovered that the client was rarely called by the right name. So, something that happened, beyond the therapist's control, and which felt like a mistake, surfaced a valuable aspect of the client's experience.

Puhakka (2000) says that therapists' reactions to the client in deep empathy are important for the therapist to use. She suggests that allowing oneself to experience and understand one's reactions may provide the therapist with important clues about the client's experience and how they affect others. Which was exactly what happened for Edward and Grace.

According to Brookes (1996) Jung would understand the phenomena described by Edward and Grace as transpersonal psychic events. Like Edward's and Grace's unbidden experiences, Jung too pointed out that transpersonal psychic events have a power larger than the individual, but he went further by suggesting that they may occur repeatedly as a way of demanding that the person looks at themselves from another perspective.

According to Gareth, Diane, Ella, Ken and Iris, participation in a transpersonal process can also encompass shadow aspects of self and/or other; and may also find expression through experiences that may not normally be associated with the transpersonal, such as conflict, passion, miscommunication and misunderstanding. Grace's unbidden malevolent experience is a case in point. With one client Grace reports how she could not control the knowledge she received from him or defocus. Whilst with her client Grace described hearing a buzzing sound in her head that was inescapable. She experienced the client's anger as incredible, ferocious and paralysing. Grace recalled how she had felt horrible but unable to stop the experience. Afterwards, when the experience ended, Grace reported that she felt shocked and as though she had been engulfed by something. She felt she had been psychically invaded and attacked. For Grace, this too was something she would describe as a transpersonal participatory event.

Powell (2003) warns us that therapists are prone to the experience of absorbing negative projections - as was the case in Grace's situation. He says psychic protection is necessary. He suggests that clients with depleted subtle energy may need to latch onto someone with stronger energy, that is, the therapist, who later feels depleted. Protection comes through being aware of

what is going on, then drawing down energy from the universal source and allowing it to move through them to the client.

Edward sees that energy is an attempt to name the transmitting medium that accounts for the exchange and movement of unbidden experiences between therapist and client. Edward understands these situations as ones where there may be strong feelings that are too scary or uncomfortable for the client to be consciously aware of. Instead, he notes that clients push this potential for conscious awareness, currently held unconsciously in them, into him. For him it is as if there was a transpersonal medium via which a feeling or bodily sensation can be transmitted.

Edward's experience corresponds with how Segal (1964) understands deep empathy. That is, in terms of projective identification, whereby the client projects onto the therapist, who then becomes possessed, controlled and identified with the projected parts. In psychodynamic terms this would be understood as countertransference.

Gareth also understands transpersonal participation in the therapeutic encounter in terms of energy. He experiences energy as going back and forth and as real. He experiences energy as coming down into the top of his head into a centre of being or awareness around the stomach/solar plexus, going into the other person and connecting with something in them before returning to him. He reports that a great presence and at the same time transcendence is the outcome.

This experience echoes Hart's (2000) of client and therapist being in a luminous egg, whereby deep connections were experienced as an exchange, feeling like spiral waves going back and forth.

These experiences capture Puhakka's (2000) understanding of deep empathy as non-verbal, direct contact with a client that is mutually recognized even if not spoken about. Puhakka (2000) understands deep empathy as being able to understand another's experience in such a way that the interiority of the person's psyche is touched and one can feel with them.

The present study also suggests, like Puhakka (2000), that the transmission of unbidden experience is not just uni-directional, that is, from client to therapist alone, but also the other way around. For instance, when around his therapist David too could pick things out of the air automatically, regularly and accurately that gave him information about another person that he could not have known. Unbidden experience - as a feature of participation in a transpersonal process - seems to be something that is contagious, that is about energy flowing and about openness to receiving this flow. The nature of such participation suggests the importance of supervision in which the opportunity for therapists to make sense of their experience is made available.

For the participants in this study, unbidden experiences suggest a number of things. First of all they ask us to consider the existence of meaningful interconnecting patterns in human life that are unresponsive to so called physical laws, that is, unrelated to time, space and causality. Secondly, unbidden experiences challenge one-dimensional understandings of the transpersonal as all love and light. Instead, we are reminded that it can find expression through malevolent experiences as well as benevolent ones. Nevertheless, whatever form unbidden experiences take, and if the therapist can bear with them, they are often carriers of invaluable information. This information may be understood as being communicated through an exchange of energy. Finally, if the therapist is open to, capable of, and skilled in working with unbidden experiences, then they have the potential to surface valuable aspects of and insights into the client's inner world that before lay hidden. Working with these types of experiences - which can really embroil the therapist - makes good supervision an absolute necessity. Therapists will need support in separating out what belongs to them and what belongs to the client.

Unbidden Knowledge

Another indication of therapists' participation in a transpersonal process is receiving unbidden knowledge. In this study Leonard notes that participation in a transpersonal process brings another kind of knowing, a deeper level. Others report that the coming together of awareness of changes occurring in both self and other initiates a shift to another level where more knowledge becomes available and things seem more obvious. Harry, for example, says when the transpersonal is present in the therapeutic encounter he may become aware of a change in the way clients talk. He notices they may talk more calmly, their voice may change as well as their posture or physical movements. When Harry realises what is happening the process then shifts to another level where more knowledge becomes available to him. Things seem more obvious. Therapists in this study identify a number of ways in which unbidden knowledge may manifest. For David, Fiona, Grace Helen and Iris it may come in the form of a fantasy, a dream, a feeling, a sense of something, visual imagery or surprising words before or in the therapeutic encounter that prove useful to it. For example, even before a client arrives, Helen notes that she can often sense their mood and the emotional tone of what they are bringing. Only when the person actually arrives will she be able to make sense of the information she had beforehand. David worked with a survivor of a major disaster who was depressed. Despite sitting very close to the client whilst with him, David kept missing part of what was being said. David recalled being immersed in the encounter, in an altered state. As the client proceeded to leave David called him back and spontaneously asked him if he was going to kill himself, to which the client conceded that indeed that was the case. David was surprised at knowing that he knew this about this client, yet he did. David noted that there were certain features to this knowledge. There were no

interposing thoughts. It was visual, all there in a picture. It was clear, so perfect. David experienced it as no time, no thought, just there (prior to this incident David was agnostic, but the power of this experience transformed him). So, although seemingly mysterious in terms of source, like unbidden experiences, unbidden knowledge too proves to be practical.

Several therapists in this study - Edward, Grace, Harry and Iris - understand receiving unbidden knowledge as a mystery that happens between client and therapist, as the outcome of having been given some communication on some deeper, other level. One therapist - Edward - understands that if we accept that our personal unconscious is connected to the collective unconscious then boundaries can shift resulting in more connectedness, less separateness. For him, fewer boundaries suggest easier access to information about a person he is connected with.

These findings find support from other studies. Sterling's (1993) study of therapists' experience of the meld in psychotherapy supervision arrives at a similar outcome, although through a slightly different route. In her study, during the resolution phase, therapists may wish to return to the state of immersion in an effort to separate from the other. This may not happen, and afterwards therapists continue to feel lost. These feelings are deeply lived, hidden and not mentioned, but one is drawn to enter this deeper, unknown, impenetrable level. At the time, there is no awareness that one is doing this, the therapist just feels compelled to do so. Suddenly a moment of resolution comes. This brings with it a clear sense of separate consciousness but a new level of knowing. The knowledge that comes is familiar, recognized and characterized by consciousness making seen what was already implicitly there.

Similarly, Hart (2000) points out that when the gap between self and other has been closed, as in deep empathy, then all aspects of the life-world may become available to direct knowing. Puhakka (2000) claims that in therapy there is a link between deep empathy and knowing. She adds that, in deep empathy - as with participation in a transpersonal process - knowledge may manifest and make itself available through unexpected images, archetypal themes, deep patterns that may not be available to the client's immediate awareness.

According to Powell (2003), a deep rapport between client and therapist makes possible the receipt of information about a client before a session. Deikman (1982) adds that there is a link between interconnectedness and direct knowing. He points out that the Observing Self is associated with intuitive or direct knowing - knowing that is outside of the senses and the intellect and that does not involve conscious thought, senses or memory. A prerequisite for intuitive or direct knowing is the understanding that we are all continuous with each other - everything is interconnected - an understanding that finds support from this study's findings.

Powell (2003) says a deep rapport can facilitate a non-local sensitivity through which telepathic communication becomes possible. This finds support in quantum physics,

Sheldrake's field theory (1998), shared dreams, and the effects of prayer on healing called non-local empathy. Powell holds that empathic attunement between two people is sufficient for quantum entanglement to occur, thereby supporting the possibility of the energy fields of clients and therapists communicating before a therapy session.

Unbidden knowledge then, is understood to arise out of deep communication, a melting of boundaries between self and other, a deep rapport between client and therapist and from their interconnectedness and entanglement. It is closely associated with deep empathy, as characterized by Hart (2000) and Puhakka (2000), whereby all aspects of the life-world become available to direct knowing.

Clients' Experience During Transpersonal Participation

Therapists, as well as being aware of their own experiencing during participation in a transpersonal process, also pick up on the client's experience. One therapist in this study - Bernard - notices that clients' spirituality usually comes out of their talking about their lives. He notes that accessing a person's spirituality comes through a deep respect for a person.

Another therapist in this study - Betty - notices clients being drawn into something bigger and deeper that could be called God, while another - Harry - notes that clients are surprised by key moments in the therapeutic process. Jack notices that clients are totally different as a result of coming into contact with something recognized as spiritual, touching something they have not touched before. Diane observes that when clients experience the transpersonal they forget themselves, lose self-consciousness and start to trust and come up with their own answers, even though they are surprised and do not know where these have come from. During therapy Harry noticed that some clients experience a process not unlike what happens in meditation.

Generally, what therapists in this study seem to notice about clients' experience during transpersonal participation is that it is characterized by entering new territory that, in some way, seems to extend into previously unseen potentialities.

Having explored what happens during transpersonal participation, let us now turn our attention to what comes afterwards that indicates that participation has, in fact, occurred.

WHAT HAPPENS FOLLOWING TRANSPERSONAL PARTICIPATION

Indications of Therapists' Transpersonal Participation

Transformational experiences indicate to some therapists in this study - Iris, David and Alice - that participation in a transpersonal process has occurred. For Alice these are characterized by real change, which can bring the therapist feelings of unity, wholeness, a sense of belonging and roundness, or a direct knowing of God. These outcomes find support from my MA study (McAleer, 1995) of therapists' experience of listening in the therapeutic encounter, which highlighted how the outcome of the intertwining, re-emergence process, is characterized by psychological and emotional shifts in the other as well as shifts in the other's awareness.

Other therapists outside of this study highlight that participation with transpersonal processes can allow a person's existence to become more meaningful (Hastings, 1999). They make possible a glimpse into the world of soul and spirit (Rowan, 1993); the occurrence of a change in values (West, 2000); an awareness of an ordered totality of which the individual is a part (Fabry, 1996); a sense of belonging, comfort, insight, a sense of life as it could be; and, although peak experiences are temporary, a transformation in terms of personality (Deikman, 1982). For Clarkson (2002) several features indicate when contact with the transpersonal has occurred. She says that if your experience feels pure, clean, if it feels clinically right and at the same time different to anything else, if you feel inspiration coming through you, not from you, or if you experience a sense of timelessness, then participation has occurred.

From the present study we find that therapists' experience of healing and transformation, both inside and outside of the therapeutic encounter, may manifest through various avenues. For example, for Jack it came through exposure to particular esoteric writings and LSD. For Christine change came through entering her experiences and having a spiritual practice - meditating at an altar of the Goddess. She understood the healing that followed as the outcome of transformation of the dark side of the feminine. Three therapists - David, Christine and Gareth - were transformed by peak experiences. David changed from being agnostic and Gareth experienced dramatic changes in lifestyle, beliefs and outlook.

So, from this study, we find that real change indicates to therapists when they have participated with the transpersonal. However, the ways in which this outcome is arrived at is not homogenous, again, due to the different types of spiritual practices engaged in.

Indications of Clients' Transpersonal Participation

In the therapeutic encounter therapists in this study report their experience of clients' healing and transformation in various ways. Healing for one client reportedly came about through the appearance of an image in several sessions. One therapist - Frank - witnessed the healing of a client's physical symptoms. Another therapist - Iris - witnessed healing for a client occurring through dreams. At the start of therapy these were dark and sombre, and green and alive at the end. Christine noticed how healing expressed itself through a client becoming more stable, less up and down. Alice knew healing had occurred through feedback from a client regarding changes they had effected outside of the therapy room.

Ways of arriving at change, transformation and healing, then, are diverse. Through discussing the different routes through which a healing outcome are arrived at, it is necessary to acknowledge a wide variety of relationships associated with the transpersonal, that include not only those associated with the ascendant tradition, but those with the inclusive, participatory approach too.

Different Ways a Healing Outcome can be Arrived at

This study suggests that fundamental to a healing outcome in therapy is a commitment from both therapist and client. In this study Alice notes that when a client and her are simultaneously open to one another an opportunity arises for something to happen. Alice believes that trust, in addition to a dissolving of roles that simply allows client and therapist to 'be' there experiencing something 'with' each other, makes this possible. Implicit in Alice's understanding is the centrality of relationship. In fact this study highlights that when the transpersonal is present in the therapeutic encounter, the therapeutic relationship is one of the vessels through which the experience of healing and transformation can be realised.

Further, one therapist in this study - Christine - who experienced healing and transformation of the dark side of the feminine through entering her experiences, having a spiritual practice, and meditating at an altar of the Goddess, highlights a variety of ways that healing can be arrived at. One of them concerns the possibility for spirit to enter the psyche through the shadow (Beebe, 2000). Jung saw the unconscious as spiritual, and spirit as that which emerges out of the shadowy background of consciousness (Cortright, 1997). He believed re-owning the disowned parts of the Self through the integration of the shadow or those suppressed aspects of the personality denied a place in consciousness, was a way towards healing (Benner, 1988). This seems to be the direction taken by Christine who entered her experience of the dark side of the feminine, and through doing so encountered change.

The same therapist reminds us of a second way a healing outcome can be arrived at. Christine notes that entering her experiences and having a spiritual practice also contributed

towards change. This route is one that Heron (1998) lays stress upon. He indicates the importance of spiritual practice that also honours spiritual descent. This type of transformation would come through paying attention to unfolding what is deep within one's present state. This echoes Welwood's (2000, cited in Hart et al., 2000) approach whereby he encourages opening to feeling more fully.

According to Heron (1998) we have numerous options open to us for relating to the Divine. We can do so either through transcendent spiritual consciousness and/or through immanent spiritual life, and connection to that which is deep within. The latter may involve either *inward descent* to the depths of our spiritual life (see also Washburn, 1995), or *outward descent* to become actively involved in social change and planetary transformation.

Despite having the option open to us to relate to the Divine via an immanent path, the field of transpersonal psychology, since its inception, has mainly paid attention to only the transcendent aspect of this relationship. Lajoie and Shapiro (1992, cited in Hastings, 1999) sum this position up well when they remind us that the concern of transpersonal psychology is the study of humanity's highest potential, that is, the study of transcendent, unitive and spiritual experiences (see also Daniels, 2005).

The findings in this study remind us that inner descent is also a way of arriving at a healing outcome that is of equal value and therefore one that we should not ignore, just as we should not negate feminine approaches to healing, or the transcendent female in our culture in the form of worshipping the Goddess (Elkins, 1995).

The way of inner spiritual descent emphasizes the less widely used interpretation of 'trans' as that which works 'through' the personal (Caplan, 2003; Cortright, 1997; Tarnas quoted in Caplan et al., 2003).

Further, therapists' reports of clients' healing and transformation, following participation in a transpersonal process in the therapeutic encounter, highlight features that may prove crucial to understanding and identifying healing that are not only relevant to the person involved, but also take into account responsibilities towards others and the world that arise as a result of our interconnectedness. For example, one therapist in this study - Alice - witnessed how a client, through coming out spiritually in the therapy room, was able to effect changes in the world that were healing for herself and other family members. Another therapist - Diane - has noticed how for some clients the healing of inner figures, again, effected positive changes in the client's external world and in one case healed physical symptoms.

These examples illustrate healing and transformation that suggest that new experience has been consolidated, assimilated, embodied and integrated in ways that are lasting and sustainable, and that are translated into everyday interpersonal and intrapersonal relations (Caplan, 2003; Ferrer, 2000; Hoffman, 1996; Lines, 2000; Steele, 1998). The findings from the

present study support the points made by Ferrer (2000), Hoffman (1996) and Steele (1998). That is, the hallmarks of constructive, healthy healing need to be measured in terms of the successful assimilation of transpersonal participatory experiencing into one's self-concept, expressed through a transformed attitude and behaviour in everyday reality.

Due to the small number of participating therapists in this study it is not possible to generalise. However, maybe we can say that arriving at a healing outcome through the ascent/height route is not the only way it can be achieved. These metaphors have been over-emphasised in transpersonal psychology and transpersonal therapy since their inception, to the detriment of metaphors for descent, downwardness and depth. However, if the depth/descent way is a route that therapists and clients alike are utilizing as a way towards healing, then the worlds of transpersonal psychology and therapy may do well to acquaint themselves with this way of relating to the transpersonal/spiritual, a way that spirituality may have always been, and still is being, lived and experienced. By its very nature the transpersonal therapeutic encounter lends itself to the possibility of the occurrence of a transpersonal participatory event. That is, it is always already a cooking pot, a medium brimming with such potential whenever two human beings authentically meet.

The depth/descent route to a healing outcome is about involvement in life and relationships. As such it acknowledges that any healing that occurs will affect others around us. Therefore we are reminded of our interconnectedness and our commitments and responsibilities towards ourselves in relation to others and the world that we inhabit.

This study suggests that maybe it is time for transpersonal psychology and therapy to make room for both those clients and therapists who live their spirituality and find healing through routes other than the ascendant tradition. Heron's (1998) map - which makes space for all possible ways individuals can, and do, live their spirituality in the world - is an example of the kind of map that the field of transpersonal therapy may benefit from.

We have seen that the main indicator, for both clients and therapists, of transpersonal participation in the therapeutic encounter, is real change and transformation. This is experienced variously and arrived at through an array of routes. The ways that therapists and clients know, afterwards, that they have participated in a transpersonal process in the therapeutic encounter also varies.

How Therapists are Affected Following Transpersonal Participation

After transpersonal participation in the therapeutic encounter, one therapist in the present study - Leonard - reports experiencing a sense of joy, and a good feeling about there having been a meeting and a feeling of sharing. Some therapists - Betty, Christine, Harry and Leonard - report that the experience of transpersonal participation can sustain and energise them through hours of

drudgery, or pettiness, or tiredness, or feeling ill. They note that because this important thing has happened they are better able to cope. Other therapists - Leonard, Christine, Grace, Ken, Iris and Frank - report experience of moving into another zone, like a movement out of time into touching something, an epiphany; a shift out of one's normal groove into new connections which enhances mundane life; memory of an experience of moving into another zone, another place or another level of consciousness; a feeling of being shaken; experience of a taste of something not really connected with the usual things in life; and the experience of absorption in an ongoing process that is difficult to lose. Some therapists - Leonard, Betty and Harry - acknowledge these moments as being most important and report a sense of having engaged with something that is vitally, ultimately, eternally significant that brings a satisfaction with it, a sense of fulfilment, a feeling of worthwhileness, a feeling of having returned to the things that matter, feeling that something important has happened that puts everything else in true perspective. In addition, therapists in this study who experience transpersonal participation in the therapeutic encounter report a beneficial effect on their awareness. That is, their awareness expands, seems to become more global, broad, all encompassing, not narrow or self-centred.

Others outside of this study arrive at similar findings. In my MA study (McAleer, 1995) of therapists' experience of listening in the therapeutic encounter, following re-emergence from the intertwining, the therapist may feel clear, more relaxed and at ease with themselves. Similarly, in Sterling's (1993) study of the meld experience in psychotherapy supervision, afterwards therapists reported comfort in the body, relaxation and clarity. In Hart's (2000) case, he reports that he came to rely on deep empathic connections with clients as a form of sustenance, saying that at these moments he felt most human. Clarkson (2002) noticed afterwards an increase in resourcefulness, energy enhancement, intensified physicality, a sense of refreshment, nourishment or cleansing.

If absorption in the moment proves difficult to lose, then the benefits of some of these positive after effects could be delayed. This finding resonates with my previous MA study (McAleer, 1995). Some of the therapists in that study indicated that, after emergence from the intertwining, the experience lingers for the listener. Detachment may not have been completed making supervision important.

The findings of the present study also suggest parallels between the practice of therapy and spiritual practice. If we accept that reducing self-centredness is one of the desired outcomes of spiritual practice (Benner, 1988; Ferrer, 2000), and, that after participation in a transpersonal process in the therapeutic encounter some therapists report less self-centredness, as well as benefits to their awareness, then it is not too far fetched to claim that therapy could be a form of spiritual practice. The present study certainly suggests that it brings those benefits associated with spiritual practice, whether therapists are conscious or not of perceiving their work as such.

Generally, then, therapists are positively affected following transpersonal participation. There is a sense of having engaged with something profoundly meaningful, valuable and significant. The engagement seems to benefit therapists' awareness and reduce self-centredness. Since such benefits are equally associated with the outcomes of a spiritual practice, then we can say that therapy has the potential to be engaged with in this way and may be practiced accordingly, whether knowingly or not.

Also, the study indicates the important role supervision can play in supporting therapists as they make sense of what they have experienced through transpersonal participation. Without this, therapists stand to lose out on potential benefits.

How Clients are Affected Following Transpersonal Participation

Afterwards, when participation in a transpersonal process has passed, various therapists in this study notice a variety of ways in which clients are affected. For example, Alice notes that some clients free up. Diane reports that clients come to realise that negative inner figures are positively intended towards survival and are light holders waiting to be found, freed and brought to manifest in the present. Betty notes that when people start to grow they carry their new found awareness into everyday life. This study suggests that participation with the transpersonal impacts clients in a way that opens up possibilities for them that were unseen before. This is especially true for clients without a previous transpersonal relationship prior to coming into contact with it in the therapeutic encounter. Sometimes the experience bestows gifts. For example, one therapist in this study - Leonard - reports how afterwards one client was able to tune into and pick up on intangible aspects of the encounter - like the harmonious structure he endeavours to provide for his work.

Therapists in this study notice a number of ways in which clients who come to the therapeutic encounter already in relationship with the transpersonal, are positively affected by it. Generally, transpersonal participation seems to impact the perspective of these clients in such a way that something normally perceived as negative is then seen as an opportunity. For example, one of Christine's clients approached her illness as something she could use as a gate. Another client of hers was better able to bear her pain and use it as part of her growth process. For those clients who could see another perspective, Betty noticed that transpersonal participation was experienced as part of a deeper growing part of the process.

When the transpersonal has been present in the therapeutic encounter, not only does it further enhance clients' already existing spirituality and level of self-development, it can also develop clients' awareness and learning to a point where the potential exists for them to have their own spiritual journey. Therapists in this study identify features of clients that they regard as indicators of whether or not a spiritual journey is embarked upon. For example, Jack notices

that clients are affected following participation in a transpersonal. He says although nothing happens they are changed. He notes they cannot continue in the way they had before and will want to find the transpersonal again. Gareth, Diane, Harry and Helen notice that clients become more of an observer of their own process, and that some clients realize they are more than they had believed. When a transpersonal process manifests in the therapeutic encounter Ken notices how some clients can connect to it through responding to its ineffability. But he notices that this way of connecting to it is not something that happens often. Consequently he notes that few clients are likely to embark on a spiritual journey. Instead, he notices that most clients choose to believe that the reality of the everyday world is all there is.

It seems that an important aspect of what therapists in this study notice about clients following participation in a transpersonal process concerns the potential to embark on a spiritual journey. Some transpersonal writers believe that therapy, already, is spiritual work. Therefore, they suggest that inadvertently, clients are on a spiritual journey, simply by entering therapy. For instance, Deikman (1982) believes most therapies anyway, naturally encourage observing processes of the mind. King-Spooner (2001) too believes that all therapies, more or less, promote mindfulness. According to Wahl (1999) different therapies provide different means of helping clients to disidentify from attachment to the self. In these ways he believes psychological therapies are not just about the psychological, but also about the spiritual. Similarly, both Boorstein (1996b) and Sutherland (2001) draw parallels between the practice of free association in the psychoanalytic tradition and mindfulness meditation. And, because the aim of both spiritual practice and therapy is the expansion of consciousness, Cortright (1997) suggests that therapy actually is spiritual work.

However, others suggest that there is more of a distinction between what constitutes the psychological and what denotes the spiritual. Wilde McCormick (2000), for instance, hints at this subtle distinction when she states that clients who sense that there is a hidden language behind their presenting difficulties can find ways to reconnect with themselves. When this awareness is owned within the therapeutic relationship then their relationship with the transpersonal has started.

Skynner (1983, cited in Welwood, 1983) identifies a variety of characteristics that he believes mark out those people more likely to embark on a spiritual journey. He says they are people who are more open and vulnerable, more aware of themselves as part of the universe, more troubled by and interested in the meaning of their existence as a whole, less focused on their individual past and fears for tomorrow. They are those who seem to have been given a view from higher up the mountain which they recall and which motivates their seeking, they are more widely interested and more interesting to work with because more challenging, and they

may point out to the therapist that they are aware of something in him that is implied in his presence but which they feel is being held back. Other clients do not do this.

Client motivation, the intent behind seeking therapy and available energy appear to be further determining factors. Clarkson (2002) believes people seek therapy because of the desire to make meaning of their existence, and for relief from pain or personal suffering. And Deikman (1982) suggests that because most of a person's energy is spent on relief from pain, little energy is left to spare for pursuing a spiritual discipline.

Like therapists, clients too are witnessed as being positively affected following transpersonal participation. These positive changes seem to find their way out of the therapy room into clients' everyday lives. Clients' potential for embarking on their own spiritual journey is something some therapists consider. How therapists judge who is on, or not on, or is ready to be on a spiritual journey, would seem to partly depend on how each individual therapist understands the relationship between the psychological and the spiritual. For those who do not make a clear distinction between these two, therapy is already and always seen as spiritual work. Other therapists though, who also avoid making a demarcation between psychological and spiritual work, do suggest that there are qualities in the person of the client that may indicate their ability to embark on a spiritual journey.

These two positions are not mutually exclusive. That is, it is possible for therapists to see all therapy work as spiritual work, whilst, at the same time being able to discern whether or not clients are actively aware of, and responsive to, their engagement in spiritual work. It would seem that transpersonal therapists would hope for clients' conscious awareness of this, whilst being respectful if this does not happen for clients. Further, clients may not be aware that they are already engaged in spiritual work, not because they lack the potential to realize this, but because their current situation may tie up most of their energy leaving little excess for anything else.

Just as the discerning of clients' awareness of things of a spiritual nature may be difficult for them to accurately name and pin down, so too is the nature of the transpersonal.

THE NATURE OF THE TRANSPERSONAL

The Transpersonal as Indefinable

A number of therapists in this study - Frank, Gareth, Fiona, Grace, Harry and Iris - experience the nature of the transpersonal as a mystery, as difficult to understand and make sense of, and as unknown and unknowable. Consequently, Fiona, Grace and Ken experience the transpersonal as difficult to clearly define. Others outside of this study reach similar conclusions. Worsley (2000) notes that defining the heart of spirituality is not easy. He understands it as connected to

the marking out of certain moments. According to Wellings (2000) the transpersonal is a force that cannot be defined but which has conscious intention. It may find expression through dreams, synchronicities and the circumstances of our lives.

Like therapists in this study, Clarkson (2002) regards the transpersonal as the unknown and the unknowable. She says it is also not yet understood, it is the inexplicable, wordless, ineffable. She associates her understanding of the transpersonal with *physis*, the life energy as it manifests in nature, growth, healing and creativity. She points out that *physis* likes to hide and does so in other cultures, or in the Eurocentric sciences of chaos theory and complexity.

Implicit in the present study is the notion that participation in a transpersonal process defies explanation. A conclusion reached by others outside of this study. It seems that these moments represent aspects of human experience that can only be lived through, not explained or easily understood (Fabry, 1996; Hart, 2000; West, 2000).

So, the transpersonal and transpersonal participation defy easy explanation. Words can only be used to suggest and hint at their presence and existence, but they will always fail to pinpoint or grasp their essence and nature entirely.

The Transpersonal Cannot be Predicted, Forced or Controlled

From the present study we learn that Bernard, David, Betty, Christine, Gareth, Ella, Harry, Jack and Iris believe that although transpersonal participation is something that can happen any time, any place, we cannot predict, force or guarantee its presence - or control it. They experience its presence as a gift, spontaneous, caring, graceful, unexpected and loving.

Again, others outside of this study would support this finding. For Clarkson (2002) spirit is understood as a creative force, the source at the root of all matter. It is a healing, creative, growth producing energy, running through everything. For Fabry (1996) the essence of transpersonal experience is to come unexpectedly. These experiences cannot be made to happen at will. But Ferrer (2000) believes that transpersonal events can emerge spontaneously with the coming together of certain conditions. The present study would support his claim. Earlier we identified those ingredients that contribute towards participation in a transpersonal process.

Just as the transpersonal cannot be easily defined, we must also acknowledge that its presence remains an elusive mystery too - despite ways in which its arrival can be supported, encouraged and prepared for. Even when present it remains intangible.

The Transpersonal as Intangible

For the participants in this study - Bernard, David, Alice, Frank, Christine, Gareth, Grace, Harry, Jack, Ken and Leonard - the transpersonal is intangible yet something we are always close to and which can be reached. Alice and Ken experience the transpersonal as a constant presence

everywhere and all of the time, regardless of whether we are in touch with it or not. For Betty there is this 'Other' - God - who is consistent, who 'is' regardless. When engaged with a client in a transpersonal way Betty reports experiencing the presence of God. She says this is not something that could be pinned down. It is more of a sense of something that is with - and between - client and therapist.

Other therapists in this study - Bernard, Alice, Frank, Gareth, Grace, Harry and Bernard - also highlight that transpersonal events and processes can be found in all places, sacred or not, in activities, processes in life, in relationships of various natures, inside of us and outside of us, and that they are connected to being grounded.

These findings suggest an understanding of the nature of the transpersonal that is based on non-discrimination. In other words, you do not have to be super human, or special in any way to engage with it, it is an aspect of being human (Firman et al., 1996; King-Spooner, 2001). Also, although hidden, it is always present (much like Clarkson's, 2002, description of *physis*) and accessible in an indeterminable number of ways that seem to defy restriction and definition. One of those ways, however, is through the therapeutic relationship.

Transpersonal Processes as Arising out of Relationship

Participation in a transpersonal process in the therapeutic encounter is experienced by therapists in this study as being bound up in the relationship between client and therapist. For instance, Betty reports experiencing transpersonal participation as something that went on between a client and herself that was not tangible, but was deep and just was. Ella notes that when she is able to engage in conflict and confrontation with a client in a loving and accepting way without needing to win, paradoxically a feeling of warmth and closeness can be arrived at. She experiences therapy as worthwhile and transpersonal in these moments, when the client and her are creating something together. Bernard, Alice, Betty, Ella, Iris and Leonard experience and understand transpersonal participation as the theme between client and therapist. For Iris it is always between because that is the nature of transpersonal participation. According to her it happens from the client's and her presence together. It seems to arrive out of the relationship. It may connect client and therapist through the medium of conflict and confrontation. It is experienced and understood as the theme that exists between client and therapist. Transpersonal processes seem to arrive out of the relationship.

In this sense this study supports an understanding of 'trans' not in terms of beyond, but in terms of 'through' as indicated by Hutton (1994) and Heron (1998). Accordingly, this study strays from the historical ascendant bias in transpersonal psychology. Instead it suggests that we need to acknowledge more relational aspects of transpersonal participation. For as long as we do not the field of transpersonal therapy may remain underdeveloped.

The Transpersonal Understood as a Source of Help

Therapists' personal relationship with the transpersonal finds various forms of expression but some regard the transpersonal as helpful and having intention. For Christine, Harry, Ken, Iris and Leonard, when spirituality is understood in this way, they experience it as having determined what they are doing and as guiding of their life in general. For Christine, connecting to the transpersonal brings an experience of not being alone. She believes transpersonal participation can give us the sense that we are being helped or supported, or at other times, being challenged.

The present study suggests, therefore, that, for some therapists at least, contact with the transpersonal can be experienced as a source of help and guidance. Fabry (1996) arrives at a similar understanding. He holds that when the transpersonal is present it may indicate that someone or something cares.

So, even though the transpersonal may be ineffable, this does not mean, at least for some therapists, that its presence is not experienced as real and as having the potential to powerfully interact with them and their lives. Yet, when the transpersonal/spiritual is lived and experienced in this way finding words to express this may not be possible.

Transpersonal Participation is Beyond Words

In this study, participation in a transpersonal process is associated with an experience that is difficult to put into words. For instance, according to Alice, Betty and Helen, those moments when a therapist is most present and feels very connected with a client, are when words are redundant. They report these moments as being beyond language and not possible to express. David, Alice, Frank, Betty, Grace and Ken describe spiritual experience as private, wordless, something to be felt, as outside of this dimension and difficult to talk about. Others, outside of this study, have reached similar conclusions (Clarkson, 2002; King-Spooner, 2001; Rowan, 1993; Thorne, 2002;). According to Rowan (1993) efforts to translate experience of the transpersonal into words can seem like a desecration. Yet, paradoxically, this is something we must strive to do. We need to be able to identify characteristics of transpersonal moments using language. If we do not create and build communication pathways to share experience of transpersonal participation, then developing knowledge and understanding further will be highly unlikely.

Indeed some therapists in this study have been able to articulate various aspects of their transpersonal experience including that of the dark side, or shadow side of the transpersonal.

Understanding of the Transpersonal as Incomplete and Biased

Some therapists in the present study - Christine, Diane, Ella and Ken - indicate that the transpersonal is portrayed as too one-sided. They feel that the dark side, or shadow side of human nature is neglected and denied. According to Diane when light is trapped it may seek expression through evil deeds. For Christine when our spirit is wounded this can express itself through rage and aggression.

Elkins (1995) and Daniels (2005) also acknowledge this one-sided portrayal of the transpersonal. From the present study we know that, during participation in a transpersonal process, the dark side or shadow side of human nature is also acknowledged as being part of what is understood by the transpersonal (recall Grace's report of feeling psychically invaded and attacked by her angry client). Elkins warns that aligning our understanding of spirituality with ascent only means we neglect the depths of our being, our relationships, our lives, failure, weakness, infirmity, poverty, the outcast - all aspects that are of equal value and importance.

So, once therapists are given the opportunity to voice the truth of all that they experience in relation to the transpersonal, we find that those usually unspoken aspects are finally given expression. Once expressed these traits can be used to support times when other therapists might come across similar experiences. Instead of being hidden these then come into the open and expand our knowledge and understanding of all aspects of the nature of the transpersonal.

Although the nature of the transpersonal is difficult to pin down, it still remains possible for us to point towards what it is, what it is not, and how it interacts with us and finds expression. We need to continually build on this knowledge base and refine and fine-tune our understanding of it. We know from this study that when the transpersonal is present in the therapeutic encounter it benefits both clients and therapists. As such, it may prove advantageous for training programmes to incorporate transpersonal studies.

NEGATIVE EXPERIENCES THAT HAVE AFFECTED THERAPISTS' AND CLIENTS' RELATIONSHIP WITH THE TRANSPERSONAL

Therapists' Negative Experiences

In the present study some therapists' relationship with the transpersonal have been negatively affected. For example, Iris experienced spiritual development as offensive when made into a goal, rather than respecting it as something evolutionary. Christine and Jack have not been able to share their spirituality with others in a group, because it was not accommodated for. They report experiencing a sense of isolation and loss. Christine has experienced a lack of affirmation

that has affected how she works and how she lives her spirituality in the world. Helen pointed out that because of the dominance of the medical model of therapy, she finds that her approach is not supported. She says she cannot bring the spiritual strongly into supervision. If she does, she has to change her language even to begin to discuss it. She holds her approach secret, thereby limiting its effect and experiences the spiritual as taboo.

Also, some therapists in this study - Jack, Alice and Ella - indicated negative attitudes towards or neglect of the transpersonal, spirituality and/or religion in training. Jack pointed out that Freud denied and ridiculed participation with the transpersonal and that this has had a negative impact on the field of psychotherapy. He sensed a fear around spirituality in his colleagues and it was therefore avoided. Jack reports that he could not share his experiences for fear they would be adulterated. For Alice, trained in the analytical tradition, she noticed that colleagues were a bit scornful of religion. These findings would explain why Boorstein (1996a) found that transpersonal therapists were hidden from public and professional awareness, like the field of transpersonal psychology generally, and why there was no easily available forum for the opening of discussion in this area. This issue also concerns Brooke (2000). He highlights that despite the fact that therapists have spiritual beliefs they do not discuss them, which means this essential dimension of the therapeutic process is left unarticulated, subliminal, even unconscious. As Clarkson (2002) points out this is partly due to the nature of the transpersonal dimension as it is not so easily accessed as other forms of the therapeutic relationship. Yet, as Sperry (2001) points out, like clients, therapists too have an interest in all these areas. They may have a spiritual hunger but no formal training in incorporating the spiritual into clinical practice. According to Lannert (1991) this means ethical issues around religion and spirituality now exist because few training courses address these areas. As Shafranske & Gorsuch (1984) and West (2000) point out this is despite the fact that there are many therapists who incorporate it in their work.

Therapists in this study seem to have been left with no other choice but to live out their relationship with the transpersonal in an underground way. In other words this relationship suffers from a lack of opportunity to develop, to find expression and articulation. It must remain mute, but not without consequences. If this relationship is left underdeveloped then so is its potential translation into training and practice. For as long as this continues therapists who incorporate spirituality/the transpersonal into their work, or who would like to, may have to grope their way forward in the dark, with all the potential risks that this might entail. The story for clients, as perceived by some therapists in this study, can sometimes seem equally bleak.

Clients' Negative Experiences

One therapist in the present study - Alice - points to clients' sensitivity around spirituality. She says some have been ridiculed and anticipate being seen as mad. She notices that it is very rare that clients bring something that they describe as a spiritual experience. Similarly, Helen notes that clients hide and are afraid to share and talk about their spiritual experiences until they trust her, for fear of being laughed at or thought mad. Helen has noticed that if clients have been struggling emotionally because of what they are trying to work with in terms of their spirituality, and they then let this out, they may literally cry with relief.

These findings hint at the potential damage that clients have endured. These would explain why some people keep spiritual and religious experiences to themselves for fear that they will be perceived as mad (Hay, 1982; West, 2000; Lukoff, n.d.), thereby supporting the claim that spirituality is experienced as taboo (Benner, 1988; Gay, 1987; Lannert, 1991).

According to one therapist in this study - Leonard - another reason why clients resist talking about spiritual matters is because clients confuse religion and spirituality. He says some clients will not talk about spirituality if they do not consider themselves to be religious. Thorne (2001) acknowledges that making a distinction between religion and spirituality will be important if the taboo around spirituality is to be lifted.

Some therapists in this study report their own experience as clients with regard to sharing their spirituality. Helen's experience of therapy was positive because her therapist shared a spiritual understanding, Christine's was negative because her therapist did not. She felt disrespected, saddened and let down.

In this way clients may not only bring a fear of expressing their spirituality into the therapeutic encounter due to negative experiences outside of it, but inside it they may also be confronted with a therapist who denies it.

So, the perceptions of some therapists of how clients' transpersonal relationship has been negatively affected, parallels therapists' own negative experiences too. That is, clients' relationship with the spiritual/transpersonal is kept hidden, underground, often due to fear of being misunderstood. This study highlights that the transpersonal can be experienced as taboo, and, unfortunately, this means that the potential for enhancing clients' and therapists' personal relationship with the transpersonal may remain untapped and unused. It is hoped that by naming and bringing this taboo more into the open its ability to go on suppressing and oppressing may be hindered a little.

How Spirituality Became Taboo

What some therapists in this study have experienced with regards to both their own practice and their experience as clients, in conjunction with their perceptions of how clients' transpersonal relationship has been negatively affected, mirrors, to some extent, what some therapists in the present study have noticed about the lack of acceptance of spirituality and religion by the world of therapy generally. Various reasons have been put forward that account for the current state of affairs.

As a consequence of the Enlightenment's rejection of religious and philosophical frameworks, modern day therapy has become dissociated from its religious and philosophical roots. This has ushered in a significant shift away from care and cure of the soul to a focus that tends towards care and cure of the mind. The form of therapeutic practice associated with care and cure of the soul was embedded within either a religious, or spiritual, or philosophical context. This context would have facilitated individuals' struggles to make sense of suffering, illness, death and dying. The absence of this dimension means that therapy today is operating within a confined space dictated by rationalism. From this space the world of therapy continues to hold a deeply ingrained reluctance and/or fear around contact with religion and spirituality. The therapy world and the world of psychology in general regard religion and spirituality with suspicion, if not with a sense of shame and embarrassment. The fact that religious and spiritual experiences have been pathologised is a disturbingly clearer expression of their positions. As Wellings (2000) points out this stance has been most obvious in the psychoanalytic tradition that has been dismissive of religious and spiritual experiences. Freud equated the yearning felt for spiritual experience as regressive and as a disguise of the yearning for symbiosis with mother. According to Watts (1997), for Freud, religion was illusory and born out of wish fulfilment. Sovatsky (1998) goes so far as to say that psychoanalysis is responsible for minimizing and pathologising spirituality in the field of therapy generally.

There is no doubt that such negative attitudes towards spirituality have had a detrimental effect on both therapists and the therapy world in general. These manifest in various ways. Lannert (1991) points out that there is a lack of empirical research around religious and spiritual issues in psychology journals. King-Spooner et al. (2001) notes that clinical psychology has been mute on the subject of spirituality. Lovinger (1984, cited in Lannert, 1991) found that mental health professionals avoid exploration of spiritual/religious issues because of personal barriers. Clarkson (2002) claims that two thirds of the world's cultures, cultures that are deeply spiritual and religious, go ignored by Eurocentric therapies. She further asserts that normally prescribed texts in counselling and therapy exclude non-Eurocentric approaches, transpersonal, spiritual and post-positivistic sciences. West (2000) states that the world of counselling and therapy in general has a problem with spirituality.

This is a problem that has serious implications for those clients and therapists who have spiritual and/or transpersonal leanings. There are many ways in which clients'/therapists'/supervisees' relationship with the transpersonal can be damaged by therapists/trainers/supervisors who have negative feelings towards religion and spirituality. Lovinger, (1984, cited in Lannert, 1991) highlights how clients/therapists/supervisees relationship with the transpersonal can be damaged if therapists/trainers/supervisors project their own unresolved religious conflicts onto them; or if therapists'/trainers'/supervisors' negative attitude towards religion means vulnerable clients/therapists/supervisees are violated; and, if therapists'/trainers'/supervisors' limited understanding and development blocks clients'/trainees'/supervisees' relationship with the transpersonal. Lukoff (1998) and Walsh & Vaughan (1996) note the potential for damage if clients/trainees/supervisees with religious and spiritual issues are misdiagnosed or misunderstood. But more worrying is the possibility that if clients'/trainees'/supervisees' spiritual core goes unrecognized by the therapist/trainer/supervisor then it may not grow as it would with a therapist/trainer/supervisor who did acknowledge it.

This is a situation that could be addressed. To do so means to avoid the potential danger of failing clients, trainees, supervisees, supervisors and therapists alike. One way of doing this is through ongoing communication, discussion, articulation and research into all aspects of the transpersonal/spiritual/religious. Another way is through making the transpersonal/spirituality/religion accessible through training.

Implications for Training

If we accept that increasing numbers of the general population are now more likely to bring to therapy issues of a spiritual and/or religious nature, then it is nothing short of irresponsible if the therapeutic training community fails to prepare trainee therapists to meet this growing need. In a way it can be understood as a failure on two fronts. Ignoring religion, spirituality and the transpersonal in therapy training not only fails clients and supervisees but also those therapists/supervisors who long to explore and understand this fundamental aspect of their own experience.

When training does acknowledge the spiritual, religious or the transpersonal, it does have an influence. Initial training clearly impacted upon the development of the transpersonal leanings of participants in the present study. For those therapists with a psychoanalytic and psychodynamic background, who experienced initial training as enhancing transpersonal interests less strongly than those with a humanistic and integrative background, we find that they are not only engaged comparatively less with transpersonal interests, but they also saw less of a connection between the transpersonal and their current approach to therapy, unlike the

humanistic and integrative group. So, when initial training enhances transpersonal interests, transpersonal involvement in their practice is greater.

Like the humanistic and integrative group in this study whose transpersonal interests had been more enhanced by initial training, who continued to engage with them, and who see more of a connection between the transpersonal and their current approach, the transpersonal group in Hutton's (1994) study had more experiential training in spiritual traditions and their techniques. As a result he suggests that this group would therefore be more likely to be more open to spiritual experiences, and would be in a better position than other conventional therapists to respond to the variety of psycho-religious and psychospiritual concerns of the general population.

The findings raise a number of unresolved questions, such as 'Was it as a result of initial training that therapists in this group ended up engaging more with transpersonal interests?' Or, 'Is there something about humanistic and integrative approaches and/or the individuals they attract that have a pre-existing affinity with and openness to the transpersonal?' And if this is the case, what are these characteristics? Obviously this is fertile ground for further research and study.

The literature review and the qualitative study suggest caution around jumping to too many conclusions with regard to initial training for those therapists with a psychoanalytic and psychodynamic background. However they do indicate the detrimental effects of the historical legacy that has pervaded the psychoanalytic tradition due to Freud's minimization and dismissal of spirituality generally. It may be that many therapists training in this approach today do have a hunger for more knowledge and training around spirituality that goes unmet. Again, there is plenty of scope for further exploration here.

How Spirituality could be Addressed in Training

In many ways it is easy to comprehend how the world of therapy has been hobbling along on one leg for so long without realizing it. Being cut off from knowledge of its own history, roots and origins in religion and philosophy have left it ignorant of what it is fully capable of. The more this ignorance is highlighted the greater the chance of reclaiming the full knowledge of its lineage. It is hoped that this study has gone some way in bringing this to the fore. Some, outside of the study are explicit about a way forward for therapeutic training.

Various therapists recommend that a transpersonal training programme for therapists may include: conventional clinical training; training in spiritual systems; personal therapy; spiritual practice; and training in types of spiritual emergency (Boorstein, 1989, 1996 & 1997; Cortright, 1997, cited in Cortright et al., 2003; Scotten, Chinen & Battista, 1996; Walsh & Vaughan, 1993; Wittine, 1989).

More specifically, requirements of the transpersonal therapist may include:

- An ability to monitor their own resistances, countertransference issues, attitudes and beliefs, assumptions and prejudices regarding different religious and spiritual traditions (Clarkson, 2002; Dwight, 1996; Lannert, 1991; Williams, 2003).
- Openness to the transpersonal dimension and show a willingness to bring attention to it (Cortright, 1997; Scotten, 1985, cited in Hutton, 1994; West, 2000, cited in Gubi, 2001).
- A belief that transpersonal contact may be transformative and possess the greatest healing potential (Scotten, 1985, cited in Hutton, 1994).
- An ability to differentiate between psychologising the spiritual and spiritualizing the psychological, as well as differentiating between religious and mystical traditions (Clarkson, 2002).
- Exposure to basic information with regard to the major faiths and religions within society (West, 2000; Williams, 2003).
- An awareness of the main maps and theories of human development that include spirituality.
- Study of implicit and explicit forms of spiritual counselling (West, 2000, and 2001b, cited in King-Spooner et al., 2001).
- A genuine interest in philosophy, religion and spirituality in a broad minded way (Lines, 2002).
- Awareness around spiritual emergence and awakening (West, 2000).
- Familiarization with the literature around spiritual issues (West, 2001b, cited in King-Spooner et al., 2001).
- Familiarity with various spiritual paths and practices (Cortright, 1997; Lines, 2002).

It may be worth looking at these forms of focus (study of spiritual systems, personal therapy, spiritual practice and training in types of spiritual emergency) as ways that may facilitate participation but without ever being able to guarantee anything. Quite simply, this is because of the nature of the transpersonal, as the present study has highlighted. At the same time, we know that being prepared for and open to the possibility of engagement with the transpersonal does have an impact on its presence. When the transpersonal is present in the therapeutic encounter this study indicates that healing and transformation are common to both clients' and therapists' experience.

This study - despite the limited number of participating therapists - has gone some way towards developing and articulating the relationship between therapy and the transpersonal/spiritual and the religious. Since this study has indicated that a healing outcome

seems usual when transpersonal participation occurs, researching further the nature of transpersonal therapy may prove to be a worthy pursuit.

CONCLUSION

It will be worth recalling that the main motivating factor behind me embarking on this study was the wish to undertake qualitative research into therapists' actual lived experience of spirituality and the transpersonal in relation to therapy, rather than just have theoretical knowledge of it.

As was identified at the very beginning of the project, relatively little has been written in relation to transpersonal therapeutic practice, and so my aim for this study was to explore how counsellors/therapists incorporate spirituality/the transpersonal into their practice, and what this suggests in terms of training. I believe the study has fulfilled its aim. It has identified a number of features that can be regarded as characteristic of a transpersonal therapeutic approach.

It is context that makes therapy transpersonal; and context is shaped by therapists' individual transpersonal interests - and forms of practice - and their subsequent assimilation into the therapist's way of being. Training plays an important role in enhancing therapists' transpersonal interests. How therapists then interpret and translate this experience in practical terms is individual. Consequently, transpersonal therapy cannot be reduced to a monopolar definition. A transpersonal therapeutic approach is characterized by diversity.

This study suggests therapeutic trainings that support, encourage and enhance the therapist's ability to 'let go' and 'let be'. In other words, qualities characterized by humility, honesty, sincerity and a lack of self-centredness. The study highlights how such qualities contribute towards immersion in the therapeutic encounter and spiritual development generally, suggesting that a transpersonal therapist may not be so different from anyone else involved in spiritual practice.

Incorporating the transpersonal/spirituality into a therapeutic approach is advocated for several reasons. It is important in terms of reducing the potential for damage to both clients' and therapists' relationship with the transpersonal/spiritual. Also, it opens up the possibility of participation with transpersonal processes in the therapeutic encounter, and this study has illuminated how this can greatly support healing.

One of the most important benefits of a transpersonal therapeutic approach is that it is more accommodating and encompassing of a wider range of client experience that includes the spiritual dimension.

Features that characterize a transpersonal therapeutic approach include: what therapists bring to the therapeutic encounter through their way of being, or presence; their understandings of why clients seek therapy; how they prepare themselves for the therapeutic encounter; and their perceptions of what happens before, during and after participation in a transpersonal process in the therapeutic encounter. But fundamental to what therapists in the study bring, and

which pervade their various approaches, are their encounters with and understandings of, the nature of the transpersonal. They spell out why training in transpersonal therapy will always escape a mechanistic reduction.

In many ways it is easy to comprehend how the world of therapy has been hobbling along on one leg for so long without realizing it. Being cut off from knowledge of its own history, roots and origins in religion and philosophy have left it ignorant of what it is fully capable of. The more this ignorance is highlighted the greater the chance of reclaiming its ability to develop further within this lineage. It is hoped that this study has gone some way in bringing this to the fore.

What follows are some of the more pertinent outcomes of the study.

The Role of Therapy Training

Therapy training has the potential to play an important role in preparing trainee therapists and supervisors for meeting the needs of increasing numbers of the general population who are now more likely to bring to therapy issues of a spiritual and/or religious nature.

I am aware that there lies great danger here in misinterpreting what these findings suggest in terms of implications for training. That is, it would be a tragic mistake to respond mechanistically by adding on a spiritual/religious/transpersonal module to a training programme in order to tick the boxes and to feel reassured that political correctness had been observed. That would be a complete misconstruing of what the study has highlighted regarding the nature of the transpersonal.

This does not mean either that what others outside of the study have suggested for inclusion in a transpersonal training programmes is not relevant or appropriate, for it is (see, for example, Boorstein, 1996 & 1997; Clarkson, 2002; Cortright, 1997, cited in Cortright et al., 2003; Dwight, 1996; Lannert, 1991; Lines, 2002; Scotten, 1985, cited in Hutton, 1994; Scotten, Chinen & Battista, 1996; Walsh & Vaughan, 1993; West, 2000; West, 2000, cited in Gubi, 2001; West, 2000, and 2001b, cited in King-Spooner et al., 2001; Williams, 2003; Wittine, 1989). There is no doubt that what these authors suggest would prepare therapists and supervisors to be more open to participation with transpersonal/spiritual events and processes, and would place them in a better position than other conventional therapists and supervisors to respond to the variety of psycho-religious and psychospiritual concerns of the general population. But, because of the nature of the transpersonal/spiritual/religious, and the multifarious ways in which participation with transpersonal processes and events can occur, it is of paramount importance that training must avoid, at all costs, attempts to reduce or get on top of the transpersonal and turn participation with it into a definitive, prescriptive list of 'how to' skills and techniques. For me, this would be a desecration of what transpersonal/spiritual means according to the findings

of this study. The point being conveyed here, about the attitude most appropriate in relation to the transpersonal, is paradoxical and is best summed up by one of the study's participating therapists. She says:

I don't know, but I think there is something that goes on that we can't explain. And that we're daft to try and explain it, maybe. But we're dafter if we ignore it.

No Such Thing as a Transpersonal Approach

Although training is an influence on participating therapists in this study, it is not the only one. The study highlights that, through their way of being, their presence, therapists bring to the therapeutic encounter a range of personal influences, beliefs, aims, and positive motivations as well as an assimilation of their transpersonal interests. These find expression not through any one general perception of the therapeutic context, but through their individual ones. Because each therapist's transpersonal interests, beliefs, aims and therefore perceptions, differ, transpersonal therapy defies monopolar reduction.

The diversity of what therapists in this study bring to bear on the therapeutic encounter shows up again in how they variously integrate their relationship with the transpersonal into their therapeutic approach.

Others outside of this study support this study's findings. They too highlight the diversity of ways in which their transpersonal interests are variously integrated into their approach. In addition, they highlight that assessment at the start of therapy could be used by therapists as an invaluable tool and guide for making decisions about how best to incorporate their transpersonal interests into their work with any one client. Not only would assessment be an invaluable means for establishing spiritual interventions that the therapist could make which would be helpful to the client, but it could also communicate to clients that there is a place for the transpersonal dimension in therapy.

The variety and diversity of qualities that therapists bring to the therapeutic encounter through their way of being, combined with the wide range of ways that they subsequently integrate these into their therapeutic approach, requires an attitude towards the transpersonal/spirituality that honours openness, flexibility, letting be, letting go, acceptance and respect for differently lived relationships with and interpretations of the transpersonal.

Therapists' Quality of Presence

I believe this study identifies a range of factors that are highly pertinent to any therapy training that incorporates the transpersonal/spirituality. However, these urge us to rethink our fundamental understandings of therapists and therapy generally and, in such a way that the thought of cosmetically 'adding on' a transpersonal module becomes farcical.

We find that a positively passive stance, emanating from a lack of self-centredness in the therapist, supports their immersion in, and contributes towards, participation in a transpersonal process in the therapeutic encounter. This study draws our attention to what is made possible in the therapeutic encounter 'through' therapists who show clear intent, courage, the ability, and the willingness to surrender themselves to be used and worked through in the service of the other; who can be open to the presence of love; who possess the wisdom to know how to keep out of the way of the natural 'flow' of things without interfering; who have the humility to recognize that any healing that occurs is not of them, and is not to be used as a way of promoting their own egos and self-importance.

We learn that these ways of being can create a depth of connection that can pave the way to knowledge that was, before, inaccessible, and that, more often than not, proves to be both healing and transformative for both therapist and client.

These findings have implications for the training of therapists generally. If healing is the purpose for clients entering therapy, then we are talking about therapeutic trainings that deepen, develop, cultivate, enhance, promote and support the blossoming of humility, sincerity and honesty of intention, whilst encouraging a reduction in self-centredness. Qualities of a human being that could be understood in terms of the ability to wait, to be yielding, receptive, to 'let go' and 'let be'. These are qualities of being or presence that not only contribute towards immersion in the therapeutic encounter, but are also regarded as important ingredients in terms of spiritual development generally (Deikman, 1982). This suggests that to practice as a transpersonal therapist may not be so different from a person who engages in any other form of spiritual practice.

Why Incorporate the Transpersonal/Spirituality into a Therapeutic Approach?

This study clearly identifies why incorporating the transpersonal/spirituality into a therapeutic approach is more than simply a good idea. First of all, it is important to recognise there are issues concerning the potential for both clients' and therapists' relationship with the spiritual/transpersonal to be negatively affected. But equally as important is the inherent value in, and potential benefits of, a transpersonal therapeutic approach that seeks to accommodate participation with transpersonal processes. At the heart of participation with transpersonal

processes lies great hope for healing that is far reaching and that reveals the reality of our interconnectedness.

We find that the world of therapy has been detrimentally affected due to the pathologisation of religious and spiritual/transpersonal experiences. Individuals' participation with such has subsequently suffered from neglect, muteness and exclusion. The implications for clients/trainees and supervisees who acknowledge a spiritual core within themselves will continue to look bleak as long as therapists/trainers and supervisors carry on ignoring this vital aspect of human experience.

A need does exist for people to bring to therapy spiritual and/or religious issues. The therapeutic training community has a responsibility towards trainee therapists and supervisors in preparing them to meet such clients. It also has a responsibility to respond to those trainee therapists and supervisors who already have a spiritual core within that longs for recognition and validation.

I hope that this study goes some way towards demystifying some of the ignorance and fear that surrounds spirituality and the transpersonal, and that contributes to maintaining the taboo around it.

Being in the flow is one feature of therapists' experience during participation in a transpersonal process. It is mainly characterized by intimacy, expressed most clearly through the therapist's awareness of a lack of distinction between self and other. The benefits that accompany these moments allude to a non-controlling, non-doing space in which things unfold with ease and effectiveness in a natural way without thought.

In this study 'being in the flow', as a feature of therapists' experience of participation in a transpersonal process, shares similar characteristics to the findings of other therapists and studies, where it may be known by different names (meld, mergence, relational depth). This suggests that these moments are not an uncommon aspect of therapists' everyday therapeutic experience. That is, therapists who may not regard themselves as transpersonal or spiritual in approach, are, nonetheless, participating in what this study calls a transpersonal process.

Another implication, one that can comfortably coexist alongside the preceding one, concerns ideas, beliefs and assumptions around how we think about spirituality, and who we 'allow' to be 'spiritual'. For example, if we believe that spirituality and participation in a transpersonal process is the domain of an elite, exclusive section of human beings, then these findings could come as a surprise. Alternatively, if we conceive of a spirituality that is inclusive, non-discriminatory, accessible to everyone at all times, can be engaged with in multifarious ways and is understood by individuals and groups in terms that best suit them, that avoids elitism and resists all efforts at definitive definitions, then these findings may come as a welcome relief.

There is another concern though. If these moments in the therapeutic encounter are brushed aside because they are conceptualized as ‘spiritual’, ‘transpersonal’ or ‘religious’, and therefore taboo, then, once again, important aspects of human experience are being negated and ignored.

We know that this position towards religion, spirituality and the transpersonal has its roots in the past. But it is a position that, when considered in conjunction with the common idea that spirituality is the domain of an elite, exclusive section of human beings, highlights the incongruous attitudes, beliefs and ideas that we may hold when it comes to spirituality. These seem to be a contradictory mixture of, in one minute, exalting those we consider spiritual, and the next minute covering up, as though ashamed, anything that could associate us with spirituality.

The present study suggests that spirituality and participation in transpersonal processes exist in and happen for ordinary people, including therapists, and that open acknowledgement, dialogue and discussion about these experiences, events and processes is long overdue.

This has several implications that may require further study. It forces us to ask whether, if therapists in general are participating in a transpersonal process in the therapeutic encounter, even if unknowingly, then why is it necessary to make any distinction between transpersonal/spiritual therapists and therapists who define themselves according to more conventional approaches? The answer to this question may lie in future studies that could be undertaken to explore the impact on clients of therapists who work with a conscious awareness of the transpersonal and the spiritual dimension of human being, and those that do not. The assumption underlying such an investigation, and, to some extent, suggested by this study’s findings, would be that the conscious intent of a therapist, whether expressed implicitly or explicitly, does have a bearing on clients’ experience of therapy.

From the present findings we know that moments of participation in a transpersonal process ask us to take on board that whilst each one of us is alone, at the same time we are a part of one another. For me, this finding brings religion, spirituality and the transpersonal back into the world. In fact it makes spirituality political. Another long held idea about spirituality is that it is something that happens in a monastery, a cave or some other place where retreat from the world is accommodated. In this sense spirituality has been associated with detachment from the world. However, rather than detachment, the findings of this study suggest an understanding of spirituality that is based on being-in-the-world and interconnectedness. If we are a part of one another, then being responsible for our actions and behaviour takes on a whole new meaning, one that seriously challenges self-centredness and actions based on self-interest.

When Ferrer (2000, 2002) indicates that the transpersonal is not about individuals ‘having’ private, transpersonal experiences, but, instead, about participating in a transpersonal

event, he gifts us with an understanding that has profound implications. If, as the findings in this study indicate, we are fundamentally interconnected, then indirectly, or directly, this makes spirituality and the transpersonal political, ethical and moral. If we are interconnected, then our actions as individuals become accountable in terms of the urgent need to reduce self-centredness, spiritual narcissism and their devastating consequences on the world in which we live.

HOW THE STUDY IS UNDERSTOOD AS A WHOLE

What I Would Do Differently

I would not change the way in which I have conducted the qualitative research, apart from some technical changes (with hindsight I would have used a much better quality tape recorder for the interviews). There were some errors in the original questionnaire that would be avoided in future. For example, some of the age range options were missing, so participating therapists were unable to identify their age group.

Validity

The ways in which the qualitative outcomes were arrived at have implications for the validity of the study as a whole. Success is seen as dependent on the researcher's sensitivity towards participants, data, meanings, nuances and dilemmas (Elliott & Williams, 2001). One way of assessing this is to check out drafts and outcomes with research participants by asking for comments and feedback. This can back up the validity of the outcomes (McLeod, 1994; Wyatt, 2002).

In the study, research participants were issued with a copy of their transcribed interview and an individual structural description of their particular experience of participation with the transpersonal in the therapeutic encounter. Of the eighteen therapists who participated in the study thirteen returned comments. These were all affirmative. However, as McLeod (1994) indicates, there are problems with validity because, in practice, requesting feedback and comments from research participants may require that they involve themselves in a difficult and time consuming process. This was true for some of the participants in this study (see Appendix J, Table 34, Feedback from Therapists).

It is also important to consider the reliability of the research participants' affirmations of their situated structural descriptions given that a considerable amount of time had elapsed between their interviews and the generation of the descriptions. The situated descriptions are the outcome of data collection removed from the actual flow of the interview experience, which, also, is removed from the actual experience of participation with the transpersonal. When research participants were asked to proffer their comments at a later date, their engagement in the interviews, and their description of participation with the transpersonal in the therapeutic encounter, was twice removed from the initial experience. Participants became observers and reporters of their experience. This process suggests a change in awareness that has implications for the verification of the various experiences of transpersonal participation shared. It would seem that this is an insurmountable problem that forces us to acknowledge that the situated structural descriptions, in conjunction with the study's outcomes, are at best only approximations

of the 'reality' of therapists' experiences of transpersonal participation. All efforts to get at the essence of a thing can only ever be attempts. We are thereby forced to accept the uncertainty of all knowledge.

Those experiences, described and analysed here, can be seen as snapshots of an aspect of experience that is constantly in flux and that will continue to change with time. Further, the same study conducted with different participants would have arrived at different findings that would reflect additional understandings.

Bernstein (1976) questions the aspiration and possibility of the phenomenologist to elucidate *a priori* structures, although it is understandable that researchers aspire to such. This forces us to consider the value and meaning of those aspects of therapists' experience of participation with the transpersonal that stand out, and to wonder whether, if they are not universal or fundamental, then what are they? What is their significance?

We may be reminded (McLeod, 1993, 1994) that reality is understood as being socially constructed, and therefore research outcomes are not facts or findings reflecting an objective reality, but are versions of the life world constructed by the researcher in collaboration with research participants. As Valle et al. (1989) put it, we cannot escape the historicity of understanding.

Lees (2003) points out that the outcome of a research project will differ between people who undertake the same project. This is because we are all different and will have differing perspectives, but these do not diminish the validity of each position. They are just different angles on the same focus. In this context the validity of a piece of qualitative research includes valuing the self of the researcher, and, at the same time, the 'truths' of members of the research community who read the research, even when they differ. These differences are perspectives that can enrich that of the original researcher.

Lees' (2003) understanding of validity supports the approach taken in this study with regard to the inclusion and diversity of therapists' sharings. However, these sharings, and my interpretation of them, originate from an all white, predominantly London-based, group of people. I would welcome the opportunity to encounter findings from a similar study conducted with, for example, African, Mexican, Asian, Muslim or Native American therapists and healers. Research into wide ranging culturally specific experience of transpersonal participation amongst therapists and healers may tell us something about spirituality in a particular culture, reflect more powerfully the specific angle of our own, as well as also helping us identify aspects that are cross-cultural or inter-cultural.

Another factor that indicates success of a study's validity is its transferability. This

... is attained when the research findings can be placed into context outside the study situation and when the audience for the research views the findings as meaningful in terms of their experiences (Wyatt, 2002, p. 179).

One way of doing this would be through publication of the research findings and receiving subsequent feedback and comments.

I believe, that despite the relatively small number of therapists who participated in the study, my understanding, and hopefully that of others, of therapists' experience of transpersonal participation, has been deepened, thus endorsing what Romanyshyn (1989) says about the phenomenologist. This is someone who:

... is satisfied with his descriptive method which provides him with identification of psychological phenomena because at the core of his approach towards himself, the world and others, he is content to understandingly dwell (p. 68).

This study reflects a hermeneutic investigation. This is defined by its circularity. It begins with the self/self-understanding, and returns to the self/self-understanding. The circularity of an ontological investigation is most commonly known as the hermeneutical circle (Bernstein, 1976).

To make explicit an understanding that is implicitly there from the start, by way of hermeneutics, involves a particular way of thinking. A hermeneutical approach requires a fundamental openness and an ability on the part of the researcher to allow what presents itself to teach us, to reveal itself to us.

The qualitative research methods in this study have allowed us the opportunity of broadening our awareness and deepening our understanding. The study has been worthwhile in another sense too, for

... without thereby disclosing the foundations of a phenomenon, no progress whatsoever can be made concerning it, not even a first faltering step can be taken towards it, by science or by any other kind of cognition (Colaizzi, 1973, p. 28, cited in Valle & King, 1978, p. 4).

My experience of the study's qualitative analysis has been characterized by struggle. On the one hand there has been the effort to condense and reduce therapists' experience of transpersonal participation to coherent patterns and themes and, at the same time, to acknowledge and accept my own sensing and knowing that by its very nature the transpersonal is not some 'thing' that can be reduced, captured or pinned down. Paradoxically, to endeavour to do this means to have missed the whole point of the transpersonal. I believe, however, that the essence of therapists' experience of transpersonal participation is evident within the

qualitative results and the conclusions of this study. My hope is that this will resonate with the experiences of other interested therapists and readers.

Implications for Further Research

Research into the transpersonal/spirituality is in its infancy. Therefore, the problem arises of there being so much scope that it can be difficult to know where to start. However, the outcomes from this study suggest some leads that could be followed up. For example, did those therapists whose initial training incorporated the transpersonal/spirituality choose their training because it did? If so, are there characteristics that mark those people out? If yes, what are these characteristics? Conversely, do characteristics exist for those people who consciously rejected courses that included spiritual and transpersonal content? In other words, is avoidance of the transpersonal/spirituality in the world of therapy entirely the consequence of the long held cultural and social taboo in this area, or are there other factors at work that account for why some therapists are drawn to spirituality and the transpersonal and others are not?

Also of interest would be research into *clients'* experience of therapy with therapists whose approach incorporates the spiritual/transpersonal. Whilst this study has identified a transpersonal therapeutic approach specific to the therapists who participated in this study, a more rounded picture that incorporated additional therapists' lived experience of the transpersonal/spiritual, as well as that of clients', would be desirable.

From the study we know that different therapists incorporate the transpersonal/spiritual into their respective approaches in various ways, either discreetly or overtly. It would be interesting to know what impact this has on clients, not only in an obvious way, but also in terms of clients' awareness of their own spirituality before and after therapy. It could be that clients do become more aware of their spirituality just as much with a therapist who never mentions or acknowledges their own relationship with the transpersonal to the client, as with a therapist who does, or vice versa.

Finally, conducting future research in this area would undoubtedly be enriched by including therapists, healers and clients from as many religious, ethnic, cultural, socio-economic and spiritual groups as is possible.

Despite the enormous scope for future research in the area of transpersonal therapeutic practice, I hope and believe that, in conducting this study, a contribution to the journey along this path has been made for the bearing of future fruits.

I have learnt that research into the transpersonal/spirituality requires what I can only describe as 'blind faith'. There are no clear pathways for conducting such a study, but there are signs, and learning to follow them, depends upon the researcher's ability to listen carefully to the data and what it suggests, and to trust what is being heard in response to it.

If this field of research is to progress then I would suggest that research communities will need to become more tolerant and accepting of idiosyncrasy and experimentation. More sensitive and respectful research into this very personal and intimate aspect of human experience needs to happen. This study has highlighted that therapists are interested in spirituality and the transpersonal, but unfortunately opportunities to explore and share interests in a supportive way remain limited. This only compounds the taboo that continues to exist. Research into the fears around this would undoubtedly be worth pursuing. I hope this piece of research can make some small contribution towards cracking this deeply ingrained taboo.

A Personal Account of Doing the Research (see Appendix M, for a fuller version of my overall experience of engaging in this study)

What I have learnt from this experience is the value of persistence and discipline. I had to put to one side any hope of arriving at any stage of the study quickly. Instead I just focused and persisted with each step of each task until it was completed. In other words, although I was generally aware of the bigger picture in relation to the study as a whole, this was not paramount in my awareness. The goal of overall completion remained in the background, disciplining myself daily to spend time on any one task was the focus of my attention. Working on each of the individual tasks became an integrated part of my everyday life. It became a part of my everyday routine. It became a practice that was characterized by doing each task for itself.

In their book, 'The Life we are Given', Leonard and Murphy (1995) talk about transformation in everyday life through committed long-term practice. When I recently read this book I identified immediately with it. They talk about how Western culture is obsessed with a quick fix approach to life and a demand for quick results. In contrast they suggest that spiritual development is more to do with committed practice that is engaged with consistently and on a long-term basis, that is approached with an attitude of non-grasping for one's aim but trusting that this will be achieved as a result of one's ongoing practice. They discuss how one's practices can go through plateau periods, how a person may resist doing their practices, but how, ultimately, it is important to just keep doing them.

This approach and understanding about working at one's goals parallels exactly my experience of doing this PhD. My experience was mirrored back to me also through a very powerful film based on a true story, 'Rabbit Proof Fence'. In 1940s Australia it became the responsibility of the chief 'Protector' of the Aborigines, A.O. Neville (played by Kenneth Branagh) to gather together all mixed race children, part aboriginal and part white Caucasian, for the purpose of eventually 'breeding out', from successive generations any traces of aboriginal blood that could identify someone! The film focuses on the journey back to their land and people of two young sisters and their cousin, identified as mixed race. They were forcibly

removed from their mother and taken 1,500 miles away to a place where they were to be re-educated in ways deemed appropriate by A.O. Neville.

The three little girls escaped and walked home. They faced many trials and potential death on this journey. The cousin was captured and taken back, but the two sisters made it home (they were later captured again and returned to the institution. In total they were captured three times, and three times they repeated this arduous journey back home).

Although doing a PhD is not life threatening, and my struggle comes nowhere near to what these little girls endured, suffered and survived, I could identify with features of their journey that they experienced. The doubt, the determination, wondering if you will ever make it, the hope that you will, not caring at times but still putting one foot in front of the other anyway, wrong turns, encouraging signs, others help and support, thinking you are not getting anywhere, then, in the next step, realizing that you are still on track, being lonely, frightened, lost, wishing you had not started but knowing you cannot turn back, trusting your intuition when receiving positive or negative information, being prepared to start again when you have taken a wrong turn, following your heart and being open to more elusive signs other than human ones, maybe from the world around and through meaningful events. I must add, though, that unlike the little girls, whom, out of necessity were forced to repeat their arduous journey again, and then yet again, I, thank goodness (!), do not have to repeat this journey.

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APPENDIX A

Questionnaire

QUESTIONNAIRE

1.

SEX: Female
Male
2.

AGE: 20-30 years
51-60 years
61-70 years
71+ years
3.

How long have you worked as a therapist since completing your initial training?
Please tick as appropriate.

1-5 years 6-10 years
11-15 years 16-20 years
21-25 years 26-30 years
31-35 years 36-40 years
41-45 years 46+ years
4.

Which category/categories best describe your theoretical approach? Please tick in
COLUMN A as appropriate.
5.

What approach was your initial training in. Please choose only one from COLUMN B.

	COLUMN A	COLUMN B
Analytical Psychology (Jungian)
Behavioural and Cognitive Therapy
Experiential Constructivist Therapies (eg. NLP, Personal Construct Therapy)
Family, Marital, Sexual and Systemic Therapy
Humanistic and Integrative Therapy (eg. Rogerian, Person-Centred Therapy, Existential-Phenomenological Therapy, Transpersonal/Psychospiritual Therapy)
Hypnotherapy
Psychoanalytic and Psychodynamic Therapy(Freudian influenced Individual and Group Therapy)
Psychoanalytically Based Therapy with Children

Other, Please specify.....

6. If your approach has changed please state:

After how long
.....
.....

Reason(s)
.....
.....
.....
.....
.....
.....

7. Please tick the setting(s) in which you practice.

GP	.....
School/College/University	.....
Clinical Psychology Department	.....
Hospital	.....
Private	.....
Voluntary Organisation	.....
Workplace	.....
Social Services	.....
Other (Please specify).....	

8. What kind of therapeutic work do you make available to clients? Please tick all that apply.

Short-term (less than 3 months)	.....
Medium-term (3 months - 1 year)	.....
Long-term (1 year plus)	.....

9. What percentage of your clients do you see for:

Less than 3 months	.....
3 months - 1 year	.....
1 year plus	.....

10. What percentage of your clients fall into each of these categories?

Under 12	.....
Adolescent 13-16	.....
Young Adult 17-21	.....
Adult 22-65	.....
Mature 66+	.....

11. Listed below are a number of areas you may have an interest in. Please code the level of your interest for (a) leisure (b) professional and (C) personal development.

Code: 0 = no interest, 1 = a little interest, 2 = a great interest

Example

	<i>Leisure</i>	<i>Personal</i>	<i>Personal Development</i>
<i>Spirituality</i>	<i>2</i>	<i>0</i>	<i>1</i>

	Leisure	Professional	Personal Development
Spirituality			
Paranormal			
Transpersonal Psychology			
Shamanism			
Meditation			
Near Death Experiences			
Deep Ecology			
Mysticism			
Yoga			
New Age			
Western Mystery Traditions			
Altered States of Consciousness			
Healing			
Holistic Medicine			
Eastern Religions			
Western Religions			

Other(s) – Please specify

12. How would you rate the connection between your interest in these areas and your approach to therapy? Please tick as appropriate.

- Very strong
- Strong
- Fair
- Weak
- Negligible

If you ticked *Very strong*, *Strong* or *Fair* briefly describe your understanding of this connection.

.....

.....

.....

.....

.....

.....

.....

.....

13. If you incorporate any aspect(s) of these interests (see list above) into your work please say what and how. Examples would be helpful.

.....

.....

.....

.....

.....

.....

.....

.....

14. How much did your initial training enhance your interest(s) in these areas? Please tick as appropriate.

- A lot
- A little
- Not at all

15. Do you undertake, or have you undertaken any practices related to these interests yourself? Please tick as appropriate.

Yes
No

If you ticked Yes please state the practice(s) and rate your involvement by ticking as appropriate.

Example

PRACTICE(S) (Please list)	INVOLVEMENT		
	Brief	Ongoing but Intermittent	Regular & Frequent
<i>Spirituality</i>	*		

PRACTICE(S) (Please list)	INVOLVEMENT		
	Brief	Ongoing but Intermittent	Regular & Frequent

Many thanks for taking time to complete the questionnaire. Would you consider participating in a follow up interview? If so, please include your name, address and telephone number below and I will contact you to discuss further.

Name:

Address:
.....

Telephone, Daytime: Evening:

APPENDIX B

Verification Process

The Verification Process

Table 27 illustrates the results obtained between:

- 1. myself, R (researcher) and an initial verifier, V1 (verifier 1); and
- 2. between myself, R and another verifier, V2 (verifier 2).

Table 27: Verification Results for Responses to Question 12

	VERIFICATION RESULTS	
VERIFICATION AND NON- VERIFICATION CATEGORIES	Results between R and V1	Results between R and V2
Discrepancies	28	29
Agreements	26	26
Overlaps ²⁰	5	4
Excluded ²¹	17	17
TOTAL	76	76

The number of discrepancies between R and V1, 28, suggested the need to conduct the procedural steps for Question 12 again so as to revise the accuracy of the themes. Then, following, to conduct the verification process again with another verifier, V2. However, the discrepancies between R and V2 highlighted the need for further examination.

First of all I created three tables, see Tables 28 to 30. Each was representative of the results between:

- 1. R and V1, see Table 28;
- 2. R and V2, see Table 29; and
- 3. V1 and V2, see Table 30.

The numbers in each Table indicate which therapist each response belongs to. Responses were categorised according to theme and plotted to show where there was theme agreement and disagreement between verifiers. Plotting allowed me to identify pairs of themes where discrepancies existed. For example in Table 28 a partial disagreement exists between V1 and R regarding which theme original response 88 represents. V1 (for V1 read across the horizontal axis of the table) placed response 88 into 2 themes, B and C; whilst R (for R read down the

²⁰ Sometimes more than one theme was chosen. This resulted in partial agreement and disagreement. For example I may have labelled a response with two themes – A and B, whilst the verifier may have labelled it A only.

²¹ 17 original responses representing examples of each of the themes were given to aid the verifier. Therefore these were not included.

vertical axis of the table) also placed it into 2 themes, A and B, this was at odds with V1’s categorisation (numbers in bold highlight where partial agreement exists). The discrepancy is between V1’s designated Theme C and R’s designated Theme A.

Table 28: Theme Agreement and Disagreement between V1 and R in Relation to Numbered Original Responses

V1/ R	Theme A	Theme B	Theme C	Theme D	Theme E	Theme F
Theme A		88	11,51, 87,88	11,45,51		72
Theme B	68	88,93	50,52, 69,88, 92,93	62,93		70,103, 104
Theme C	54	60	52,69	25,55, 71,79, 97,105		76,81
Theme D			66	45,62		
Theme E		4	44,80, 101	90,98		
Theme F			9	34,107		

Table 29: Theme Agreement and Disagreement between V2 and R in Relation to Numbered Original Responses

V2/ R	Theme A	Theme B	Theme C	Theme D	Theme E	Theme F
Theme A	45,88	43,52	11,87	51		77
Theme B	88	52	69,50	62,93	19	70
Theme C	66,102	52,60	69	25,79, 105	81	55,96
Theme D	45,66			62		
Theme E	101		4,80,85		39,44,89	
Theme F		48		107		

Table 30: Theme Agreement and Disagreement between V1 and V2 in Relation to Numbered Original Responses

V1/ V2	Theme A	Theme B	Theme C	Theme D	Theme E	Theme F
Theme A		88	66,88, 101,102	45		72
Theme B	43,68		52,92			48,103, 104
Theme C	54	4	11	71,97		76,85
Theme D			93	11,25, 51,93	51,93	51,93
Theme E				90,98		
Theme F	77		9,44,96	34,55		

In order to locate those themes that required revising I calculated the totals for each set of discrepancies, i.e. those between V1 and R, V2 and R, and V1 and V2. Discrepancies were greatest between Themes A/C (14), B/C (14) and C/D (13).

Table 31: Theme Discrepancies Totals between Pairs of Verifying Participants

Theme Discrepancy Totals				
Themes	V1 & R	V2 & R	V1 & V2	Totals
A/B	2	3	3	8
A/C	5	4	5	14
A/D	3	3	1	7
A/E	0	1	0	1
A/F	1	1	2	4
B/C	7	4	3	14
B/D	2	2	0	4
B/E	1	1	0	2
B/F	3	2	3	8
C/D	7	3	3	13
C/E	3	4	0	7
C/F	3	2	5	10
D/E	2	0	4	6
D/F	2	1	4	7
E/F	0	0	0	0

For theme discrepancy A/C, V1 and R disagreed most. For example there were 5 disagreements between V1 and R, 4 between V2 and R and 5 between V1 and V2. For theme discrepancies between B/C and C/D, V1 and R had most disagreements again.

For the purpose of understanding the nature of the disagreements I located and returned to all the original responses specific to those themes where discrepancies were greatest. That is A/C, B/C and C/D. I read each response through alongside the themes that V1, V2 and R, had allocated them. This allowed me to ‘see’ where there were differences in interpretation and how themes could be modified for the sake of greater clarity.

The outcome of this process lead to modifications of themes A and B for Question 12.

Table 32: Revised Theme Changes – Question 12

Before Revision	After Revision
Theme A The therapist acknowledges their transpersonal interests, but they refrain from imposing them on the client. Instead, the therapist works with the material the client chooses to present.	Theme A The therapist acknowledges their transpersonal interests and the fact that these affect their perception of the therapeutic context, but they refrain from imposing these on the client. Instead, the therapist limits themselves to the material the client chooses to present.
Theme B The therapist acknowledges that their transpersonal interests will affect their approach through the medium of their being. The therapist recognises that they can not separate out their interests from themselves and thereby their approach.	Theme B The therapist acknowledges that their transpersonal interests will affect their approach through the medium of their being. The therapist recognises that their approach is an extension of their being.

Following the modifications made to themes A and B, I returned to the list of therapists’ original responses to Question 12 for the purpose of revised theme assignment. In the process of reassigning I continually referred back to the themes V1, V2 and R, had initially assigned as a way of rechecking all themes.

The outcome of this process was a newly revised list of assigned themes for each original response to Question 12.

APPENDIX C

Common Features of Phenomenological Data Analysis

Common Features of Phenomenological Data Analysis

A phenomenological analysis allows the experience being engaged with to speak for itself with all repetition and unconnected material discarded. The aim of the data analysis is to tease out the essential descriptions of the investigated experience.

The finding of phenomenological research is a description of the essential structure of the experience being investigated (Polkinghorne, 1989, p.51).

The essential structure consists of the basic elements that make an experience what it is. The end result is a 'general structural description' (Polkinghorne, 1989).

In phenomenological research arriving at a structural description from naïve descriptions involves a process. This has been referred to as the 'reduction' (Polkinghorne, 1989, p.51) of specific descriptions to their fundamental structures. Here reduction means bringing things down to a basic structure that captures the essence of a whole experience, which can't be reduced any further. Van Kaam (1969 in Polkinghorne, 1989) sees it as bringing out and making explicit that which is implicit in the naïve descriptions (Polkinghorne, 1989).

The process of moving from a collection of naïve descriptions to a structural description can be difficult and complex. It is necessary to work on one individual description at any one time. Each description has to be broken down into manageable parts. A series of stages is required to help the researcher complete this process.

Different studies have implemented and devised stages in a variety of ways. Colaizzi (1978) used particular stages to investigate the experience of 'being impressed by reading something to the point of modifying one's own existence'. Giorgi's (1975 in Polkinghorne, 1989) study of '*what constitutes learning for ordinary people going about their everyday activities*', gives another example of stages to follow, as does Fischer's (1989) study of the experience of '*being anxious*'.

Each stage is part of a process that is characterized by a movement towards increased organization of a text in the service of increasing clarity, and exposure of essential themes and meanings.

In order to explain and exemplify the stages of data analysis, I will describe the general pattern of stages that were followed in some of the phenomenological studies already mentioned.

Stage 1: Immersion

Most researchers first read through the original protocols (conventional title for transcribed descriptions) to get a feel for their meaning.

Stage 2: Categorisation

The protocols for each study are broken down into more manageable parts or units.

Colaizzi (1978) extracted phrases or sentences from each protocol that were directly related to the topic being investigated.

Giorgi (1975b cited in Polkinghorne, 1989) was more concerned with highlighting structures particular to specific situations rather than with finding universal essences. On re-reading the protocol he divided it into units. The basis on which these are established is according to whether or not they

... express a self-contained meaning from a psychological perspective (Polkinghorne, 1989, p.53).

When the researcher perceives a transition in meaning this is recorded. For example the subject may change topic or may start describing something else. In this, the researcher must rely on her or his judgement. The aim is to make these divisions in accordance with the subject's described experience.

The divisions should be natural to the text and not in conformity with the researcher's theoretical expectations. Giorgi (1975b in Polkinghorne, 1989) calls these blocks 'meaning units' and states that these are parts of a particular, context based experience and not universal elements of the experience.

In Fischer's (1989) study of 'being anxious' he reread a protocol whilst at the same time asking the following questions: 'What is happening here? How did the subject's involvement with being anxious arise and unfold? What are the global units of that unfolding?' (Fischer, 1989, p.134). Having gained a sense of the units or scenes to the story he then marked them off on a type-written copy of the transcription.

Stage 3: Phenomenological Reduction

Each researcher transforms the parts or units into meanings expressed in psychological or phenomenological terms. The transformation

...does not remain at the level of linguistic expressions, as does traditional content analysis with its use of word counts ..., but focuses on the experiences to which the language refers. The transformation 'goes through' the everyday linguistic expressions

to the reality they describe, and then it redescribes the reflective reality in the language appropriate to a phenomenologically based psychology (Polkinghorne, 1989, p.55).

‘Getting through’ concrete expressions to an experience is achieved through two thought processes, reflection and imaginative variation. Reflection requires a sensitive reading of an expression. Whilst reading one asks: “What’s really being described in this statement, phrase or unit? What is the psychological dynamic at work here?”

The answers arrived at are tested using imaginative variation. This is a form of mental experimentation whereby the researcher changes aspects of the experience through imagination by either adding to or subtracting from the transformation being worked with. The purpose for this is to stretch the experience to the edges until it is no longer being described as the subject implicitly intended.

These two processes are essential for producing meaning transformations that can obtain inter-subjective agreement. A meaning statement can be then tested for correctness by working backward from the transformed expression to the original naïve description. Transformations must be publicly verifiable.

This stage involves a crucial qualitative research procedure, the transformation of the participant’s language into the language of the researcher. Using the meaning units established in Stage 2 the task is thus to state, as simply and concisely as possible, in the researcher’s words, the unit’s dominant meaning.

In this redescription, the researcher tries to make explicit the implicit psychological meaning of the unit in a sentence. Also, he or she extracts only those aspects that are related to the topic and passes over aspects that are not directly linked to it. Transformations go beyond what is given in the original data whilst staying with it. In this, the data must be allowed to speak for itself without the imposition of theoretical concepts. The transformation, written in the third person, therefore aims to be the psychological equivalent of the meaning unit expressed in the subject’s words in Stage 2. At the end of Stage 3 the researcher may have several lists. The first comprised of the meaning units or phrases and the last made up of the accompanying transformed statements.

Colaizzi (1978) in his third stage, first of all transformed the specific statements about the topic (gathered in Stage 2) into general ones. In doing this, he changed the participant’s words into his words. This denotes his first transformation. Following this he then returned to this general list of transformed statements and attempted to spell out the meaning of each significant statement. Here the researcher is engaged in creative insight. There is a leap from what participants ‘say’ to what they ‘mean’. This constitutes a second meaning transformation.

This is a precarious leap because, while moving beyond the protocol statements, the meanings he [the researcher] arrives at and formulates should never sever all connection with the original protocols (Colaizzi, 1978, p.59).

Colaizzi (1978) then read through all the aggregate transformed meanings for the purpose of organising them into clusters of themes. This is a difficult process because the researcher has to allow themes to emerge that are common to all the subject's protocols, otherwise the final general structural description remains unrepresentative. Creative insight is required to tease out the themes given in the meaning statements.

Giorgi (1975 cited in Polkinghorne, 1989), using the meaning units established in Stage 2, first of all undertook the task of stating, as simply as possible, in his own words, the unit's dominant meaning.

Next he gathered the list of meaning units identified in Stage 2 and their first transformations for questioning. The question posed in Giorgi's case was 'what is learning?' In Stage 3 this question was put to each transformation and meaning unit in turn.

In Fischer's (1989) study, Stage 3 involved returning to the marked off scenes in a protocol arrived at in Stage 2 and reflecting upon its meaning. This was then transformed into the researcher's own words. Fischer achieved this whilst keeping in mind what he understood the subject to be saying in relation to their lived experience of being anxious.

Step 4: Interpretation and Triangulation

Each researcher synthesises the transformations and produces a general structural description of the experience.

Synthesis occurs through bringing together all the transformed meaning units into a description of the psychological structure of the experience under investigation. The general structural description is an expression of an intuitive grasp of the core elements of the experience seen as a whole (Polkinghorne, 1989).

To produce a synthesis the researcher has to read through the transformed meanings, all the time looking for the underlying structure inherent in the meanings and their variations. This process also requires that the researcher performs more thought experiments i.e. stretching a structural description until it does not fit meanings. This zigzagging procedure between transformed meanings and a general structural description goes on and on until an adequate fit is reached.

Colaizzi's (1978) fourth stage first of all involved producing an exhaustive description based on the theme clusters generated and validated in Stage 3.

The next phase involved identifying the absolute fundamental structure of the experience being investigated. The product was a general structural description of the experience being studied.

Colaizzi's (1978) final task involved returning to each subject and asking them about the findings. 'How do my results compare with your experience? Is there any aspect of your experience that I have omitted?' Any new data that emerges is then worked in.

Stage 4 in Giorgi's study (1975 cited in Polkinghorne, 1989) involved synthesising the transformed meaning units arrived at in Stage 3. This aimed to produce a descriptive statement of the essential psychological meanings of the subject's experience. The specifics of the subject's experience are still included at this point. The description is a response to the question: 'What is the psychological structure of the experience as it presented itself to this subject in this particular situation?' (ibid.).

Finally Giorgi (ibid.) moved from the situated descriptions to a more general level of interpretation. At this point the specifics of each individual situation are omitted. Instead, the focus shifts to those elements of the experience that are trans-situational. For Giorgi the final finding does not claim universal validity, but validity in a general sense that extends beyond the unique descriptions of each subject.

For Fischer (1989) the fourth stage involved returning to the transformed meanings generated in Stage 3 and then attempting to synthesise an answer to the study's question. In Fischer's study the question was 'What was the psychological meaning of being anxious as it was experienced and lived by this subject in this situation?' (ibid., p.134). The answer to this question produces a 'situated structural description' of a particular subject's experience.

Finally a general structural description was produced in response to the question: 'What is the psychological meaning of being anxious as a possibility that human beings may live and experience?' (Fischer, 1989, p.134) This description was then validated through a process of zigzagging backwards and forwards between the final description and the 25 protocols collected for his study. What was essential to all of them guided his looking.

APPENDIX D
Interviewee Letter 1

Dear

Last year you kindly completed a brief questionnaire I sent you. This was part of an Mphil/PhD research degree I am undertaking in the area of transpersonal psychology. I was wondering if you would still be willing to participate in a follow up interview.

The purpose of the interviews is to gather together therapists' experiences of working with clients where their awareness of the transpersonal/spiritual dimension of human experience was present.

If you agreed to be interviewed it would be most helpful if I could conduct the interview at your place of work. The interview would take up to one hour. This would be tape recorded and subsequently transcribed. When the study is completed the tapes will be wiped clean. All information given will be treated as confidential. Participants will remain anonymous.

Once the essence of therapist' experience has been condensed I would need to check with you whether or not my summation captured – in a general sense, the essence of your interviewed description. This would involve reading through my summary and making comments if necessary. I plan to conduct the interviews between Monday 15 February 1999 and Saturday 20 February 1999. If you are not willing to be interviewed may I thank you for your time in completing the original questionnaire. If you are willing to be interviewed could you please tick those days and times that would **NOT** be suitable (**Please turn over**).

Day	Morning 9.00am – 12.00pm	Afternoon 12.00pm – 5.00pm	Evening 5.00pm – 7.00pm
Monday 15.02.99			
Tuesday 16.02.99			
Wednesday 17.02.99			
Thursday 18.02.99			
Friday 19.02.99			
Saturday 20.02.99			

I will contact you to agree a time and date as soon as I can. Please could you provide your name, address and telephone number again.

Name:

Address:

Telephone Number – Daytime:
Evening:

Many thanks

Yours sincerely

Eileen McAleer

APPENDIX E

Personal Statement and Self-Reflection

A Transpersonal Encounter

When I first met Stella – which was at our first appointment, I experienced a mixture of feelings. The first thing that struck me was the difference in our ages. Stella was in her sixties and I was in my early thirties. I could not see why this woman – who obviously had a lot more life experience than me, believed I could be of any help to her. I began to feel unsure of myself – inadequate. At the same time I was curious as to what she had come to me for. Stella had remembered me from a counselling talk I had given to her class. I realised then that she had chosen to speak to me and this allowed me to put the age issue to one side and relax.

I would describe Stella as a very gentle person. She had quite a deep voice yet her Irish accent was melodic to listen to. There was something very serene about her. Her gentleness, soft speaking voice and serenity were transparent in her eyes. When I listened to her and looked at her I always felt as though I were being transported out of time and place. A calmness always came over me when with her.

Each time we were together I felt like time took on a different meaning. Everything seemed to slow right down, yet everyday time appeared to pass quickly. I also noticed how I lost awareness of everyday distractions like noise, yet my awareness felt as though it was heightened and sharper. My normal way of hearing changed as well. Although I could clearly hear the words of Stella's story I felt as though they were secondary compared to my experience of the emotional weight of them. I felt directly tuned into the fullness of the meaning that her words were endeavouring to capture. It was like being in another world, but I did not feel unaware of everyday reality. Just as her words were in the background so were everyday things. You could say that we merged. It was like we were one yet with access to our separate, individual identities at all times. In that togetherness I understood Stella and the experiences she was relaying with words in a deeper and more concise way than those words could express. I, neither, could put into words what I understood exactly, yet I knew I understood and I knew that Stella knew I understood. Because of this experience I formed a very close bond with Stella that is difficult to verbalise. I still think of her now. The connection I had with her had nothing to do with age or position. It put those kinds of concerns into a totally different perspective for me. What happened between us made me feel that I did have a soul and that this was not tied to time, place and circumstances but was beyond these particularities. It felt like my soul was a timeless entity that could realise itself when in deep connection with another. In this experience that other was Stella.

Reflections

This encounter typifies for me access to a way of knowing that is different to everyday norms. At the same time that it may appear to be unusual, I would say that other ways of knowing are accessed all of the time by us and maybe we either are not aware of them or we do not pay them much attention. I would also consider these ways of knowing as transpersonal because they transcend (yet also include) our everyday sense of self. The following could identify transpersonal features specific to my experience with Stella:

- There was a relaxing of boundaries between Stella, objects and the environment and myself.
- The way I accessed information – or information accessed me, shifted from my normal approach.
- My sense of time changed.
- I felt that somehow there was more to me and the other than our present personalities and bodies. In other words I experienced myself – as well as the other, as being beyond the particularities of time and place – or at least not limited by them, and in some way very old and timeless.

I felt my encounter with Stella encapsulated each of these aspects. As I listened to Stella I felt more and more as though I were entering another world. I was still aware of being able to return to my own individual world if I wanted to, whilst at the same time knowing that I was allowing who I was to blend with who Stella was. In this kind of letting go, surrendering my idea of myself and another, the boundaries between us were no longer so clear-cut. A consequence of this melding was an ability to access information – and/or be accessed by information, about Stella's emotional experience that had nothing to do with my intellect. It was as though another form of intelligence moved in and took over. Furthermore the whole experience was characterised by a feeling of moving into another time zone – almost dreamlike in quality. The cumulative effect of these facets of experience was a feeling of being more than what perhaps we are generally allowed to believe we are, i.e. simply people who are born – as though from nowhere, and who die and are then gone for good. It felt as though who Stella and I were was not limited to this one lifetime.

Final Clarification

Through reflecting upon my interpretation and perception of what a transpersonal encounter meant to me I became clearer about possible interview pitfalls. My main purpose when interviewing therapists is to be as open as possible to each person's unique interpretation and understanding of the transpersonal. I acknowledge the potential for variance from my own. I need to prepare myself to hear about experiences outside my own frame of reference. For

accounts based on a similar understanding to my own I see the importance of looking out for subtleties and nuances of difference and the need to avoid jumping to conclusions or committing myself to certain expectations.

I hope to acquire, then, a broad and accurately reflected spectrum of interviews through attempting – to the best of my ability, to put aside my unearthed beliefs, biases, assumptions, expectations and hunches that my personal statement had helped to highlight. In order to obtain therapists' experience of transpersonal encounters I needed questions for the study. I returned to my personal statement as a source for their generation.

APPENDIX F

Interview Confirmation, Letter 2

Dear

Below is a suggested interview time and date regarding your experience of working transpersonally with clients.

Friday 19th February 1999 at 11.30am

If I do not hear from you *by Friday 15 January 1999* I will look forward to seeing you for the above appointment. If your circumstances have changed could you please let me know by either phoning me at the above number (I have an answer phone) or address.

Many thanks

Eileen McAleer

APPENDIX G

Interviewee Information, Letter 3

Dear

Before I meet you for interview it may be helpful if I briefly summarise my study and give you some personal and academic information.

I am a counsellor/therapist myself and have been so since 1988. I have always been interested in all aspects of spirituality and people's personal interpretations and individual experiences of it. I am interested in exploring any gap that might exist between theoretical understandings of the transpersonal and spirituality and people's lived experience within a therapeutic context.

In order to explore my interest further I decided to enrol for an Mphil/PhD at Liverpool John Moores University. I felt that this would be a way of ensuring that I remain disciplined and focused.

The first part of my study involved producing a questionnaire, which you may recall completing. Through this I was able to access therapists, like yourself, who were willing to be interviewed.

The purpose of the interview is to listen to your understanding and interpretation of the transpersonal and how you have experienced this in connection with your clients.

When I meet you I will provide you with some questions that may help you. You do not have to answer the questions but they might be useful in aiding you to talk about your experience.

I will tape the interview, transcribe it and then work to highlight patterns of similarities and differences and variations amongst therapists that might indicate the richness of therapeutic transpersonal experience. 20 therapists are participating in the study.

All the information given will be treated confidentially and anonymity will be respected. When the study is completed the taped interviews will be erased.

Later on, when work on the transcriptions has been completed and patterns have emerged – or not emerged, I will write to you again informing you of the outcome that I will have arrived at. Hopefully this will encompass the experience you relay through your interview. Any comments/feedback at this point would be most welcome.

I am attaching a Research Consent Form. I would be very grateful if you could complete this and I will collect it from you when I meet you next week.

I will look forward to meeting you.

Yours respectfully

Eileen McAleer

RESEARCH CONSENT FORM

TITLE OF STUDY: The Theory and Practice of a Transpersonal Approach to Therapy

1. Have you read the enclosed Information Sheet?

YES/NO
2. Do you feel happy with the information you have received about the study? (If you ticked *Yes* go to 4. If *No* go to 3).

YES/NO
3. Are you confident that you will be able to discuss any questions about the study during the interview?

YES/NO
4. Do you agree to participate in the study?

YES/NO

Signed Date
(NAME IN BLOCK CAPITALS)

Please retain this form and I will collect it from you at the interview.

APPENDIX H

Apology for Inaudible Tapes, Letter 4

Dear

In February 1999 I interviewed you regarding my MPhil/PhD study about therapists and their relationship with the transpersonal.

Before conducting the interviews I forwarded an Information Sheet to you. In this I stated that I would write to you when work on the transcribed tapes had been completed.

I have now completed work on the transcriptions and I am writing to inform you that due to the poor quality of my tape recorder regrettably I was unable to transcribe your interview. I endeavoured, through sophisticated technology, to make your recording audible but without any success.

I would like to thank you for giving your time and support to my study and providing me with the opportunity to meet you and enjoy our exchange. I am very sorry that I was unable to include your interview in my findings but I would still like to send you the outcome unless you let me know otherwise.

Yours sincerely

Eileen McAleer

APPENDIX I

Letter from Study Participant

Dear Eileen,

Thanks for your letter dated 19 August, about your research. I am so sorry to hear that you have had problems with the transcriptions – a long and tedious task at the best of times! I hope it was just mine and not too many others?

Anyway, I would certainly like to see the results, as I am still very interested in the transpersonal, as witness the accompanying booklist.

All best wishes -

APPENDIX J

Data Analysis

Phase One

This Phase is made up of nine Steps.

Researcher's Reflections

After reading through each transcription (*Immersion*) I reflected upon the best way to proceed.

Initially the task ahead seemed quite daunting. Each interview had generated a huge amount of rich material.

I felt strongly that it was important not to lose the richness of therapists' experience and understanding of the transpersonal. It is this, I believed, that could be of most value, support and help to other counsellors and therapists, and that could give them something concrete about transpersonal experience to relate to. I knew my task was to strip away from each text all extraneous material in such a way that did not damage the richness and essential core themes of each interview. I decided to proceed slowly, carefully and methodologically with each text.

Step One

As a first step towards the identification of essential meaning units and themes each transcription was broken down into individual sentences. For example, see Samples 1 and 2. *Please note that the Samples used throughout to illustrate the Steps of the methodological process are only a part of the whole of a therapist's worked upon transcription.* Each sentence was numbered. As a way of identifying which sentences belonged to which therapist, each therapist's fictitious name (in Samples 1 & 2 the therapist's fictitious name is David) was placed before each numbered sentence.

Sample 1

EM: Would you like to say a little bit about what your understanding of the transpersonal is, and by the way you may not use that word, I mean if there's another word feel free to use it.

David: Right. Well first of all this is a transpersonal training centre we're at. It's important to say that. And I think before I talk about myself and what I believe I think the philosophical position of the centre is important. In the Centre's view spiritual development involves the full development of the personality. Or shall we say the more the personality is developed the more spiritually developed the personality is. And going along with that the Centre's view is that everybody's got problems for the same reason. There's only one reason anybody's got a problem, which I find an enchanting idea, and that reason, the reason that we have problems, is they are the call to develop a certain quality of the personality which is necessary to overcome that problem. When we've developed the quality the problem's solved. Then we move onto another problem.

EM: I was going to say ...

David: Yeah, so, there's no ending, there's no ending, there's only more development. So it's

like the horizon. If you step toward the horizon, if you move even one foot toward it the horizon moves a foot. So there's no end point. But, ehr ... spiritual development in the view of the Centre, you know I think it's right, it has to do with developing here on the planet. A lot of the spiritual nonsense that is around, and I mean there's a lot of it and there's a lot of transpersonal nonsense around as well ...

EM: Perhaps you could say a bit more about that later?

David: Sure, ehrrm ... involves people who, or individuals who choose, shall we say, not to live incarnate on the planet and deal with what the planet is about. I'm laughing because I've done this – I'm not laughing at anybody because I've done this. So you know the, so called transpersonal approach is often an escape route for individuals who just don't know how to function on the planet itself! And in my view that's flawed – depending on your beliefs. My own personal beliefs are that we chose to come here. We accepted the necessity of developing under the limitations that the planet has on offer for us – and the limitations are severe. Gurdjieff pointed out that this is about the second worst place in the creation to be, which I accept. It's a terrible place! But one chooses it because for everybody's development they have to learn to be in terrible places. And, it also has great potential. I heard a lovely story about this. There are these two musicians who met. One was a man and one was an angel, and they met in the woods somewhere, by accident, and they each recognised what the other was, and the man said to the angel, 'What's the music like in heaven?' And the angel said, 'Oh it's unbelievable.' He said, 'Any instrument, anything you can think of it's played. There are tens of millions of notes. It goes on and on. You can hear fourteen billion octaves if you want to. You can hear them all. And anything you think exists and it is done.' And the guy goes, 'That must be really amazing.' So the angel says, 'What's music like on earth?' And the fellow says, 'Oh, seven notes - do re mi fa sol la si do, and then it starts again.' And the angel goes, 'Right.' He says, 'Could you play me anything?' And the guy plays him something and the angel cried. So the transpersonal often is used by people who don't like seven notes. They go, 'No, I wanna hear fifteen million notes.' Fair enough, maybe one of their karmas was to be foolish, or maybe ten of their karmas are to be foolish. Actually I've been thinking of an idea lately that probably three of our karmas are to be crazy. You couldn't be a complete person if you hadn't been crazy. You couldn't be a complete person if you hadn't been crazy. You'd only be something of a person. I used to think I was really crazy, but I'm kind of productively crazy. And I have come to the conclusion, because I deal with a lot of clients who are certifiably crazy, that you just might have to do that a few times as part of your development in the big picture.

Sample 2

David-1. Right. Well first of all this is a transpersonal training centre we're at. It's important to say that.

David-2. And I think before I talk about myself and what I believe I think the philosophical position of the centre is important.

David-3. In the Centre's view spiritual development involves the full development of the personality.

David-4. Or shall we say the more the personality is developed the more spiritually developed the personality is.

David-5. And going along with that the Centre's view is that everybody's got problems for the same reason. There's only one reason anybody's got a problem, which I find an enchanting idea, and that reason, the reason that we have problems, is they are the call to develop a certain quality of the personality which is necessary to overcome that problem.

David-6. When we've developed the quality the problem's solved. Then we move onto another

problem.

David-7. Yeah, so, there's no ending, there's no ending, there's only more development. So it's like the horizon. If you step toward the horizon, if you move even one foot toward it the horizon moves a foot. So there's no end point.

David-8. But, ehr ... spiritual development in the view of the Centre, you know I think it's right, it has to do with developing here on the planet.

David-9. A lot of the spiritual nonsense that is around, and I mean there's a lot of it and there's a lot of transpersonal nonsense around as well ...

David-10. Sure, ehrm ... involves people who, or individuals who choose, shall we say, not to live incarnate on the planet and deal with what the planet is about.

David-11. I'm laughing because I've done this – I'm not laughing at anybody because I've done this.

David-12. So you know the, so called transpersonal approach is often an escape route for individuals who just don't know how to function on the planet itself!

David-13. And in my view that's flawed – depending on your beliefs.

David-14. My own personal beliefs are that we chose to come here.

David-15. We accepted the necessity of developing under the limitations that the planet has on offer for us – and the limitations are severe.

David-16. Gurdjieff pointed out that this is about the second worst place in the creation to be, which I accept. It's a terrible place!

David-17. But one chooses it because for everybody's development they have to learn to be in terrible places.

David-18. And, it also has great potential.

David-19. I heard a lovely story about this. There are these two musicians who met. One was a man and one was an angel, and they met in the woods somewhere, by accident, and they each recognised what the other was, and the man said to the angel, 'What's the music like in heaven?' And the angel said, 'Oh it's unbelievable.' He said, 'Any instrument, anything you can think of it's played. There are tens of millions of notes. It goes on and on. You can hear fourteen billion octaves if you want to. You can hear them all. And anything you think exists and it is done.' And the guy goes, 'That must be really amazing.' So the angel says, 'What's music like on earth?' And the fellow says, 'Oh, seven notes - do re mi fa sol la si do, and then it starts again.' And the angel goes, 'Right.' He says, 'Could you play me anything?' And the guy plays him something and the angel cried. So the transpersonal often is used by people who don't like seven notes. They go, 'No, I wanna hear fifteen million notes.'

David-20. Fair enough, maybe one of their karmas was to be foolish, or maybe ten of their karmas are to be foolish.

David-21. Actually I've been thinking of an idea lately that probably three of our karmas are to be crazy.

David-22. You couldn't be a complete person if you hadn't been crazy. You'd only be something of a person.

David-23. I used to think I was really crazy, but I'm kind of productively crazy.

David-24. And I have come to the conclusion, because I deal with a lot of clients who are certifiably crazy, that you just might have to do that a few times as part of your development in the big picture.

Step Two

Step Two involved reading through each numbered sentence. In an effort to grasp its essential meaning I asked myself what was at the heart of each sentence. Each response created a preliminary meaning category. New categories were generated each time a sentence suggested

the need for it. So, for example, some of the numbered sentences found in Sample 2 are rearranged into two preliminary meaning categories in Sample 3 (see **This seems to be about the philosophical position of the training centre David is employed by** and **Seems to be about David's views and beliefs of the transpersonal**).

Sample 3

This seems to be about the philosophical position of the training centre David is employed by

David-1. Right. Well first of all this is a transpersonal training centre we're at. It's important to say that.

David-2. And I think before I talk about myself and what I believe I think the philosophical position of the centre is important.

David-3. In the Centre's view spiritual development involves the full development of the personality.

David-4. Or shall we say the more the personality is developed the more spiritually developed the personality is.

David-5. And going along with that the Centre's view is that everybody's got problems for the same reason. There's only one reason anybody's got a problem, which I find an enchanting idea, and that reason, the reason that we have problems, is they are the call to develop a certain quality of the personality which is necessary to overcome that problem.

David-6. When we've developed the quality the problem's solved. Then we move onto another problem.

David-7. Yeah, so, there's no ending, there's no ending, there's only more development. So it's like the horizon. If you step toward the horizon, if you move even one foot toward it the horizon moves a foot. So there's no end point.

David-8. But, ehr ... spiritual development in the view of the Centre, you know I think it's right, it has to do with developing here on the planet.

Seems to be about David's views and beliefs of the transpersonal

David-9. A lot of the spiritual nonsense that is around, and I mean there's a lot of it and there's a lot of transpersonal nonsense around as well ...

David-10. Sure, ehrm ... involves people who, or individuals who choose, shall we say, not to live incarnate on the planet and deal with what the planet is about.

David-11. I'm laughing because I've done this – I'm not laughing at anybody because I've done this.

David-12. So you know the, so called transpersonal approach is often an escape route for individuals who just don't know how to function on the planet itself!

David-13. And in my view that's flawed – depending on your beliefs.

David-14. My own personal beliefs are that we chose to come here.

David-15. We accepted the necessity of developing under the limitations that the planet has on offer for us – and the limitations are severe.

David-16. Gurdjieff pointed out that this is about the second worst place in the creation to be, which I accept. It's a terrible place!

David-17. But one chooses it because for everybody's development they have to learn to be in terrible places.

David-18. And, it also has great potential.

David-19. I heard a lovely story about this. There are these two musicians who met. One was a man and one was an angel, and they met in the woods somewhere, by accident, and they each recognised what the other was, and the man said to the angel, 'What's the music like in heaven?'

And the angel said, 'Oh it's unbelievable.' He said, 'Any instrument, anything you can think of it's played. There are tens of millions of notes. It goes on and on. You can hear fourteen billion octaves if you want to. You can hear them all. And anything you think exists and it is done.' And the guy goes, 'That must be really amazing.' So the angel says, 'What's music like on earth?' And the fellow says, 'Oh, seven notes - do re mi fa sol la si do, and then it starts again.' And the angel goes, 'Right.' He says, 'Could you play me anything?' And the guy plays him something and the angel cried. So the transpersonal often is used by people who don't like seven notes. They go, 'No, I wanna hear fifteen million notes.'

David-20. Fair enough, maybe one of their karmas was to be foolish, or maybe ten of their karmas are to be foolish.

David-21. Actually I've been thinking of an idea lately that probably three of our karmas are to be crazy.

David-22. You couldn't be a complete person if you hadn't been crazy. You'd only be something of a person.

David-23. . I used to think I was really crazy, but I'm kind of productively crazy.

David-24. And I have come to the conclusion, because I deal with a lot of clients who are certifiably crazy, that you just might have to do that a few times as part of your development in the big picture.

.....

Step Three

After reading through the sentences within each preliminary meaning category it was clear that sub-categorization within them was required. One of the preliminary meaning categories found in Sample 3 is broken up into the two sub-categories found in Sample 4 (see *Seems to be about David's views and beliefs of the transpersonal, One: Seems to be about David's perception of use and misuse of the transpersonal, Two: Seems to be about David's understanding of and belief in reincarnation.*

Sample 4

This seems to be about the philosophical position of the training centre David is employed by

David-1. Right. Well first of all this is a transpersonal training centre we're at. It's important to say that.

David-2. And I think before I talk about myself and what I believe I think the philosophical position of the centre is important.

David-3. In the Centre's view spiritual development involves the full development of the personality.

David-4. Or shall we say the more the personality is developed the more spiritually developed the personality is.

David-5. And going along with that the Centre's view is that everybody's got problems for the same reason. There's only one reason anybody's got a problem, which I find an enchanting idea, and that reason, the reason that we have problems, is they are the call to develop a certain quality of the personality which is necessary to overcome that problem.

David-6. When we've developed the quality the problem's solved. Then we move onto another problem.

David-7. Yeah, so, there's no ending, there's no ending, there's only more development. So it's

like the horizon. If you step toward the horizon, if you move even one foot toward it the horizon moves a foot. So there's no end point.

David-8. But, ehr ... spiritual development in the view of the Centre, you know I think it's right, it has to do with developing here on the planet.

.....

Seems to be about David's views and beliefs of the transpersonal

One: Seems to be about David's perception of use and misuse of the transpersonal

David-9. A lot of the spiritual nonsense that is around, and I mean there's a lot of it and there's a lot of transpersonal nonsense around as well ...

David-10. Sure, ehrm ... involves people who, or individuals who choose, shall we say, not to live incarnate on the planet and deal with what the planet is about.

David-11. I'm laughing because I've done this – I'm not laughing at anybody because I've done this.

David-12. So you know the, so called transpersonal approach is often an escape route for individuals who just don't know how to function on the planet itself!

David-13. And in my view that's flawed – depending on your beliefs.

David-14. My own personal beliefs are that we chose to come here.

David-15 We accepted the necessity of developing under the limitations that the planet has on offer for us – and the limitations are severe.

David-16. Gurdjieff pointed out that this is about the second worst place in the creation to be, which I accept. It's a terrible place!

David-17. But one chooses it because for everybody's development they have to learn to be in terrible places.

David-18. And, it also has great potential.

David-19. I heard a lovely story about this. There are these two musicians who met. One was a man and one was an angel, and they met in the woods somewhere, by accident, and they each recognised what the other was, and the man said to the angel, 'What's the music like in heaven?' And the angel said, 'Oh it's unbelievable.' He said, 'Any instrument, anything you can think of it's played. There are tens of millions of notes. It goes on and on. You can hear fourteen billion octaves if you want to. You can hear them all. And anything you think exists and it is done.' And the guy goes, 'That must be really amazing.' So the angel says, 'What's music like on earth?' And the fellow says, 'Oh, seven notes - do re mi fa sol la si do, and then it starts again.' And the angel goes, 'Right.' He says, 'Could you play me anything?' And the guy plays him something and the angel cried. So the transpersonal often is used by people who don't like seven notes. They go, 'No, I wanna hear fifteen million notes.'

.....

Two: Seems to be about David's understanding of and belief in reincarnation

David-20. Fair enough, maybe one of their karmas was to be foolish, or maybe ten of their karmas are to be foolish.

David-21. Actually I've been thinking of an idea lately that probably three of our karmas are to be crazy.

David-22. You couldn't be a complete person if you hadn't been crazy. You'd only be something of a person.

David-23. I used to think I was really crazy, but I'm kind of productively crazy.

David-24. And I have come to the conclusion, because I deal with a lot of clients who are certifiably crazy, that you just might have to do that a few times as part of your development in the big picture.

.....

Step Four

Attention was then focused on each individual sentence within each preliminary category and sub-category. For the first time therapists' words were combined with my own. Sentences were reduced, reorganized and clarified in order to expose their essence. Again, great care was taken to ensure that the richness and meaning of each sentence was not lost or diminished. Sample 5 illustrates the changes made to the sentences found in Sample 4 (for example, 'David-5. And going along with that the Centre's view is that everybody's got problems for the same reason. There's only one reason anybody's got a problem, which I find an enchanting idea, and that reason, the reason that we have problems, is they are the call to develop a certain quality of the personality which is necessary to overcome that problem.' in Sample 4 becomes, in Sample 5 - 'David-5. The centre's view is that there's only one reason anybody's got problems, that is they are a call to develop a certain quality of the personality which is necessary to overcome that problem. David finds this an enchanting idea'.

This phase sees a movement towards a less personalized, more impersonal presentation of each therapist's sharing. This helped to protect therapists' anonymity and aided my ability to see, in a more general sense, the essence of their sharing.

Sample 5

This seems to be about the philosophical position of the training centre David is employed by

David-1. It is important for David to say that we are at a transpersonal training centre.

David-2. David thinks that the philosophical position of the centre is important.

David-3. In the Centre's view spiritual development involves the full development of the personality.

David-4. The more the personality is developed the more spiritually developed the personality is.

David-5. The centre's view is that there's only one reason anybody's got problems, that is they are a call to develop a certain quality of the personality which is necessary to overcome that problem. David finds this an enchanting idea.

David-6. When we've developed the quality the problem's solved. Then we move onto another problem.

David-7. There's no ending only more development. So it's like the horizon. If you step towards the horizon, if you move even one step toward it the horizon moves a foot.

David-8. David thinks the centre's view of spiritual development is right. It has to do with developing here on the planet.

.....

Seems to be about David's views and beliefs of the transpersonal

One: Seems to be about David's perception of use and misuse of the transpersonal

David-9. For David there is a lot of spiritual and transpersonal nonsense around.

David-10. For David spiritual and transpersonal nonsense involves individuals who choose not to live incarnate on the planet and deal with what the planet is about.

David-11. David laughs because he has done this. He is not laughing at anybody because he

has done this himself.

David-12. For David the so called 'transpersonal approach' is often an escape route for individuals who just don't know how to function on the planet itself!

David-13. In David's view using the transpersonal as an escape route is flawed.

David-14. David's personal beliefs are that we chose to come to the planet.

David-15. We accepted the necessity of developing under the limitations that the planet has on offer for us – and the limitations are severe.

David-16. David notes that Gurdjieff pointed out that this is about the second worst place in the creation to be. David accepts this. For David this is a terrible place.

David-17. For David everybody chooses to come to the planet because from a developmental point of view we have to learn to be in terrible places.

David-18. David also believes the planet has great potential.

David-19. David heard a lovely story about this.

There are these two musicians who met. One was a man and one was an angel, and they met in the woods somewhere, by accident, and they each recognised what the other was, and the man said to the angel, 'What's the music like in heaven?' And the angel said, 'Oh it's unbelievable.' He said, 'Any instrument, anything you can think of it's played. There are tens of millions of notes. It goes on and on. You can hear fourteen billion octaves if you want to. You can hear them all. And anything you think exists and it is done.' And the guy goes, 'That must be really amazing.' So the angel says, 'What's music like on earth?' And the fellow says, 'Oh, seven notes - do re mi fa sol la si do, and then it starts again.' And the angel goes, 'Right.' He says, 'Could you play me anything?' And the guy plays him something and the angel cried.

For David the transpersonal is often used by people as an escape route from living within the limitations of this planet.

.....

Two: Seems to be about David's understanding of and belief in reincarnation

David-20. For those people who choose to escape from living within the limitations of the planet, David believes maybe one or ten of their karmas are to be foolish.

David-21. David has been thinking of an idea recently that that probably three of our karmas are to be crazy.

David-22. David believes you couldn't be a complete person if you hadn't been crazy. You'd only be something of a person.

David-23. David used to think he was really crazy, but he is kind of productively crazy.

David-24. David concludes, because he deals with a lot of people who are certifiably crazy, that you might have to do that a few times as part of your development in the big picture.

.....

Step Five

In this step attention was turned to the sentences generated in Step Four for the purpose of linking them together into coherent paragraphs. The language of each sentence remained largely unaltered in this step.

Linking sentences together that shared a common theme was another stage in the pursuit of a more refined clarification of each therapist's essential themes. So, the sentences in Sample 5 are transformed in this step into paragraphs in Sample 6.

Sample 6

This seems to be about the philosophical position of the training centre David is employed by

The philosophical position of the centre and the fact that we are at a transpersonal training centre is important to David.

David endorses the centre's view of spiritual development. This has to do with developing here on the planet and involves the full development of the personality.

The centre believes that the more the personality is developed the more spiritually developed the personality is. Also, the centre's view is that the only reason a person has problems is because the personality is lacking in a certain quality that requires development. Problems call to those parts of the personality that require development. When the quality has been developed the problem is solved and then replaced by another. There is no end to this process, only ongoing development. The process is similar to trying to reach the horizon. As you step closer to it, it moves further away.

Seems to be about David's views and beliefs of the transpersonal

One: Seems to be about David's perception of use and misuse of the transpersonal

David believes that we chose to come to this planet, and that we accepted the necessity of developing under the limitations that the planet has on offer for us. These are severe. David notes that Gurdjieff pointed out that earth is about the second worst place in the creation to be. David agrees that this is a terrible place, yet he also believes one that has great potential. From a developmental point of view David believes we have to learn to be in terrible places and that is why everybody chooses to come to the planet.

David believes there is pathology in the transpersonal and that there is a lot of spiritual and transpersonal nonsense around. The nonsense involves individuals who choose not to live incarnate on the planet and deal with what it is about. David identifies with having done this himself. David perceives the so called 'transpersonal approach' as an escape route for some individuals who just do not know how to function on the planet. Using the transpersonal as an escape route is flawed and a way of not living within the planet's limitations. David also believes that one or ten of these individuals' karmas are to be foolish. David heard a lovely story about this.

There are these two musicians who met. One was a man and one was an angel, and they met in the woods somewhere, by accident, and they each recognised what the other was, and the man said to the angel, 'What's the music like in heaven?' And the angel said, 'Oh it's unbelievable.' He said, 'Any instrument, anything you can think of it's played. There are tens of millions of notes. It goes on and on. You can hear fourteen billion octaves if you want to. You can hear them all. And anything you think exists and it is done.' And the guy goes, 'That must be really amazing.' So the angel says, 'What's music like on earth?' And the fellow says, 'Oh, seven notes - do re mi fa sol la si do, and then it starts again.' And the angel goes, 'Right.' He says, 'Could you play me anything?' And the guy plays him something and the angel cried. So the transpersonal often is used by people who don't like seven notes. They go, 'No, I wanna hear fifteen million notes.'

.....

Two: Seems to be about David's understanding of and belief in reincarnation

David used to think he was certifiably crazy, but he is productively crazy. He thinks probably three of our karmas are to be crazy, and that you could not be a complete person if you had not been. You would only be something of a person. Because David deals with a lot of people who are certifiably crazy he concludes that we have to be crazy a few times as part of our

development in the bigger picture.

.....

Step Six

It was clear, after reading through the paragraphs generated in Step Five, that some of them shared a common theme. In order to identify these each paragraph was numbered and then categorized according to themes. Each theme was given a category heading. Sample 7 illustrates the changes made in this step to the placing of the paragraphs in Sample 6.

It must be highlighted that the preceding Samples of David's worked upon transcription, used to illustrate for the reader the steps of the methodological process, conceal other changes that were more obvious throughout the remainder of his worked upon transcription, and those of the other participating therapists. That is, once paragraphs were placed according to theme and category heading, each category heading was then read through and ordered. This order fell into four broad groupings (David's changes can be seen more clearly in Sample 10, which illustrates the full, final condensed version of David's original transcript):

1. Therapists' personal experience of the transpersonal and their background relationship with it, and therapists understanding of the transpersonal and their beliefs about human beings;
2. Therapists' thoughts, beliefs and understanding around clients, their role as therapist and the therapeutic encounter in general;
3. Therapists' actual experience whilst in the therapeutic encounter;
4. Therapists' thoughts, feelings and understandings following experience in the therapeutic encounter.

This order suggested itself in an intuitive way. It seemed to parallel a before, during and after experience and understanding of the therapeutic encounter.

Sample 7

The philosophical position of the transpersonal training centre David works at and David's beliefs about spiritual development

The philosophical position of the centre and the fact that we are at a transpersonal training centre is important to David.

David endorses the centre's view of spiritual development. This has to do with developing here on the planet and involves the full development of the personality.

The centre believes that the more the personality is developed the more spiritually developed the personality is. Also, the centre's view is that the only reason a person has problems is because the personality is lacking in a certain quality that requires development. Problems call to those parts of the personality that require development. When the quality has

been developed the problem is solved and then replaced by another. There is no end to this process, only ongoing development. The process is similar to trying to reach the horizon. As you step closer to it, it moves further away.

David's beliefs about our purpose for being here on the planet

David believes that we chose to come to this planet, and that we accepted the necessity of developing under the limitations that the planet has on offer for us. These are severe. David notes that Gurdjieff pointed out that earth is about the second worst place in the creation to be. David agrees that this is a terrible place, yet he also believes one that has great potential. From a developmental point of view David believes we have to learn to be in terrible places and that is why everybody chooses to come to the planet.

David's understanding of transpersonal pathology

David believes there is pathology in the transpersonal and that there is a lot of spiritual and transpersonal nonsense around. The nonsense involves individuals who choose not to live incarnate on the planet and deal with what it is about. A identifies with having done this himself. David perceives the so called 'transpersonal approach' as an escape route for some individuals who just do not know how to function on the planet. Using the transpersonal as an escape route is flawed and a way of not living within the planet's limitations. David also believes that one or ten of these individuals' karmas are to be foolish. David heard a lovely story about this.

There are these two musicians who met. One was a man and one was an angel, and they met in the woods somewhere, by accident, and they each recognised what the other was, and the man said to the angel, 'What's the music like in heaven?' And the angel said, 'Oh it's unbelievable.' He said, 'Any instrument, anything you can think of it's played. There are tens of millions of notes. It goes on and on. You can hear fourteen billion octaves if you want to. You can hear them all. And anything you think exists and it is done.' And the guy goes, 'That must be really amazing.' So the angel says, 'What's music like on earth?' And the fellow says, 'Oh, seven notes - do re mi fa sol la si do, and then it starts again.' And the angel goes, 'Right.' He says, 'Could you play me anything?' And the guy plays him something and the angel cried. So the transpersonal often is used by people who don't like seven notes. They go, 'No, I wanna hear fifteen million notes.'

David's understanding of and belief in reincarnation

David used to think he was certifiably crazy, but he is productively crazy. He thinks probably three of our karmas are to be crazy, and that you could not be a complete person if you had not been. You would only be something of a person. Because David deals with a lot of people who are certifiably crazy he concludes that we have to be crazy a few times as part of our development in the bigger picture.

.....

Step Seven

The paragraphs generated in Step Six were read through again and edited. Any repetition or superfluous material was edited out. Also, in an effort to bring about greater coherence, the paragraphs in each category were re-ordered. Sample 8 is an edited example of Sample 7. (Note

that the paragraph entitled ‘David’s understanding of and belief in reincarnation’, in Sample 7 is subsumed under, in Sample 8, the category heading – ‘DAVID’S UNDERSTANDING OF TRANSPERSONAL PATHOLOGY’).

Sample 8

DAVID’S BELIEFS ABOUT AND UNDERSTANDING OF SPIRITUAL DEVELOPMENT

David endorses the philosophical position and view of spiritual development held by the centre at which he works. This has to do with developing here on the planet and involves the full development of the personality.

The centre believes that the more the personality is developed the more spiritually developed the personality is. Also, the centre’s view is that the only reason a person has problems is because the personality is lacking in a certain quality that requires development. Problems call to those parts of the personality that require development. When the quality has been developed the problem is solved and then replaced by another. There is no end to this process, only ongoing development. The process is similar to trying to reach the horizon. As you step closer to it, it moves further away.

DAVID’S BELIEFS ABOUT OUR PURPOSE FOR BEING HERE ON THE PLANET

David believes that we chose to come to this planet, and that we accepted the necessity of developing under the limitations that the planet has on offer for us. These are severe. David notes that Gurdjieff pointed out that earth is about the second worst place in the creation to be. David agrees that this is a terrible place, yet he also believes one that has great potential. From a developmental point of view David believes we have to learn to be in terrible places and that is why everybody chooses to come to the planet.

DAVID’S UNDERSTANDING OF TRANSPERSONAL PATHOLOGY

David believes there is pathology in the transpersonal and that there is a lot of spiritual and transpersonal nonsense around. The nonsense involves individuals who choose not to live incarnate on the planet and deal with what it is about. David identifies with having done this himself. David perceives the so called ‘transpersonal approach’ as an escape route for some individuals who just do not know how to function on the planet. Using the transpersonal as an escape route is flawed and a way of not living within the planet’s limitations. David also believes that one or ten of these individuals’ karmas are to be foolish. He thinks probably three of our karmas are to be crazy, and that you could not be a complete person if you had not been. You would only be something of a person. Because David deals with a lot of people who are certifiably crazy he concludes that we have to be crazy a few times as part of our development in the bigger picture.

.....

Step Eight

After reading through the edited paragraphs arrived at in Step Seven it was clear that some paragraphs would still benefit from further editing and re-categorisation. Sample 9 shows the changes made to Sample 8.

This step was repeated as many times as each transcription required until all the identified themes and meaning categories were grouped coherently and meaningfully.

Sample 9

What is this therapist’s experience of the transpersonal?

BELEIFS ABOUT AND UNDERSTANDING OF SPIRITUAL DEVELOPMENT

Spiritual development is connected with developing here on the planet and involves the full development of the personality. The more the personality is developed the more spiritually developed the personality is. A person has problems because the personality is lacking in a certain quality that requires development. Problems call to those parts of the personality that require development. When the quality has been developed the problem is solved and then replaced by another. There is no end to this process, only ongoing development.

DAVID’S BELIEFS ABOUT OUR PURPOSE FOR BEING HERE ON THE PLANET

We chose to come to this planet, and accepted the necessity of developing under the inherent limitations. Earth is a terrible place, yet one that has great potential. We have to learn to be in terrible places and that is why everybody chooses to come to the planet.

DAVID’S UNDERSTANDING OF TRANSPERSONAL PATHOLOGY

There is pathology in the transpersonal. Using the transpersonal as an escape route is flawed and a way of not living within the planet’s limitations. We have to be crazy for several karmas as part of our development in the bigger picture.

.....

Step Nine

Having repeated Step Eight as many times as necessary, a final, condensed version of the original transcription is arrived at. Sample 10 illustrates the full, final condensed version of David’s original transcript.

Sample 10

What is this therapist’s experience of the transpersonal?

BELEIFS ABOUT AND UNDERSTANDING OF SPIRITUAL DEVELOPMENT

Spiritual development is connected with developing here on the planet and involves the full development of the personality. The more the personality is developed the more spiritually developed the personality is. A person has problems because the personality is lacking in a

certain quality that requires development. Problems call to those parts of the personality that require development. When the quality has been developed the problem is solved and then replaced by another. There is no end to this process, only ongoing development.

DAVID'S BELIEFS ABOUT OUR PURPOSE FOR BEING HERE ON THE PLANET

We chose to come to this planet, and accepted the necessity of developing under the inherent limitations. Earth is a terrible place, yet one that has great potential. We have to learn to be in terrible places and that is why everybody chooses to come to the planet.

DAVID'S UNDERSTANDING OF TRANSPERSONAL PATHOLOGY

There is pathology in the transpersonal. Using the transpersonal as an escape route is flawed and a way of not living within the planet's limitations. We have to be crazy for several lives as part of our development in the bigger picture.

DAVID'S GENERAL POSITION ON THE TRANSPERSONAL

The transpersonal has been around forever and is not new. There is a difference in believing in God and knowing God. The transpersonal/way cannot be spoken of directly only talked around and hinted at.

DAVID'S GENERAL EXPERIENCE OF THE TRANSPERSONAL: IT CANNOT BE CONTROLLED

Experience of the transpersonal as a client can be linked to the talent and giftedness of the therapist.

Definitions, theories and an awareness of the transpersonal do not have an impact on therapists when they are with people. Neither can one predict the presence of the transpersonal despite creating the conditions for it.

One develops one's skill to a level high enough to carry one along until, and in the hope that, at some point God shows up. If God does then God plays us, we do not play God, neither can we decide who will be played.

Being a competent therapist is not dependent upon being technically adept. It's about being in touch with the therapeutic process, being grabbed by a spirit and being compelled to respond as a consequence. When this happens therapy is transpersonal.

DAVID'S RESPONSE TO BEING WITH THE UNKNOWN AS A THERAPIST

Being with not knowingness is the place to be. It is important to accept that you do not know, and therefore there is nothing you can guarantee.

One needs to put everything to one side, forgetting what you know, and simply be with another – 'Beginners Mind', an empty mind is an essential part of working with a client.

DAVID'S TRANSPERSONAL EXPERIENCE OF WORKING WITH A CLIENT WITHIN THE THERAPEUTIC ENCOUNTER

Therapy was undertaken with a survivor of a major disaster. The client was depressed. The therapist was committed to listening to the client although he was the last client before the therapist went on holiday.

DAVID'S TRANSPERSONAL EXPERIENCE DURING THE THERAPEUTIC ENCOUNTER

Despite sitting very close to the client the therapist kept missing part of what was being heard. The therapist was immersed in the encounter, in an altered state but as the client proceeded to leave the therapist called him back and spontaneously asked him if he was going to kill himself. The client admitted he was.

HOW DAVID UNDERSTANDS THIS EXPERIENCE

The therapist was surprised that he knew this client was going to take his life yet he knew it. There are certain features to this knowledge. There were no interposing thoughts. There was no thought. It was visual, all there in a picture. It was clear, so perfect. It was no time, no thought, just there.

This was an experience of God dropping in for the benefit of the man and where the therapist's role was to be used, played. The therapist does not consider himself special in that God plays many people, but that his willingness to be played partly explains what happened.

This encounter was experienced as a peak experience, a powerful one that caused the therapist to cry in relating it. It was transformative. Before this encounter the therapist had been an agnostic. Afterwards he met, with an inevitability, his therapist through a number of coincidences. This person had a big impact on this therapist.

STORY ONE: HOW DAVID MET HIS THERAPIST

An unknown woman approached the David and informed him that she'd been directed to meet him by another therapist (Doug – pseudonym) whom the David did not know and whom those he knew did not know of either. He was given instructions about the time he could phone Doug if he wished to speak to him. The therapist did and arranged to meet Doug. This was the beginning of a phenomenal adventure.

STORY TWO: HOW DOUG KNEW ABOUT DAVID

25 or 30 years ago the therapist had had a significant meeting with a famous person. The famous person knew Doug and had told him about his experience with the therapist. When Doug heard the therapist's name after all those years and despite a change in vocation, he was convinced it was the same person.

STORY THREE: DAVID'S FIRST ENCOUNTER WITH DOUG

The therapist was shocked and fascinated by being given information about himself by Doug that Doug could not have known about him. The therapist was told that the information was written all over him.

Doug predicted a future event that would happen for the therapist, despite the therapist's experience to the contrary. For Doug this was fact and was not about thinking about it. Finally the predicted event came about. The therapist experienced this as extraordinary.

STORY THREE: OTHER WAYS OF KNOWING

The therapist was not in therapy with Doug at one point although contact had been maintained. During this time the therapist had a thought about getting back to something he had abandoned some time ago. The therapist put out a challenge to the universe to give him a sign in the next twenty four hours if he was to spend his money on obtaining what he needed to return to his art form. If a sign wasn't received the money would be kept. Within the 24 hours the therapist received a package with a letter from Doug informing the therapist that he and his wife had had a dream telling them that they had to send the package to the therapist without delay. Inside the package was a special piece of the therapist's art form that the artist had given to Doug.

DAVID'S REFLECTIONS ON STORY THREE

There are two notable aspects to this incident:

- a. Doug and his wife jointly dreamed that the art form had to come to the therapist. Doug's wife does not know the therapist. He has never met her.
- b. The therapist only ever received two communications from Doug, outside of business he sometimes does with Doug regarding sessions.

STORY FOUR: OTHER WAYS OF KNOWING

Another time when the therapist was not seeing Doug he got interested in Indian music. He

went and bought a set of tabla drums. Whilst buying them he also saw and purchased a little wooden flute.

On returning to his office afterwards there was a package from Doug saying that the music about India that he had enclosed reminded him of the therapist. The therapist was also struck by the uncanny way Doug mentioned tigers and elephants because, unusually, both were carved into the therapist's purchased drums. The music too was about these animals. Also very unusual for Indian music was the fact that the album Doug sent only had tabla and flute instrumentation included.

DAVID'S REFLECTIONS ON STORY FOUR

The therapist experiences Doug as picking things out of the air automatically, regularly and accurately. The therapist views his experiences with Doug as the real and transformational.

FURTHER REFLECTIONS

The therapist notices that when he is around Doug he can do some of what Doug can do, but when he is not he cannot do it.

At one point the therapist had to break off his relationship with Doug because it was so powerful. He could not find himself and he wanted to be like Doug.

Doug helped the therapist to overcome his idealisation of Doug by reminding the therapist of what he was master of.

As a consequence of Doug's honesty and directness the therapist was better able to accept both his gifts and limitations, to be none other than himself that is not always easy. He notices that he can be himself when it is going well and that when this happens others are themselves too.

Step Ten

As a means of checking how much I had remained true to each therapist's sharing I did two things. First I read through the original transcripts again and the distilled versions to get a sense of whether they tallied or not. My sense was that they did. However, having been so immersed in the texts it was not acceptable to rely on my judgement alone. Therapists themselves were sent a covering letter (see Table 33 below) and two copies each of the original transcript and its reduced version. I highlighted all parts of the original transcript that I felt could either identify the therapist or clients they had referred to. I indicated that these aspects of their texts would remain confidential within the study. Therapists could keep a copy of each text and were requested to return a copy of the reduced version with feedback and comments and to point out on a copy of the original transcript any additional, confidential aspects they wished to withhold or made anonymous.

Table 33: Feedback Request Letter 5

Dear

In February I interviewed you regarding my MPhil/PhD study about therapists and their relationship with the transpersonal.

Before conducting the interviews I forwarded an Information Sheet to you. In this I stated that I would write to you when work on the transcribed tapes had been completed.

I have now completed work on the transcriptions and would very much appreciate your help in a number of ways.

Please find enclosed:

- a. two copies of your original transcribed interview
- b. two copies of a condensed version of the interview

Please keep a copy of each for your safe keeping and could you use the second copy of each to complete a few tasks.

You will notice that I have highlighted parts of your transcribed interview. This is in keeping with our agreement to respect confidentiality and anonymity. Please could you read through the transcription with this in mind and if you would like any additional sections excluded from direct quotes I may use, please indicate clearly so that they can be excluded too.

Having first read the full interview could you now read the condensed version? I would be grateful for your feedback, comments and suggestions. Please could you write them on the condensed version or, if you require more space, on an attached sheet of paper and indicate what part you are referring to.

Please could you return both of the second copies with your comments in the enclosed stamped addressed envelope.

I would appreciate their return in six weeks time by

When the findings of the study are finally arrived at I shall forward these to you unless you indicate otherwise.

I would like to thank you in advance for your time, help and co-operation with this study, without which I would have missed the opportunity to have engaged and enjoyed so many rich exchanges.

Thank you

Yours sincerely

Eileen McAleer

Step Eleven

In response to therapists’ feedback and comments the texts were returned to and changes were incorporated where appropriate. Some therapists indicated language changes to the original transcription. These were not included because they were not part of the interview. They were acknowledged as after thoughts only. Table 34 details the nature of responses received and lists therapists’ comments. Table 35 gives a statistical breakdown of how therapists responded to the request for feedback.

Table 34: Feedback From Therapists²²

6 (33%) therapists did not respond and/or provide feedback and comments on the documents sent.
2 (11%) envelopes were returned. Written on one was, ‘Deceased’, and another was simply returned. I tried to trace the latter therapist. I contacted UKCP and BACP to see if he was registered or a member. He was not. I contacted the British Psychological Society (BPS) to see if he was a member with them. They informed me that they could not pass on the therapist’s address because he was not registered but that if I forwarded the envelope I wished to be sent to him they would forward it on my behalf. They did so and the envelope was again returned. Written on it was – ‘NOT AT THIS ADDRESS PLEASE RETURN TO SENDER’ (see Appendix K: Missing Therapist, Letter 6.)
1 (5.5%) therapist responded to my request yet did not complete the requested tasks. He sent this message – ‘ Dear Eileen, Thanks for these, sorry but I don’t have time to write comments as life is very hectic these last few months (for personal reasons). However I’m happy for anything transcribed to be used without further editing. Good luck with the project. I look forward to hearing your findings. <i>Warm wishes,</i> ’ This therapist’s response crossed in the post with a further Feedback Request letter from me (see Appendix L: Backup Feedback Request, Letter 7). On receiving the letter the therapist left the following message on my telephone answering machine on 29.8.02 – ‘It’s too long a document. I got overwhelmed reading thinking, ‘That’s not quite right, that should be ...’ It’d take me four or five hours – being slightly obsessive-compulsive, to do that, at all and I’m in the midst of teaching, and doing other projects, so I’m sorry I didn’t have a chance to do a response to it, although it’s moderately accurate in view of what I think. Maybe later on if you still need some response from it I could have another bash at it. Anyway good luck with it. Bye for now.’
2 (11%) therapists did not respond to the initial or backup feedback requests.

²² Please note that two therapists were not contacted as I had been unable to transcribe their interviews. The maximum response rate was therefore only 18 rather than 20.

I checked on the BACP Directory and UKCP Register to see if either had stopped practicing but both were still registered.

1 (5.5%) therapist responded to the backup feedback request with the following letter –

'18/10/02

Dear Eileen

I apologise for not replying to your request to give you feedback on the material you sent from the interview we did together. I have been through an extraordinarily difficult and busy time in my life, and I kept delaying this along with many other things, in the hope I would be able to reply as you requested. This has not been possible.

I am happy for you to use this material for your project, although should it ever go further, into print, for example, I would need to correct one or two of the points you extract from my comments.

I hope that your project has gone well.

With very best wishes

.....'

**12 (67%) therapists responded to the initial feedback request letter.
Their responses are recorded here.**

'Eileen

I've read everything and added some comments. It's really strange to see this again after so long! (over 3 years since our interview) – it's been helpful to me to remind me of how I work best. Good luck.....'

'Dear Eileen

I shall be most interested in your findings. Many thanks and best wishes'

'Dear Eileen, thank you very much! It's best to leave the specific book title out of any published material,

Best'

'Dear Eileen

Nothing to add bar the ? over me saying hug, and the word inflection rather than reflection. I hope your work is going well. It must be need diligence to do all that transcribing and collating. Good luck! I look forward to reading the end product if that is possible. Best wishes'

'EILEEN –

I LOVE THIS – PLEASE USE IT AT YOUR DISCRETION – I WISH YOU ALL SUCCESS – LET'S MEET UP AGAIN NEXT TIME –'

'Feedback to Eileen

What an interesting pair of documents. I didn't feel bad about it all. I was delighted to be reminded that we did this.

Overall, there is nothing in your condensed version which misunderstands or misrepresents me. It is fair, succinct and seems comprehensive.

The confidential highlighted bits seem fine. I have added one sentence.'

'You've managed to make some coherence of my ramblings! I'm glad you've reported some of my experience with the client – I think it clarifies or illustrates some of the ideas we discussed. What a lot of work you've put into this – I'm impressed. Good luck –

..... 31.7.02'

'1 August, 2002

Dear Eileen,

Many thanks for the transcripts of our interview. I am rather appalled at my bumbling inarticulacy in the interview and cannot imagine how you managed to wade through it. In writing, I pride myself with pretty good grammar but obviously something very different escapes when I'm speaking live!

I think you've done an amazing job in trying to make sense of it all and I'm happy enough with the result. As for the main transcript there is not a lot that can be done with it except maybe to start again! As it is I've just made a couple of changes to disguise my clients a bit more. I look forward to eventually reading your findings. With best wishes,'

'Hello Eileen

This looks like a huge piece of work carrying on well. I've amended as you requested. I think it best to leave out any reference to For reasons of confidentiality. I don't know where the monk came from – it must be unintelligible on tape!

As you cleverly discerned, I have moved house. My new details:..... I'm also on e-mail now:.....

Good luck with completing this. I'd be v. interested to know your results!.....'

'Eileen,

Excellent precise.

I appreciate your thoroughness.'

Written on a compliment slip:

'Dear Eileen,

I am fine with you using any of the transcription. It made fascinating reading after all this time. Could you please email a copy of the transcript (as a text file) as I may be able to make use of it. Very best wishes with your study & I look forward to receiving the results of your research.

.....'

'25th September 2002

Dear Eileen,

I'm sorry its taken me such an age to complete checking the transcription A lot doesn't make sense in retrospect – it's just the nature of this sort of free associating dialogue. I have made a number of amendments which I hope are acceptable. The expression 'in concert' doesn't make sense to me, though I can see what I was driving at. The right word eludes me I'm afraid.

I hope your hard work brings a good result for you, and that you are happy and fulfilling your life.

With best wishes,..... p.s. feel free to 'phone if you need nay further help.'

This therapist left the following message on my answer phone –

'Eileen, absolutely unbelievable job. I don't know how you managed to make out any sense of it at all. Great tribute to you. My gosh what a job.'

The therapist left her telephone number. I called to thank her for her feedback. She suggested that I e-mail her a text file of her condensed version on which to make her amendments. This therapist worked with her partner when working with clients and he, in conjunction with the therapist, made the changes. He e-mailed me back with the following message after receiving the text file –

'Hi Eileen

I am attaching two files – Condensed Interview Revision 2 – contains the amendments showing deletions in red and additions in yellow – Condensed Interview Revision 3 – has all the deletions removed and the revised version with additions highlighted in yellow – hope this reaches you OK. Regards..... on behalf of ps I have also helped with this revision, up to you whether you mention that specifically.'

At the end of this message was the following from the participating therapist herself –

‘Eileen good luck with this project – may it be well received as it deserves to be. Thank you for giving me the opportunity to take part. It was helpful to me too! Best regards’

Table 35: Therapists Responses to The Request for Feedback²³

	Number of therapists	Percentage
Returned responses and comments after first request	11	61
After second request (see appendices J & K)	1	6
Responded but did not return responses and comments	2	11
No response (one therapist died, another had moved and could not be traced)	4	22
TOTAL	18	100

Researcher’s Reflections

My Own Experience of Conducting The Qualitative Analysis

The process involved in arriving at the reduced transcription is akin to the therapeutic process approached from a phenomenological stand point. In the therapeutic process one engages in a dialogue with the client. Themes and essential meanings are intertwined in life situations and stories. It takes constant and ongoing attention and careful listening in order to identify these and notice their surfacing. Once noticed it becomes my task to bring these to the attention and awareness of the client. Once this happens the whole process may begin again and the search for further refinement, clarity and understanding moves deeper and broader.

The difference between the therapeutic process and working with therapists’ transcriptions is who and what I am having a dialogue with. This analysis requires me to dialogue with a text, and not, a live, human being. Text dialogue requires more of my imagination than a therapy session. A therapist participating in the study is not able to give me

²³ Please note that two therapists were not contacted as I had been unable to transcribe their interviews. The maximum response rate was therefore only 18 rather than 20.

direct feedback that may indicate more immediately those meanings that are not clear or obvious. Working with a text means I have to proceed in a slow, methodological and tentative manner. Great care must be taken whilst working to uncover themes and meanings. Unlike in a therapy situation great leaps of imagination can't be taken because a client is not there to validate or invalidate your sense of the essence of their story. Instead you have to put reins on your imagination yet use it simultaneously to edge forward. By grounding these forward edgings through returning over and over to what the text is saying it is possible to avoid straying from what is being shared.

Phase Two

Step Twelve

This step saw a shift from an analysis of individual transcriptions to an analysis across condensed transcriptions. The condensed version of each transcription was broken down into individual sentences. As a way of identifying which sentences belonged to which therapist, each therapist's fictitious name was placed before each numbered sentence. See Sample 11. Compare with Sample10.

Sample 11

What is this therapist's experience of the transpersonal?
David-1. Spiritual development is connected with developing here on the planet and involves the full development of the personality.
David-2. The more the personality is developed the more spiritually developed the personality is.
David-3. A person has problems because the personality is lacking in a certain quality that requires development.
David-4. Problems call to those parts of the personality that require development. When the quality has been developed the problem is solved and then replaced by another. There is no end to this process, only ongoing development.
David-5. We chose to come to this planet, and accepted the necessity of developing under the inherent limitations.
David-6. Earth is a terrible place, yet one that has great potential.
David-7. We have to learn to be in terrible places and that is why everybody chooses to come to the planet.
David-8. There is pathology in the transpersonal.
David-9. Using the transpersonal as an escape route is flawed and a way of not living within the planet's limitations.
David-10. We have to be crazy for several karmas as part of our development in the bigger picture.
.....

Step Thirteen

This step involved reading through each numbered sentence across all condensed transcriptions. In an effort to grasp the essential meaning of each sentence I asked myself what was at the heart of it. Each response created a preliminary meaning category. New categories were generated each time a sentence suggested the need for it. By the end of this step, the sentences for all condensed transcriptions had generated 53 preliminary meaning categories. See Sample 12, for a list of some of them.

Sample 12

- How one’s interest in the transpersonal was ignited**

How one’s life was transformed

How one experiences the transpersonal

What one knows about the transpersonal

How one can access the transpersonal

One’s understanding of the nature of the transpersonal

One’s experience of the transpersonal

How one’s experience of the transpersonal affected one’s perception and work with clients

How one understands one’s personal relationship with the transpersonal and one’s role as a therapist

How one responds, as a therapist, to clients’ transpersonal experience

How one experiences the transpersonal in the therapeutic encounter

The sentences for each individual condensed transcription where categorized accordingly, but separately to start with. Then the individually categorized sentences were amalgamated with those from all the other condensed transcriptions that they corresponded with. See Sample 13, for an example of the sentences subsumed under the first two preliminary meaning categories of Sample 12.

Sample 13²⁴

- How one’s interest in the transpersonal was ignited**

There are six ways in which some therapists’ interest in the transpersonal was ignited.

 1. **Christine-19.** One therapist thinks one’s always had a connection with the transpersonal
 2. **Fiona-6.** One was particularly interested in sub-personalities and the concepts of the lower and higher Selves. **Fiona-7.** The higher Self being the best of oneself, about an inspiration, creativity and wisdom that perhaps one didn’t know one had, but nevertheless was there and accessible in some way. **Fiona-8.** And the lower Self being

²⁴ Each sentence is preceded by a fictitious name, for example Adrian, Bernard, Colin etc. and the number of the sentence from their condensed transcript. Also worth noting is that the sentences for each individual therapist are generally clustered together under each category heading. For example under ‘How one’s life was transformed’, Harry’s sentences form a cluster and Gareth’s sentences also form a cluster.

more about the ego and the basic needs.

3. **Fiona-9.** Then came Jung's collective unconscious with some of his theories about the archetypes, common symbols, common folklore and myths, legends, fairytales.
4. **Bernard-1.** One connected with the landscape. This gave one a sense of home.
5. **Christine-26.** One is looking for a feminine healing to one's deprivation.
6. **Jack-1.** One's interest in the transpersonal was ignited through involvement with a particular Society in England.

How one's life was transformed

Harry-5. One's sense of the spiritual has determined what one's doing. **Harry-14.** One wouldn't be doing this job if it weren't for one's transpersonal experiences. **Harry-11.** More and more understanding of spiritual experiences has guided and transformed the direction of what one does now and one's life in general. This is an example of one's life's direction manifesting itself.

Gareth-37. That moment was like a bit of a quantum leap in, commitment to it or thinking, 'Yes. It is worth it.' That moment, moments. **Gareth-38.** So yes it (one's transpersonal experience) was transformative. It really did give one hope. **Gareth-36.** One was in a process of transformation really, because one's made some big dramatic changes in one's life. Changes in lifestyle, beliefs and outlook. But it's all been struggle.

.....

Step Fourteen

Sample 13 illustrates how sentences were clustered together. After reading through the clusters throughout it was apparent that there were links between some of them that suggested further rearrangement (this is not so apparent from the clusters in Sample 13 but is true of other clusters not shown). So, to support this process, and to allow fresh meaning categories to emerge unhindered, each cluster of sentences in each preliminary meaning category was given a number. See Sample 14. 748 clusters were identified in total. At this point all preliminary meaning categories were discarded, and each cluster was then read through for the purpose of identifying its essential meaning. This meaning was then recorded and each time a cluster was captured by it, it was included in that category. Each time a cluster was not captured by any previous categories, its essential meaning was identified and a new category was created. The new meaning categories were then intuitively ordered. 122 new meaning categories were created in this step.

Sample 15 lists some of the meaning categories generated in this step. Sample 16 illustrates an extract of what the text looked like after it had been rearranged according to the new meaning categories.

Sample 14

How one’s interest in the transpersonal was ignited

- 1. **Christine-19.** One therapist thinks one’s always had a connection with the transpersonal.
- 2. **Fiona-6.** One was particularly interested in sub-personalities and the concepts of the lower and higher Selves. **Fiona-7.** The higher Self being the best of oneself, about an inspiration, creativity and wisdom that perhaps one didn’t know one had, but nevertheless was there and accessible in some way. **Fiona-8.** And the lower Self being more about the ego and the basic needs.
- 3. **Fiona-9.** Then came Jung’s collective unconscious with some of his theories about the archetypes, common symbols, common folklore and myths, legends, fairytales.
- 4. **Bernard-1.** One connected with the landscape. This gave one a sense of home.
- 5. **Christine-26.** One is looking for a feminine healing to one’s deprivation.
- 6. **Jack-1.** One’s interest in the transpersonal was ignited through involvement with a particular Society in England.

How one’s life was transformed

- 7. **Harry-5.** One’s sense of the spiritual has determined what one’s doing. **Harry-14.** One wouldn’t be doing this job if it weren’t for one’s transpersonal experiences. **Harry-11.** More and more understanding of spiritual experiences has guided and transformed the direction of what one does now and one’s life in general. This is an example of one’s life’s direction manifesting itself.
- 8. **Gareth-37.** That moment was like a bit of a quantum leap in, commitment to it or thinking, ‘Yes. It is worth it.’ That moment, moments. **Gareth-38.** So yes it (one’s transpersonal experience) was transformative. It really did give one hope. **Gareth-36.** One was in a process of transformation really, because one’s made some big dramatic changes in one’s life. Changes in lifestyle, beliefs and outlook. But it’s all been struggle.

Sample 15

- 1. **One’s personal relationship with the transpersonal**
- 2. **What helped develop one’s interest in the transpersonal**
- 3. **The way in which one wants to be healed**
- 4. **How one’s spirituality has affected one’s life**
- 5. **How transpersonal experience has affected one’s life**
- 6. **How one developed a personal connection with the transpersonal**
- 7. **Other, indirect ways one was able to connect with the transpersonal**
- 8. **How one sees the transpersonal**
- 9. **How one experiences the transpersonal**
- 10. **Difficulty in defining the transpersonal**
-

1. One’s personal relationship with the transpersonal

Christine-19. One therapist thinks one’s always had a connection with the transpersonal.

Bernard-1. One connected with the landscape. This gave one a sense of home.

Alice-43. God for oneself is just beingness of the whole universe. Alice-44. Inspired by a beautiful landscape. It makes one feel among this world. Alice-45. God’s a relationship. Alice-46. It’s a relationship with existence instead of being separated off. Alice-47. It’s to do with arrangement, either with a person, an environment or with oneself. Alice-48. One thinks it’s pretty common that breathtakingly beautiful landscapes give most people a spiritual experience. Alice- 49. If you don’t go on the journey to put yourself in landscapes you haven’t got the potential to have the experience.

Fiona-75. One feels that one’s knowing is in one somewhere. And also kind of out there somewhere, as well. And perhaps it’s out there first and then it’s in oneself. It’s in the head and the conscious last and then it becomes known to the person.

Ella-1. One hasn’t thought about the transpersonal a great deal.

Leonard-8. It’s the transpersonal that one returns to and it’s what nourishes one.

Leonard-114. One has a sense of the healing being right here, in a different place to where we ordinarily are, but right here, and you can get there just in a step if you take it, and it’s those steps that remind one that it works and it’s worth doing.

Harry-2. One’s really pleased that one’s profession connects with the spiritual as well.

Bernard-3. When one started one’s training as a therapist one had the sense that one had no spirituality. Bernard-4. In recent years one has realised that this isn’t true - in fact quite the opposite is the case.

Bernard-41. One is open to a variety of individual interpretations of the transpersonal.

Grace-11. One’s colleague will pray with clients. One has a much different sense of transpersonal than her. Grace-19. One doesn’t find the transpersonal all the way above one’s head. Grace-20. One finds it very between oneself and the other person, or oneself and a group. Grace-21. For one it’s much more of a human transmission that maybe one terms a kind of spirituality. And it does make one consider, ‘Well what is there out there that I don’t know about and can’t see?’ One prefers this kind of opening up to risk because one thinks it’s far richer in experience.

Ken-55. One now follows a Western version of Eastern tradition. This involves having a job and acting as if this was all important. It’s like one has got a foot in two different worlds.

.....

²⁵ The heading showing in bold denotes a new meaning category heading. The sentences that follow illustrate some of the clusters of sentences belonging to the new meaning category denoted.

Step Fifteen

After reading through the list of 122 meaning category headings generated in Step Fourteen it was clear that certain category headings belonged together, were related and connected to each other. So, each category heading was read through for the purpose of identifying its essential meaning. This meaning was then recorded and each time a category heading was captured by it, it was included in that category. Each time a category heading was not captured by any previous categories, its essential meaning was identified and a new category was created. The headings created in this step were then intuitively ordered. At the end of this step the previous 122 category headings - now sub category headings, and their respective clusters of sentences were divided amongst 31 new category headings.

Sample 17 illustrates what some of the text looked like after it had been rearranged according to the new category headings.

Sample 17²⁶

THE THERAPIST’S PERSONAL RELATIONSHIP WITH THE TRANSPERSONAL

One’s personal relationship with the transpersonal

Christine-19. One therapist thinks one’s always had a connection with the transpersonal.

Bernard-1. One connected with the landscape. This gave one a sense of home.

Alice-43. God for oneself is just beingness of the whole universe. **Alice-44.** Inspired by a beautiful landscape. It makes one feel among this world. **Alice-45.** God’s a relationship. **Alice-46.** It’s a relationship with existence instead of being separated off. **Alice-47.** It’s to do with arrangement, either with a person, an environment or with oneself. **Alice-48.** One thinks it’s pretty common that breathtakingly beautiful landscapes give most people a spiritual experience. **Alice- 49.** If you don’t go on the journey to put yourself in landscapes you haven’t got the potential to have the experience.

Fiona-75. One feels that one’s knowing is in one somewhere. And also kind of out there somewhere, as well. And perhaps it’s out there first and then it’s in oneself. It’s in the head and the conscious last and then it becomes known to the person.

.....

What helped develop one’s interest in the transpersonal

Fiona-6. One was particularly interested in sub-personalities and the concepts of the lower and higher Selves. **Fiona-7.** The higher Self being the best of oneself, about an inspiration, creativity and wisdom that perhaps one didn’t know one had, but nevertheless was there and accessible in some way. **Fiona-8.** And the lower Self being more about the ego and the basic needs.

²⁶ The heading in capitals is one of the 31 new category headings, whilst the others – now sub category headings, are examples of the previous 122 category headings. The clusters of sentences illustrated above are only some of the total number that actually belong within each meaning category.

Step Sixteen

Having read through the 31 meaning category headings generated in the previous step there was a sense, again, that certain category headings belonged together, were related and connected to each other. To allow these connections to emerge the headings were read through and intuitively gathered into 15 groupings. Each grouping was given a letter, A to O, and a title that represented its theme.

Groupings A to O are made up then, of a division of the 31 meaning categories. Sample 18 lists some of the 31 category headings generated from the previous step and Sample 19 illustrates how some of these headings were grouped at the end of this step. The text was reorganized accordingly.

Sample 18

THE THERAPIST’S PERSONAL RELATIONSHIP WITH THE TRANSPERSONAL
THE IMPACT OF ONE’S SPIRITUALITY AND TRANSPERSONAL EXPERIENCE ON
ONE’S LIFE
WHAT FACILITATES ONE’S CONNECTION WITH THE TRANSPERSONAL
PERCEPTIONS OF THE TRANSPERSONAL
HOW ONE EXPERIENCES THE TRANSPERSONAL
DIFFICULTIES IN DEFINING THE TRANSPERSONAL
FACTS ABOUT THE TRANSPERSONAL
ONE’S UNDERSTANDING OF THE TRANSPERSONAL
NEGATIVE ASPECTS OF THE TRANSPERSONAL
WHERE ONE CAN EXPERIENCE THE TRANSPERSONAL
HOW THE TRANSPERSONAL CAN MANIFEST IN A PERSON’S LIFE
HOW ONE’S CONNECTION WITH THE TRANSPERSONAL CAN BE BLOCKED OR
DENIED
TRADITIONAL WAYS OF CONNECTING WITH THE TRANSPERSONAL

Sample 19

Grouping A - THE THERAPIST’S PERSONAL RELATIONSHIP WITH THE TRANSPERSONAL

**THE THERAPIST’S PERSONAL RELATIONSHIP WITH THE TRANSPERSONAL
THE IMPACT OF ONE’S SPIRITUALITY AND TRANSPERSONAL EXPERIENCE
ON ONE’S LIFE
WHAT FACILITATES ONE’S CONNECTION WITH THE TRANSPERSONAL**

Grouping B - PERCEPTIONS OF THE TRANSPERSONAL

**PERCEPTIONS OF THE TRANSPERSONAL
HOW ONE EXPERIENCES THE TRANSPERSONAL
DIFFICULTIES IN DEFINING THE TRANSPERSONAL
FACTS ABOUT THE TRANSPERSONAL
ONE’S UNDERSTANDING OF THE TRANSPERSONAL
NEGATIVE ASPECTS OF THE TRANSPERSONAL
WHERE ONE CAN EXPERIENCE THE TRANSPERSONAL
HOW THE TRANSPERSONAL CAN MANIFEST IN A PERSON’S LIFE
.....**

Step Seventeen

In this step, attention turned once again to the clusters of sentences. It may be helpful to recall that the clusters of sentences at this point are ordered first of all according to the 122 sub sub category headings generated in Step Fourteen; the sub sub category headings are in turn ordered according to the 31 sub category headings generated in Step Fifteen; and, in turn, the category headings are grouped according to the 15 meaning categories, A to O, generated in the previous step.

After reading the clusters through it was clear that their original sub sub category organization was no longer representative of their meaning. So, to start with, all previous sub sub category headings were discarded. Then, each cluster was numbered and read through for the purpose of identifying its essential meaning. This meaning was then recorded and each time a cluster was captured by it, it was included in that category. Each time a cluster was not captured by any previous categories, its essential meaning was identified and a new sub sub category was created.

Sample 20 is an example of some of the sub sub category headings generated in this step, and their respective clusters, subsumed under a sub category heading, which, in turn, is subsumed under a grouping (category) heading.

Grouping A - THE THERAPIST'S PERSONAL RELATIONSHIP WITH THE TRANSPERSONAL

THE THERAPIST'S PERSONAL RELATIONSHIP WITH THE TRANSPERSONAL

How one's early family background influenced one's spirituality

Bernard-2. One locates one's centre and spirituality in one's own background, parents and their attitude. They were totally non-spiritual and realistic people. Spirituality was denied. Then, it meant going to church on Sunday with collar and tie.

Christine-2. One's grandfather was interested in the occult although he was a Christian.

Christine-4. He had a lot of books on all kinds of things, from just spirit, mediumship to magic.

Christine-7. He even believed in ghosts and the fact that there were presences. **Christine-8.**

And so it was something that was taken for granted. **Christine-6.** One always used to read the books at a very early age and he would tell one, 'But don't forget, you mustn't believe anything unless it's in the bible'.

Christine-10. One is different to one's mother in that one doesn't just believe, one has worked out oneself.

Christine-13. One was brought up as a catholic, although one's not catholic now, not in that kind of formal practice. **Christine-14.** As a child one did go to church and mass and one can't avoid the strong impact.

Christine-15. In a way one doesn't know what the Saints are but one is given a sense that there is a God. **Christine-16.** One doesn't like the institution. It's patriarchal.

Christine-18. Also in the catholic religion there is the Virgin Grace, although it's different from the Goddess and that other side, it's still very important, probably the important aspect of it.

Ella-11. One wasn't sure about the effect of one's religious influences on one and how they have formed one's work, or might affect the sort of experiences that one has, or how one thinks about the transpersonal.

One's early experiences of the transpersonal

Christine-17. One did experience at times a feeling that can be described as transpersonal or a presence, or healing, although maybe in those days it was from a very childlike place, 'Oh yes, God can help me', or for instance if one was in pain one could pray.

Bernard-1. One connected with the landscape. This gave one a sense of home.

²⁷ The first heading 'Grouping A' is self evident. This is one of the 15 grouping (category) headings – A to O. The second heading in capitals 'THE THERAPIST'S PERSONAL RELATIONSHIP WITH THE TRANSPERSONAL' represents the first sub category heading within Grouping A. The third heading 'How one's early family background influenced one's spirituality' represents one of the new sub sub category headings subsumed under the first category heading. The other headings in bold lower case are also sub sub category headings.

Experience of past involvement with different views of the transpersonal

Ken-52. One has a more Eastern rather than Western view of the transpersonal. **Ken-53.** One’s roots were Buddhist. One went to a Buddhist monastery for a while but couldn’t cope with the isolation. **Ken-54.** Whilst originally involved with Eastern ways one tried to lead family life, but one realized it didn’t work so well for one as a Westerner because it mostly involves either self sacrifice or monastic life. It does in the Western traditions too, but not so much.

How one’s interest in the transpersonal was ignited

There are five ways in which some therapists’ interest in the transpersonal was ignited. One therapist, **Christine-19**, thinks one’s always had a connection with the transpersonal:

Jack-1. One’s interest in the transpersonal was ignited through involvement with a particular Society in England.

A total of 27 sub sub category headings were created and subsumed under Grouping A. The following table indicates the numbers of sub sub category headings created within each of the 15 Groupings A to O.

The main text was reorganized according to the newly generated sub sub category headings.

Table 36: Numbers of Sub Sub Category Headings Subsumed Under Headings A to O

Groupings A to O	Number of Sub Sub Category Headings Subsumed Under Each Grouping
A - THE THERAPIST’S PERSONAL RELATIONSHIP WITH THE TRANSPERSONAL	27
B – PERCEPTIONS OF THE TRANSPERSONAL	35
C – HOW ONE’S CONNECTION WITH THE TRANSPERSONAL CAN BE BLOCKED OR DENIED	28
D – THOUGHTS ABOUT THE THERAPEUTIC PROCESS	4
E – WHAT FACILITATES CLIENT’S CONNECTION WITH THEMSELVES	29
F – EXPERIENCE OF THE TRANSPERSONAL IN THE THERAPEUTIC ENCOUNTER	110
G – THOUGHTS ABOUT CLIENTS	16
H – PHILOSOPHY OF LIFE	27
I – THE INCORPORATION OF SPIRITUALITY INTO ONE’S THERAPEUTIC APPROACH	23
J – EXPERIENCE AND UNDERSTANDING AFTER THE THERAPEUTIC ENCOUNTER	19
K – WHAT MAKES THE WORK WORTHWHILE	5
L – HOW ONE WORKS TRANSPERSONALLY	9
M - NEGATIVE INFLUENCES ON THE UNDERSTANDING OF THE TRANSPERSONAL	12
N – PREPARING FOR THE THERAPEUTIC ENCOUNTER	9
O - THERAPEUTIC APPROACH	34

Step Eighteen

From the above table it can be seen that several Groupings have subsumed under them relatively high numbers of sub sub category headings. For example, Groupings A, B, C, E, F, G and others, have subsumed under them 27, 35, 28, 29, 110, 16 sub sub category headings respectively.

After reading through them it became apparent that certain sub sub category headings were part of a theme that linked them, therefore suggesting further rearrangement to reflect this.

So, each sub sub category heading was numbered then read through for the purpose of identifying its essential meaning. This meaning was then recorded and each time a heading was captured by it, it was included in that category. Each time a heading was not captured by any

previous categories, its essential meaning was identified and a new sub sub category was created. It is important to note that all previous sub sub category headings were retained as sub sub sub category headings in this step. Sample 21 illustrates the order of grouping (category) headings, sub category headings and sub sub category headings according to Grouping A before the changes made in this step, and Sample 22 shows the changes made to this order at the end of this step.

Sample 21²⁸

Grouping A - THE THERAPIST’S PERSONAL RELATIONSHIP WITH THE TRANSPERSONAL

THE THERAPIST’S PERSONAL RELATIONSHIP WITH THE TRANSPERSONAL

- How one’s early family background influenced one’s spirituality**
- One’s early experiences of the transpersonal**
- Experience of past involvement with different views of the transpersonal**
- How one’s interest in the transpersonal was ignited**
- The rediscovery of one’s spirituality over time**
- What shaped one’s view of the transpersonal**
- What drew one towards the transpersonal**
- The influences that shaped one’s understanding of the transpersonal**
- One’s background**
- One’s experience of Quaker meeting**
- The impact of one’s background on one’s present relationship with the transpersonal**
- One’s early relationship with the transpersonal**

CONNECTING TO THE TRANSPERSONAL

- What can connect us to transpersonal experience**
- The role of one’s attitude, in the face of adversity, as a connector to the transpersonal**
- Limited ways in which one connected with the transpersonal**
-**

²⁸ Please note – ‘Grouping A - THE THERAPIST’S PERSONAL RELATIONSHIP WITH THE TRANSPERSONAL’ is a category heading, ‘THE THERAPIST’S PERSONAL RELATIONSHIP WITH THE TRANSPERSONAL’ is a sub category heading and ‘How one’s early family background influenced one’s spirituality’ is a sub sub category heading.

<p>Grouping A - THE THERAPIST’S PERSONAL RELATIONSHIP WITH THE TRANSPERSONAL</p> <p>THE THERAPIST’S PERSONAL RELATIONSHIP WITH THE TRANSPERSONAL</p> <p>The history of therapist’s relationship with the transpersonal</p> <p><i>How one’s early family background influenced one’s spirituality</i></p> <p><i>One’s early experiences of the transpersonal</i></p> <p><i>Experience of past involvement with different views of the transpersonal</i></p> <p><i>How one’s interest in the transpersonal was ignited</i></p> <p><i>The rediscovery of one’s spirituality over time</i></p> <p><i>What shaped one’s view of the transpersonal</i></p> <p><i>What drew one towards the transpersonal</i></p> <p><i>The influences that shaped one’s understanding of the transpersonal</i></p> <p><i>One’s background</i></p> <p><i>One’s experience of Quaker meeting</i></p> <p><i>The impact of one’s background on one’s present relationship with the transpersonal</i></p> <p><i>One’s early relationship with the transpersonal</i></p> <p>Connecting to the transpersonal</p> <p><i>What can connect us to transpersonal experience</i></p> <p><i>The role of one’s attitude, in the face of adversity, as a connector to the transpersonal</i></p> <p><i>Limited ways in which one connected with the transpersonal</i></p>
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Step Nineteen

Attention remained focused on the newly generated sub sub category headings from the previous step because after re-reading them there was a sense, again, that certain headings belonged together, were related and connected to each other.

To allow these connections to emerge each sub sub category heading was numbered then read through for the purpose of identifying its essential meaning. This meaning was then recorded and each time a heading was captured by it, it was included in that category. Each time a heading was not captured by any previous categories, its essential meaning was identified and a new sub sub category was created. It is important to note that all previous sub sub category headings were retained as sub sub sub category headings and all previous sub sub sub category headings were retained as sub sub sub sub category headings in this step.

Table 37 indicates that further categorization took place within Groupings E, F, I and O. The 13, 25, 14 and 16 (see column 3) sub sub category headings in Step Eighteen became sub sub sub category headings in this step. Each of the 29, 110, 23 and 34 category headings in Table 37, Column 2, became sub sub sub sub category headings in this step.

At the end of this step then, what emerged was a reshaping of clusters according to a hierarchy of:

- **Groupings (A to O)/CATEGORY HEADINGS**
- **Sub Category Headings**
- *Sub Sub Category Headings*
- *Sub Sub Sub Category Headings*
- Sub Sub Sub Sub Category Headings

within each of the Groupings A to O. The main text was rearranged accordingly.

Table 37: Numbers of Sub Sub Category Headings Subsumed within Groupings A to O, After Changes

Groupings A to O	No. of Sub Sub Category Headings (Step 17)	No. of Sub Sub Category Headings (Step 18)	No. of Sub Sub Category Headings (Step 19)
A - THE THERAPIST’S PERSONAL RELATIONSHIP WITH THE TRANSPERSONAL	27	7	
B – PERCEPTIONS OF THE TRANSPERSONAL	35	6	
C – HOW ONE’S CONNECTION WITH THE TRANSPERSONAL CAN BE BLOCKED OR DENIED	28	10	
D – THOUGHTS ABOUT THE THERAPEUTIC PROCESS	4	2	
E – WHAT FACILITATES CLIENT’S CONNECTION WITH THEMSELVES	29	13	5
F – EXPERIENCE OF THE TRANSPERSONAL IN THE THERAPEUTIC ENCOUNTER	110	25	4
G – THOUGHTS ABOUT CLIENTS	16	9	
H – PHILOSOPHY OF LIFE	27	8	
I – THE INCORPORATION OF SPIRITUALITY INTO ONE’S THERAPEUTIC APPROACH	23	14	7
J – EXPERIENCE AND UNDERSTANDING AFTER THE THERAPEUTIC ENCOUNTER	19	14	
K – WHAT MAKES THE WORK WORTHWHILE	5	2	
L – HOW ONE WORKS TRANSPERSONALLY	9	4	
M - NEGATIVE INFLUENCES ON THE UNDERSTANDING OF THE TRANSPERSONAL	12	4	
N – PREPARING FOR THE THERAPEUTIC ENCOUNTER	9	2	
O - THERAPEUTIC APPROACH	34	16	8

Steps 20 to 42, as described here, represent a shortened version of the full analysis. The general pattern, as described so far, gives the reader a clear idea of the procedure followed over and over, for as many times as the data suggested.

Step Twenty

In this step the sub sub category headings from the previous step became category headings following further reorganization according to shared meanings. At the end of this step there were 52 new category headings. Sample 23 lists some of them.

Sample 23

- 1. THE HISTORY OF THERAPIST'S RELATIONSHIP WITH THE TRANSPERSONAL**
- 2. CONNECTING TO THE TRANSPERSONAL**
- 3. THERAPIST'S CURRENT RELATIONSHIP WITH AND UNDERSTANDING OF THE TRANSPERSONAL**
- 4. TRANSFORMATION, HEALING AND TRANSPERSONAL**
- 5. CHARACTERISTICS OF THE TRANSPERSONAL**
- 6. THE IMPACT OF THERAPIST'S SPIRITUALITY ON THEIR LIVES**
- 7. LINKS BETWEEN THERAPISTS' SPIRITUALITY AND THERAPY**
- 8. HELD VIEW POINTS ABOUT THE TRANSPERSONAL**
- 9. TRANSPERSONAL AND SPIRITUAL EXPERIENCE**
- 10. WAYS IN WHICH THE TRANSPERSONAL CAN BE MISUSED**
- 11. POTENTIAL VALUE OF INCORPORATING THE TRANSPERSONAL INTO EVERYDAY LIFE**
- 12. DEFINITIONS OF RELIGION AND SPIRITUALITY**
- 13. DIFFERENT WAYS OF THINKING ABOUT THE TRANSPERSONAL**

Step Twenty One

The category headings from the previous step were again reorganized according to common themes. At the end of this step there were 14 new, general, category headings. Sample 24 lists them. The category headings at the start of this step became sub category headings at the end of it.

Sample 24

1. GENERAL BELIEFS AND UNDERSTANDINGS OF HUMAN NATURE
(General category heading)
2. ABOUT THE TRANSPERSONAL
3. THERAPISTS' RELATIONSHIP WITH THE TRANSPERSONAL
4. CONNECTING TO THE TRANSPERSONAL
5. TRANSPERSONAL AND SPIRITUAL EXPERIENCE
6. THE THERAPEUTIC ENCOUNTER IN GENERAL
7. THERAPISTS' OBSERVATIONS AND AWARENESS OF THE CLIENT
8. THE THERAPIST AND THE THERAPEUTIC ENCOUNTER
9. A TRANSPERSONAL APPROACH TO THERAPY
10. THE ROLE OF THE THERAPIST AND THE TRANSPERSONAL IN THE
THERAPEUTIC ENCOUNTER
11. THE TRANSPERSONAL IN THE THERAPEUTIC ENCOUNTER
12. ONE'S EXPERIENCE, AS A THERAPIST, OF THE TRANSPERSONAL IN
THE THERAPEUTIC ENCOUNTER
13. THERAPISTS' EXPERIENCE AND UNDERSTANDING OF THE
TRANSPERSONAL AFTER THE THERAPEUTIC ENCOUNTER
14. WHAT CHARACTERISES A GOOD SESSION

Step Twenty Two

Attention in this step focused on the order of the sub sub category headings and the sub sub sub category headings. Sample 25 lists some of these headings after they had been intuitively re-ordered in a way that would best reveal the story or stories hidden within the data.

Sample 25

**GENERAL BELIEFS AND UNDERSTANDINGS OF HUMAN
NATURE** (General category heading)

**BELIEFS ABOUT OUR PURPOSE AS HUMAN
BEINGS** (Sub category heading)

One's belief about why we chose to come to this planet (Sub sub category
heading)

**One's belief that each of us has a soul that has a code which comes with us in
the form of a sacred contract, which is our reason for being here**

The purpose of being human

Ways in which a person can manifest their purpose

*One can manifest one's purpose in lots of forms other than
through only psychotherapy* (Sub sub sub category heading)

**BELIEFS ABOUT THE NATURE OF HUMAN
BEING** (Sub category heading)

**One's belief that we are here to make ourselves
available to God** (Sub sub category heading)

**One's belief that the purpose of creation is about a
process of union with God**

One’s belief that we all have spiritual journeys

.....

Step Twenty Three

This step focused on the language content within sub category, sub sub category and sub sub sub category headings and clusters. Sample 26 illustrates before and after changes.

It is in this step that the language used by therapists was combined with my own. This only occurred when it felt absolutely necessary and appropriate to convey a meaning more simply and directly. This intervention was kept to an absolute minimum. Therapists’ language was mostly retained. The main feature of this intervention was editing out unnecessary language.

Sample 26

Before changes:

GENERAL BELIEFS AND UNDERSTANDINGS OF HUMAN NATURE

BELIEFS ABOUT OUR PURPOSE AS HUMAN BEINGS

One’s belief about why we chose to come to this planet

David-6. We chose to come to this planet, and accepted the necessity of developing under the inherent limitations. David-7. Earth is a terrible place, yet one that has great potential. David-8. We have to learn to be in terrible places and that is why everybody chooses to come to the planet.

David-11. We have to be crazy for several karmas as part of our development in the bigger picture.

.....

After changes:

1. GENERAL BELIEFS AND UNDERSTANDINGS OF HUMAN NATURE AND HUMAN BEING

A. BELIEFS ABOUT OUR PURPOSE AS HUMAN BEINGS

Why we chose to come to this planet

- We chose to come to this planet in order to develop. Earth is a terrible place. Everybody chooses to come because we have to learn to be in terrible places. David- 6-8
- As part of our development in the bigger picture we have to be crazy for several karmas. David-11

.....

Step Twenty Four

In this step the number of major category headings were collapsed into 6 parts and all other headings were simplified and rearranged according to where they were most suited within each part. Sample 27 illustrates before and after changes to headings within major category heading 1.

Sample 27

Before changes:

1. GENERAL BELIEFS AND UNDERSTANDINGS OF HUMAN NATURE AND HUMAN BEING (Major category heading)

A. BELIEFS ABOUT OUR PURPOSE AS HUMAN BEINGS (Sub category heading)

Why we chose to come to this planet (Sub sub category heading)

- We choose to come to this planet in order to develop. Earth is a terrible place. Everybody chooses to come because we have to learn to be in terrible places. David- 6-8
- As part of our development in the bigger picture we have to be crazy for several karmas. David-11

Each of us has a soul that has a code which comes with us in the form of a sacred contract, which is our reason for being here

- We are each given a sacred contract or code when we come to this planet. This code must manifest in all of who the person is. The wisdom of the unconscious, or the life force attempts to direct us accordingly. Harry-34-37
 - At important moments in our lives we may connect to our mission, calling, inner guidance, God, our reason for being here. Harry-38
 - A sense of spiritual purpose is built into the fabric of the way we are. Our spirit manifests in the unfolding of this purpose. Harry-31, 39

We are here to make ourselves available to God

- We are here to be available to God in whatever way we can. Betty-8

The purpose of creation is about a process of union with God

- It's possible to know God. The purpose of creation and the fulfilment of human life is about a process of union with God. Betty-16
- God draws on the divine spark in everyone so as to enable it to grow into union with Him. There is a continuum to this process. At one end is the secular, at the other the sacred. When the secular meets the sacred it's like blindness being healed. Betty-21-23
- In each of us is a force towards growth. Its maturity results in a union with God. Betty-19
- As we grow we change from seeing ourselves as finite beings separate from the divine. Betty-24

.....

After changes:

1. GENERAL BELIEFS AND UNDERSTANDINGS OF HUMAN NATURE AND HUMAN BEING (Major category heading)

1A. BELIEFS ABOUT OUR PURPOSE AS HUMAN BEINGS (Sub category heading)

Our purpose is to:

a. Develop

- We choose to come to this planet in order to develop. Earth is a terrible place. Everybody chooses to come because we have to learn to be in terrible places. David-6-8
- As part of our development in the bigger picture we have to be crazy for several karmas. David-11

b. Manifest the soul's code/fulfil our sacred contract

- We are each given a sacred contract or code when we come to this planet. This code must manifest in all of who the person is. The wisdom of the unconscious, or the life force attempts to direct us accordingly. Harry-34-37
 - At important moments in our lives we may connect to our mission, calling, inner guidance, God, our reason for being here. Harry-38
 - A sense of spiritual purpose is built into the fabric of the way we are. Our spirit manifests in the unfolding of this purpose. Harry-31, 39

c. Make ourselves available to God

- We are here to be available to God in whatever way we can. Betty-8

d. Engage in a process of union with God

- It's possible to know God. The purpose of creation and the fulfilment of human life is about a process of union with God. Betty-16
- God draws on the divine spark in everyone so as to enable it to grow into union with Him. There is a continuum to this process. At one end is the secular, at the other the sacred. When the secular meets the sacred it's like blindness being healed. Betty-21-23
- In each of us is a force towards growth. Its maturity results in a union with God. Betty-19
- As we grow we change from seeing ourselves as finite beings separate from the divine. Betty-24

.....

Step Twenty Five

In this step the text is decluttered of extraneous sub sub and sub sub sub category headings, bringing into sharper relief the organization of the text according to the 6 parts identified in the previous step. Sample 28 illustrates the changes made in this step. This can be compared with Sample 27.

Sample 28

PART 1: GENERAL BELIEFS ABOUT AND UNDERSTANDINGS OF HUMAN NATURE AND HUMAN BEING

1A. BELIEFS ABOUT OUR PURPOSE AS HUMAN BEINGS (3)

- We choose to come to this planet in order to develop. Earth is a terrible place. Everybody chooses to come because we have to learn to be in terrible places. David-6-8
- As part of our development in the bigger picture we have to be crazy for several karmas. David-11

- We are each given a sacred contract or code when we come to this planet. This code must manifest in all of who a person is. The wisdom of the unconscious, or the life force attempts to direct us accordingly. (Harry-34-37) At important moments in our lives we may connect to our mission, calling, inner guidance, God, our reason for being here. (Harry-38) A sense of spiritual purpose is built into the fabric of the way we are. Our spirit manifests in the unfolding of this purpose. Harry-1, 39
- We are here to be available to God in whatever way we can. Betty-8
- It's possible to know God. The purpose of creation and the fulfilment of human life is about a process of union with God. Betty-16
- God draws on the divine spark in everyone so as to enable it to grow into union with Him. There is a continuum to this process. At one end is the secular, at the other the sacred. When the secular meets the sacred it's like blindness being healed. Betty-21-23
- In each of us is a force towards growth. Its maturity results in a union with God. Betty-19
- As we grow we change from seeing ourselves as finite beings separate from the divine. Betty-24

.....

Step Twenty Six

Attention focuses here on clarifying the text further. With the reader in mind introductions are included indicating the contents of each part and each category. Also the content of the text is reduced and simplified to make explicit essential meanings. Sample 29 illustrates these changes. This can be compared with Sample 28.

Sample 29

PART 1: GENERAL BELIEFS ABOUT AND UNDERSTANDINGS OF HUMAN NATURE AND HUMAN BEING

Part 1 is concerned with therapists' general beliefs about and understandings of human nature and human being. It is comprised of 3 main categories.

1A. BELIEFS ABOUT OUR PURPOSE AS HUMAN BEINGS

3 therapists contributed to this category.

3 beliefs about our purpose can be distilled.

- a. We choose to come to this planet in order to develop. David-6-8, 11
- b. Our purpose is to manifest the sacred contract or code we were given when we came to this planet. Harry-34-38, 31, 39
- c. The purpose of creation and fulfilment of human life is about a process of union with God. Betty-8, 16, 21-23, 19, 24

.....

Step Twenty Seven

In this step first the structure of the text is re-shaped. Part 6 is moved to become Part 1. Efforts to simplify the structure as a whole starts in this step by reorganizing paragraphs according to newly generated category headings. Sample 30 illustrates what the text looked like before changes, and Sample 31 shows category headings identified afterwards.

A total of 333 paragraphs made up the text as a whole, and these were subsumed within 115 new category headings. At the end of this step all paragraphs were reorganized accordingly.

Sample 30

PART 6: THE THERAPEUTIC ENCOUNTER

Part 6 focuses on the actual therapeutic encounter. It is comprised of one main category.

6A. THE THERAPIST AND THE THERAPEUTIC ENCOUNTER

This category is comprised of 19 sub categories. The first looks at features therapists notice about clients who find their way to one, the second at their thoughts and feelings about clients they may work with, the third at how they prepare themselves before entering the therapeutic encounter, the fourth at how they approach their work, the fifth at what they can bring and provide for in the therapeutic encounter, the sixth at what is required of the therapist in the encounter, the seventh at their tasks in the encounter, the eighth at their aims in the encounter, the ninth at how they work with clients, the tenth at aids that facilitate exploration and a client’s deeper connection with themselves, the eleventh at what they notice about clients in the encounter, the twelfth at their experience of being a therapist, the thirteenth at their experience of the therapeutic, the fourteenth at their experience in the therapeutic process, the fifteenth at their experience of the transpersonal in the encounter, the sixteenth at their understanding of the transpersonal in the encounter, the seventeenth at how they understand the therapeutic process, the eighteenth at how they are affected afterwards by experience of the transpersonal in the encounter, and the nineteenth at what they may understand about the transpersonal in the therapeutic encounter afterwards.

6A.1

6A:15 Therapists’ experience of the transpersonal in the therapeutic encounter
18 therapists contributed to this sub sub category.

The sub sub category is broken down into 4 main groupings.

1. A therapeutic relationship that feels qualitatively different

6 features are regarded as contributing to this difference.

a. *Experiencing a very deep empathy between client and therapist*

- Feelings of love just happen, they cannot be manoeuvred. When they arrive they allow entrance to a deeper state of empathy. This makes a difference to the connection between client and therapist. It is this difference that makes the experience feel transpersonal. Bernard-50-52
- In a state of very deep empathy between client and therapist, the therapist feels very close to a client, able to access where the other’s soul might be and to intuit the potential of what can happen. This contact creates a spiritual centre between both. Bernard-31-32b, 57-60

- In those moments where the therapist is most present and feels very connected with a client that is when words do not really have a place. Betty-102

b. The therapist finding themselves in a particular role in relation to the client that proves conducive to creating a spirituality between them both. Bernard-21

- Through a relationship where the therapist took on the role of a parent for a client who had been deprived, a client was able to grow. Bernard-73, 71-72
- Work with the client was characterized by slowness, boring parts, sticking with the client the therapist listening to themselves, being encouraging, taking an interest, teaching certain social skills and bearing with uncertain parts when it was unclear if anything could change, and surprise that things did just as the therapist was about to give up. Bernard-74-76, 83-85, 88-93
- Through the therapist listening to themselves, tuning into themselves and the client and then following their sense of what was needed a deep connection developed that made the piece of work feel transpersonal. Bernard-77-82, 87

c. The experience that there is something going on that is more than, bigger than just a client, therapist and the work they are doing together. Alice-33, Betty-134-135

- In those moments where the therapist is most present and feels very connected with a client that is when words really do not have a place. Betty-102
- One therapist experiences this sense of something else at work as if client and therapist have both jumped into a river that is carrying them. When the therapist is allowed in on that very deep dimension of a client's life, therapist and client have this transpersonal connection in common, yet their experience of it is different. Client and therapist are together but there is a difference too. Betty-137-140
- What happens is beyond language and not possible to express. Betty-101

d. The emergence of an experience that is exciting and that is the outcome of client and therapist arriving at something together. Alice-34

- In spiritual moments – when client and therapist are on the same wavelength, it is uplifting, exciting and invigorating. Alice-52, 71-72
- The journey towards clarity can take a long time, be hard, consist of meaningless parts yet are part of the context of the spiritual part of therapy. Alice-35, 50

.....

Sample 31

1. Experiencing a very deep empathy between client and therapist
2. The therapist finding themselves in a particular role in relation to the client that proves conducive to creating a spirituality between them both. Bernard-21
3. The experience that there is something going on that is more than, bigger than just a client, therapist and the work they are doing together. Alice-33, Betty-134-135
4. The emergence of an experience that is exciting and that is the outcome of client and therapist arriving at something together. Alice-34

.....

Step Twenty Eight

In this step the newly generated category headings from the previous step are further reorganized in this one.

The 115 category headings from the previous step were subsumed, in this step, within 28 new category headings. These can be seen in Sample 32 in addition to two new major category headings that captured the essence of the two groups the headings seemed to fall into.

Sample 32

THERAPISTS' EXPERIENCE OF THE TRANSPERSONAL IN THE THERAPEUTIC ENCOUNTER (Major new category heading)

A therapeutic relationship that feels qualitatively different

The experience of healing and transformation

The therapists' awareness of the client

The therapists' awareness of clients' experience of the transpersonal

Therapists' awareness of the ways in which clients are affected by the transpersonal in the therapeutic encounter afterwards

Types of experience in the therapeutic encounter

Experience of the unpredictable nature of the transpersonal

Therapists' experience of receiving unbidden knowledge, fantasies, a feeling, a sense of something, visual imagery, or words before or in the therapeutic encounter

Therapists' experience of receiving unbidden experiences

Experience of the transpersonal is intense and characterized by specific types of changes

Transpersonal experience is characterized by an intense experience of being there with another person

The transpersonal has a positive impact on the way the therapist feels

HOW THERAPISTS ARE AFFECTED AFTERWARDS WHEN THE TRANSPERSONAL HAS BEEN PRESENT IN THE THERAPEUTIC ENCOUNTER (Major new category heading)

How therapists are affected afterwards when the transpersonal has been present in the therapeutic encounter

How therapists understand, afterwards, experience of the transpersonal in the therapeutic encounter

What makes therapy worthwhile and good from the therapists' point of view

Beliefs held by therapists about our purpose for being here

How therapists understand illness and health and well being

Therapists' concerns, about some held views about religion and spirituality

How therapists understand the transpersonal and spirituality generally

Therapists' understanding of the different ways we can be affected by the transpersonal

How therapists experience the transpersonal

Factors that obstruct and/or are unsupportive of our relationship with the transpersonal

Influences that impacted and shaped therapists' views of and relationship with the transpersonal

Connection between therapists' spirituality and the way they work as therapists

What connects therapists to the transpersonal

Why connecting to the transpersonal is good for the therapist

Therapists' understanding of the therapeutic encounter generally About therapists generally
--

Step Twenty Nine

This was a repeat of the previous step. That is, headings were further reorganized. 28 headings from the previous step were reduced to 10 in this one. The following illustrates the structure of the text according to a hierarchy of some of the category headings. Also a third major category heading emerged in this step. See Sample 33 below.

Sample 33

THERAPISTS' EXPERIENCE OF THE TRANSPERSONAL IN THE THERAPEUTIC ENCOUNTER

- | |
|--|
| <ul style="list-style-type: none">A. Characteristics of therapists' experience of the transpersonal in the therapeutic encounterB. Types of transpersonal experienceC. The therapists' awareness of the client in the therapeutic encounter |
|--|

THERAPISTS' EXPERIENCE AFTERWARDS WHEN THE TRANSPERSONAL HAS BEEN PRESENT IN THE THERAPEUTIC ENCOUNTER

- | |
|--|
| <ul style="list-style-type: none">A. Therapists' experience afterwards when the transpersonal has been present in the therapeutic encounter |
|--|

WHAT THERAPISTS BRING TO THE THERAPEUTIC ENCOUNTER IN TERMS OF HELD BELIEFS, VIEWS, INFLUENCES AND EXPERIENCES (Major new category heading)
--

- | |
|---|
| <ul style="list-style-type: none">A. Influences that impacted and shaped therapists' views of and relationship with the transpersonalB. General beliefs and understandings about the transpersonal and spirituality held by therapistsC. General beliefs about human beings held by therapistsD. About therapists and their understanding of the therapeutic encounter generallyE. Therapists' experiential relationship with the transpersonalF. Connections between therapists' spirituality and the way they work as therapists |
|---|

Step Thirty

In this step the content of the text was rearranged for the purpose of better placement and clarity of content. Introductions to parts and categories were updated also.

When the text had been rearranged according to the newly identified lowest order category headings (Sub sub sub category headings), previous statements were transformed into reader friendly paragraphs. Sample 34 illustrates before and after changes.

Sample 34

Before changes:

THERAPISTS' EXPERIENCE OF THE TRANSPERSONAL IN THE THERAPEUTIC ENCOUNTER (Category heading)

1A. CHARACTERISTICS OF THERAPISTS' EXPERIENCE OF THE TRANSPERSONAL IN THE THERAPEUTIC ENCOUNTER (Sub category heading)

1. A therapeutic relationship that feels qualitatively different (Sub sub category heading)

a. Experiencing a very deep empathy between client and therapist (Sub sub sub category heading)

- Feelings of love just happen, they cannot be manoeuvred. When they arrive they allow entrance to a deeper state of empathy. This makes a difference to the connection between client and therapist. It is this difference that makes the experience feel transpersonal. Gareth-50-52
- In a state of very deep empathy between client and therapist, the therapist feels very close to a client, able to access where the other's soul might be and to intuit the potential of what can happen. This contact creates a spiritual centre between both. Gareth-31-32b, 57-60
- In those moments where the therapist is most present and feels very connected with a client that is when words do not really have a place. Betty-102
- The spiritual involves a connectedness at a very deep level with each other that takes us into our deepest essence either in our spirit or in those experiences that are similar to others. Helen-9
- The transpersonal is something that goes beyond us as individuals.
- This can be an aspect of our being that suggests connectedness with others beyond our individuality. Helen-2
- This aspect of our being can be triggered by events that seem to go right across the world like a man on the moon or the deaths of Lady Diana and President Kennedy. Helen-3, 5
- An experience may connect us to something beyond us individually. Harry-27a
- We can experience being part of something larger than ourselves. Harry-27, 30
- The transpersonal is anything that can go beyond our established patterns that also means expanding, expansion. Jim-3

b. The therapist finding themselves in a particular role in relation to the client that proves conducive to creating a spirituality between them both. Gareth-21

- Through a relationship where the therapist took on the role of a parent for a client who had been deprived, a client was able to grow. Gareth-73, 71-72
- Work with the client was characterized by slowness, boring parts, sticking with the client the therapist listening to themselves, being encouraging, taking an interest, teaching certain social skills and bearing with uncertain parts when it was unclear if

anything could change, and surprise that things did just as the therapist was about to give up. Gareth-74-76, 83-85, 88-93

- Through the therapist listening to themselves, tuning into themselves and the client and then following their sense of what was needed a deep connection developed that made the piece of work feel transpersonal. Gareth-77-82, 87

c. The experience that there is something going on that is more than, bigger than just a client, therapist and the work they are doing together. Alice-33, Betty-134-135

.....

After changes.

PART ONE: THERAPISTS' EXPERIENCE OF THE TRANSPERSONAL IN THE THERAPEUTIC ENCOUNTER

Part One focuses on therapists' transpersonal experience in the therapeutic encounter. It is comprised of 3 main categories.

1A. CHARACTERISTICS OF THERAPISTS' EXPERIENCE OF THE TRANSPERSONAL IN THE THERAPEUTIC ENCOUNTER

This category is comprised of 3 sub categories. A therapeutic relationship that feels qualitatively different, the intense nature of transpersonal experience that is characterized by specific types of changes and the intense experience of being there with another person.

1. A therapeutic relationship that feels qualitatively different
15 therapists contributed to this sub category.

a. The therapists' experience of a very deep empathy between client and therapist.

For one therapist feelings of love just happen, they cannot be manoeuvred. When they arrive they allow the therapist entrance to a deeper state of empathy. This makes a difference to the connection between client and therapist. It is this difference that makes the experience feel transpersonal. Gareth-50-52

Also in this state of very deep empathy, the therapist feels very close to a client, able to access where the other's soul might be and to intuit the potential of what can happen. This contact creates a spiritual centre between both. Gareth-31-32b, 57-60

One therapist understands that the spiritual involves a connectedness at a very deep level with each other that takes us into our deepest essence either in our spirit or in those experiences that are similar to others. Helen-9

b. An experience in which a therapist finds themselves in a particular role in relation to the client that proves conducive to creating a spirituality between them both. Gareth-21

Through a relationship where the therapist took on the role of a parent for a client who had been deprived, a client was able to grow. Gareth-73, 71-72

Work with the client was characterized by slowness, boring parts, sticking with the client, the therapist listening to themselves, being encouraging, taking an interest, teaching certain social skills and bearing with uncertain parts when it was unclear if anything could change, and surprise that things did just as the therapist was about to give up. Gareth-74-76, 83-85, 88-93

Through the therapist listening to themselves, tuning into themselves and the client and then following their sense of what was needed a deep connection developed that made the piece of work feel transpersonal. Gareth-77-82, 87

c. The experience that there is something going on that is more than, bigger than just a client, therapist and the work they are doing together. Alice-33, Betty-134-135

Step Thirty One

Following some minor rearrangements and editing changes the Outcomes of the Study were arrived at.

The arrangement at the end of this step encapsulates the end of the analysis of first, the original transcribed and analysed individual interviews, and second, the amalgamation of these. In other words this step marks the fullest version of the study's results using a phenomenological research approach.

Although this proved to be the end of the formal analysis of the data, the essence of the phenomenological approach was carried over and applied to transforming the results into a more reader friendly, summarized form.

Phase Three

This phase is made up of 11 steps (steps Thirty Two to Forty Two). The procedure followed in arriving at the Results of the Qualitative Study was similar to that followed for Steps One to Thirty One. Step Forty Two concludes the study's methodology.

APPENDIX K

Missing Therapist, Letter 6

BPS
St Andrews House
48 Princess Road East
Leicester
LE1 7DR

To whom it may concern

I contacted your organization yesterday hoping to gain the address of Mr
Unfortunately because he is not registered with you the address was not given. The person I
spoke to suggested that I forward the mail I need to send to him via yourselves. Please find a
stamped addressed envelope enclosed. Please could you write the address on the envelope for
me please?

Many thanks

Yours sincerely

Eileen McAleer

Dear

I hope this correspondence finally gets to you. You should find attached another letter sent initially in July. This explains my purpose for contacting you. This correspondence should reach you via the BPS. They were unable to give me your address but were happy to pass this correspondence onto you. I would be very grateful if you could respond to my request – outlined in the other letter, by 17 September 2002.

Many thanks

Yours sincerely

Eileen McAleer

APPENDIX L

Backup Feedback Request, Letter 6

Dear

In July you may recall that I contacted you with regard to my research and your participation. If you still have the correspondence from then and have been unable to return your response on time but would like to it's not too late. If you could return your response by **Wednesday 11th September** I would be very grateful.

Many thanks

Yours sincerely

Eileen McAleer

APPENDIX M

Personal Reflections about my Experience of Engaging in this Study

As an undergraduate I found London a terrifying and lonely place to be. In my fear I clung onto an idea of myself at that time. For anyone's information I was a working class Northerner. The way I perceived myself and others was always based on either the strength of our similarities or differences. In London the difference between myself and others was always prominent. This was a deep source of fear for me.

I recall being very shocked by the disparity of wealth that existed. You could be surrounded by extreme wealth at one end of a road and its opposite at the other. It seemed so alien to what I had been used to. Often, when I was in a wealthy neighbourhood, I would find myself daydreaming about the kinds of people who lived there and the lives they lead. The desire to know about such people was strong in me. There was a need in me for them to be warm and human rather than cold and frightening.

This need to not be afraid and intimidated by London stayed with me long after I had completed my degree. I began to define my relationship with London as a love-hate one. I would always maintain connections with the place through friends I would visit down there or courses I would attend. I loved going down there, and always, at first, found it exciting and liberating. However, after a while my hostile feelings toward it would surface. I would begin to feel claustrophobic and lonely. I would perceive others as being cold, uncaring and unfriendly. At these moments I would make my departure.

What I took to be a deep dislike was, I see now, fear. I had indirectly been expressing my fear of difference and otherness through my belief that London was a cold, horrible place. As long as I maintained this belief I remained safe. Yet this safety was prison. Yes it kept my fear at bay but it constrained me and left unchallenged my ideas and fantasies about others who were different to me. So, what appeared to be the pay off of safety was really a loss. The part of me that was curious and fascinated by all the differences and otherness I encountered was kept shut off.

Now I can see that I never dismissed my feelings of curiosity. The fact that I continued to make contact with London is a testament to the longing in me to break through my fears and give expression to my fascination with otherness.

Although I chose to enrol for my PhD up here in Liverpool this did not detract from my need to maintain my London connection. I did this by using London as my focal point for contacting therapists. I do not think this was a conscious intention; it was the right choice for all practical purposes too. Still it provided me with the opportunity to overcome my fear.

The fear I had, looking back, was immense. I feel as though it has hampered my progress with my studies. As a consequence of maintaining my old sense of identity, i.e. a working class Northerner, I repeated some very old scripts to myself. 'Nobody's going to be interested in anything that comes from your research' (underlying belief, I'm working class, so I

am not as good as other people from middle class backgrounds). ‘People won’t respond to your questionnaire or your request to interview them. People have got more interesting and important things to attend to’ (underlying belief, I am unimportant and a nuisance). ‘Once people meet you, see you, they’ll start making all kinds of assumptions about you because of your age. The result will be that they won’t take you seriously and you’ll feel ashamed, embarrassed and end up fulfilling their expectations. It will be humiliating’ (underlying belief, people won’t give me a chance. I cannot be understood and treated respectfully and as an equal by others).

Each of these beliefs, assumptions and prejudices had an impact on how I responded to each stage of my research. At the same time they were challenged and gently falsified at each step of the way too.

The distribution of the questionnaires was my first hurdle and my first indication that things were not as I had presumed. I got a good response rate and received some encouraging and warm words from those who responded. I was genuinely surprised and delighted by the number of people who agreed to be interviewed.

As I analysed the data, my supervisor suggested that I write an article. I dismissed the idea based on my assumption that no one would be interested in what I had to say or offer. Also I did not trust myself to do a good job. So, not writing seemed like a better option. After all it would save me from making a fool of myself in public. And, once more, I would be safe again. But I was not comfortable with this safety for deep down I wanted to take the risk and give back what I had discovered to others. Still, I decided to shelve the idea of writing and bottle up my feelings.

I returned my attention to the next stage of my research – the dreaded interviews. The thought of facing these scared me so much that I played with the idea of discontinuing my study. But deep down I knew I could not run away, and nor did I really want to. I can recall many supervision sessions where I just off loaded and talked about all the reasons why I should stop, why I was not enjoying what I was doing, how I felt I wasn’t getting anywhere and why it felt so pointless. My supervisor patiently listened and accepted all of this. At the same time I also felt him gently urging me to stick with it. And stick with it I painfully did.

Because of the long gap since people had responded to the questionnaire and agreed to be interviewed, I believed that people would now be unwilling to co-operate. This became another ungrounded fear. People still wanted to be interviewed. I felt so relieved and very grateful. At some level I was holding a belief that something, soon, was going to go wrong, and that the decision for me to end the study would be taken out of my hands and unequivocally made for me. A feeling of foreboding continued to hang over me. Before therapists had confirmed interview dates and appointments I kept thinking that the whole thing would flop.

I had made several blunders in some of my communications to the people I was to interview and I imagined that these would make some of them think twice and decline their initial offer. To my amazement this never happened. Yet I continued to be afraid.

Before I embarked on the interviewing week I noticed how desperate I was for the whole thing to be over and done with. I imagined that it would be a stress filled week. I was anxious about the time I had left for travel between interviews. The image of me frantically trying to get to people on time troubled me.

The reality of the week could not have been farther from the fantasy. Everything went so smoothly. I had no travel crises of any import. Nobody let me down. Everyone who had agreed to be interviewed was there as we had arranged.

The week passed like a dream. Although I was physically tired, emotionally, mentally and spiritually I felt rejuvenated. I felt no fear. Before I met each person I felt excited. I felt as though I was on an adventure. I knew, without a shadow of a doubt, that what I was doing was what I was meant to be doing. It felt absolutely purposeful. As though I were being perfectly congruent with something deep in my nature.

Instead of my fear of a conspiracy against me I had this strange sensation that nothing could stop this study from going right.

Looking back over the whole thing, from my discovery of the Liverpool John Moores University leaflet advertising the MSc in Consciousness and Transpersonal Psychology up to the present, I have not encountered obstacles to my study other than those inner ones that I have created myself through fear. Every inch of the way has been punctuated by positive and encouraging signs that have never been easy for me to fully trust and accept. But as I met each therapist I came to wonder what all the worry and fear had been about.

Much to my surprise people were very happy to share their experiences with me. Each person was eager to give me the information they felt would be helpful. It was this generosity and willingness to give to me and the study that moved me in a way I never would have expected. It was not all about them giving and me receiving either. Many therapists commented on how much they had valued the opportunity to think through and talk about their thoughts and feelings around this area. This felt really good. I felt our meetings had allowed each person to receive something too. The meetings had not been based on exploitation. I think that initially this had had a lot to do with my fear about conducting them. I had felt cheeky for wanting to take people's time. I had not counted on the fact that people wanted to and were very willing to give their time to me. I guess I never believed there was much kindness or generosity in the world. Another old assumption about people not giving anything for nothing had been kicking around in my head. Again, I discovered, thank goodness, that I was wrong. I am not saying that each person agreed to be interviewed because they were saints. They each would have had their

own good reasons for participating which in some way may have included benefits to them, but all but one therapist left me with the impression that they were not participating in the study for their own direct, immediate, personal benefit.

There was a distinct feeling that this was an area very close to their hearts, one they regarded as being meaningful and of significant import to their own lives and their work as therapists. For some therapists it seemed to be a relief to share their thoughts and feelings around this area as a way of validating their experiences and of feeling less lonely with them.

Sometimes I sensed trepidation and fear. Maybe this, at first anyway, was to do with the fact that we had only just met. But it also felt like it was connected with wondering if their own personal experiences were too whacky to relay. Because certain experiences are not talked and written about in a way that is encouraging and accepting, I felt some therapists wondered if they should censor their communications. I was a little saddened by this, but grateful too for the fact that they did, eventually, share those things that they had obviously targeted as taboo.

As all of this was going on in the interviews, I was also noticing other things related to the whole of my life generally. To begin with I was aware of my fearlessness and total trust in myself, despite the fact that I was in London. I realized that because I felt at peace with myself on the inside, the outside felt very comfortable to be with. My fear of London had gone. All around me I began to see people as people, living their lives and no longer alien. I could relate. Instead of isolation I felt connection. I did not feel claustrophobic or trapped. I felt liberated and full of inner space and mobility. More amazing seemed the fact that I had visited people who lived in the type of houses I had always wondered about when I was younger. I had discovered 'real' loving, warm human beings behind the bricks and mortar.

Whilst I was in London I was aware that I was being transformed. But there was no time to process my thoughts and feelings at the time. I was absolutely absorbed in what I was doing. I felt though, that something was carrying me along. There was a buoyant feeling in me. I felt very alive and very aware of everything that was happening. It was as though all my senses were on alert.

With time to reflect I have been able to see and ponder some thoughts and feelings. I believe that some part of me sought the challenge of facing some deep seated fears, and that my week in London was the culmination of my final confrontation. Because of the lead up, some of my previously held assumptions and beliefs had proved themselves shaky indeed. Yet I still clung onto them until I finally put my hands in the air and allowed the reality of that week to touch and transform me.

In many ways this process is a reflection of the therapeutic one. A client comes to therapy in the hope that they can sort out some difficulty or crisis they are facing. Some parts want to do the work required, others, out of a sense of fear and the need to stay safe, fight like

hell to hold onto that which is holding them back. But slowly, slowly with the help of a trusting and patient therapist, the client starts to defrost. There is no knowing what will happen when the thaw is completed. But one thing is for sure. The client will be 'Open'. And I believe that when a person becomes open they also make it highly possible to become attuned to that Creative Energy that is accessible at all times but can be more so at these points in a person's life. When a person lets go and surrenders themselves to this unknown force, then what is meant to happen for each and everyone of us as unique beings naturally does so. The barriers and defences are no longer there to dam up the flow.

I felt that this happened to me during my week in London. I felt like my spirit had been transformed too. It was not dramatic but subtle and I had been preparing the ground for a long time.

It has left me with no doubt about the importance of listening to my inner voice, to listening and following its callings and remaining persistent even when it would be easier and less frightening and painful to quit and take the easy route.