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Portfolio for Professional Doctorate in Counselling Psychology (DPsych)

Clare Keogh

City University

Department of Psychology

2016

Portfolio Title

The place of Transpersonal Psychology in the pluralistic approach of counselling psychology.

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City University Declaration

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Section A – Preface

1.0 Introduction to the portfolio

This doctoral portfolio consists of three different components outlining my training and practice as a counselling psychologist. It aims to show how the transpersonal relationship is an essential facet of the therapeutic relationship and can enhance clinical practice. The therapeutic relationship is described as the ‘intentional use of relationship’ (Clarkson, 1995, p. 5), whereby the therapist is ethically responsible in the working alliance, focusing on ‘alleviating suffering and facilitating development’ (Clarkson, 2002a, p. 5). The transpersonal relationship is described as the ‘spiritual or inexplicable dimensions of relationship in all forms of psychotherapy and counselling {...} in to which we place all those aspects of the healing relationship which do not fit into any other relational category’ (Clarkson, 2002a, p.4). The portfolio describes how knowledge and integration of the transpersonal relationship can be developed through training and practice within a pluralistic approach. Daniels (2013) describes the transpersonal as,

‘beyond or through the personal, and refers to experiences, processes, and events in which the usual self conscious awareness is transcended and which there is a sense of connection to, or participation with, a larger, more meaningful reality’ (p. 23). The transpersonal can be related to spirituality and religion as well as non-religious relationships such as ‘profound human relationships, or from the realisation of the essential connection of humans to nature {...} it involves a transformation of normal egoic existence to some ultimately more satisfying or valuable condition’. (Daniels, 2013, p. 23).

Rather than adopting one epistemological approach, the pluralistic approach of counselling psychology considers other ways of working while respecting the complexity and uniqueness of clients. Identifying and acquiring the knowledge required to work therapeutically with clients of other spiritualities, faiths and cultures is important. Therefore, transpersonal psychology is important in the pluralistic approach of counselling psychologists (Clarkson, 2002). Transpersonal psychology offers an ‘understanding and interpretation’ (Daniels, 2013, p. 23) through psychological explanation for transpersonal experiences and phenomena.

The title of the portfolio is ‘The place of Transpersonal Psychology in the pluralistic approach of counselling psychology’. The order of each component has been rearranged to reflect the unfolding of the title as related to my professional development and the place of transpersonal psychology in the area.

The case study (**Part C**) is initially presented and shows how an emerging understanding of the transpersonal relationship can be enhanced and strengthened through supervision. Part C of the portfolio is a client case study which describes, from a psychoanalytic perspective, the therapeutic process and challenges of working with a five year old boy whose violent acting out covers his vulnerability and unresolved dependency needs. The support of two supervisors with psychoanalytical and integrative theoretical approaches was invaluable during this work, and particularly as my integrative supervisor encompassed the transpersonal relationship as one of the essential facets of the therapeutic relationship. The transpersonal relationship was interwoven with the other facets of Clarkson’s therapeutic relationship (1998) present in the process as a therapeutic approach, and a supervision relationship model (1998). Supervision helped me draw on all facets of the therapeutic relationship including the transpersonal relationship. The case study aims to show the effectiveness of adopting an integrated pluralistic theoretical approach of which the transpersonal relationship is an essential facet. It demonstrates the strength of the approach working alongside other theoretical approaches, in this case the psychoanalytical approach. The interconnected transpersonal themes of the personal experience, experience in training and use in clinical practice are evident. This interconnectedness is also evident in Part B and Part D.

The next section, the research component (**Part B**), delves into clinicians’ personal experiences of the transpersonal, their experiences of

the transpersonal in training and their integration of the transpersonal into clinical practice. Part B outlines an original research study which utilises both qualitative and quantitative research methods. This section also describes the results of a further 'validation of results' study whereby original participants were asked to reflect on the findings of the original study. The research project explores the transpersonal and the transpersonal relationship in psychotherapeutic psychology: Psychologists' perceptions and experiences of the transpersonal and transpersonal psychology in their therapeutic work, and of transpersonal psychotherapeutic teaching while in training. Three themes emerged through the original study and were reinforced through the validation of findings study. These were (1) Experiences and perceptions of the Transpersonal, (2) Transpersonal psychology in therapeutic practice and (3) Transpersonal Psychology in training.

The final section of the portfolio, the critical literature review (**Part D**), highlights the presence and significance of the transpersonal as an important element of healing while considering the cultural and spiritual background of clients. Part D is a critical review of the literature looking at the impact of trafficking for sexual exploitation on women. Completing the literature review highlighted the shortage of research in the assessment of the impact of trafficking for sexual exploitation on women and on the effectiveness of the most appropriate therapeutic treatments, which is an important consideration for counselling psychology. This component highlights the importance of the transpersonal relationship, to support healing and recovery as an important facet of a pluralistic therapeutic approach. It also highlights the importance of the role of transpersonal psychology in the training of counselling psychologists and when working therapeutically with this client group.

Throughout the portfolio I aimed to examine the transpersonal, and the impact and place of the transpersonal relationship, within a pluralistic approach in training and clinical practice. Knowledge gathered and gained while completing the three components of the portfolio contributed to the emerging formalisation of a theoretical understanding and model based on findings (see Part B, the results and discussion sections, for details of the Emerging Theoretical Model of Transpersonal Perceptions, Experience, Practice and Education).

The next section provides my personal motivation in choosing the portfolio theme. The proceeding sections summarise each of the components of the portfolio, and explain how each component relates to and connects the theme of the portfolio.

1.1 Motivation

My experience of teaching students as a psychologist highlighted differences in psychologists' personal experiences and perceptions of the transpersonal and transpersonal relationship, and also of the presence, minimum input, or the omission of transpersonal psychology in training. My own personal experience of the importance and inclusion of the transpersonal relationship in clinical practice as an important facet of the therapeutic relationship also highlighted the importance of considering and including transpersonal psychology, and the positive impact it could have in therapeutic practice. This encouraged me to complete the present research. My own training, which influenced the present portfolio, emphasised a transcultural, transtheoretical, and transdisciplinary approach (Clarkson, 1997), and the importance of transpersonal psychology as part of pluralistic practice. I was interested in whether or why transpersonal psychology had not been as incorporated in other trainings, and queried how this may influence therapeutic practice and the training experiences of psychologists. It is hoped the present research will contribute a counselling psychology perspective to this area of clinical work and training, as well as an emerging theoretical model (titled Emerging Theoretical Model of Transpersonal Perceptions, Experience, Practice and Education) to start to describe the place and importance of transpersonal psychology in training and clinical practice.

2.0 Part C Case Study

The therapeutic work presented in Part C was supported by a clinical supervisor who embraced the transpersonal relationship as an important facet of an integrated therapeutic approach. The case study outlines my theoretical approach and conceptualisation of a five year old client whose violent acting out was in the context of early maternal deprivation and domestic violence. I referred to attachment theory and object relations theory within the theoretical approach of psychoanalysis, so I could understand the client's behaviour which

was challenging and complex. I considered Glasser's core complex and drew on Fonagy and Target's theory of mentalisation in working with the client's regressive behaviour and violent acting out so as to contain his psychological pain so he would not harm himself.

The case study which was written for the present portfolio was also published as a chapter (case study) in a book edited by Rose Campher and titled 'Violence in children, Understanding and helping those who harm'. The chapter is titled 'A little Boy left Alone'.

The present case study emphasises the connection with the main title of the portfolio while also incorporating my clinical work and professional development in counselling psychology based on a pluralistic approach. This pluralistic approach incorporates the transpersonal relationship. I drew on the work described previously to illustrate the importance of the transpersonal relationship as an important facet of a pluralistic theoretical approach; the interconnected transpersonal elements of personal experience, experience in training, and clinical practice. The connection between the therapeutic and supervisory relationships can be enhanced with this pluralistic model which benefits the client. I am not a psychoanalytic practitioner, and was trained to use the approach during my Integrative training as a counselling psychologist, while acknowledging pluralism. Psychoanalysis is one of the traditional psychological approaches of counselling psychology (Strawbridge and Woolfe, 2010). I aimed to highlight how I integrated different perspectives in a different way on the basis of the clinical supervision I received, while drawing on the knowledge of the different theoretical approaches including the transpersonal relationship, and linking theory to practice (Papadopolous, Cross and Bor, 2003). Supervision from both psychoanalytic and integrative theoretical approaches, which included the transpersonal relationship, allowed me to focus on different aspects of the supervisory system, enabling me to explore, contract and evaluate interventions so as to maximise the effectiveness of supervisory interventions and enhance the healing process in therapy.

3.0 Part B: Research Project

Part B of the portfolio presents an original piece of research which explores the transpersonal in psychotherapeutic psychology: Psychologists' perceptions and experiences of the transpersonal and transpersonal psychology in their therapeutic work, and of transpersonal psychotherapeutic teaching while in training. 'Survey monkey', an online data gathering tool was used to collect data using a multiple sorting procedure (MSP) based on Kelly's personal construct theory. MSP is a projective technique and allowed different conceptual styles to be researched. MSP results were visually illustrated using correspondence analysis; a multidimensional and descriptive graphical technique. Responses to semi-structured open-ended questions were analysed phenomenologically using Clarkson's seven level model (2002) and Braun and Clarke's (2006) thematic analysis. The sample size for the original research project was 25 (N=25).

Following the viva and with reference to the examiners' post-viva report, it was decided to collect data to examine respondent validation and reflection on the initial research findings. This was deemed appropriate to enhance and support the original findings. Twenty of the original participants responded to an invitation to participate in the validation of results study. One requested the results only, while nineteen (N=19), were happy to reflect on the original findings. This additional validation and reflection, referred to as the validation of findings study, was gathered through a similar online survey monkey instrument to the initial study.

Results identified different discourses and narratives and different levels of awareness and acknowledgement of the transpersonal. MSP accessed conscious and unconscious experiences and perceptions, and responses to the semi-structured questions included responses of a scientific, rational and normative narrative. Participants' different experiences of the transpersonal while in training influenced responses, awareness, experience and acknowledgement of the transpersonal. The analysis and results are discussed with existing and relevant research literature. The findings from the original study were categorised around three main themes which emerged from the original findings. These three themes were, (1) experiences and perceptions of the transpersonal (2) transpersonal psychology in training. (3) transpersonal psychology in clinical practice. The use of the three themes in the design of the 'validation of results' instrument predetermined the use of these three themes in the analysis of the data gathered whilst allowing for further refinement. As well as

accessing results, respondents were given the option to further reflect on the research findings (or opt out). The research findings are summarised and the relevance and implications for psychology and counselling psychology and the professional clinical practice and training of psychologists are explored. Results were further reinforced by the validation of findings study and an Emerging Theoretical Model of Transpersonal Perceptions, Experience, Practice and Education was drawn together (Results and Discussion sections).

4.0 Part D: Critical Literature Review

Part D of the portfolio, the critical review of literature explores the impact of trafficking for sexual exploitation on women. This section of the portfolio develops the main theme of the importance of transpersonal psychology as part of a pluralistic practice through its exploration of how culture and religious and spiritual norms can impact clients' perceptions of their experience. It further develops the concept of how transpersonal psychology, as part of a pluralistic approach, can support the healing process as part of the therapeutic relationship.

Trafficking is described as a severe form of violence against women (Zimmerman, Hossain, and Yun, 2006). Oram, Stockl, Busza, Howard, and Zimmerman (2012), emphasised the limited evidence available on the nature and impact of psychological disorders experienced by survivors. Empirical research on human trafficking is limited. Methodology is in its infancy and contains weaknesses, numerical discrepancies, and errors in the numbers trafficked in different countries (Gozdiak, 2008). It was an area of clinical work where I experienced the strength and courage of women who had been taken against their will and forced into sexual and domestic servitude. This is a significant area of research and therapeutic practice for counselling psychology, which emphasises the importance of a pluralistic approach in supporting victims while considering transpersonal working to enhance healing and recovery.

The preface and three components of my portfolio all examine how transpersonal psychology forms an integrative and important part of a pluralistic approach and contributed to the emerging three themes of the transpersonal as it relates to personal experience, experience in clinical practice, and in educational gain. The importance and place of transpersonal psychology has been explored across the portfolio and this summary begins the formulation of a theoretical understanding of an emerging theoretical model (titled Emerging Theoretical Model of Transpersonal Perceptions, Experience, Practice and Education) as part of a pluralistic approach (see Part B, Results and Discussion sections). Here the interconnected transpersonal themes of the personal experience, experience in training, and use in clinical practice are refined.

References

Braun, V. And Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2), pp. 77-101, ISSN 1478-0887.

Clarkson, P (2002). *The Transpersonal relationship in psychotherapy*. London: Whurr

Daniels, M. (2013). Traditional roots, history, and evolution of the transpersonal perspective. In H.L. Friedman, and G. Hartelius (Eds.), *The Wiley-Blackwell handbook of transpersonal psychology* (pp. 23-43). Chichester, UK: Wiley Blackwell.

Gozdiak, E.M. and Collett, E.A. (2005). Research on human trafficking in North America: A review of literature. *International migration* (Geneva, Switzerland), 43, 99-128.

Papadopoulos, L., Cross, M., and Bor, R., (2003). *Reporting in Counselling and Psychotherapy: a trainee's guide to preparing case studies and reports*. London: Routledge.

Strawbridge, S. and Woolfe, R. (2010). Counselling psychology: Origins, developments, and challenges. In R. Woolfe, S. S trawbridge, B. Douglas, and W. Dryden, W (Eds.), *Handbook of counselling psychology* (3rd ed., pp. 3-22). London: Sage.

Websites

Oram S, Stöckl H, Busza J, Howard LM, Zimmerman C (2012) Prevalence and Risk of Violence and the Physical, Mental, and Sexual Health Problems Associated with Human Trafficking: Systematic Review. *PLOS Medicine* 9(5): e1001224. doi: 10.1371/journal.pmed.1001224. [Accessed 15 February, 2014]

Zimmerman, C., Hossain, M, Yun, K et al (2006). *Stolen Smiles. The physical and psychological health consequences of women and adolescents trafficked in Europe*. London: London School of Hygiene & Tropical Medicine. pp. 1-126. www.lshtm.ac.uk/php/ghd/docs/stolensmiles.pdf [Accessed 20 August, 2013]

Pages 12-25 (Part C – Professional practice: Case study)

have been removed to protect client anonymity.

Part B: The Research

The Transpersonal in psychotherapeutic psychology: Psychologists' perceptions and experiences of the transpersonal and transpersonal psychology in their therapeutic work, and of transpersonal psychotherapeutic teaching while in training.

Abstract

Background: Relationship is core to academic and psychological psychotherapeutic practice supported and linked by research. The success of the working alliance and psychotherapeutic practice are dependent on the properties of the psychologist, client and the therapeutic relationship, where all facets of the therapeutic relationship including the transpersonal, are integrated to a pluralistic practice. The present research looked at the transpersonal in psychotherapeutic psychology: Psychologists' perceptions and experiences of the transpersonal and transpersonal psychology in their therapeutic work, and of transpersonal psychotherapeutic teaching while in training.

Methods: 'Survey monkey', an online data gathering tool, was used to collect data using a multiple sorting procedure (MSP) based on Kelly's personal construct theory. MSP was a projective technique and allowed different conceptual styles to be researched. MSP results were analysed and visually illustrated using correspondence analysis; a multidimensional and descriptive graphical technique. Responses to semi-structured open-ended questions were analysed phenomenologically using Clarkson's seven level model (2002a) and Braun and Clarke's (2006) thematic analysis. Two phases of data gathering were conducted. The initial phase examined clinicians' personal perceptions and experiences of the transpersonal, and their experiences of the transpersonal in training and in practice. The second phase, the 'validation of findings study', gathered feedback and reflections from original participants on the findings of the original study.

Results:

Phase 1: 25 participants took part in the study. 70% of participants were interested in transpersonal psychology while 72% were familiar with it. 65% did not receive information on transpersonal psychology while in training as psychologists. Participants' clinical experience varied between 0-25 years. This was reflected in responses which were influenced by different experiences of trainings at different times, whereby the transpersonal was omitted or included. Experiences of teaching received was both positive and negative. Different discourses and narratives, as well as different levels of awareness and acknowledgement of the transpersonal were identified. MSP accessed conscious and unconscious experiences and perceptions. Responses to the semi-structured open-ended questions included responses of a scientific, rational and normative narrative. Some viewed transpersonal psychology as not scientific, some identified the transpersonal as separate and unique, while others' viewed both as integrated to clinical practice. A dichotomy and incompatibility of transpersonal psychology with psychology, and between science and the spiritual was presented by some participants.

Phase 2: Validation of findings study: The validation of findings study reinforced findings relating to the identified themes in the original study, and supported an Emerging Theoretical Model of Transpersonal Perceptions, Experience, Practice and Education (henceforward referred to as the emerging theoretical model) as part of a pluralistic approach. Here the interconnected transpersonal themes of the personal experience, experience in training, and use in clinical practice are refined.

Conclusions: Findings suggest participants' personal experience of the transpersonal in training and in clinical practice influenced responses, awareness, experience and acknowledgement of the transpersonal evident in the results. Considering the functioning of each individual, and the mind/body relationship, especially across the lifespan, many theoretical approaches recognise the complex and important relationship involved in functioning which leads to psychological well-being. Perhaps because transpersonal psychology considers that which functions beyond the ego, it does not comfortably fit into the rules of research and theory which apply within other fields of psychology. In relation to research, the expectations of scientific validity may not seem to be met by transpersonal psychology, as it does not adhere to a Newtonian/Cartesian approach to research in practice. It mainly takes the form of subjective experience using qualitative research methods and is based in human inquiry, which is also reliable and valid. Results indicate trainings in psychology should place more emphasis on incorporating transpersonal psychology in trainings as an essential facet of an integrated therapeutic relationship.

B.1 Introduction

Rationale and Introduction to the research study

Considering the history of psychology and the direction in which an extended and expanded psychology can go, Tart (2005) described the transition in the late 19th century when the approach in psychology emphasised 'an experimental and empirical science of the mind' (Tart, 2005, p. 132). This was followed with a focus on behaviourism and psychoanalysis in the 20th century which adopted also a reductionist approach. Tart (2005) said this approach changed at the latter part of the 20th century, with emphasis on internal processes and human needs leading to the growth of transpersonal and humanistic psychology. Abrahm (1996) wrote of the ways in which western culture has separated human beings 'from a phenomenological sense of the plight of the world and their role in it' (Abrahm, 1996, p. 261). Daniels (2013) describes the transpersonal as 'beyond or through the personal, and refers to experiences, processes, and events in which the usual self conscious awareness is transcended and which there is a sense of connection to, or participation with, a larger, more meaningful reality' (p. 23). The need to understand transpersonal experience from a non dualistic thought, that is understanding the oneness, wholeness and unity of life and very essence and interconnectedness of the transpersonal, is important in understanding the nature of transpersonal psychology.

Law and Lancaster (2011), proposed the important aspect of commonality in schools of transpersonal psychology so the mind is considered larger than it appears from a perspective of 'I' and from the perspective of ego (Law and Lancaster, 2011, p. 331), and emphasis is placed on the understanding of the mind as extending 'beyond the personal' (Law and Lancaster, 2011, p. 331) where the focus of transpersonal psychology is concerned with 'self transformation, working to achieve a more integrated and larger sense of self, and even a sense that is not simply myself that matters' (Law and Lancaster, 2011, p. 332).

This understanding is presented by The Transpersonal Section of the British Psychological Society (2014) which describes transpersonal psychology as addressing;

'The spiritual nature of mankind. Unlike religion and theology, its interest centres on the mind and behaviour; hence it is a branch of psychology. {...} In essence transpersonal psychology seeks to integrate non-scientific spiritual insights with observations and models associated with the rigorous methodological approach of psychological science. In practice, the focus of our discipline concerns the human quest to achieve states of being that are more profound, compassionate and ultimately more fulfilling than those typically based in the egocentric world of 'I'. {...}. Transpersonal psychologists recognise the important role that therapeutic traditions have played in understanding personal transformation, and believe that a transpersonal perspective can enhance the effectiveness of most therapies' (BPS Transpersonal Section, 2014).

Interpersonal relationship and communication in relationships brings an interconnectedness and happiness, but these relationships can also be the cause of psychological distress which can be healed through the working alliance of a therapeutic relationship. Focus on the pluralistic therapeutic relationship, incorporates the transpersonal relationship. This pluralistic approach highlights the Importance of having knowledge of the faith and individual culture of the clients we see as psychologists is emphasised by the professional code of ethics and conduct of the Health Professionals Council and the British Psychological Society, and reflected by the government's NICE guidelines (NICE, 2011) with an interest in specific treatments such as, e.g. mindfulness-based cognitive therapy, derived from spiritual or religious traditions. Concepts of spirituality are evidenced in Dialectical Behaviour Therapy (DBT), shown to be effective in working therapeutically with borderline personality disorder. DBT is a system of therapy which utilises cognitive behavioural approaches and incorporates concepts of acceptance and mindfulness based mainly on Buddhist meditation practices.

In considering the government's policy in relation to 'spirituality and religious faith', emphasis is placed on maintaining the mental health

of the population (NMHDU, 2012). The National Mental Health Development Unit (NMHDU) was established in April 2009, and funding was provided by the NHS and Department of Health to provide national support for implementing mental health policy. This was achieved by advising on national and international best practice to improve mental health and mental health services. The role and importance of the individual's spirituality was identified in the maintenance of mental health by the NMHDU. Gilbert (2010) describes the government's 'policy drivers' in relation to 'Spirituality and Religious faith' on the NMHDU website. This area of the NMHDU website has been put in place by the government to provide a forum for considering and maintaining the mental health of the population, while remaining cognisant of the diversity of British society.

In 1990, the American Psychiatric Association (APA) published guidelines regarding possible conflict between psychiatrists' religious commitments and psychiatric practice. The APA emphasised the need for psychiatrists' to respect their patients' beliefs and warned against imposition of psychiatrists' beliefs on their patients. This is also a focus of the World Psychiatric Association within their section on Religion, Spirituality and Psychiatry (SRSP).

The importance of having and maintaining a spiritual attitude whilst working with clients and the impact of adopting this focus on clients' therapeutic care is addressed by Gilbert (Gilbert, 2010). He emphasises the importance of each practitioner knowing their own spirituality, and using this knowledge to understand and relate to the views of clients and others, which enhances the psychological care provided (2010, p. 123). Adame and Leitner (2009) proposed adaption of a transpersonal reverence which acknowledges and reconnects individuals so the interpermeation of our lives, our meaning, and realities can develop in the space between ourselves and the world (Adame and Leitner, 2009, p. 259).

In considering government policies and ethical professional practice, whatever medium we use in psychotherapeutic psychology, allowing the discussion of the transpersonal in psychotherapy, is allowing values, meaning, beliefs, and spiritual practices to be brought also (Clarkson 2002a). Many professional organisations have defined the transpersonal within their guidelines and taken account of its importance in professional practice. It is an ethical consideration, and is also showing respect for our clients. As a profession, we must consider our own biases and beliefs, before questioning our clients.

In keeping with our professional codes of ethics and conduct, it is also important to consider our own experiences of the training received in transpersonal psychology, as the transpersonal relationship is one of the facets of the therapeutic relationship. This is relevant when considering a pluralistic training as psychologists. Reflecting on our training experiences allows us as psychologists to contemplate whether our training in transpersonal psychology is sufficient to allow the discussion of the transpersonal in transpersonal psychotherapeutic practice. This is especially important as transpersonal reverence 'brings the person closer to realising his or her unique potentials' (Adame and Leitner, 2009). The world in which we live is interconnected and based on relationship. Experiencing the world from this perspective encourages a reverence and ethical respect for our interconnectedness and relationship with others and our clients, and beyond this, within the world around us which we are part of. Everything is after all based in relationship, and the transpersonal perspective is open ended, whereby we are all engaged in an unfolding process which is an evolution of consciousness (Vaughan, 1984, p. 31).

Psychologists may or may not have an existing knowledge of the transpersonal within their own lives, their therapy or their professional training. For this study it was deemed important to establish the extent of psychologists' own transpersonal experiences and perceptions in psychotherapeutic practice and while they were in training. Accordingly, a projective methodology was employed in the present study to gain an insight into psychologists' own transpersonal experiences, whatever they might usually label them. Finding a culturally congruent narrative is important, as views and language used to refer to the transpersonal are not the same for all professions, as are the names for different techniques within different schools of psychotherapy. Other professions use different terminology. The present research was tailored to gain access to psychologists' conscious knowledge and use of the transpersonal, and their unconscious knowledge and use of the transpersonal.

Rogers (1995) said 'our experiences, it is clear, involve the transcendent, the indescribable, the spiritual. I am compelled to believe that I, like many others, have underestimated the importance of this mystical, spiritual dimension' (Rogers, 1995, p. 130). Acknowledging and honouring the full range of human experience is important in the field of transpersonal psychology and psychology while incorporation of different theories, approaches and research methodologies from other disciplines such as ancient wisdom and spiritual traditions and scientific research support, expand, develop, and integrate knowledge important for the continuing development of transpersonal psychology and psychology. The present research aimed to uncover:

- (1) To what extent are professionals aware of the transpersonal within their therapy or their professional training;
- (2) How professionals use and interact with the transpersonal in their psychotherapeutic practice; and
- (3) The extent to which the transpersonal is covered in professional training. This should lead to a consideration of whether training should be developed to include more explicit coverage of transpersonal issues, and, if so, how might this be best achieved.

What are the differences and similarities between religion and spirituality?

Research shows that religion and spirituality have a positive correlation to psychological well-being. However, there has been a great deal of debate and also confusion (Ivtzan, Chan, Gardner, and Prashar, 2011), in relation to their operational definitions.

Shafranske and Maloney (1990) found one in six clients brought issues of spirituality or religion to therapy when they gathered data from a sample of psychologists who were members of the American Psychological Association (APA). It is therefore interesting that a Division of Transpersonal Psychology has not yet been established by the APA (Ruzek, 2007, p. 155), while Ruzek (2007) identified a contributory factor as American psychologists' resistance to spirituality and philosophy (Ruzek, 2007).

Mahoney and Krunrei (2014) in conceptualising religion and spirituality described religion as; 'membership of an organised religious group; adherence to institutional doctrine, worship or rituals; and external social control by religious authority' (Mahoney and Krunrei, 2014, p.166), while 'being spiritual is often depicted as involving a personal connection to the sacred; a private search for enlightenment, purpose, meaning, or virtues; and internal spiritual motivation' (Mahoney and Krunrei, 2014, p.166).

Religion shares a belief system, and a communal ritual practice, whereas Spirituality is described by Hungelmann et al (1985, p. 152) 'as the 'harmonious interconnectness across time and relationships' (Hungermann et al in Gilligan and Simon 2004, p. 318).

Spirituality is a unique experience difficult to describe using language, and is seen as a psychological process which is internal to the individual and viewed as an inner connectedness with a higher consciousness/the sacred (Sperry and Shafranske, 2005). Friedman, Krippner, Riebel, and Johnson (2014) describe spirituality as multi-levelled and cite Porter (1995) who said 'spirituality has been viewed as cognitive or affective, related to transcendence or everyday life, to enhanced ego development or regression to infantile states, and to devotion to diverse transformational paths' (Friedman et al, 2014, p. 208). Jones (2002), emphasised the crucial role of the psychology of human relationships in understanding spirituality.

Different descriptions, narratives and approaches depending on the individual's frame of reference can often lead to the same conclusion which can be found by taking different scientific and theoretical paths. professionals have different experiences and perceptions of the situation based on their professional training and worldview.

Cultural based beliefs such as the supernatural and mysticism can be common and acceptable in certain cultures. These beliefs may hold a spiritual or religious role, and beliefs in spiritual practices such as shamanism may encourage western trained mental health professionals to misinterpret an expression of spirituality as a psychiatric disorder which has manifested (Findling et al, 2001 p.119). With a good knowledge of the transpersonal, psychologists are less likely to misinterpret beliefs held by different communities in relation to mental health. This is reflected by Cinnirella and Lowenthal (1999) who suggest more needs to be known in relation to beliefs of individuals and different communities, 'little is known of the nature and effects of religiously based beliefs about the causes and cures of mental health illness, and these need to be understood and taken into account in formulating appropriate care' (Cinnirella and Lowenthal, 1999, p. 505).

Transpersonal Psychologists were instrumental in proposing a new diagnostic category in DSM-IV which was put in place in 1993. The proposal was put forward to address the differences and similarities between spiritual issues and mental health/ psychological problems. A distinction was also made between 'psychoreligious' and 'psychospiritual'. The inclusion of this 'V Code' signified a greater sensitivity towards spiritual issues, and the reputation of a culturally sensitive DSM-IV-TR, thus promoting an increased understanding between different professional disciplines and professions.

Transpersonal psychology does not always take a psychopathological approach towards psychological crises. Grof and Grof (1989) describe a transpersonal experience which can be disturbing and frightening for some individuals. They call it 'spiritual emergency' with elements of psychopathology. Grof and Grof (1989) have developed guidelines for dealing with this experience, and for development of the whole person's psychological wellbeing. It is important to differentiate mystical experiences with psychotic features. This has been called MEPP (e.g. Lukoff, 1985) and was found in DSM version 1V-TR under the category of 'psycho spiritual problems'.

This ethical consideration has been adopted by the Royal College of Psychiatrists. In 1999 a spirituality and psychiatry Special Interest Group (SPSIG) was founded to provide a forum for psychiatrists to explore the influence of the major religions which shape the cultural values and aspirations of psychiatrist and patient alike. The SPSIG believes the spiritual aspirations of persons who do not identify with any one particular faith are no less important than those who view spirituality as being independent of religion. The SPSIG aims to contribute a framework of ideas of general interest to the college while stimulating discussion and promoting an integrative approach to mental health care. For clients, there is the need to help the service user feel supported in being able to bring spiritual concerns to the fore.

The transpersonal approach uses different metaphors and words in dealing with similar presentations, where religious frameworks and language are replaced with those which are seen as more scientific. Although different terminology and metaphors may be adapted, western psychology of the transpersonal approach draws on spiritual traditions of non-western cultures. In considering the whole person it is important to consider all levels. Different spiritual and religious traditions have contributed to the field of transpersonal psychology. However, transpersonal psychology is different from many forms of spiritually based counselling or religion as it is based on the study of the mind and behaviour and based in psychology. It is important to consider the integration of the rich contribution of various approaches to transpersonal psychology and the aspects of different traditions which enhance it.

Transpersonal psychology and spirituality in the academic community

Transpersonal psychology in the academic community

Changes to definitions of transpersonal psychology have occurred over the past twenty five years and have evolved in line with research (Walsh and Vaughan, 1993). This is supported by Walsh and Vaughan (1993) who emphasised the importance of transpersonal experience to support, 'multiple interpretations of these experiences and the insights into human nature and the cosmos that they offer' (p.204).

The integration of spirituality with psychology considers both religious traditions and a scientific approach. While transpersonal psychology

aims to consider spirituality and science which is research based. Transpersonal experience presents in cultures worldwide and has influenced other fields and disciplines (Boucoulalas, 1999). A broader view of the transpersonal is taken by transpersonal studies which goes beyond psychology and considers relationships and interconnectedness within the universe. It has been suggested transpersonal studies should be an academic multidisciplinary approach (Boucoulalas, 1999, Friedman, 2002). Transpersonal studies includes areas such as art literature, somatic psychology (observing the body as it lives), and education (Hartelius, Rothe, and Roy, 2013a)

Transpersonal psychology has been criticised for its research methodology (Friedman, 2002), and Boucoulalas (1999) questioned how this would be addressed by the field of transpersonal psychology. This was researched by Hartelius, Rothe, and Roy (2013a) to gain a better understanding of transpersonal psychology. Their research identified an evolvement in transpersonal research with a shift to the use of quantitative research methods and empirical studies. They also found there was an increase in women authors and authors outside of North America.

Lajoie and Shapiro (1992), researched Journals and papers between 1968 and 1991, and applied thematic analysis which identified forty definitions of transpersonal psychology. The main themes produced were; 'Unitive', 'spiritual', and 'transcendent states of consciousness' and 'humanity's highest potential' (p.91). Shapiro, Lee, and Gross (1992) found themes in published definitions were frequently related to spirituality and ego transcendence. This is supported by Hartelius et al (2013), who noted between 1999 and 2003 that 97% of articles in the Journal of Transpersonal Psychology identified 'beyond-ego' as a dominant theme, while 100% of the articles represented the same theme between 1969 and 1973 (Hartelius et al, 2013). Hartelius et al (2007) identified a beyond-ego psychology which focuses on experience with transpersonal content which encourage experience and qualities beyond-ego. They identified 'compassion' as a beyond-ego quality which encourages advanced meaning, advanced purpose, and higher consciousness. A second theme, an integrative/holistic psychology, encompasses not only the ego, but the therapeutic relationship and connection with others as part of a pluralistic approach. This was included in 78% of articles in the Journal of Transpersonal psychology between 1999 and 2003, which is an increase from earlier editions two decades before (Hartelius, et al, 2007). Hartelius et al (2013) described transpersonal psychology as integrative and in relationship with the ancient spiritual wisdom traditions through scientific study, this was compared by Hartelius et al (2013), to Rogers actualising tendency (Rogers, 1963), and Jung's individuation (Jung, 1939, 1969).

Another theme identified by Hartelius et al (2013) is one of 'a psychology of transformation' and included the content, context, and catalyst which enhances human development to move towards potential (p.5). It involves the whole person in relationship with the world while considering exceptional human experiences such as spiritual and mystical experiences in this context (Hartelius et al 2013, p.14). The theme of 'a psychology of transformation' was present in 74% of publications in the JTP between 1999 and 2003, and in contrast, was present in 28% of articles between 1969 and 1973. Hartelius et al (2013) emphasised 'self expansiveness' (p.5), encompassing sense of self, and interconnectedness to others and the world which requires personal maturity and integration (Hartelius et al, 2007). This is supported by Friedman (2002), who identified different levels of self expansiveness which may be measured scientifically with different therapeutic theoretical approaches. All evoke different levels of self expansiveness (Friedman 2002, cited in Hartelius et al, 2013). Hartelius et al (2013) described transformative process while making reference to Maslow (Maslow, 1943, 1958), to support understanding of human potential and self actualisation.

Based on research completed in 2007, Hartelius et al (2013), proposed the following description of Transpersonal psychology, 'an approach to psychology that (1) studies phenomena beyond the ego as context for (2) An integrative/holistic psychology; this provides a framework for (3) understanding and cultivating human transformation. (p. 145).

Spirituality in the academic community

MacDonald, Le Clair, Holland, Alter and Freeman, (1995) completed two literature reviews as a comprehensive resource containing

information on transpersonal orientated research and measures. While Shapiro, Lee, and Gross (2002), completed a thematic analysis when they reviewed published definitions aiming to find a more concise definition of transpersonal psychology. The most frequent categories found were, (a) 'going beyond or transcending the ego self', and (2) 'Spirituality, psychospiritual, and psychospiritual development' (p. 19).

Initially, the term 'spirituality' was rejected by the founders of transpersonal psychology as it was seen as too controversial (Hartelius, Friedman, and Pappas, 2013). The discipline of psychology had excluded religion and spirituality and focused on what could be measured using empirical research. The term 'spirituality' aroused prejudice, and instead 'transpersonal' was seen as a more suitable title (Hartelius, et al, 2013b). Ironically, this has now changed, and the term 'spirituality' is seen as more acceptable evoking less prejudice than the term 'transpersonal'. The term 'spirituality' has therefore been evolving and changing.

Fontana (2003) emphasised the importance of studying behaviour so the psychological effect of religious and spiritual practice and belief can be assessed (p. 205). The lack of research completed by psychiatrists in the area of spirituality/religion has resulted in less being known about the relationship between severe mental health problems and religious involvement (Friedman, 2002, Koenig, King, and Carson, 2012). Although other disciplines and allied health professions publish in the area, research is not being amalgamated and interconnected. This indicates professionals need to be aware of research in the area and in clinical practice while adopting a pluralistic approach.

Furthermore, research by Hartelius et al. (2007), using thematic analysis revealed many transpersonalists identified the word 'transpersonal' as closely associated with the word 'spiritual', and spiritual psychology was seen as linked with transpersonal psychology. This is supported by Elkins et al (1988), who described Maslow's concern with spiritual values and view of religion as a channel for expression of spirituality. This is also evident in Maslow's book, 'Religions, Values, and Peak Experiences (1970). Maslow identified spiritual values as a part of science and the responsibility of all. He recognised the human and universal nature of spirituality as separate from the specific definitions of spirituality used by traditional religions. While Victor Frankl, an existential psychologist linked the cause of clinical 'pathologies' to spiritual conflict and distress (Elkins et al, 1988, p.7).

Elkins et al (1988), revised a list of components in the literature to address the importance of clinical dimensions of spirituality (in pathology, health, and psychiatry). Adopting a humanistic perspective, components of spirituality identified by the authors were described as 'a complex multidimensional construct composed of several major factors' (p.9). They aimed to improve the understanding of spirituality while adapting a humanistic and more secular view rather than a religious one (p.7). Lajoie and Shapiro (1992) highlight the importance of spirituality as part of transpersonal psychology definitions and acknowledge the contribution of spirituality particularly in the areas of meditation and mindfulness.

Hartelius et al (2013b), cite Lukoff (2008) who described a decision by The Association for Transpersonal Psychology (ATP), the first main association of transpersonal psychology, to co-sponsor a 'spirituality and psychology conference', which does not include the transpersonal as a term. The ATP, alongside the Journal of Transpersonal Psychology is also considering using the term 'spiritual' instead of 'transpersonal' in the ATP and in the title. Spiritual psychology has been viewed as separate to mainstream psychology where more emphasis has been placed on the consideration of spiritual issues in medical based therapies (Koenig, 2010) and in psychotherapeutic practice. Furthermore, Hartelius et al, (2013b) cites De Angelis (2008) who highlighted that spirituality is incorporated in the name of the Psychology of Religion Section of the American Psychological Association.

Hartelius et al (2013b) described a psychology of spirituality emphasising a connection with something sacred, as the self interconnected with others and the world, and the transformative aspect of these experiences (p. 52). The authors also emphasised the emergence of two different spiritual psychologies. One is similar to transpersonal psychology with a non-religious connection, the other with a religious connection. This evidences the similarity and contribution of both (Hartelius, et al, 2013b, p. 53).

Definitions and the philosophy underlying Transpersonal Psychology

Transpersonal Psychology has been called 'the fourth force psychology', and has historical links with schools of psychology including psychoanalysis (the first force), behaviourism (the second force), and humanistic psychology (the third force). Transpersonal psychology aims to describe and integrate spiritual experience within modern psychological theory and practice, and also to formulate new theory to include these experiences (Caplan, 2009).

The World Health Organisation (WHO, 1998) have emphasised the following in their constitution:

'It is the health professions who have largely followed a medical model, which seeks to treat patients by focusing on medicines and surgery, and gives less importance to beliefs and to faith – in healing, in the physician and the doctor – patient relationship. Patients and physicians have begun to realise the value of elements such as faith, hope and compassion in the healing process' (WHO, 1998).

Although psychological theorists have acknowledged and included the transpersonal in their work, psychology in the western world has tended not to emphasise the spiritual dimension of the human psyche. In the west, psychiatry has been influenced over the last century by reductionist science which has held the view that spiritual experience and consciousness are manufactured by the brain. Baring (2001) emphasised the view held in society whereby instability and lack of rational thinking is associated with mysticism, the concept of soul is unimportant, and God is a hypothesis while the concept of soul is irrelevant. (Baring, 2001).

This influence is evident in psychological theory, and consequently influences the knowledge base, experience and views of psychologists. This is illustrated by Braud and Anderson (1998) who highlight the characteristics of 'separateness science' and 'whole science';

'Separateness science' characterises a scientific explanation of a phenomenon (specifying its causes) consists in relating the phenomenon to more general and fundamental relationships and scientific laws; the ultimate explanation would be in terms of motions and interactions of the fundamental particles and quanta involved' (Braud and Anderson, 1998, p. 10).

In contrast, Wholeness science views scientific explanations which;

'Enhance understanding of phenomena by relating them to other phenomena and relationships. Since things are so interconnected that a change in one can affect all, any accounting for cause is within a specific context for a specific purpose. The search for ultimate reductionist cause is futile; there is no cause and effect but rather the evolution of a whole system. Order is observed in the physical world, but is never free from the possibility of 'downward causation' from consciousness down to the physical' (Braud and Anderson 1998, p.10).

Transpersonal psychology does not fit into 'separateness science', the popular reductionist approach, but migrates towards 'whole science'. Transpersonal psychology is instead 'an integrated paradigm of transcendence for a world desperate to honour pluralism' (Lancaster 2004, P.11). This is particularly important with the shift from a Cartesian ego to recognition of the person as a 'whole' person (Ferrer, 2002). Transpersonal psychology needs to emphasise the similarities with mainstream ideas in psychology as well as promoting research which can be integrated to mainstream psychology, and so encouraging and integrating an open minded approach with critical thinking from all aspects of psychology.

Historical influences on Transpersonal Psychology and psychotherapy

Transpersonal psychologists should speak a similar narrative to mainstream psychology while contributing to the conceptions of the transpersonal psychology approach so as to encourage integration of the knowledge of transpersonal psychology to mainstream psychology. With this approach in mind, it is important to consider the history of transpersonal psychology and its origins, and how this may influence psychologists' personal and professional relationships with the transpersonal. The field of transpersonal psychology has become increasingly recognised over the past 40 years, and particularly over the past 20 years. Transpersonal psychology has influenced philosophy, psychology, religion, spirituality, art therapy, music therapy, and neurobiology. A cross cultural perspective is important in clinical practice so as to encompass solutions which are not only based in western thought and solutions, but which are applicable to other cultures presenting issues and difficulties. Each discipline adopts a different approach and narrative in relation to the human psyche, and the contribution each makes in supporting transpersonal psychology and reducing human difficulties and suffering is important, as is the contribution transpersonal psychology makes to other disciplines, all are after all interconnected and in relationship. From the 1960s, transpersonal psychology has been regarded as the 'fourth force' in psychology.

Scotton et al (1986) identified the earliest reference to the term 'transpersonal' which can be found in lecture notes which William James prepared in 1905-6. James used the term at that time in the context of his radical empiricism whereby there is a relationship between a perceiving object and perceived object. All objects depend on being perceived by someone (p.6). William James in his book *The Varieties of Religious Experience* (1958) used words such as 'solar' and 'spiritual'. He also made reference to the 'spiritual self' which he believed was evident in each and every individual. James said, 'Whenever two people meet there are really six people present. There is each man as he sees himself, each man as the other person sees him, and each man as he really is' (James, in Gabbard 2000, p. 67). James' writing acknowledges the importance of the transpersonal to and within each individual.

The Journal of Transpersonal Psychology was first published in 1969, and Maslow and Grof were involved in contributing to this journal. This was followed by the founding of the Association of Transpersonal Psychology in 1972. Maslow is viewed as one of the founders of transpersonal psychology. The 1980's saw contributions from authors such as Grof and Wilber, amongst others. However, transpersonal psychology has not been fully integrated to mainstream psychology in America. The American Psychological Association has a special interest group for transpersonal psychology but not with recognition of a Division of Transpersonal Psychology as was established in the British Psychological Society in 1996, as well as many other European countries (Ruzek, 2007). Other organisations and training schools which recognise the transpersonal and its importance in psychotherapeutic practice also exist around the world.

Not all have supported the transpersonal, Sayers (2003) describes Freud's view of religious beliefs as a series of projections. Freud had not experienced this 'connection' with nature and the universe and believed the transpersonal had its place with religion, while he himself did not identify with a religious belief and a higher motivating power, and he did not write about the transpersonal. Freud saw psychoanalysis as based on a scientific method of inquiry whereby he adapted a Newtonian approach in relation to his work.

Jung introduced the term 'transpersonal' to his work in the early part of the 20th century, and used the German word 'überpersonliche' to describe the transpersonal. 'Überpersonliche' translates from German to the words 'collective unconsciousness'. Jung took a different view to Freud, whereby he saw each individual as interconnected and sharing a collective unconscious, the basis for transpersonal experiences. Jung said 'learn your theories as best as you can, put them aside when you touch the miracle of the living soul. Not theories but your creative individuality alone must decide' (Jung, 1928, p. 361). Jung's view was that we experience archetypes in dreams, rituals, mystical experience, and symbols, all of which are direct experiences of archetypes. Jung however did share Freud's belief that dreams are the 'royal road to the unconscious'.

Albert Ellis (1989), the father of rational emotive therapy (RET), also seen as one of the fathers of cognitive behavioural therapy, wrote a

book called '*Why some therapies don't work*' which is also subtitled '*The dangers of transpersonal psychology*', in which Ellis describes transpersonal psychology and psychotherapy as producing harmful effects which are inefficient and anti-humanistic and are in contrast to the approach taken by RET which Ellis views as scientific and effective. However, goals of psychotherapy identified in RET include developing and adapting awareness of the self and acceptance of the self which can be seen as overlapping with transpersonal psychotherapy. It has 'a pronounced philosophic emphasis, includes a humanistic-existentialist out-look, strives for pervasive and long-lasting rather than symptomatic change' (Ellis, 1980, p. 325). Both RET and CBT also share a belief of the medical model approach, and adapt a reductionist approach. Wilber (1989) responded to Ellis in a journal paper called 'let's nuke the transpersonalists: A response to Robert Ellis'.

In considering the historical differences in viewpoints amongst well known psychologists and theorists who lived and worked exposed to a Cartesian/ dualist scientific world, this will have influenced present day education of psychologists, and consequently our views and perceptions in professional practice.

Fritz Perls, the founder of Gestalt therapy experienced time in a Zen monastery which is reflected in his work. From a client-centred perspective, client-centred therapy involves the client and therapist being in relationship together. The therapist has unconditional positive regard for the client, is empathetic and congruent (feeling integrated and genuine in the relationship), and the client should also experience therapeutic impact when working with the therapist (Rogers 1957, 1959). The client may bring to therapy whatever issues present. In client-centred therapy, issues of a spiritual or religious nature are accepted and acknowledged by the therapeutic approach (Rogers 1957, 1959). What is important in the approaches is development of the client towards self actualisation.

From an existential perspective, the individual is responsible for his/her own life, mortality, behaviour and very existence. This is in contrast to the usual approach of psychology which as an empirical science, focuses on theories and data which are generalised (Schreurs, 2002). Both Frankl, and Yalom through the medium of their therapeutic work, recognised the importance of existentialism. It exists and is present, and plays an unrecognised role in therapy. Schreurs (2002) cites Yalom 'It is only when therapists look deeply at their techniques and at their basic view of man that they discover, usually to their surprise, that they are existentially orientated' (Schreurs, 2002, p. 139). In taking responsibility for one's own life, taking ethical responsibility, and facing major problems, challenges, and questions, the individual becomes to better know his / her inner self. This is what Rollo calls the 'I- am' (Schreurs 2002).

Van Deurzen Smith, (1999) believes issues of a psychological nature must be differentiated from issues of true self in psychotherapy, after which psychotherapy may not be necessary. Diagnostic criteria therefore may or may not be relevant. The existential question of whether there is the presence of a spiritual nature or not, allows for the 'meaningfulness of this one individual and unique person's life as a whole' (conscious and unconscious) (Schreurs, 2002, p. 146). Becoming aware of one's spiritual consciousness, and wholeness as a person is important in existentialism. Emmy Van Deurzen Smith acknowledges the transpersonal levels as implicit in the therapeutic process and uses as a system of meaning, considering matters of human existence and the 'realm beyond the purely visible' (1997, p. 125).

Ken Wilber, a major figure in transpersonal psychology has united different schools of psychology, therapy, philosophy, religion, and philosophy. One of his strengths has been in uniting eastern and western philosophies with the fields of science and psychology. His views are linear and hierarchical, and he has reduced the eurocentricity of theories by integrating eastern philosophy to transpersonal knowledge. This has aided the uniting of different theoretical schools, and contributed in reducing views of schoolism (Walsh and Vaughan, 1996). Wilber has moved towards his integral approach to spirituality. Wilber (1994, p. x) describes the transpersonal as beginning 'with psychiatry and ending with mysticism'. He includes and acknowledges the contributions of the development of psychology; behaviourism, psychiatry, and spiritual and existential levels of the human being. Wilber included the three forces of psychotherapy, but also in the manner in which they support and evolve the path to self actualisation. Frankel and Assagioli were also actively interested in the transpersonal relationship in psychotherapy, while Boorstein (1996) said 'we are as human beings spiritual in essence, with multi-levelled

aspects of consciousness' (Boorstein, 1996, p. 3).

Other transpersonal psychological schools include: analytical psychology based on Jung's work, Psychosynthesis founded by Assagioli, and the theories of Grof, Tart, and Anthony.

Many of these key historical and well known professional figures have shaped and developed transpersonal psychology as it is today. Although the origins of transpersonal psychology can be seen around the beginning of the 20th century, it was in the 1960s, when it received more acknowledgement and recognition.

Stanislav Grof has challenged western approaches to understanding the psyche. His theoretical approaches were non linear and non hierarchical unlike Wilber. Grof was instrumental in the foundation of the field of transpersonal psychology. Grof also differentiated between psychopathology and spiritual crisis, and emphasised the importance of this knowledge especially in the practice of mental health professionals (Yensen and Dryer, 1996).

In considering the authenticity of the transpersonal approach, some may question its scientific basis, as it is different from the reductionist approach dominant over the past few hundred years in western science. The importance of knowing about the faith and individual culture of clients we see as psychologists is emphasised by Dein (2004) who recognises mental health professionals in western societies are generally less religious than their patients and receive little training in religious issues and are likely to see patients with religious beliefs or issues, as part of everyday clinical practice. Regardless of the whether a mental health has a religious faith or not, an understanding is important when working with clients that do. Traditionally, psychiatrists and psychologists have underemphasised religious issues in their work and Dein (2004) describes the view of western mental health professionals working with patients with religious beliefs who see their patients' beliefs as irrational, as a form of dependency, and without empirical foundation. However, Dein (2004) emphasises recent empirical assessments of the relationships between religion, spirituality and mental health and suggests a relationship with religion promotes better mental health. Dein (2004) cites Cox, 1996;

'If mental health services in a multicultural society are to become more responsive to 'user' needs then eliciting this 'religious history' with any linked spiritual meanings should be a routine component of a psychiatric assessment, and of preparing a more culturally sensitive care plan' (Cox, 1996, p. 158).

Those who acknowledge and practice transpersonal psychotherapy integrate the 'fourth force' with the first 'three forces' of Behaviourism, Psychoanalysis and Humanistic Psychology and so work together at an integrative level. Transpersonal psychology encompasses scientific knowledge with the ancient wisdom traditions and emphasis should be therefore placed on the importance of spiritual issues in the field of psychotherapy and of training also in transpersonal psychology.

Although the majority of mainstream psychology departments, rarely offer training programs in transpersonal issues and practices (Sharma et al, 2009), Jones (2002) describes how spirituality of all kinds, aside of organised religion, has started to gather the attention of UK doctors. Western thought in the past moved away from spirituality, as healing became a science. Edinburgh's medical school now includes teaching on how to take a spiritual history as an integrated part of a patient's medical history. This skill learnt at a foundation level becomes integrated in practice and evolves over time. This training incorporating this integrative method of taking a medical history may also be offered to other medical schools country wide.

In the USA, 50 of 125 medical schools address spirituality, and end of life issues. This is encouraged by the students themselves (Jones, 2002). Doctors' value what science has given to medicine, but are slowly incorporating treatment of the whole person, including spirituality, God, and other such beliefs which enhance the psychological well being of patients. Scotton et al (1986) highlighted transpersonal perspectives which are also to be found in other fields such as psychiatry, sociology, anthropology and pharmacology.

The Importance of Relationship

Clarkson (1995) describes psychotherapeutic psychology as 'the intentional use of relationship', and transpersonal psychology as 'the inexplicable dimensions of relationship in all forms of applied psychology' (Clarkson 1995, p. 18). Clarkson (1995) talks of different kinds of relationship for different kinds of patient. She also describes the transpersonal as 'the timeless facet of the psychotherapeutic relationship which is impossible to describe, but refers to the spiritual dimension or post positivist scientific aspects of the healing relationship' (Clarkson 2002a, p. 5).

In considering psychologists' personal experiences and perceptions of the transpersonal, considering the history and philosophy of psychology which are relevant to the field of transpersonal psychology is important. The history and philosophy of psychology influences the development and the application of transpersonal psychotherapeutic knowledge and its application to clinical practice. It is important to focus on what transpersonal psychology, or psychotherapy is. Transpersonal psychology/ psychotherapy, transcends culture and considers the individuals' spirituality as well as mind and body or psychological and physical attributes. Less emphasis on its inclusion in education influences theoretical beliefs and values which combined ultimately influence the trainings of the psychologists who are therapists. It will drive their views, not just of professional practice, but also their construed world view and their own opinions, beliefs and approaches.

Clarkson (1996) identifies the relationship between therapist and client as the most important aspect of the therapeutic relationship and aspect of the therapy in ensuring its success. Research since the 1950's identifies the relationship with the therapist as paramount, this would indicate the transpersonal relationship must be part of that relationship (Clarkson 2002a). Clarkson (2002a) described 'the praxis of systemic integrative relational psychotherapy from any therapeutic 'school', as probably, 'The therapeutic work manifested through the five relationship modalities; the working alliance, the transference/countertransference relationship, the developmentally needed or reparative relationship, the dialogic relationship and the transpersonal relationship. These five relational modes are present in any relationship' (Clarkson, 2002a, p. 29). It is interesting, therefore, that the transpersonal relationship is not highlighted in the practice and training of psychologists.

Criticisms of the Transpersonal

Perhaps the issues and difficulties clients' bring to therapy can at times touch on the spiritual, elements of which may not always be recognised by the main schools of psychological therapy. In considering the functioning of each individual, and the mind/body relationship, especially across the lifespan, many theoretical approaches recognise the complex and important relationship involved in functioning which leads to psychological well-being. Perhaps because transpersonal psychology considers that which functions beyond the ego it does not comfortably fit into the rules of research and theory which apply within other fields of psychology. Leiten and Murray (2014) describe an awkwardness in psychological science as to how therapists conceive the relationship between mind and body; where they are seen from a dualistic perspective as separate, or from an exclusive perspective whereby one or the other is considered in the functioning of individuals. A monism of mind and body also considers each as a single integrated system. However transpersonal psychology considers integration of the whole person, mind and body in relation to research. The expectations of scientific validity may not seem to be met by transpersonal psychology, which does not adhere to a Newtonian/Cartesian approach to research in practice.

The research methodology used by transpersonal psychology/ psychotherapy mainly takes the form of subjective experience, and tends to radiate more towards the use of qualitative research methods. It has been criticised in relation to evaluation of method and not following the scientific reductionist model of research which emphasises validity mostly through the use of quantitative methods (Braud and Anderson, 1988). Braud and Anderson (1998) consider research methodology to be compatible with transpersonal research. They

emphasise the importance of transpersonal research methods which can influence transformation of the researcher as well as participants (Anderson and Braud, 2011). They include research approaches such as intuitive enquiry which incorporates 'intuitive processes and insights' (Anderson and Braud, 2011, p. 6), and emphasises compassion for the self and others as a key factor. Integral enquiry focuses on a blending of research methods and is 'multifaceted and pluralistic' (Anderson and Braud, 2011, p. 6), and reflects the uniqueness and complexity of individuals. Organic research focuses on storytelling and listening to stories, where the transformative influence of listening and sharing is central to the approach (p.6). Enquiry of exceptional human experiences (EHEs) are highlighted by Palmer and Braud (2002), as 'mystical, psychic, unusual death-related, encounter, and exceptional normal' (p. 29). Transpersonal awareness in phenomenological enquiry emphasises awareness of 'being in the world' and awareness of 'unrecognised bodies of knowledge' which influences phenomenological inquiry (Valle, 1998, p. 273).

Reason and Rowan (1981) state that 'true human enquiry needs to be based firmly in the experience of those it purports to understand, to involve collaboration between researcher and subjects' so that they may work together as co-researchers' (Reason and Rowan 1981, p. 113).

Differences and disagreements between therapeutic approaches occur due to the assumption that different approaches cannot exist united, and other approaches may be less informed, different or wrong. This reflects a deeper epistemological disagreement. Perhaps a strict definition of terms, especially in relation to the transpersonal would encourage a better understanding between psychologist, client and other professions. Clarkson (2000) believes it is impossible to make logical valid scientific statements about the psyche and she asks if the pathology lies in our professionals; in psychology, professional thinking, and some psychotherapies which base their work on reductionist thinking and scientific approaches (Clarkson 2000).

Frank (1961) proposed all healing practices require a culturally congruent narrative. In their book titled 'Persuasion and Healing', Frank (1961), and Frank and Frank (1993) examined Eurocentric psychotherapy outcome studies in relation to other worldwide-based healing practices. Results indicated the most important elements for healing to occur in psychotherapeutic practice are (a) a nominated space, (b) a plan for change, (c) a culturally congruent narrative, and (4) the therapeutic relationship.

Finding a culturally congruent narrative is important, as views and language used to refer to the transpersonal are not the same for all professions, as are the names for different techniques within different schools of psychotherapy. Other professions use different terminology. The scientific approach in psychology adopts a reductionist approach, a cause and effect bias whereby mental health issues and psychopathology make reference to brain dysfunction particularly in the algorithmic presentation of DSM V (DSM V, APA, 2013) where brain dysfunction is considered and the heart and souls of suffering can be placed aside to focus on what it is possible to measure and quantify to maintain a science of psychology. This is evident in the production For example, of the diagnostic and statistical manual of mental disorders fifth edition (DSM V, APA, 2013) where disorders are categorised and measured according to a Cartesian Newtonian approach. DSM V includes the section V62.89 (Z65.8): 'Other conditions that may be a focus of clinical attention'. In this section, a religious or spiritual problem is described as used when 'the focus of clinical attention is a religious or spiritual problem. Examples include distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of spiritual values that may not necessarily be related to an organized church or religious institution' (DSM V, 2013). The British Psychological Society (BPS) were critical of DSM V diagnosis based on social norms with symptoms relying on subjective judgement not value free, but reflecting current normative expectations (Paris, 2013). The BPS expressed concern on the reliability and validity of existing criteria and the 'medicalization' of the public, whereby natural and normal life experiences required helping responses which are not a reflection of illness but of normal variations (Paris, 2013).

The BPS recommended a change to a description based on individual issues, difficulties, and experiences rather than the use of 'diagnostic frameworks'. Rather than focusing on mental health issues and treatment only, transpersonal psychology also focuses on the spiritual

potential of each individual and on the elements of consciousness and the realisation of each individual's full potential by knowing themselves, and others. It was also proposed by the BPS that mental disorders are better on a spectrum which incorporates normality (Paris, 2013). Findling, Schulz, Kashari, and Harlan (2001) stated 'different cultures may view and describe symptoms differently, e.g. the way western culture may interpret psychotic behaviour may be different from eastern and African cultures while exhibiting the same behaviour. What is considered maladaptive or unusual behaviour or thinking in one culture may be seen as dysfunctional or idiosyncratic in another' (Findling et al, 2001, p. 117).

Considering what is sometimes forgotten in psychological research; the individuals' individual experiences and difficulties, can be supported by considering the physis (the life force) and the transpersonal in psychology and psychological therapies. This emphasis highlights individual experiences and perceptions and allows space where they can be restored, redeemed, remembered and recovered, and considered as an integral part of psychological treatments and research. Here clinicians focus on the experience of clients and what they observe rather than pathological processes. Psychiatrists do not have full knowledge of the processes involved behind these phenomena, and 'Psychiatric diagnoses are syndromes (a collection of symptoms) not diseases' (Paris, 2013, p.8). Approaches such as transpersonal psychology have been criticized for being 'antiscientific' and unable to define itself adequately (Hartelius, Rothe, and Roy, 2013a, p.7). The Science of diagnosis (Nosology) should be based on empirical and scientific research which it often is not. This approach used by psychiatrists and Doctors is also influential in the science of psychology, where most of the elements of difficulties experienced in life are found in DSM V and DSM diagnostics also used by psychologists. Paris (2013) quotes Conrad (2007) who emphasises the importance of not medicalising human conditions and human experiences as illness and beyond the individual's control.

Perhaps holding the transpersonal in mind acknowledges what has been said and what has happened in our therapeutic work with clients, while also acknowledging the physis of the work which is difficult to name and is unsaid. A dependence on a traditional reductionist approach in clinical practice can overlap the experiences and perceptions of the individual where difficulties identified may be 'diagnosed' and placed in a 'category'. It is important to acknowledge this as psychologists and scientist practitioners, and we also need to let go of the ego perspective in research and clinical practice and validate a phenomenology approach as a qualitative methodology, and as part of the acknowledgement of the value of personal experience and its contributions.

The Transpersonal: contributions and challenges of non European and mystical approaches

Frank (1961) describes 'emotional and mental healing' as being in existence for approximately 60,000 years and before the individual and integrative approaches to therapy and psychological counselling existed. They describe how it often took the form of integration by incorporating different types of healing and accepting the experiences and issues presented, whether of a religious, spiritual, or multicultural nature. Clarkson (2002a, p. 3) cites Arden (1993, p. 151); 'I have been increasingly convinced the so called scientific attitude in psychoanalysis is a serious limitation. [...] The separation of mind and body which is no longer tenable'.

Clarkson (1999) describes a transcultural issue in considering 'God' and the transpersonal in psychotherapeutic psychology. She believes psychotherapy too often 'makes God talk beyond the pale' (Clarkson, 1999, p.14). She describes how race and culture are never integrated and rarely on the curriculum in psychotherapy trainings. She also talks about the three major traditional approaches, in the UK which neglect or exclude non euro centric approaches. There is also little mention of the transpersonal, and spiritual and religious dimensions of existence on curriculums. Adame and Leitner (2009) quote Abrahm (1996) who said 'western culture has separated human beings from a phenomenological sense of the plight of the world and their role in it' (Adame and Leitner, 2009, p. 261).

Eastern philosophical approaches, sources, and spirituality have influenced transpersonal theory, which became popular in the 1960's, and have contributed greatly to psychological models. However, no one school has been the main contributor to transpersonal psychological theory.

Welwood (2002) considered the meeting between western psychology and eastern and spiritual philosophy and practice. He talks of embracing where each individual is in their lives while focusing on psychological well-being and development and reflection. He includes spiritual development and growth, and he emphasises the importance of integration of spirituality, i.e. the transpersonal and psychological growth and well-being. He emphasises that those focusing on spiritual development should not bypass psychological growth, as part of an integrated relationship.

In thinking about psychological theoretical approaches and religion, Buddhism, and Buddhist approaches and philosophy have been compared to psychotherapy found in the western world. Buddha speaks of extinguishing the false self, the ego, which is empty, and the source of all craving and consequent misery successfully detaching from the ego leads to a real life beyond categories or limits. Buddha views reality as 'empty' as devoid of any permanence or meaning, and disagrees with dualist ideas. Dualist ideas are seen as blocking the transcendent. Harvey (1998) highlighted the transpersonal in psychotherapeutic psychology and counselling, where Buddhist meditative practices have been applied to Cognitive behavioural therapy. However, psychologists may be unaware of the history of this transpersonal approach integrated in their therapeutic practice and also approved by government NICE guidelines for good clinical practice.

Hinduism views consciousness from an evolutionary perspective, where it is possible for the individual to fully develop in one lifetime. Human and mental experience is considered the focus in developing the mind and this experience is experiential in nature. The focus is on seeking a better life by shifting and emphasising the whole of existence rather than the physical existence of the individual. The result is a development of the consciousness and happiness in finding that development. The thousands of years of history associated with the Hindu tradition is beneficial in the study of the mind and the transpersonal (Prabhavanda and Isherwood, 2007).

In considering the Jewish tradition of mysticism, the Kabbalah has been influential on transpersonal psychological knowledge. Schachter-Shalomi (1996) explained transpersonal therapists 'need maps of spiritual development to help individuals grow towards greater integration' (Schachter-Shalomi, p. 123), and highlighted one such spiritual map used and taken from the Kabbalah is the oral and literacy focus of mysticism in Judaism. The Old Testament and later developments up to recent times are incorporated in the Kabbalah. The Kabbalah focuses on integrating spirituality and psychological well-being in everyday life. Psycho spiritual psychotherapy also draws on psychology narratives which may take the viewpoint of religious or spiritual base traditions, such as Buddhism or Judaism. Spiritual base traditions provide a culturally congruent narrative and are beneficial in therapy when working with clients of a spiritual faith as well as considering the transpersonal elements which can be of therapeutic value in the working alliance of therapy.

Sufism which is the mystical tradition of the Islamic religion is described in the context of Sufi psychology by Frager (1999), a western psychologist who emphasises the integration of the physical, psychological, and spiritual. Sufi psychology avoids linear and hierarchical models, and emotional well being and healthy relationships are as essential as spiritual and physical health. Western psychology, extols logical reasoning as the highest human skill and as a way to achieve knowledge. For the Sufis however, it is seen as a lower skill, which can be a tool of the ego and which can inhibit development. Sufis believe there is a higher intellect which enables the understanding of the meaning of life and spiritual truths, an intellect which is abstract and needs the light and wisdom of the heart - the inner spiritual nature (Frager, 1999). Mysticism is an important aspect of eastern and western philosophy and is described as;

'the direct, unmediated experience of a mystery beyond name and beyond form; no name or form, no dogma, philosophy or set of rituals can ever express it fully. It always transcends anything that can be said of it and remains always unstained by any of our human attempts to limit or exploit it' (Harvey 1998, intro. p.x).

Harvey (1998) also talks of listening to the voices of the first world, of the original human cultures and their voices, particularly the voices of cultures who have survived. The message of these cultures is emphasised; 'our oneness with nature, and respect for the great web of

life' (A metaphor for 'one' 'God'). Harvey (1998) quotes 'Black Elk': a nineteenth century chief of the Oglala.

The following is called 'The true peace written' written by 'Black Elk'.

'The first peace, which is the most important, is that which comes within the souls of men when they realise their relationship , their oneness, with the universe and all its powers, and when they realise that at the centre of the universe dwells WAKAN-TANKA ('god' spiritual'), and that this centre is really everywhere, it is within each of us. This is the real peace, and the others are but reflections of this. The second peace is that which is made between two individuals, and the third is that which is made between two nations. But above all you should understand that there can never be peace between nations until there is first known that true peace, which as I have often said, is within the souls of men'(Black Elk in Harvey, 1998, p.14).

This 'true peace' reflects a transpersonal philosophy and experience. (spiritual, God, oneness and peace). It is also reflected by Sir Arthur Eddington, an astronomer and astro physicist in a chapter of his book called 'a defence of mysticism, things that do not correspond to the laws of physics'. Eddington (1929), describes the transpersonal as a dimension of consciousness not reducible to physics alone. He saw light from a greater power than his own, and beyond the explanation of physics alone. He describes the light is within each individual. Ignoring this 'light' is adapting a reductionist approach whereby the individual is reduced to biological and physical processes, or the result of an evolutionary process. Acknowledging the transpersonal is acknowledging insightfulness and awareness. Eddington and Black Elk lived a hundred years apart, and experienced different world views in relation to their experiences and education. They did both acknowledge and reflect on the transpersonal.

' [...] Whether in the intellectual pursuit of science, or in the mystical pursuits of the spirit, the light beckons ahead and the purpose surging in our nature responds' (Eddington 1929, p. 327-328).

The continual presence and importance of the transpersonal is also reflected by Rowan (1993), describing each individual as a spiritual being and so emphasising a more spiritual approach in psychotherapeutic practice. Rowan suggests we must question anything which keeps us away from our spiritual centres. He uses the metaphor of the 'divine', and believes a focus on spirituality aside of religion is essential in understanding therapy (Rowan 1993).

The Transpersonal in clinical supervision and therapeutic practice and the related use of language.

Clarkson and Angelo (2000) have researched the place of the transpersonal in supervision. No acknowledgement of the transpersonal relationship was found, which was described by Clarkson (2002a) as 'the spiritual or inexplicable dimensions of relationship in all forms of psychotherapy and counselling' (p. 4). However, when asked about the most significant experience in supervision, the transpersonal relationship was seen as very significant, and seen as the most important aspect of the supervisory relationship. However the transpersonal is excluded from many academic books used by supervisors on training courses. Clarkson and Angelo describe the importance of the transpersonal relationship and are concerned about making a place for the transpersonal alongside knowledge, experience, and other kinds of relationship (Clarkson and Angelo, 2000).

Clarkson (2002a) described the transpersonal facet of the therapeutic relationship as 'difficult to describe' due to its rarity in European literature and the difficulty in describing it in psychotherapeutic relationship (p.17). This difficulty also consequently presents in the supervisory relationship. This is supported by Schreurs (2002), who talks of spiritual metaphors having gone 'underground'. These metaphors still influence individuals' unconscious minds, and are evident in how individuals' view life and in their experience of life. She talks of clients' presenting with anger and resentment at the God they may or may not believe in or at life itself. This resentment and anger

is also evident in art, literature and the media. Many yearn for unconditional love, that is affection without any limitations, and many yearn for infinite love which has no end, both of which are represented by the spiritual. As languages change and evolve, the meaning and use of words can change over time (Bonner and Friedman, 2011, p. 223).

Jung's approach to archetypes was based on similarity of themes in different mythologies and symbols presenting in therapy resembling those universal symbols of myths and legends separate from the individual's experience. Jung also used themes presented by clients presenting with psychotic symptoms whereby themes were similar to mythological ideas. Jung's archetypes and ideas had a major influence on transpersonal psychology and space was allowed for the religious and spiritual when they presented. Jung (1928) encouraged leaving psychological theories aside while working with the miracle of the human soul, and emphasised the importance of therapeutic relationship. Jung was careful to differentiate between the psyche and the soul. The 'psyche' involved all unconscious and conscious processes and the 'soul' contained the psyche. The soul, Jung described as a personality. Jung said the aim of therapy was to maintain the wholeness of the psyche. Jung's archetypes may be expressed in different ways by different individuals from different cultures, races, and with different belief systems, but are universally applicable.

Clarkson (1995) proposed the approach taken by the psychologist needs to be adequate, comprehensive, yet flexible, and based on assumptions of theory and philosophy underlying different approaches if necessary (Clarkson 1995). Psychologists require an understanding of both individual and integrated approaches to their work, to do so is ethical practice.

There are many different metaphors in different cultures, as there are many cultures and beliefs themselves. Each culture has its own tradition of metaphors some of which affect the psyche on an unconscious level. Metaphors may no longer have a context but due to tradition have become part of thinking and feeling. Many different words have been used to explain the transpersonal, spirituality, god etc., showing how difficult symbolic language can be. Some of these symbols, metaphors and language may also have different feelings and thoughts according to their context and the culture in which they are represented. A client who may be spiritual may not be seen to be normal in western society, and alternatively, being normal in society may in fact alienate him / her from a spiritual life, belief, or way of being (Schreurs 2002, p.119).

The transpersonal approach to counselling

The main approach distinct in a transpersonal approach to psychological counselling is the theme of integration, valuing the whole of each individual while working towards self-realisation on all levels (Clarkson, 1995). The methodology used draws from spirituality and science (Walsh and Vaughan, 1993). To focus on spirituality alone would restrict transpersonal psychology/psychological counselling to spiritual/religious experience viewed from an ontological viewpoint. Friedman (2002) therefore recommended it should not adopt a religious perspective but should retain its methodologies and scientific values while refining and developing itself.

Clarkson describes the integrative framework in therapy as using the five facets of therapeutic relationship which are emphasised by major approaches to psychology, and which provide a framework in the therapeutic relationship present in any effective psychotherapy. Clarkson's framework is particularly useful as it allows for integration, especially as some theories/ schools may find it difficult to integrate, and instead prefer to maintain their individual approaches and opinions especially in relation to the transpersonal in therapy. Clarkson describes the five relationships as overlapping, and also as separate, and emphasises the five facets as an integrated whole relationship (Clarkson 1995). Clarkson's (1995) five relationships are; (1) The working alliance (2) transference-counter transference relationship (3) the reparative/developmentally needed relationship (4) the person to person relationship (5) the transpersonal relationship. The client may need some or all of the five relationships and any or all of the above five may overlap, and may 'restructure the personality' in psychological counselling (Clarkson 1995, p. 64, cited in King-Spooner and Newness, 2001), resulting in positive change as a result of experiencing psychological therapy.

Clarkson's framework is one which may be used in considering whether psychologists consider the place for the transpersonal relationship in therapy, as it focuses on 'states in therapy often overlapping, where a client construes his / her unique experiences' (Clarkson, 2001, p.64). Clarkson (2002a) describes all such experiences as being within a collective and cultural context where race, gender, sexual choices, physical and intellectual ability, class and other considerations of history, geography and religion affect and interpenetrate relationship (Clarkson 1995).

The transpersonal relationship is 'the timeless facet of the psychotherapeutic relationship, which is impossible to describe, but refers to the spiritual dimension of the therapeutic relationship' (Clarkson, 1999, p. 181). It focuses on ideas such as quantum physics not accounted for by modernist approaches (Clarkson, 2002a), and which can surpass the limits of understanding. It is needed for healing in the therapeutic relationship, and if the client is allowed, he or she can find the transpersonal in therapy through the medium of their stories and narratives, and their core philosophy of life (Clarkson, 2002a). Transpersonal psychology which acknowledges the transpersonal relationship, seeks to understand the transpersonal experience, is integrative and draws on a wide variety of spiritual and psychological resources and techniques in its approach. Transpersonal content draws on peak experiences, mystical experiences, transcendence, while transpersonal process draws on the use of techniques which originate in transpersonal or spiritual disciplines (e.g. rituals). Use of the transpersonal context is what makes psychotherapy transpersonal, however the transpersonal process can be used without working in a transpersonal context (e.g. using meditation techniques in cognitive behavioural therapy). Transpersonal experience can be difficult to describe especially by using language. Clarkson's (1995) integrative therapeutic framework can be used in assessing clients and their needs to provide effective therapy, an advantage of such an integrative framework. Psychologists need experience and training to properly assess the unique needs of the client, and to know how to respond to those needs and problems. Therefore, the transpersonal relationship as a facet of the therapeutic relationship is part of that experience and training required.

'There can be no multicultural psychotherapy without some kind of respectful relationship with the religious and spiritual practices, in which most cultures are steeped' (Clarkson, 2002a, p.9). Where this respect exists in the therapeutic relationship, encompassing the transpersonal relationship, the spiritual, mystical, and transcendent can be acknowledged as can ideas of chaos and complexity, and quantum physics regardless of reductionist scientific thinking (Clarkson 2002a).

To be flexible and freely allow theoretical frameworks and approaches to suit the client's issues and difficulties is an ethical consideration. Clarkson (2002a) in her book 'The Transpersonal Relationship in Psychotherapy' proposes the therapeutic relationship has many levels. This is also reflected in the work of Rowan (2002), influenced by the work of Ken Wilber. Rowan considers transpersonal approaches of working and communicating with clients. His ideas overlap with those of Clarkson. He considers three ways of relating to clients. (1) the instrumental (2) the authentic and (3) the transpersonal. The 'instrumental' shares viewpoints of practices encompassed by the first force of psychology, looking for an 'aim' in the therapeutic relationship. The 'authentic' shares practices and thinking present in the third force. The 'third' force is the humanistic approach, developed to address the approach not emphasised by behavioural and psychoanalytical approaches. The 'transpersonal' method of relating to clients is less defined and involves a merging of the client and therapist. Rowan emphasises the presence of empathy at all three approaches. The therapist working from a humanistic perspective does not focus on unconscious thoughts and difficulties as they do in psychoanalytical approaches, but on the ability of the client to find their own solutions through the therapeutic relationship and working alliance with the therapist.

Rowan (2002) believes the instrumental approach is available to all of us, because as the way of being in which we have been brought up and trained all our lives which is reinforced everyday through the mass media of communication. The authentic approach requires some kind of initiation quite readily acquired through therapy, and involves dealing with the shadow side of our existence- all those aspects of ourselves which we are initially reluctant to recognise. The transpersonal approach also needs some kind of initiation which has to be acquired through some form of spiritual practice which teaches us on an experience level that our boundaries are questionable, and we do

not live totally within the capsule of our skin. It informs us that 'we are fundamentally divine, not limited by a narrow definition of humanity' (Rowan 2002, p. 8-9).

Rowan (2002) believes to work in the transpersonal psychotherapeutic relationship with a client that the consciousness of the client is central to the therapeutic relationship and the therapist's consciousness is equally important. He views the consciousness of the therapist as the main instrument of therapy. This is reflected also by Gabbard (2000) who cites John Nemiah;

'it would be far easier if we could avoid the patient as we explored the realm of psychopathology; it will be far simpler if we could limit ourselves to examining the chemistry and physiology of his brain, and treating mental events as objects, alien to immediate experience, or as near variables in impersonal statistical formulae. Important as these approaches are the understanding of human behaviour, they cannot alone explain all the relevant facts. Decision to the mind of another, we must repeatedly immerse ourselves. The flood of his associations and feelings; we must be ourselves the instrument that sounds him'. (Gabbard, 2000, p.3).

The importance of spirituality and the transpersonal in clinical practice and research is emphasised by Rowan (1998). He describes Counselling psychology as based on scientific research and developing new styles of research for the future. The traditional reductionist approach adapted by psychology has resulted on less emphasis placed on the transpersonal in the clinical practice and training of counselling psychologists. This is contrary to the pluralistic approach embraced by counselling psychology and present in the title of the present portfolio.

Counselling psychology incorporates pluralism to clinical practice which emphasises the diversity and complexity of individuals, and considers different epistemological approaches while understanding the relational levels or experience, perceptions, and behaviour. Milton (2010) said 'this has implications for understanding people, understanding 'pathology' and ways of preventing psychological distress' (p. 3). The pluralistic epistemological approach is at the heart of counselling psychology as a profession and respects and values the relational aspect of clinical practice and acknowledges the phenomenological and subjective experiences of clients. With this in mind, the present study focused on psychologists' personal experiences and perceptions of the transpersonal, and of transpersonal psychology in their therapeutic work, and transpersonal Psychotherapeutic teaching while in training. This thus focuses on the place of transpersonal psychology in the pluralistic approach of counselling psychology.

Counselling psychology has a relationship with research with is an integrated part of the pluralistic approach to practice, and integrates science and evidence based practice with the work while respecting clients' subjective phenomenological experiences. My aim was to research whether professionals are aware of the transpersonal within practice as counselling psychologists or their professional training, and to look at how they used and interacted with the transpersonal in their psychotherapeutic practice. I also considered whether there is any cognisance given to the transpersonal in professional training, and how and why training in the transpersonal could be improved. The combination of both modes of quantitative and qualitative methods applied in the study obtained allowed statistically reliable information to be supported and enriched by providing a rich and in depth descriptive meaning of participants' personal experiences and perceptions. My aim was that the present research would contribute a counselling psychology perspective to this area of clinical work and training, while proposing an emerging theoretical model to start to describe the role of transpersonal psychology in training and clinical practice.

A critical analysis of key research studies informing the present study

Anderson and Braud (2013) cited research by Hartelius and Rothe (2103) which highlighted that over the past 40 years, articles in the Journal of Transpersonal Psychology and International Journal of Transpersonal studies have included both empirical and theoretical

articles. The publication of qualitative and quantitative (empirical) articles increased from 4% in the 1970's, to 17% in the 2000's. Of these articles, 57% of the empirical articles were qualitative, 31% quantitative, and 11% included mixed methods (Anderson and Braud, 2013, p. 241). MacDonald et al (1995) described transpersonal experiences as trans-verbal and trans-logical and better understood by direct experience, and transpersonal constructs were described as psychological (emotional and cognitive), behavioural, and physiological. However, the transpersonal has not been adequately considered by the empirical and phenomenological approaches in the history of psychology as a discipline. Based on this research, it was thought a mixed methods approach might best represent the present study.

Davis (2009) identified adequacy, truth-value, consistency, and neutrality as important characteristics in human science. (Davis, 2009, p.16-17), whereby the adequacy of the methods are such that they should open to critical evaluation (p. 15), while the truth-value encourages the research to represent and be truthful to the humanistic and transpersonal experiences evaluated and while consistency allows the study if repeated to have a consistent research process. Neutrality (p.17) is obtainable in quantitative methods and natural science through measurement and instrumentation is possible in human science by being credible, fitting, auditable and supporting the richness and loyalty to presenting participants experiences (Davis, 2009, p. 17). Davis identified all as important when using research in studying psychological phenomena, and promoted a pluralism and integration of methodological approaches particularly with 'hard to define' phenomena related to meaning, purpose, self-actualisation, and spirituality (Davis, 2009, p. 21). With Davis's (2009) important characteristics of human science in mind, and while reviewing key research studies, a mixed methods approach using a pluralism of qualitative and quantitative methods was deemed a better approach to support participants' personal perceptions and experiences of transpersonal experiences, of transpersonal psychology in their clinical work, and of transpersonal psychology while in training.

Davis (2009) investigated meditation, nature based peak experiences, and satisfaction, while identifying the differences between human science employing qualitative research methods and natural science using quantitative methods in research. Davis (2009) emphasised the different and therefore conflicting outcomes found in the examples depending on the research methods used. Davis proposed adequate methods should be used to investigate the essential aspects of human experience, which can then be used to impact upon planning, policy-making and evaluation (Davis, 2009, p. 11).

To illustrate this, three examples of research were reviewed by Davis (2009). The first review was completed with a study by Messer, Sass, and Woolfolk (2009), who utilised hermeneutics while interpreting phenomena in their larger contexts. Davis (2009) described the origins of hermeneutics, used by theologians to interpret biblical text whereby the meaning of verse, a word or parable was taken in its context and in the socio-historical context. This has also been applied in psychological research to understand context specific meanings. Although behaviour can be similar, the context changes the meaning of the behaviour. Davis (2009) explained that in understanding a person's experiences, context is considered, and the individual's beliefs, value systems, culture, motivations, state of consciousness, and need are all considered so experiences are seen as whole experiences where the greater whole encompasses each part (Davis, et al, 2014, p. 7-8).

Davis (2009) reviewed research completed on the life satisfaction of English and Indian seventy year old men by Thomas and Chambers (1984). Results indicated English men were concerned in relation to physical well-being and loss of independence, while the Indian men were concerned with their families and spiritual and religious well-being. Davis (2009) makes reference to Thomas and Chambers' (1984) acknowledgement that quantitative methods used in the study were insufficient to represent the inner experiences of participants. 'Inner experiences {...} are relevant to a wide variety of topics and human experiences, inner-experience data are essential to the study of transpersonal experiences which are difficult to observe experiences of participants' (Anderson and Braud, 2011, p.3).

The second study Davis considered was a meditation study by Holmes published in 1984 (Davis, 2009). Holmes used mixed methods when providing a description of the experiences of individuals practicing meditation as part of spiritual practice, a practice used for thousands of years. Davis (2009) illustrated the use of mixed methods, a methodological pluralism had connected the research and its outcomes with theories and concepts of psychology while representing the uniqueness of individual experiences of meditation.

The third example integrates several studies on nature-based spiritual and peak experiences (Davis, 1998, p. 20-21). Davis (2009) gave examples of research by Davis, Lockwood, & Wright, (1991); Maslow, (1962); and Wuthnow, (1978) who used Survey methods to study experiences defined as peak experiences and spiritual or transcendent experiences. Davis (2009) described Wuthnow's research which used three specific definitions of peak experiences. A large representative sample were asked the following questions: 'Have you ever had the feeling that you were in close contact with something holy or sacred?', 'Have you ever experienced the beauty of nature in a deeply moving way?', and 'Have you ever had the feeling that you were in harmony or at one with the universe?'. 82% had experienced nature in a very moving way, and 49% said this experience left a lasting impression. Other examples are given where Davis (2009) cites Kaplan and Talbot (1983), who used qualitative methods and obtained similar results to St. John and MacDonald (2007), Whose quantitative research identified a significant correlation between a sense of self involving a relationship with nature, and spiritual and psychological well-being. Davis (2009) emphasised a pluralistic research methodology approach works in understanding meaning, spirituality, and self actualisation, and defining phenomena difficult to define. I therefore considered a mixed methods approach would best represent participants' personal perceptions and experiences of the transpersonal, and of the transpersonal in clinical practice and training.

MacDonald and Friedman (2002) recommended studies should represent the multidimensional phenomena and concepts of transpersonal and humanistic psychology using consistency of methods so findings can be replicated. They assessed humanistic, transpersonal and spiritual constructs using psychometric testing to measure and assess constructs related to humanistic and transpersonal psychologies (p. 102). Different methodologies used in the area have influenced humanistic /transpersonal research. Research and development of tests is also completed outside of this field and has contributed to the 'exclusion of humanistic/transpersonal psychology from the realms of scientific psychology' (p. 103-104). MacDonald and Friedman (2002) identified more than 100 instruments of spirituality and transpersonal constructs, falling into categories of spirituality, well-being, experience and consciousness, beliefs, orientation, and identity. However, as there have not been any standardised spiritual and transpersonal constructs developed, it is more difficult to generalise research findings. This also highlights the importance of using mixed methods in the present study.

While reviewing research studies informing my research and keeping with recent research trends, I looked at research by Hartelius, Rothe, and Roy, (2013a) who presented three studies based on reviews in the Journal of Transpersonal Psychology (JTP), and the International Journal of Transpersonal Studies (IJTS). Results indicated (1) an increase in the number of authors outside of North America. (2) An increase in empirical studies in the field particularly in quantitative research methods, and (3) an increase in the number of female academics (Hartelius et al, 2013, p. 15).

Hartelius et al (2007) researched the gender of authors publishing in the JTP and found between 1969 -1989, 12% of authors were women which increased to 25% between 1980 and 2003. They allocated n=1 for each paper, and where there was more than one author, the number of authors was divided into one, so each was allocated a percentage. Hartelius et al (2013a) reviewed papers up to 2009. An increase in female authorship was evident between the 1970's, where 14% of papers were published by women, and the 2000's, where the number increased to 23%. This increase was particularly evident between 1990 and after 2000. This highlights a positive trend in relation to gender representation in publications in the field (Hartelius et al, 2013a).

One study focused on the empirical research in the field of transpersonal psychology. The first study focused on the JTP and IJTS from their first issues in 1969 and 1981 respectively up until 2009. The articles analysis were identified as empirical or theoretical, whereby the former was recognised as qualitative, quantitative, or mixed methods (Hartelius et al, 2013a). JTP was analysed initially from the first year and then each decade was analysed to observe any patterns of change in the publication of empirical articles. The study identified a total of 654 articles in both journals which were empirical. This was more evident in the JTP, and overall 13% of the articles were empirical. The trend is evident whereby in 1969 there were no empirical studies in comparison to 17% between 2000- 2009 (Hartelius et al, 2013a). In contrast, qualitative studies were represented as 57%, and 11% were represented by mixed methods. This evidences the use of both

qualitative and quantitative methods in transpersonal psychology, and an obvious pattern of the increasing use of quantitative methods (Hartelius et al, (2013a).

The third study was completed using the same literature which Hartelius et al (2013a) used in their study on empirical research in the field of transpersonal psychology. For the third study articles published in the JTP and IJTS journals from the first editions to 2009 were also used. Each author was assigned $n=1$, whereby if authorship was shared so was the relevant percentage. Authors from North America, Latin America, Australasia, Asia, Africa, Europe and the Middle East were identified. Results indicated a wider authorship from different countries increased over time. During the 1970's, authors were all from North America. This changed in the 1980 and 1990's with 80% from North America. As the IJTS is an international journal authorship outside North America had a higher representation (Hartelius et al, 2013a). Of the total 654 papers published in both journals, only 4% of authors came from Latin America, the Middle East, Africa and Asia combined. Hartelius et al (2013a) identified the need for authors from other cultures to contribute as transpersonal psychology has had more of an impact in first world countries. This is interesting as many of the ancient wisdom traditions integrated in transpersonal psychology have origins outside of first world countries (Hartelius et al, 2013a). These studies encouraged me to illustrate the depth and richness of participants' experiences while highlighting conscious and unconscious experiences, and different conceptual styles and concepts.

My research was informed by the studies I read which encouraged a pluralistic methodology of mixed methods relevant to the data, and representing the subjective experiences and perceptions of participants. I therefore chose to collect data online via 'survey monkey' as surveys generate lengthier and more disclosing comments (Bachman and Elfrink, 1996), and decided to use multiple sort procedure for its ability to access conscious and unconscious experiences and perceptions (Harloff, 2005). Correspondence analysis, would provide an exploratory graphical geometric display of MSP data, which is multidimensional and identifies relationships, and similarities and differences. While Semi-structured open-ended questions would support a phenomenological analysis, and a thematic analysis considering the assumptions under themes identified. I hoped the combination of qualitative and quantitative methods and particular unique methodology such as correspondence analysis (Doey and Kurta, 2011), would identify different discourses and narrative and different levels of awareness and acknowledgement of the transpersonal in clinical practice, and investigate how training received in transpersonal psychology might influence responses, awareness, experience and acknowledgement of the transpersonal in clinical practice. Results would then be applied to support an emerging theoretical model to start to describe the role of transpersonal psychology in training and in a pluralistic clinical practice. Here the interconnected transpersonal elements of the personal experience, experience in training, and use in clinical practice could be refined.

B.2 Methodology and Procedures

Description of the research design, procedures and rationale

As psychology has roots in science and is influenced by reductionist thinking, many approaches in psychotherapeutic psychology have consequently omitted the transpersonal. However, the spiritual is included by some approaches. Clarkson (1994) believes psychologists should not preach, berate or encourage clients to adopt psychotherapeutic beliefs, which she said we do as psychologists, even when we intend not to (Clarkson 1994). I therefore sought a method which would focus on the subjective views of psychologists in relation to the topic of the study. I asked psychologists about their personal perceptions and experiences of the transpersonal while in therapeutic practice, and also while they were in training. My research questions were:

- (1) Are professionals aware of the transpersonal within their psychotherapeutic practice or their professional training?

- (2) How do professionals use and interact with the transpersonal in their psychotherapeutic practice?
- (3) Is any cognisance given to the transpersonal in professional training? How and why can training in the transpersonal be improved?

A method was sought which would look at the uniqueness of individual psychologists and at the transpersonal in psychotherapeutic psychology. This method would also be used to investigate psychologists' personal perceptions and experiences of the transpersonal, their experience in clinical practice, and their experiences of the transpersonal while in training. This was achieved by focusing on psychologists' subjective views and allowing different conceptual systems to be researched. Multiple sort procedure (Canter et al, 1985) was identified for the first part of the research instrument (Appendix 1-5) as an alternative to using only structured and closed questionnaires and measuring instruments. Questionnaires and measuring instruments can be affected by an individual's defences against anxiety especially as anxiety may be high for fear of being thought of as odd or unusual. Multiple sort procedure (MSP) does not put constraints on the individual and focuses on the subjective views of individuals in relation to the research topic. It is an idiographic method, which is open and flexible. It was for these reasons chosen as a useful tool to use in the present study.

Method

The Theoretical background of MSP

The MSP procedure is a method by which self data is obtained from individuals' or from groups. MSP focuses on how participants place constructs into categories, and the manner in which they label the differences between the categories. The constructs may be defined by the researcher. The technique can be used in any type of research design, whether non experimental or experimental. Sorting procedure can be used alongside advanced statistical techniques that produce graphical representations of the relationship between constructs and between categories. It can be used as an interview with an individual or can also be used with groups as part of the joint interactive data elicitation process.

MSP is a simple procedure for eliciting structured self-report data and also allows for sophisticated treatment of that data. It is applicable to a wide variety of research questions. MSP emphasises the importance of personal meaning.

Canter et al (1985) describes the manner in which personal classification systems and the conceptual process underlies the explanations people give for their attitudes and behaviour. It was Kelly's theory of personal constructs (Kelly, 1955) from which the theoretical beginnings of Multiple Sort Procedure (MSP) originated. 'People are dealt with as complex beings rather than being reduced to isolated variables', (Banister et al, 1995, p. 74). Individuals developed their own techniques from viewing others and the world. These 'personal constructs' exist where people are different and have a different viewpoint. Kelly (1955) believed people 'construe' similarly when in the same position. Personal constructs develop over time as adaptive types of person perceptions and are very resistant to change (Hogg and Vaughan, 1995). Kelly believed the meaning attached to an event was more important than the event itself, and individuals 'struggle to make sense of their experiences and act in accordance with the meaning they impose on these experiences' (Kelly, 1955. P. 15). Kelly views every person as wanting to control and predict events around themselves. The individual construes hypotheses based on his or her ideas or theories and adjusts his or her ideas or theories in conjunction with his new information or experiences. The construct system therefore is expanded. Kelly's theory of personal constructs therefore allows us to further explain, and contrast different experiences of the 'transpersonal' in psychotherapeutic psychological practice, enabling us to attribute explanations to these experiences.

The strength of Kelly's theory makes it accessible (Appendix 4). Kelly acknowledged and respected individual differences and cultural

differences in his theoretical approaches, and his abstract approach supports his views that a theory such as 'value free' as a theory of personality possibly could be (Fransella, 2005, p.9). Kelly's approach is relevant to the present study particularly as he believed: 'The clinician is not only tolerant of varying points of view, but he is also willing to devote himself to the defence and facilitation of widely differing patterns of life, diversity and multiple experimentation are to be encouraged' (Kelly 1955/1991, p. 608/vol. 2, p. 37). This viewpoint is necessary in considering psychologists' experiences and perceptions of the transpersonal in their therapeutic work.

Kelly emphasised the importance of not placing individuals in categories based on their belief system and believed that much human construing takes place out of conscious awareness. He proposed 'conscious' construing being at the highest level of awareness, where different levels of awareness existed (Fransella 2005).

PCT allows the researcher to relate at different levels and in different contexts to the same frame of reference. (e.g. the transpersonal, different cultures etc.). Kelly's theory emphasises the role of the researcher in viewing the worldview of the client, which Kelly considers under his 'professional constructs' whereby the professional should 'quickly come to understand and subsume the widely varying systems which clients can be expected to present' (Kelly 1955/ 1991, p. 595/vol.2, p.28). Overall, the use of PCT should be based on a foundation of putting aside one's own values and biases, listening to the client, considering the world view as construed by the client, and applying PCT to one's own processes as a researcher. This approach is that also considered as ethical practice when working in the psychotherapeutic frame with clients. Kelly's emphasis on the experience of man, and the individual's world view highlights the value of drawing on his theory in the present study (Kelly's theoretical definitions, appendix 4).

Kelly's Repertory Grids

The repertory grid was first developed by George Kelly and is part of a more detailed and complex structure of meaning (Kelly 1955/1991, p.322). Underlying the repertory grid is Kelly's view that an individual's processes are psychologically influenced by the way in which he anticipates events. The ways are the constructs of the repertory grid, and the events are the elements. (Bell, in Fransella, 2005, p.66). The repertory grid is a matrix which initially is blank. A grid is a technique which is highly focused, where the topic is established in advance.

The basic unit of description and analysis of a grid is called a construct. We construe (make sense of) things by means of constructs. How an individual views and construes the world is evident in their constructs. Unless we are aware of what another person's personal constructs are, it is difficult to understand them on their terms and difficult also to understand their worldview.

What is an element?

An element is 'the way in which you identify a set of constructs on a given topic' (Jancowitz 2004, p. 13). The participant is given a range of examples of that topic, and the researcher observes the manner in which he puts those elements or examples together (Jancowitz 2004, p.13). Jancowitz (2004) describes the role of the elements in the grid - 'a set of elements is compared systemically to discover a person's constructs' (Jancowitz 2004, p.13). Choosing the right set of elements is an important aspect in doing a grid; it indicates the realm of discourse, and helps to determine the kind of constructs you'll obtain. Fransella (2005) proposes the approach of PCT and the repertory grid is 'idiographic', in that the personal constructs are those of individuals, and the common constructs obtained from the group of individuals and placed in the repertory grid are obtained from individual interviews. The grid is a two-way process whereby the individual construes the elements to the constructs according to their frame of reference, and the researcher aims to understand the individual's frame of reference.

Kelly emphasised the importance of studying the individual, so to elicit personal constructs the repertory grid was developed, whereby statistical analysis could also be obtained. Kelly's 'commonality corollary states' indicate the more individuals share a culture, the more in which their methods of construing will be similar.

In understanding professionals' views and experiences of the transpersonal, I believe it was important to consider the importance of the transpersonal from the participants points of view in order to understand outcomes and results more effectively, and so utilise the results to address the research question. It was important to see participants' constructs as they relate to them, especially when they are different to my own. Kelly (1955/91) talks of his social corollary '{...} we enter into effective role relationships, such as present researcher/participants, to the extent we are aware of and understand and respect the participants constructs' (Jancowitz 2004, p. 88). (see appendix 4).

In the present study, I chose to draw on Kelly's approach in considering the research question. However, there are limitations in using the repertory grid in that it has a limit to the number of elements that can be dealt with, and the time needed to complete a grid (Brenner, Brown, and Canter, 1985). A Multiple sort procedure open free sort where the participant can sort the cards in any amount of categories allows cards to be sorted and resorted until all are sorted to categories. It produces data which has an advantage over the grid in that it is sensitive to individuals by allowing individuals to decide the category labels, and it also does not need to follow procedures like the repertory grid. I thought a semi-structured interview was unlikely to produce the same results as the present method. A psychometric test would not describe the individual in relation to their own constructs, while I thought an interview may be short, and in this case would not be as informative. The use of MSP open free sorts is also advantageous in that they are sensitive to individuals. They do not need to follow procedures like the repertory grid. Open free sorts also highlight group differences.

The multiple sort procedure (card sorting) requires the participants to sort a set of elements into different categories. The type of research question and the approach of the researcher decides the elements chosen, where elements can be cards with words (e.g. descriptions), which represent the area of interest. Each element can be represented by a card, and each card should be numbered. Canter et al (1985) recommend between 15-25 cards as the ideal number of cards to sort; 'Many people find that it helps them to think about and clarify their constructs if they have something physical to move around' (e.g. cards) (Jankowicz 2005, p.33).

Canter et al (1985) highlights the links MSP shares with two parallel views in psychology which are; (1) the importance of the participant's own view of the world, and (2) the recognition this view of the world is founded on a pattern of categories. This parallel links highlight the working alliance which exists between Kelly's PCT theory and MSP. It also highlights its relevance in the present study (Canter et al 1985, p.112), as the working alliance in the therapeutic relationship is paramount and incorporates the psychologist's worldview in relation to the transpersonal.

Participants, elements and concepts

Canter et al (1985) describe the three methods by which data can be considered, in relation to looking at differences between the participants, the elements, and differences between the categories and concepts to which these elements are assigned (Canter et al. 1985, p.95). The research question can be clarified by using the idea of a cube, and looking at which 'slice' of the cube is being used, and what 'collapsing' of data from another side of the cube or another dimension is needed. It is a complex procedure to consider analysing all three levels of the data at the same time. Instead it is recommended to look at each plane of the data cube, so the data analysis is completed in stages (Canter et al, 1985). This is a useful approach especially in comparing the conceptual systems of participants, such as in the present research study.

A matrix can be designed to represent individual differences, and a multidimensional scalogram analysis (MSA), will consider the similarities and differences being considered. The matrix produced on the MSA identifies similarities and differences amongst individual profiles. MSA deals with comparing categories, as each response is a categorical one, which is an advantage of the approach. Recent developments in non-metric multidimensional scaling procedures enable the resulting data to be systematically analysed and yet retain

and portray essentially personal meanings each sort conveys (Barnett, 2004).

MSP has become popular in comparing the conceptual groups of different participants and/or groups. This highlights the difference in concepts which individuals choose, and so which influence their evaluations and consequently their actions. Various fields of psychology have used MSP in research such as environmental psychology, social psychology, and contemporary psychology (Canter, Brown, and Groat, 1985). MSP allows different visual materials to be considered as the elements to be sorted (e.g. cards, pictures, photographs) (Barnett, 2004).

The MSP can be used as a method to explore a variety of research questions using an exploratory, confirmatory, or restricted approach (Hammond, 2000). MSP can be used to understand the way in which people think about particular areas, where the researcher has no preconceived ideas about the constructs and categories that people may use. It is also useful in testing hypothesis, whether relationships exist between variables. Whatever the approach of the research, MSP can focus on the relationship between constructs, elements and people. It can be used as a 'within individual' approach, taking an in-depth look at the way in which an individual conceptualise a particular area and may be used to look at changes that occur over time. It can also be used as 'within group' approach. Here the focus might be on the way in which different members of the group view particular elements in the differences between individuals. It can also be used to look at research questions focusing on the differences between groups, looking at whether belonging to a particular group may be associated with the use of particular constructs and elements. It is this 'between-group' approach is most often represented in the published literature research of uses of the MSP (Barnett, 2004).

The Practical Procedure for Multiple Sort Procedure

The MSP requires the participants to sort a set of elements into different categories. The type of research question and the approach of the researcher will decide the elements chosen, where elements can be cards with words (e.g. descriptions), drawings, videos, or photographs that represent the area of interest. Each element can be represented by a card, and each card should be numbered. Canter et al (1985) recommended between 15-25 cards as the ideal number of cards to sort.

Participants are asked to sort the elements (cards) into groups such that all the elements in one group are similar to each other in some important way, and different from the other groups. No restriction is placed on either the number of groups or on the number of elements in each group. Participants are free to allocate the elements to categories in any way they choose.

When they have finished the card sorting, participants are asked why they have sorted in the way that they have, and what it is that the elements in each group have. The responses are recorded, and the participant is asked to sort again. This procedure is repeated until the participant is no longer able to sort and has exhausted the sorts chosen. When the participant is familiar with the elements, many more sorts can be achieved.

The researcher may also like participants to sort the cards in a particular way, using predefined response categories. This is a structured sort. It is different in that the allocation of each card to a category involves some consideration and placing of the other cards. MSP can provide valuable additional information that would not be identified by using a questionnaire. Structured sorts can also be useful in that they can also be related to the information obtained from free sorts. Participants can be encouraged to verbalise anything which comes to mind, and think aloud as they are advising categories, and placing the elements to the categories. This material is valuable in its own right, but is also useful in refining the interpretation of the analysis. MSP is a useful procedure which can aid understanding of individuals' conceptual systems. In recording details of each card sort, a description of the category scheme is observed with the groupings of the sort, and labels are noted for each of the groups within the sort. All of this information is relevant to the analysis and interpretation of data (Barnett, 2004).

Types of MSP Card Sort

Free Sort

There are two types of sort, (1) free sort (2) structured sort. If a participant is familiar with the elements then many different sorts can be made. The first type of sort one is free sort. This is where the participant can sort the cards in any amount of categories. The elements are put into categories and cards are sorted and resorted, cards are put into similar categories and other categories where they differ. This is done until all the cards are sorted. The participant writes labels and themes for each category, while the researcher keeps records of what the participant is doing.

Structured Sort

The second type of sort is structured sort, where the researcher decides the construct and number of categories. Sorting involves comparing elements, rather than rating elements on a scale. Canter et al (1985) describes that participants are asked to 'assign elements to categories of their own devising', (Canter et al. 1985, p. 79-114) and asked to put the cards into groups with regards to a question or a criteria. Each category is used only once, and the participant does not sort again. Data from the structured sort is easier to analyse than free sort data. During sorting, the participant is questioned or is asked to comment about the procedure itself and the groups chosen. Any information gained may contribute to research data, however where the researcher decides the elements, they need to be relevant to the participant and to the research question. Data needs to be converted for analysis, as any unsorted cards or unaccounted for data should be considered in analysis as they may contribute to the knowledge of sensitive issues which may be unacknowledged.

In summary, using the MSP enables an understanding of how people conceptualise a particular area and the constructs and categories that they use. The approach allows freedom to express and articulate what each individual considers to be the important issues, and it also allows personal meanings to be explored in a systemic and structured manner. The MSP is flexible to accommodate variations in the nature of the sorting tasks and it can also be adapted to address a wide variety of research questions.

This is another advantage of the technique in considering the present research question, as experiences of the transpersonal can be difficult to describe verbally (Clarkson 2002a). In the present study, differences and similarities between elements, people and concepts were analysed using MSP.

Process of analysis: describing card sort data

Initially, the researcher must analyse the data obtained from free sort data. Content analysis can be used to describe the categories chosen by participants, and assess the reliability of the themes chosen. Categories and themes can be amalgamated and represented on a table. Differences between groups can be identified also if relevant. The number of categories within a designated sort can be used as a measure of the level of complexity within a particular area. It is useful to consider the relationships between various sorts, and between the cards (elements).

This can be done using multidimensional scaling techniques such as multi dimensional scalogram analysis (MSA) (Lingoes, in Fellows and Liu, 2008, p. 190). MSA is a multidimensional scaling technique. The approach is robust and suitable to use with MSA data, as 'it only deals with each response as a categorical one comparing the categories with each other. No order is assumed between the various categories, nor is any similarity of meaning assigned to the categories for each of the variables' (Canter et al. 1985, p. 97-98).

A scatter plot for cards is produced by MSA which are then represented as points. Cards that have been conceptualised the same way have been put into the same group plot close together. Therefore, points (cards) which are close together in proximity are similar, and those further away share more difference. Cards which have been put in different groups are represented by distance. The question of how the

space can be partitioned into meaningful regions must then be considered. Firstly, it needs to be decided where the partition line should be placed. The partition line should be drawn on the plot indicating groups of cards that were generally seen in the same way.

The researcher then needs to work out the nature of the similarities and differences that label the partitioned regions. Both of these tasks are addressed by projecting the variable categories, that is, the information about the individual source, into the same space. How the researcher moves from the information has been gathered about individual sorts to interpretation of the MSA plots can be outlined as follows:

Barnett, (2004) states the information about each sort has to be converted to numbers. A data matrix is constructed such that each card is represented by a row and each sort by a column. Each cell of the matrix has a number representing the group that an item has been assigned to. By adjusting the arrangement of the data matrix, it is also possible that the point of the plot can represent people rather than cards. As the main point of the MSP is to understand the way in which people conceptualise a particular area, it is assumed that the point of the plot represent cards. This data matrix forms the central part of analysis input. The main focus of the analysis is a visual representation of the similarities and differences between the cards, a list of elements. MSP can be very effective in exploring differences between groups. 'All the possible uses of the MSP and the associated analysis have the potential to systemically capture complex, perhaps, ambivalent and apparently contradictory attitudes and represented visually' (Barnett 2004, p.302).

MSP can also use other material from the sorting task or interview, which can then be superimposed on to the plot. This can check parameters, and whether the extent to which that parameter may or may not be the under the representations of an individual or particular group.

In the present study, qualitative (content) analysis was used to analyse qualitative data. MSP is useful in dealing with qualitative data, as it enables information to be summarised in relation to the research question. The analysis is based on the frequency of eliciting constructs as well as the similarity of meaning, because many respondents rather than make one sort, representing one concept, may make many sorts with different meanings. Content analysis gives the opportunity to locate personal meanings in broad categories. As content analysis can be applied to the category descriptions generated by MSP, it is possible to use non-parametric MDS procedures. In considering the benefits of using correspondence analysis, the analysis does not use statistical guidelines for the rejection of an attribute. It is multidimensional, descriptive, and aims at theory building and interpretation rather than theory testing (Hammond, 1993). It is graphical and geometrical, and was deemed to be useful in the present study due to its exploratory nature. The usefulness of the multiple sort procedure in obtaining data is emphasised, and of correspondence analysis in analysing data which aids interpretation. Results can be obtained with correspondence analysis to analyse the multiple sort data effectively, and so supporting the research question and outcomes (Lebart, Morineau, and Warwick, in Clausen 1998, p.50).

Pilot study

A pilot study was conducted to gather the words and categories which were used during the main data gathering phase of the research. All participants were invited to attend a focus group within a continuing professional development research and clinical supervision group coordinated by a registered psychologist and a professor who was a registered psychologist. The professor held the research group regularly, and allowed me, with the participants' consent, to run the pilot study within the group.

Bauman and Adair (1992) proposed the advantages of focus groups in the collection of data: (1) range of data: which involves a full range or spectrum of responses to the theme/question (2) specificity of the data: responses and reactions and their content (3) depth of data: understanding cognitive and affective responses of participants (4) personal context of data: the influences on responses affected by

individual and group characteristics and experiences (Bauman & Adair 1992, in Vaughn et al 1985, p. 26-27).

Lederman (1990) highlights the advantages of using a focus group in collecting information; 'People can describe their perceptions and behaviours. With the guidance of a moderator, individuals are capable of reporting on their own cognitions, feelings, and behaviours in an accurate and forthright manner. Unlike most unstructured interviews or surveys, participants in focus groups have the opportunity to clarify, extend, and provide examples. Moreover, astute moderators can use probes to help participants further direct or amplify their comments' (Lederman 1990, in Vaughn et al. 1986, p. 17).

Brotherson (1994), describes the advantages of using a focus group approach as similar to those of a qualitative approach. He identified the presence of multiple views in relation to reality which exists, as reality is phenomenological. Brotherson (1994) highlights the advantages of the different views within the group which are encouraged. Also emphasised is the working alliance between the participants and moderator, and between the participants themselves. This supports and enriches the knowledge gained, whereby the roles encourage the theme/question to be explored. The theme/ question is clarified and discussed, and each participant's perspective is influential and important.

A focus group was considered beneficial in the present study, as it would aid and clarify the research design, and identify any problems with the research question which could then be addressed. As the present research question is exploratory, focus group data can be used alone to explore or confirm. The approach is useful for research questions which are exploratory, and so was applicable to the criteria for the present study (Vaughn et al, 1996). The task was different to the main study which later followed supported by the pilot focus group data.

All 30 participants who were studying in the groups were asked to participate in the focus group. Selection criteria was purposive, and based on predetermined criteria about the extent to which the participants could participate in the group. All were selected from those psychologists who were qualified, and those in training so as to maximise the exploration of different experiences and perceptions within the group. 10 agreed to participate in the group which I ran. 8 were from Europe, and 2 were from India. 7 were female and 3 were male. All were study and work colleagues who agreed to participate from a group of 30 at the University. All worked in various specialist clinical areas, and so were compatible in relation to the study as participants in the main study would also be psychologists of varying levels of training and experience.

The mean age of participants was 40 years. 6 worked in the NHS (of which 4 were female and in their third year of training), 2 worked in a charitable organisation, and 2 were in private practice. The psychologists had a mean of 3 years' experience since commencing training (those in training), and those who were qualified had a mean of 6 years in practice. 6 psychologists worked full time, while the other 4 (those in training) worked part time.

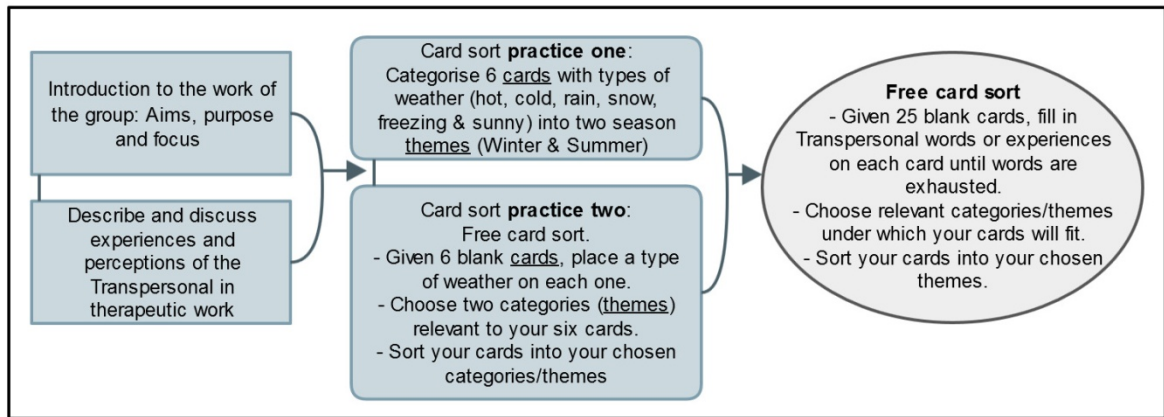
The group was held in a quiet room in the library. I facilitated the group and was supported by professor Clarkson, my tutor. The room was sound-proofed, warm and had comfortable chairs. Participants had all members of the group in their line of sight. There were no distracting pictures or posters on the wall. Participants were clearly given an introduction to the purpose of the work of the group, i.e. the aims, purpose and focus of the research group. Participants were asked to describe their experiences and perceptions of transpersonal experiences in their therapeutic work. Discussion in the group highlighted the group's experiences as psychologists and trainee psychologists.

All were given verbal instructions as how to do the multiple card sorting procedure, and all participants said they understood the instructions (See Appendix 1 for instructions and how the elements on the cards were derived and validated by the group). Following two

practice sessions using weather-related words (elements) and their seasonal categories as examples, participants were asked to create their own elements relating to the transpersonal, and then to categorise these as they saw fit. This self-selection method for the elements and categories formed the basis of the free card sort. The focus group served as a basis for discussion which participants used alongside their professional and personal knowledge of the transpersonal. This combined knowledge enabled them to complete/compile elements for the cards and the category titles.

Pilot study card sorting procedure

Fig. 1a



Prompting was not needed as participants did not have any difficulties in sorting the cards. The Pilot also aimed to see how well MSP (a free card sort) could assess these experiences and assess participants' own categorisation. A structured card sort for the main study was developed based on the results of the free card sort, whereby in the main study, participants were asked to assign the elements (cards with words/phrases) to named categories.

Time taken to sort varied amongst participants. It took participants 20-40 minutes to sort the cards. Participants were asked for any comments relevant to the card sorting when the task was completed. All participants were told they would be contacted with the results of the study and were told how to contact me if they had any questions or wanted more information about the study. All participants were thanked for their time and participation, and guaranteed all information obtained would be treated in a confidential manner. The focus group was run for ninety minutes in total.

MSP is useful in dealing with qualitative data, as it enables information to be summed up in relation to the topics in question. The analysis is based on the frequency of eliciting constructs as well as the similarity of meaning, because many respondents rather than making one sort, representing one concept, may make many sorts with different meanings. Content analysis gave the opportunity to locate personal meaning in broad categories. As content analysis can be applied to the category descriptions generated during the sorting, it is possible to use non parametric MDS procedures.

The information generated in the pilot study was content analysed using Krippendorff's principles of content analysis (Krippendorff, 1980) and Content analysis was used 'to identify specific characteristics of communication systematically and objectively to convert the raw data into scientific data' (Mostyn 1985, p. 117). Content analysis looks at participants' responses, and looks for relationships within the data. It must be ensured that the researcher understands the background and theories behind the research question. This is vital in understanding participants' responses, the ability to see the participants' perspective. The raw data was converted to categories as a result of

identification of relationships between 'words, themes, and concepts' (Mostyn, 1985). The units (tables) were collated into piles and content analysed based on the literature in the research area. An index of categories was used which incorporated the data (categories) identified by participants and the elements (words/phrases on cards). A table was compiled to display the categories (themes) of the sorts and the words/ phrases of the cards (elements) used by different participants. Labelling and the charting of the data from the free sort was systematic. Experiences identified by participants were collated with tabulation of word and phrase frequencies, and the main table summarized responses. The cross tabulation in the table identified the frequency of words/phrases (elements) on the cards and the number of times it was placed in a chosen category by the 10 participants. Categories were placed horizontally in columns across the top of the table, and each participant's words/phrases (cards) were placed in individual rows on the table. Each card placed in a category/s was placed in the relevant row cell corresponding to the relevant category where it was placed. The columns indicated the different ways the cards appeared in the categories. The cross tabulation produced a data summary chart.

Categories were reviewed to ensure completeness and no overlap, and to ensure all categories were exhausted. Categories were checked to ensure they did not have similar properties, whereby they could be placed in a broader category which included information in the previous categories. Any additional information not fitting into existing categories and not sorted provided extra information which was also important in the study. The final categories and cards (phrases/words) chosen was worked towards a categorisation by starting with the exact words used and counting how many participants used each word/phrase and category. This verbatim agreement between myself and the Professor was used to ensure categories and elements (words/phrases) were chosen correctly. Both words/phrases on cards and categories were grouped together where terms could be treated as synonyms and their numbers pooled. Words/phrases and categories which were not synonyms and were related were placed together into superordinate level terms. Superordinate groupings were repeated and put into higher level terms and repeated until exhausted (Rugg, and Petre, 2007). The participants made a total of 29 concepts of experiences /transpersonal experiences, and 17 categories of what experiences were attributed to which was evident in the main table with collared data. This was straightforward as the data included the participants' own wording and categorisation and the data was concise incorporating short phrases and words.

Categories were completed by the two data analysts (myself and Professor Clarkson) and were negotiated and compared so that categories were agreed between both of us for elements and category titles (Canter et al, 1985). Inter-rater reliability between myself and Professor Clarkson was checked. We compared and cross checked codes/themes we had individually identified in the focus group data for similarities and differences using the data and assessments of reliability incorporating percentage agreement and also Krippendorff's alpha (nominal data) for categories and cards (words/phrases describing experiences). The percentage agreement for words/phrases (elements on cards) was 93%, and the results of Krippendorff's alpha (nominal data) was 0.87. For the categories, percentage agreement was 81% and Krippendorff's alpha was 0.83. This demonstrated reliability. The 20 elements and 9 categories produced by content analysis were used for the structured card sort in the main research study.

The pilot study played an important role in discovering existing relationships 'and making replicable and valid inferences from data to the context by using content analysis (Krippendorff, 1980, pp.115-145). Krippendorff (1980) proposed that semantic validity was appropriate to qualitative data, when the method represents the symbolism of the content.

Following content analysis, experiences were divided into 20 elements, and nine categories were identified in which elements were placed. When questioned on free and structured sorts, participants agreed a structured sort would be the best approach in investigating the research topic as all the relevant experiences, and what the experiences were attributed to, were included. Also, free sorts would be time consuming for the main study, in terms of difficulty, applicability, and positiveness. So the pilot study established the appropriateness of using the structured sort with 20 'experiences' which would be placed in the relevant elements (cards) of what the individual attributed the experiences to (there were 9). Each 'experience' would be placed on each card, and a number placed on each card, so it would be easier to put a numbered card into the relevant 'what experiences are attributed to category on the table'. The pilot study results provided the

following 20 elements (cards) and 9 categories for the main study and are as follows:

The elements (rows) chosen by participants and written on the cards 1 – 20 represent the following experiences: (R1) Mystical, (R2) Close contact with something spiritual, (R3) Feeling at one with surroundings, (R4) Feeling of total peace, happiness and contentment, (R5) Happiest moment, (R6) powerful moment, (R7) total connectedness with the therapist in the therapeutic relationship, (R8) synchronicity, (R9) Deep relaxation, (R 10) peaceful moment, (R11) sense of timelessness, (R12) A deeper knowing, (R13) presence of something beautiful, spiritual, (R14) Connection with the spiritual, (R15) Difficult to describe, (R16) No experience, (R17) Deep sense of knowing, (R18) Experience I've had before, (R19) Loss of sense of self into something greater, and (R20) Life transforming experience.

The categories (columns) used by participants where cards (elements) were placed are as follows: (Column A) God, (Column B) Life energy/ Life Force, (Column C) Presence of healing, (Column D) Psychologists Skills, (Column E) The therapeutic relationship, (Column F) Something I cannot explain, (Column G) Connection with a higher being/higher consciousness, (Column H) Experience I had previously, and (Column I) paranormal.

These elements and categories formed those used in the structured card sort procedure (MSP) in the main study. Participants were asked for their feedback after the data was collected. Members of the group commented on the security and stimulation in the group which aided the eliciting of the data. There were comments from some participants which other participants said supported their views and responses. Participants felt their opinions and views were valued, so this resulted in an openness whereby a range of opinions, feelings, and ideas were expressed. Some members expressed they had learned more about the transpersonal from participating in the group, and said they had valued and enjoyed the experience. As the group was planned, structured, and flexible, this supported interaction and a working alliance between the participants.

The focus group produced results which were informative as the elements and categories most relevant from the participants' perspectives were less likely to be overlooked. The participants' personal individual meanings and beliefs were expressed along with their knowledge and views of the transpersonal field.

Main research study, participants and collection of data.

Qualified counselling psychologists contact emails were obtained from professional registers and the directory of chartered psychologists accessible on the British Psychological Society (BPS) website. I took contact email details from the directory of chartered counselling psychologists, which were those most likely to engage in psychotherapeutic practice which is integrative in their training and practice. 200 psychologists were contacted via email. I forwarded the email to colleagues who were also counselling psychologists. All those contacted were invited to participate via email and given relevant information in relation to the study (appendix 2). Participants participated in the study using an online data collection tool called 'Survey Monkey'. Data was therefore gathered in a confidential manner and stored securely within the online instrument. A username and password was required to access and download the gathered data online.

An online version of the structured card sorting technique was used in order to (1) maximise the number of potential respondents and (2) utilise the power of accessing relevant respondents through online fora and other types of social media.

An online click-and-drag type design (e.g. as freely available through software such as Hot Potatoes) for the instrument represented the closest match to the manual experiment. This would involve the respondents' clicking on the word cards and dragging them into the relevant category boxes. However, this type of program would not allow participants to insert any word card into more than one category. The online survey engine, 'Survey Monkey', therefore presented a better choice for representing the card sorting instrument online. It displayed the card words and allowed the respondents to type the words into the relevant category box(es) (open-ended response boxes)

one or more times (please see appendix 9 for the full 'survey monkey' survey of card sorting and questions).

When participants completed the structured card sorting procedure, they were asked to answer the following open ended questions in relation to the words/phrases (cards) they chose, (see appendix 10 for the results obtained by 'survey monkey' for the card sorting and questions):

Why did you choose these phrases?

What do you think the selected phrases have in common?

Now that you have completed the card sorting procedure, please answer the following questions:

- (1) Please comment on the experience of completing the multiple card sorting procedure.
- (2) What is your understanding of transpersonal psychology?
- (3) Do you have an interest in the transpersonal?
- (4) Please describe your perceptions and experience of teaching you received in the area of transpersonal psychology while in training as a psychologist.
- (5) If relevant, please describe your perceptions and experiences of any teaching you may have received concerning transpersonal psychology

Data analysis (MSP)

MSP concentrates on the personal meaning that the individual uses in construing the similarities and differences of transpersonal experiences in therapy, and with respect to the different things they attribute these experiences to (Canter et al, 1985). As MSP data needs to be analysed, and in considering the relationships between elements and constructs, quantitative modelling has frequently been used for analysis. Principal components analysis and cluster analysis have been particularly used (e.g. Leach et al, 2001). Principal components analysis has been used to show the structure of relationships among constructs. A technique which is similar to principal components analysis provides a representation of elements and constructs (singular value decomposition). In latter times, Correspondence analysis (and a similar technique called bi-plot), have been used to support joint construct- element spatial representation of repertory grid data. Both are also linked to singular-value decomposition.

In considering analysis of relationships of elements and constructs in the present study, I considered cluster analysis and principal components analysis. Cluster analysis involves hierarchical clustering, whereby there are many criteria for clustering, which can look different from each other. Also elements and constructs are represented separately. Principal components analysis displays only minor differences in the principal components analysis of results. I thought in considering the elements participants would or would not place in categories in relation to transpersonal experiences and perceptions in psychotherapeutic practice, and the single value decomposition analysis, that correspondence analysis would represent the data well as the representations/output of the card sorting data would be produced by correspondence analysis as distances or associations/relationships in the data which can be graphically and geometrically displayed.

Correspondence analysis (Benzecri, 1992) is seen as appropriate for the data obtained in the structured sorts which is nominal and categorical, and therefore suitable for correspondence analysis. It is a multidimensional, descriptive graphical technique. The name 'correspondence analysis' is a translation from French and translates as 'dual scaling', 'additive scoring', 'optimal scaling', 'bi-plot' and 'homogeneity analysis'. If some of the cards are not sorted by participants, they can be treated as another categorising scheme and can be

added to the final analysis without losing any information, which may happen using other techniques. MSP can be analysed using different methods as it is a data generating technique. It is independent of the research question in dealing with groups and individuals', and also considers differences in elements and concepts.

MSP gives the multidimensional data and facts in the present research. Sixsmith (1987) described how multidimensional scaling techniques are useful in analysing multidimensional data in that they represent an accessible form of analysis, and find complex relationships as well as revealing structures implicit in the data (Sixsmith, 1986).

Correspondence Analysis

Correspondence analysis (CA) describes the associations in large contingency tables and produces a graphical display of the association between the two variables. Consequently, it is advisable to perform a chi-square test before applying the method.

CA is designed specifically for analysing qualitative data (Benzecri, 1992; Greenacre, 1984). It is a multidimensional graphical technique and is descriptive. It aims to support interpretation and theory constructs rather than testing models (Hammond 1993). One of the advantages of correspondence analysis is its simplicity in interpretation. CA begins by assessing the data as nominal and categorical. The data is dichotomous (Hammond 1993), (i.e. presence or absence of experience attributed to transpersonal/other attributes). The data is put in to the data file and a contingency table shows the relative frequency of experiences recorded (Greenacre, 1984), allowing individuals' experiences to be compared.

How does Correspondence Analysis work in analysing data obtained from the structured card sorts in the study?

In considering the exploratory nature of the current study and researching the relationships between elements and categories considered by each participant, the visual representation of the results obtained in correspondence analysis facilitated interpretation (Clausen, 1998, p.4). Another advantage is that it is a model free method whereby the data were not subject to any restrictions although choices were made in choosing this method (Clausen, 1998).

It is important to consider how correspondence analysis works so as to highlight the benefits of using the method in the present study. Correspondence analysis is a version of canonical correlation analysis, where the relations between the two sets of continuous data are analysed. The method analyses the relationship between the categories of two discrete variables. It is also possible to analyse a few variables simultaneously by changing the matrix in to a two way table. One of the strengths of Correspondence analysis was in revealing the structure of a complex data matrix by replacing the raw data with a simpler data matrix and so ensuring no relevant data and detail were lost. This was done by removing redundant information, and producing results visually (Clausen, 1998).

Correspondence analysis focuses on application and graphical interpretation. The technique describes and summarises the relationships among categorical variables in large tables. The two way contingency table (data matrix) shows the observed association between the two qualitative variables (Lebart et al, 1984), i.e. the numbers in the cells are the frequencies with which any attributes related to the Transpersonal were cited.

The associations were mapped between rows and columns in a frequency table graphically as points in space of a few dimensions (Clausen 1998, p. V). The category profiles (relative frequencies) and masses (marginal proportions) were calculated, and then the distances between these points were calculated finding the best fitting space of n dimensions. Rotation could be used to maximise the inertia (variance) explained by each factor, as it is in principal components analysis (Clausen 1998, p. V). Correspondence analysis (CA) can be viewed as finding the best simultaneous representation of two data sets made of the rows and columns of a data matrix (Lebart et al,

1984). Correspondence analysis looks at the distributions of profiles and does not analyse raw frequencies (Lebart et al, 1984).

In the present study, CA produced a display a matrix of experiences and perceptions attributed to the transpersonal or other attributes (a two-way contingency table) .The relative frequencies are called profiles, and the weighing of each profile is justified by the number of categories that make up the profile. (As well as the weighing of inverses of the expected or average profile, which defines the chi-squared distance between profiles (Greenacre, 1984).

CA is a technique more geometrical than statistical, where geometric concepts are used in understanding the method. Lebart et al (1984) describes how CA produces the sets of multidimensional scores with a geometric interpretation which is well defined, where the geometry of CA is organized so that the rows and columns lie in stretched barycentric (triangular) coordinate spaces (Greenacre, 1984). The plot puts different features of the data into a single picture on a plot in the form of a concise graphical display (Greenacre, 1984). The displays are interpreted in terms of the variance in the inertias which they account for. Also the distances between the points on the obtained plots are determined by the chi- squared distance. CA merges both rows and columns into one, and the display represents data in an easy to interpret form, as it is attempted to understand the high dimensional geometrical points in the display which is low dimensional (Lebart et al, 1984). For ease of interpretation, as little information as possible is shown on the plot. The usefulness of correspondence analysis far exceeds the loss of information (Lebart et al, 1984).

The method is inductive, and is a search strategy to look at the underlying structure of the data. The distribution assumptions are necessary, and the only assumption required of the data is that the data values are not negative. This explorative procedure can be found in statistical packages such as SPSS. CA is sensitive to outliers, and also to the meaning and number of dimensions (Clausen 1998, p. v).This aspect is also valuable in the present study, as elements (cards) not sorted into categories were themselves important sources of information. As the method is sensitive to outliers and the dimensions, the importance of all the data was considered.

Results and percentages were calculated and also analysed to produce Pie Charts (also called circle graphs) which were incorporated within the results providing pictorial graphs of data and divided into sections displaying numerical proportion. The arc length of every section, along with the central angle and the area is proportional to the quantity it represents.

Phenomenology and participants' responses; Clarkson's seven level model and thematic analysis

Valle (1998) proposed acknowledging what is present in our reflective awareness and suggests phenomenology offers a method to approach and consider transpersonal experience. Valle proposes the unification and integration of awareness of experiences presenting as passionate and peaceful which provides an opportunity to explore transpersonal experiences and so adapting a transpersonal-phenomenological approach for future research and study (Valle, 1989, p. 279).

Valle (1989) presented five levels characterising any psychology or philosophy as transpersonal:

'(1) that a transcendent, transconceptual reality or Unity binds together (i.e is imminent in) all apparently separate phenomena, whether these phenomena be physical, cognitive, emotional, intuitive, or spiritual.

(2) That the individualised or ego-self is not the ground of human awareness but, rather, only one relative reflection-manifestation of a greater trans-personal (as "beyond the personal") self or One (i.e. pure consciousness without subject or object).

(3) That each individual can directly experience this transpersonal reality that is related to the spiritual dimensions of human life.

(4) That this experience represents a qualitative shift in one's mode of experiencing and involves the expansion of one's self identity beyond ordinary conceptual thinking and ego-self awareness (i.e. mind is not consciousness).

(5) That experience is self validating (and sacred experience presents itself directly in one's awareness as taught in different cultures).

(Valle, 1989, p. 261)

While Clarkson's five levels of psychotherapeutic relationship focuses on process in integrative therapeutic practice, Clarkson's seven level model offers;

'both a holistic view of the client as a person in most aspects of human functioning, as well as a comprehensive, integrative view of psychotherapy with its multiplicity of emphases and applications to the person in the wider context of their existence. The seven level model was developed as an attempt to construct a thinking tool (or conceptual protractor) to provide a meaningful reference framework to deal with knowledge and experience' (Clarkson, 1994, p.147).

Clarkson's Seven Level Model (2002a)

Level (Domain) 1: The physiological/perceptual- sensory experience involving knowledge obtained via the sense and the body.

Epistemological truth/methodology: physiological measures. Subjective and embodied e.g. perception.

Level (Domain) 2: The affective/emotional- emotions which originate from our subjective states and experiences. What is experienced as stressful by one individual may not be by another.

Epistemological truth/methodology: Our knowledge of emotions is phenomenological, and existential, and unique to the individual. They are felt as experiential and subjective states which may not be considered so by another. Different conflicting emotions can exist in relation to the same situation. An individual's experience is their own truth.

Level (Domain) 3: The nominative. This level involves the classification and categorising of naming with the use of words, is different from voice, is objective, and infers a reflective experience which is shared (e.g. the experience of being a psychologist within a professional body).

Epistemological truth/methodology: disagreement can exist as to what 'fits' into a particular category without clarification of definition.

Level (Domain) 4- The normative describes the values and norms of a group, professional body, or a community/family and focuses on shared beliefs, values, and collective belief systems. Epistemological truth/methodology: Level 4 values and ethics are not always measurable using statistics or scientific testing, it is an approach of knowing and questioning.

Level (Domain) 5: The rational/logical is the objectively provable truth of testable theories and statements for that culture and time. It is related to research and the gathering of scientific evidence in relation to human experiences. This domain does not involve subjective experience but instead conclusions based on scientific research which can be replicated with facts and considering cause and effect.

Epistemological truth/methodology: the only domain whereby disagreement can be addressed using external scientific tests considered as standardised and accepted by the same culture/professional group.

Level (Domain) 6: The theoretical/metaphorical is the manner in which we make sense of the world but which does not confirm the truth. This Domain includes metaphors, explanations, and narratives.

Epistemological truth/methodology: facts are narrative or regarded as ontological and epistemological theory until they are proven true via

the medium of logical/scientific probability.

Level (Domain) 7: The transpersonal or currently inexplicable is beyond the rationality of level 5 where it cannot be proven nor explained at level 6.

Epistemological truth/methodology: experience which is direct and difficult to describe and explain to others who have not experienced it. It involves the experiences not explained fully at level 6 and not rational/proven at level 5.

The researcher's viewpoint influences and affects the method in which qualitative research is completed in relation to: (1) the link between language reality and thought, and (2) The issue of experience and how we explore it (Forrester, 2011, p. 33).

However, transpersonal experience can be beyond text, language and available concepts as described by Clarkson (1999) who described the transpersonal relationship as 'the timeless facet of the psychotherapeutic relationship, which is impossible to describe, but refers to the spiritual dimension of the healing relationship' (Clarkson, 1999, p. 181), whereby a meaningful shared experience or resource may be difficult to name and difficult to find a common space in linguistics to describe the richness of experience, thoughts, viewpoints and beliefs. The value and richness of each individual experience can surpass the role of language which may not be apt in describing the way in which the individual experience is researched and explored. It is difficult to measure the meanings, viewpoints, and experiences individuals attach to things as it is difficult to fully access how individuals feel, behave and think. I aimed to acknowledge the idiographic nature of the data and the uniqueness of the individual participants' responses.

With this in mind, I analysed participants responses to the semi-structured open-ended questions completed following MSP by adapting a phenomenological perspective in considering participants' responses to the questions participants responded to after completing each card sort (closed questions), and after completing the full MSP (semi-structured open-ended questions). The approach is focused on subjective experience and developed out of Husserl's philosophical phenomenology (Smith and Osborn, 2003, P.230). Langdridge, (2007) described Phenomenology as the study 'of human experience and the way in which things are perceived as they appear to consciousness' (Langdridge, 2007, p.10).

Although it was not possible for me to fully understand others' unique experiences, I aimed to be empathetic in aiming to understand experiences and referred to the research base of transpersonal psychology, the subjectiveness of participants' responses, and the intersubjective aspects of the working alliance between researcher and participants. I was interested in the intentionality of the unique experiences and perceptions of participants and the transpersonal experiences they were conscious of, their intuition of their experiences and perceptions, and their narratives and evidence describing their experiences. I was interested in participants' sense of the content and character or the 'noesis' of their experiences and perceptions of the transpersonal in therapeutic practice.

Clarkson's seven level model was useful when applied to participants responses of the semi-structured open-ended questions, as it differentiated phenomenologically the experiences and perceptions of participants in the present study as a model concerned with knowledge and how we differentiate knowledge we obtain in relation to the world using 'different levels of conceptualisation, different universes of discourse and different criteria for establishing validity, sense of 'truth' (epistemology in a philosophical sense)' (Clarkson, 1994, p. 147).

The model considered all levels of experience and knowing and considered the domains of discourse as coexisting without adapting a hierarchical approach (Clarkson, 2002a). The model was used after bracketing off (epoche) of preconceptions and assumptions as per the phenomenological approach. Participants responses were placed in these different levels/categories which identified 'different kinds of knowing and the different kinds of logical criteria appropriately applicable to different domains of knowledge' (Clarkson, 2002, p. 243). The

model can also be used to look at and distinguish different psychotherapeutic theories, procedures and knowledge (Clarkson, 1994, p. 148). The model supported a multiplicity of responses from participants and acted as a conceptual grid for working with participants' transpersonal dimensions of human experience and as seven levels of description with equal value even if the descriptions were contradictory at the same time (Clarkson, 2002a). The model can also be used to look at and distinguish different psychotherapeutic theories, procedures and knowledge (Clarkson, 1994, p. 148).

Thematic analysis using an existential phenomenological approach was also applied to the responses of participants in completing the semi-structured open-ended questions following the Multiple Sort Procedure. Initial codes were generated and themes found in the data which were defined and named (Braun and Clarke, 2006). This approach emphasised the importance of the uniqueness and authenticity of participants' responses. I thought Thematic Analysis would represent the responses of participants and the data obtained in analysing perceptions and experiences of transpersonal psychology. Data was analysed using the phases recommended by Braun and Clarke (2006) for thematic analysis (Results, section 2) and following Braun and Clarke's (2006) fifteen point checklist for criteria of good Thematic Analysis (Appendix 6). Braun and Clarke (2006) described Thematic Analysis as a method for 'identifying, analysing and reporting patterns (themes) within data' (Braun and Clarke, 2006, p.6), while Boyatzis (1998) proposed Thematic Analysis can also interpret different aspects of the research topic.

Professionals' participation in the research study

Following acknowledgement of University ethical approval, participants were contacted via email obtained on the British Psychological society professional register and responded to email invitations forwarded to professional email addresses. Although I contacted counselling psychologists, those who responded and agreed to participate were not all counselling psychologists. The ages and levels of professional experience of participants who responded added richness to the results. Participants provided a representative sample of the professional population of psychologists in the UK, in different roles, and with different ethnic backgrounds allowing a thorough investigation of different experiences within the data.

98.8% of participants were female, and 28% had 0-5 years of clinical experience, 24% had 6-10 years of experience, 24% had 11-15 years of experience and 12% had 16-20 years of clinical experience. 12% had 21-25 years of clinical practice. Although counselling psychologists were contacted and asked to participate, 25 participants included 10 counselling psychologists, 6 clinical psychologists, one medical doctor, three academic psychologists, one forensic and occupational psychologist, and four psychotherapists. All had a Masters level of education, and 8 had doctoral level qualifications. Participants' ages were between 27 and 69 years. Clinical experience varied between 0-25 years which was reflected in responses influenced by different experiences of trainings at different times whereby the transpersonal was omitted or included in training. Participants' interest in transpersonal psychology and their familiarity with transpersonal psychology was variable. Information received on transpersonal psychology while in training as psychologists varied amongst participants. (Results, section 2, pie charts).

Following the viva and with reference to the examiners' post-viva report, it was decided to collect data to examine respondent validation and reflection on the initial research findings. This was deemed appropriate to enhance and support the original findings. This method was chosen above gathering additional responses to the original instrument as identifying participants willing to discuss the transpersonal had previously proven difficult.

This was also supported by the results which will follow in the discussion subsection of this research study section.

This additional validation and reflection, referred to as the validation of findings study, was gathered through a similar online survey monkey instrument to the initial study. The validation of findings study instrument was created online in Survey Monkey in August 2015.

Following some trial user feedback, small amendments were made to the instrument. The first of these amendments was the addition of an initial opt in or out question to allow participants to either progress straight to a summary of the research findings or to add additional reflections on the research findings. The second amendment to the instrument included the addition of more fine-grained numbering on the research findings to allow 'opt-in' participants to reflect on specific research findings. The initial cohort of respondents who had indicated that they would like to receive the results of the research study (see Appendix 9 for the initial research instrument) (n=19) were again contacted via email to provide the web link which would allow them to access the findings from the original study and the new validation of findings reflection questions (see email in Appendix 10). The findings from the original study were categorised around three main themes which emerged from the original findings. These three themes were, (1) experiences and perceptions of the transpersonal (2) transpersonal psychology in training. (3) transpersonal psychology in clinical practice. In this way, the use of the three themes in the design of the instrument predetermined the use of these three themes in the analysis of the data gathered. As well as accessing results, respondents were given the option to further reflect on the research findings (or opt out).

The validation of findings instrument was opened online between 18 August 2015 and 11 November 2015. A total of 20 respondents of the original 25 accessed the validation of findings instrument. Just one participant proceeded directly to the research results without leaving any additional reflections on the findings. 19 proceeded through the instrument to add their additional reflections. As with the original study before, data was analysed using the Braun and Clarke's (Braun and Clarke, 2006, p. 35) phases for thematic analysis (Results, Table 10), and Braun and Clarke's (2006) fifteen point checklist for criteria of good thematic analysis (Appendix 2).

B.3 Results

Data analysis

Qualitative and quantitative research methods were applied to the results obtained from the study located at <https://www.surveymonkey.com/s/Transpersonal> (see Appendix 9 for full survey monkey results). The combination of both modes of quantitative and qualitative methods allowed statistically reliable information to be supported and enriched by providing a rich and in depth descriptive meaning of participants' experiences and perceptions.

Analytic Procedure of the analysis of Participants responses are presented in two sections as follows:

Section 1

Correspondence analysis

Section 1 Contains a Correspondence Analysis of the multiple Sorting Procedure results completed by participants. Multiple sort procedure (MSP) elicited structured self-report data which also allowed for sophisticated treatment of the data. MSP is an open and flexible idiographic and emphasised the importance of personal meaning for participants and did not put constraints on the individuals' focusing on their subjective views in relation to the present research. Correspondence analysis focused on graphical interpretation of MSP results, describing and summarising a matrix of experiences and perceptions attributed to the transpersonal or other attributes. This allowed the relative frequency of experiences recorded (Greenacre, 1984), allowing individuals experiences to be compared. SPSS version 21 was used for the analysis.

Section 2

Participants responses to the semi-structured open-ended questions were analysed using Clarkson's phenomenological seven level model (Clarkson, 2002a) and also analysed from an existential phenomenological approach using the phases recommended by Braun and Clarke

(2006) for thematic analysis (section 2) and following Braun and Clarke's (2006) fifteen point checklist for criteria of good Thematic Analysis (Appendix 6).

Results and percentages were analysed to produce Pie Charts (also called circle graphs) which were incorporated within the results providing pictorial graphs of data and divided into sections displaying numerical proportion.

Section 1

Summary of participants' responses to the Multiple Card Sorting Procedure

Table 1a

Summary of responses: How many respondents ticked each category in each phrasal instance (see results PDF file p. 4-20)
n (respondents)=19-21

PHRASES		CATEGORIES								
		God	Life energy / life force	Presence of healing	Psychologists 'skills	The therapeutic relationship	Something I cannot explain	Connection with a higher being/ higher consciousness	Experience I had previously	Paranormal
1	Mystical	14	8	5	1	2	15	12	7	10
2	Close contact with something spiritual	12	8	7	3	4	6	13	9	6
3	Feeling at one with surroundings	7	9	4	5	7	2	7	8	0
4	Feeling of total peace, happiness and contentment	9	4	8	2	3	2	11	10	0
5	Happiest moment	2	2	0	0	2	2	6	6	0
6	Powerful moment	13	9	13	7	13	7	15	11	7
7	Synchronicity	5	11	5	11	13	5	7	9	1
8	Deep relaxation	0	5	6	4	4	1	3	7	0
9	Peaceful moment	6	5	10	4	5	1	7	8	0
10	Sense of timelessness	9	8	2	0	2	2	11	9	1
11	A deeper knowing	14	11	5	11	11	4	15	13	3
12	Presence of something beautiful or spiritual	12	6	4	2	7	4	13	8	3
13	Connection with the spiritual	8	12	10	6	6	7	11	10	6
14	Difficult to describe	10	4	5	4	8	8	10	12	12
15	No experience	1	1	0	0	1	1	2	0	7
16	Deep sense of knowing	10	7	3	7	11	2	13	9	2
17	Experience I've had before	6	6	7	12	13	7	7	9	4
18	Loss of sense of self into something greater	12	7	3	4	6	5	10	11	1
19	Life transforming experience	7	6	10	9	10	3	8	11	4
20	Total connectedness with the therapist in the therapeutic relationship	2	2	10	18	18	1	1	9	0
TOTAL NO. RESPONDENTS (n)		19	21	21	21	21	21	20	21	20

(n=19-21)

Correspondence analysis was useful in analysing data obtained from the MSP and supported the exploratory nature of the current study in researching and viewing the relationships between elements (phrases/words as in Table 1a above) and the categories considered by each participant. Correspondence analysis as an exploratory data analysis tool which was used to summarise and visualise the analysis of the two-way table of variables with a common measurement (a count) between them. The present research had two variables, Category and Phrase. Category has 9 components as shown in Table 1 below, while the Phrases have 20 components which is shown in Table 2 below. To complete the analysis, and for ease of reference on the correspondence analysis graphical representation of data, the original variable names were renamed as evident in Tables 1 and 2 below.

Correspondence analysis is a non-parametric equivalent to Factor analysis or Principal component Analysis and was applied here as the data did not follow any statistical distribution and was non parametric. Correspondence analysis was used to analyse the cross-tabulations of the variables - the Categories and Phrases (Table 3) and to identify and analyse the relationship between these two measurements. The graphical display this statistical technique produced facilitated the visualization of the associations found between the rows and columns of the table, and identified the relationships between categories and phrases (cards used in MSP). The graphical displays supported interpretation of relationships and associations found in the MSP data.

Table 1 Renamed Category Component Name

Original Category Component Name	Renamed Category Component
Connection with a higher being/higher consciousness	HIGHER
Experience I had previously	EXP
God	GOD
Life energy / life force	ENERGY
Paranormal	PARANORMAL
Presence of healing	HEALING
Psychologists skills	SKILLS
Something I cannot explain	EXPLAIN
The therapeutic relationship	RELATIONS

Table 2 Renamed Phrase Component Name

Original Phrase Component Name	Renamed Phrase	Original Phrase Component Name	Renamed Phrase
A deeper knowing	knowing	Life transforming experience	transforming
Close contact with something spiritual	spiritual	Loss of sense of self into something greater	loss
Connection with the spiritual	connection	Mystical	mystical
Deep relaxation	relaxation	No experience	no_exp
Deep sense of knowing	sense	Peaceful moment	peaceful
Difficult to describe	difficult	Powerful moment	powerful
Experience I've had before	experience	Presence of something beautiful or spiritual	presence
Feeling at one with surroundings	surroundings	Sense of timelessness	timelessness
Feeling of total peace happiness and contentment	contentment	Synchronicity	synchronicity
Happiest moment	happiest	Total connectedness with the therapist in the therapeutic relationship	connectedness

Table 3 below shows a cross-tabulation of the Category and Phrase variables and displays and summarises the number of participants who placed each of the phrases in each category (frequencies). The Active Margin gives the row total and the column total (summation) with an overall total of 1173 responses. The Category with the most number of responses from participants is the 'HIGHER' category while the phrase selected the most often is 'powerful' (highlighted in red). These frequencies were used as input to the correspondence analysis.

Table 3 Correspondence Table

Phrase	Category									Active Margin
	HIGHER	EXP	GOD	ENERGY	PARANORMAL	HEALING	SKILLS	EXPLAIN	RELATIONS	
knowing	15	13	14	11	3	5	11	4	11	87
spiritual	13	9	12	8	6	7	3	6	4	68
connection	11	10	8	12	6	10	6	7	6	76
relaxation	3	7	0	5	0	6	4	1	4	30
sense	13	9	10	7	2	3	7	2	11	64
difficult	10	12	10	4	12	5	4	8	8	73
experience	7	9	6	6	4	7	12	7	13	71
surroundings	7	8	7	9	0	4	5	2	7	49
contentment	11	10	9	4	0	8	2	2	3	49
happiest	6	6	2	2	0	0	0	2	2	20
transforming	8	11	7	6	4	10	9	3	10	68
loss	10	11	12	7	1	3	4	5	6	59
mystical	12	7	14	8	10	5	1	15	2	74
no_exp	2	0	1	1	7	0	0	1	1	13
peaceful	7	8	6	5	0	10	4	1	5	46
powerful	15	11	13	9	7	13	7	7	13	95
presence	13	8	12	6	3	4	2	4	7	59
timelessness	11	9	9	8	1	2	0	2	2	44
synchronicity	7	9	5	11	1	5	11	5	13	67
connectedness	1	9	2	2	0	10	18	1	18	61
Active Margin	182	176	159	131	67	117	110	85	146	1173

(n=19-21)

(Appendix 5 contains Table 4 -Row profiles, and Table 5 - Column profiles).

Summary of Correspondence Analysis Results

SPSS version 21 produced a Correspondence Analysis (CA) using results of the Multiple Card Sorting Procedure.

- 27.5% of the total variance of the relationship between Category and Phrase is explained by the correspondence table.
- 76.7% of the total variance accounted for by the model is represented by 2 dimensions.
- Four distinct groups of categories are evident from the analysis.

Table 6 below summarises the results of the correspondence analysis model. From this summary table it is evident that the significance value is <0.05 which suggests there is a significant relationship between Category and Phrase. Eight dimensions have been produced which explains 27.5% of the variance. This evidences that while the relationship between Category and Phrase is significant, it is a weak - moderate relationship. Also, while all 8 dimensions account for 27.5% of the variance, the first dimension accounts for 13.7% of the variance, equating to 49.8% of the total variance explained by the model. CA explains the most variance (inertia) using the least number of dimensions. CA only produces dimensions that can be interpreted, therefore inertia does not always add up to 100%.

The inertia values in the proportion of inertia column (which are eigenvalues and the percentage of variance explained by each dimension) reflect the total variance and relative importance of each dimension in the model. The first being the most importance and the next is the second most important etc. All models have variation, and the Dimensions in Correspondence Analysis represent combinations of the input variables that explain as much of the variation in the model as possible.

Table 6 Summary Table								
Dimension	Singular Value	Inertia	Chi Square	Sig.	Proportion of Inertia		Confidence Singular Value	
					Accounted for	Cumulative	Standard Deviation	Correlation
1	.370	.137	321.994	.000a	.498	.498	.026	.479
2	.272	.074			.270	.767	.033	
3	.152	.023			.084	.851		
4	.130	.017			.062	.913		
5	.110	.012			.044	.957		
6	.088	.008			.028	.985		
7	.052	.003			.010	.995		
8	.036	.001			.005	1.000		
Total		.275			1.000	1.000		

The Overview Row Points Table 7 below shows each row point in the correspondence table, and gives information on how each of the row points is plotted in the biplot. It displays how each row contributes to each dimension and how each dimension contributes to each row.

If all points contributed equally to the inertia (variance), the contributions would be 0.05. The Mass column indicates the proportion of overall responses in the ‘a deeper knowing’ phrase as per Table 5 (appendix 5). The 3 scores in dimension are the scores used as coordinates for points when plotting the correspondence graph/map.

The Score in Dimension Columns refers to the score for each phrase on each dimension where each row category will be situated on the biplot. Inertia reflects the variance. The contribution

column reflects how each of the points load onto each of the dimensions, and looks at how well the extraction of dimensions explains each of the points. Dimensions 1 and 2 are focused upon as they account for 76.7% of the total variance explained by the model.

The Inertia column shows each row contribution to the total inertia explained by the model with the 'connectedness' phrase contributing most (0.055) and 'powerful' contributing the least (0.003). The contribution of point to inertia of dimension columns show the role each row plays in each dimension where e.g. the phrase 'mystical' is explained well by dimension 1 (0.193) but not so well by dimension 2 (0.006). Similarly the phrase 'contentment' is explained well by dimension 2 (0.086) but not so well by dimension 1 (0.000) and so on.

The phrases 'mystical', 'no_exp' and 'connectedness' contribute a large portion to the inertia (variance) of the first dimension. 'no_exp', 'timelessness' and 'connectedness' contribute the largest amounts to the inertia of the second dimension. The rows and columns which have counts which are comparable will therefore sit close together on the correspondence analysis graphical display whereby the associations and relationships are evident.

'knowing', 'sense' and 'powerful' contribute very little to either dimension. Two dimensions contribute mainly to the inertia for approximately 13 row points as seen in Table 7. Both dimensions contribute very little to the inertia for 'powerful' and 'connection' so these points are not well represented.

Table 7 Overview Row Points

Phrase	Mass	Score in Dimension		Inertia	Contribution				
		1	2		Of Point to Inertia of Dimension		Of Dimension to Inertia of Point		
					1	2	1	2	Total
knowing	.074	.087	.088	.004	.004	.008	.135	.136	.271
spiritual	.058	-.296	.073	.006	.037	.004	.839	.052	.890
connection	.065	-.110	-.039	.005	.006	.001	.170	.021	.191
relaxation	.026	.458	.029	.011	.039	.000	.495	.002	.497
sense	.055	.110	.098	.006	.005	.007	.117	.093	.210
difficult	.062	-.393	-.300	.017	.070	.075	.551	.320	.870
experience	.061	.222	-.266	.009	.022	.058	.334	.480	.814
surroundings	.042	.198	.203	.005	.012	.023	.310	.326	.635
contentment	.042	.008	.390	.010	.000	.086	.000	.609	.610
happiest	.017	-.162	.485	.010	.003	.054	.047	.418	.465
transforming	.058	.193	-.135	.004	.016	.014	.488	.237	.725
Loss	.050	-.058	.262	.006	.001	.047	.030	.622	.652
mystical	.063	-.647	-.081	.034	.193	.006	.778	.012	.790
no_exp	.011	-1.467	-1.368	.049	.175	.280	.483	.420	.903
peaceful	.039	.258	.186	.009	.019	.018	.280	.145	.425
powerful	.081	-.047	-.068	.003	.001	.005	.064	.134	.197
presence	.050	-.189	.200	.006	.013	.027	.315	.355	.669
timelessness	.038	-.252	.510	.014	.017	.132	.176	.720	.896
synchronicity	.057	.338	-.084	.011	.048	.005	.571	.036	.607
connectedness	.052	.913	-.459	.055	.318	.148	.783	.198	.981
Active Total	1.000			.275	1.000	1.000			

(n=19-21)

(Appendix 5 contains figure 1 and figure 2 which are graphical displays of information contained in Table 7)

The column points overview table (Table 8) shows the contribution of the categories. In two dimensions, all categories are well represented aside of the phrases 'energy' and 'healing'. This is evidenced by the total inertia (variance) highlighted in red in Table 8.

Table 8 Overview Column Points

Category	Mass	Score in Dimension		Inertia	Contribution				
		1	2		Of Point to Inertia of Dimension		Of Dimension to Inertia of Point		
					1	2	1	2	Total
HIGHER	.155	-.199	.247	.019	.045	.128	.332	.511	.843
EXP	.150	.085	.163	.010	.008	.054	.104	.386	.490
GOD	.136	-.230	.223	.020	.053	.091	.366	.345	.711
ENERGY	.112	-.022	.175	.013	.000	.046	.004	.259	.263
PARANORMAL	.057	-.914	-.774	.084	.349	.462	.568	.408	.976
HEALING	.100	.251	-.050	.025	.046	.003	.248	.010	.258
SKILLS	.094	.626	-.321	.049	.269	.131	.756	.199	.955
EXPLAIN	.072	-.402	-.103	.026	.086	.010	.456	.030	.486
RELATIONS	.124	.398	-.208	.029	.144	.073	.673	.184	.857
Active Total	1.000			.275	1.000	1.000			

(n=19-21)

(Appendix 5 contains figure 3 and figure 4 which are graphical displays of information contained in Table 8)

Correspondence analysis was useful in the present research as described by Cornillon et al (2012) as follows:

'To compare the row profiles with each other, To compare the column profiles with each other and to interpret the proximity between the rows and the columns, in other words, visualise the associations between the categories of the two variables' (Cornillon et al, 2012, p. 222).

The row points plot, Figure 5 below, shows those phrases close to the vertical dotted line at 0 are not well represented by Dimension 1 (e.g. contentment) and those phrases close to the horizontal dotted line at 0 are not well represented by Dimension 2 (e.g. relaxation). Those close to the origin are not well represented by either dimension. A number of classifications are evident as seen in Figure 5.

The two dual displays of the row data and column data made analysis of the data easier compared to the many statistical techniques that do not provide dual displays.

It is evident from the results that two dimensions represent 76.7% of the total variance, therefore CA will produce a plot with two dimensions.

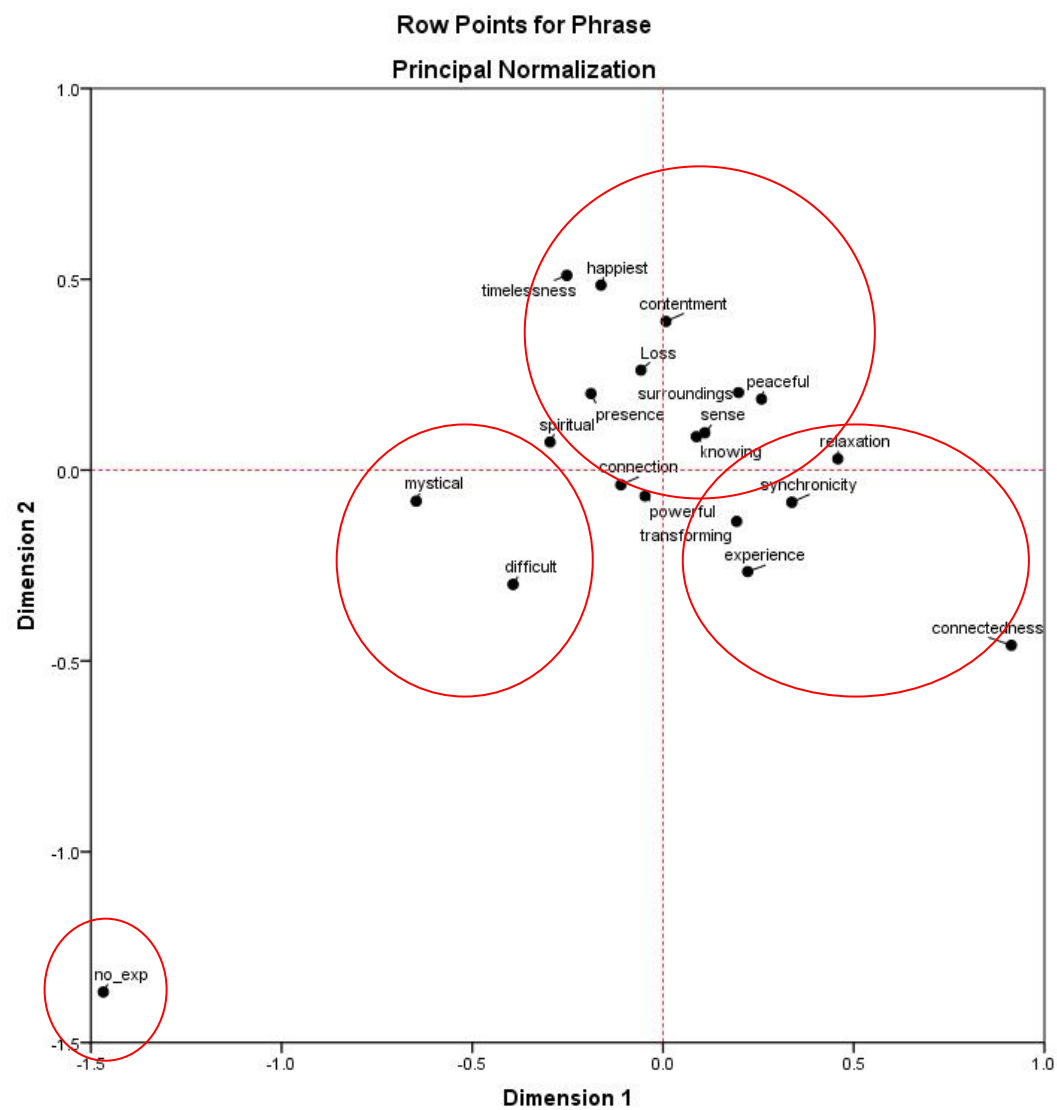


Fig. 5 (n=19-21)

Similarly, when the column points are plotted a number of distinct groupings are evident. Paranormal appears very different to all the other categories with 3 other groupings emerging as seen in Figure 6 below.

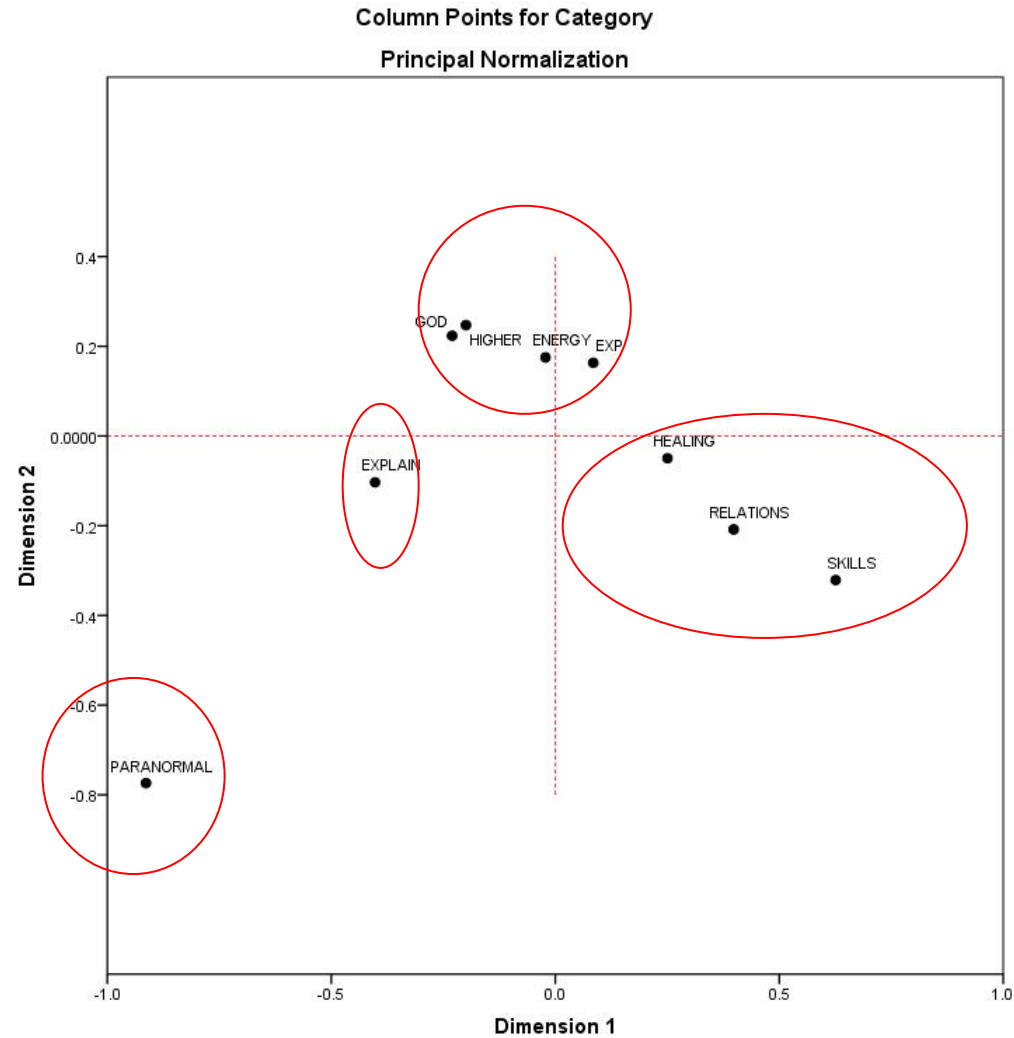


Fig. 6 (n=19-21)

Rows and columns can be compared and relationships observed. When the Phrase plot is laid over on the Category plot it is evident which phrases are associated with each category. Table 9 below displays a detailed breakdown of figure 6.

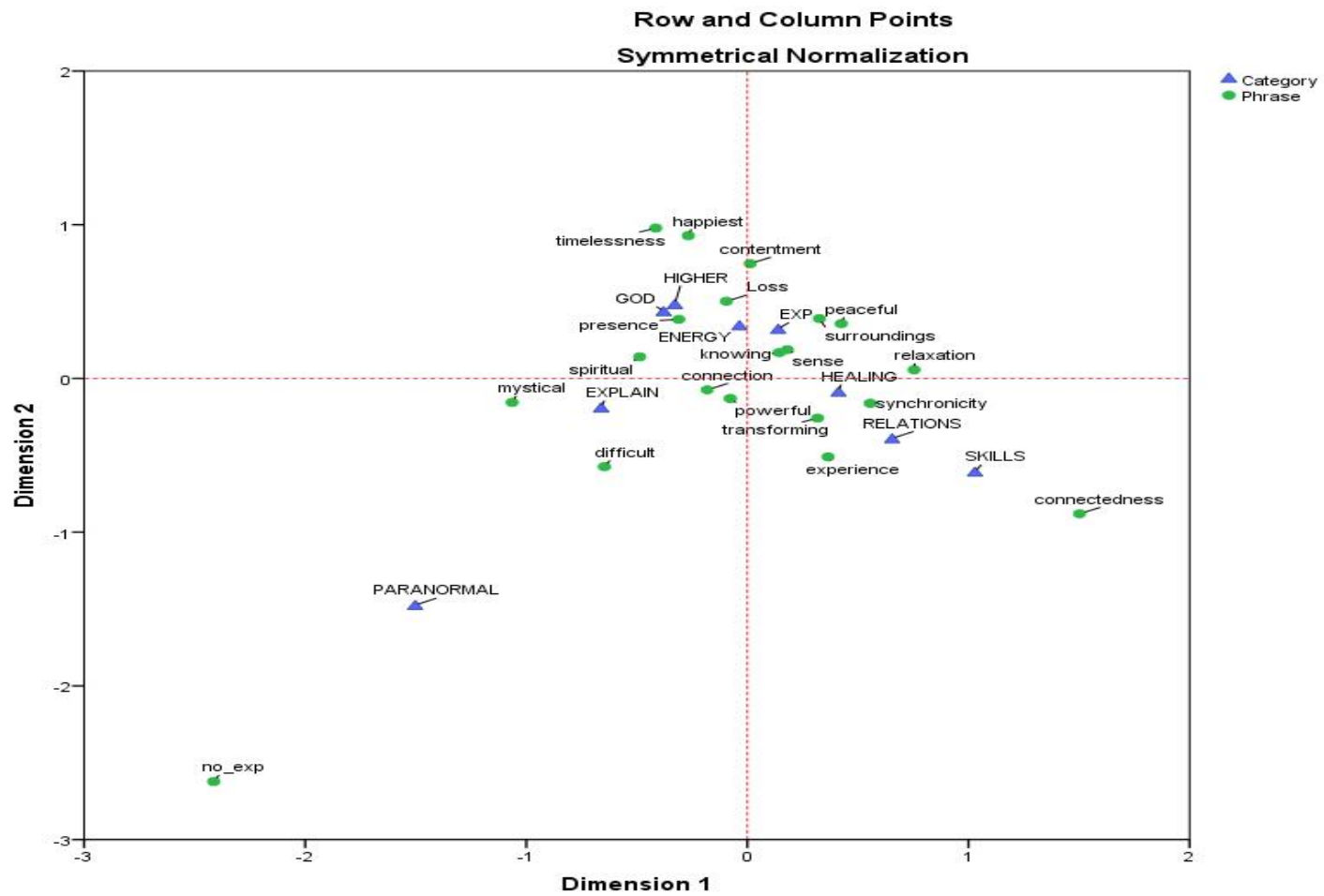


Fig. 7 (n= 19-21)

Table 9 Breakdown of Categories and Phrases as per results of Correspondence Analysis.

	Group 1	Group 2	Group 3	Group 4
Category	Paranormal	Something I cannot explain	Connection with a higher being/higher consciousness Experience I had previously God Life energy / life force	Presence of healing Psychologists skills The therapeutic relationship
Phrase	No experience	Difficult to describe Mystical Close contact with something spiritual Connection with the spiritual Powerful moment	Presence of something beautiful or spiritual Sense of timelessness Happiest moment Feeling of total peace, happiness and contentment Loss of sense of self into something greater Peaceful moment Feeling at one with surroundings A deeper knowing Deep sense of knowing	Deep relaxation Life transforming experience Experience I've had before Synchronicity Total connectedness with the therapist in the therapeutic relationship

Correspondence Analysis demonstrated the variables were associated by the approximate distance of points to one another on figure 7 above, whereby those closer together are seen as more similar by participants than those which are further away. Results identify the model is best represented by two dimensions which accounts for 76.7% of the variance. The correspondence analysis table accounts for 27.5% of the variance.

An advantage of this model free method was the data were not subject to any restrictions (Clausen 1998), as it is exploratory and aimed to look at associations and relationships graphically without forming or testing a specific hypothesis or significance testing which was beneficial in the present study, because if a reductionist approach to research was applied, the data incorporating the experiences and perceptions of participants in the present research would not have been as well represented. CA transformed the data from a table of frequencies to a simpler display of categorical variables while maintaining the richness of the data, the relationships and associations in the data would not have been as apparent due to the size of the data tables. As SPSS standardised the data using symmetrical normalization (see figure 7 above), the rows and columns can be compared in a general manner. This allowed for a more evenly weighted distribution among large differences and small differences in distance between the points, so they were compared without the smaller differences being overshadowed by the larger distances.

CA identified relationships in participants' data which would not have been identified using other non-multivariate statistical techniques. Another usefulness of the exploratory nature of CA was in identifying other questions which can be asked in the area of transpersonal psychology.

The total number of responses, i.e. of phrases (cards) placed in categories was 1173 (Table 3), of which the category 'CONNECTION TO A HIGHER BEING/HIGHER CONSCIOUSNESS' was chosen most frequently with the phrase 'powerful moment' placed in this category; an example of transpersonal experience identified by participants whereby they felt connected to a higher being/ higher consciousness. It is also interesting that the card placed most frequently had the phrase 'total connectedness with the therapist in the therapeutic relationship' and was placed most frequently in the categories 'PSYCHOLOGISTS SKILLS' and 'THE THERAPEUTIC RELATIONSHIP', which did not identify the presence of the transpersonal or transpersonal experience. It may have not been experienced by these participants whereby professional skills were identified. Alternatively, transpersonal experience may have been present but participants may not have been aware of them or identified them as transpersonal experience. Participants also placed cards/phrases identifying transpersonal experience in the same two categories, but with a lower frequency, thus illustrating the presence of the transpersonal experience/s in the therapeutic relationship and as connected to psychologists' skills by some participants. Table 3 also illustrates the transpersonal experiences identified by participants across the categories. Few participants said they had 'no experience' of the transpersonal, and this was the card/ phrase least chosen (Table 3). Cards/phrases were also placed more frequently in the category 'CONNECTION WITH A HIGHER BEING/HIGHER CONSCIOUSNESS' than the category 'GOD', whereby each participant's personal constructs in relation to the meaning and representation of categories is evident. Kelly emphasised the important role metaphors play in daily life in relation to strengthening of descriptions of people, events, and the manner in which individuals communicate with each other and the world (Kelly 1955/1991). This is so for psychologists in their professional roles. Metaphors are also highly important in the field of transpersonal psychology, where interpretation, and application of interpretations has been both positive and negative. This is also evident in the category 'PARANORMAL', which had the least frequency of cards/phrases (table 3), and is seen as different to the other categories by participants (figure 6, table 9).

The visual representation of the results evident in figure 5, figure 6, and figure 7, facilitated interpretation of results and visual representation of the associations and relationships in the data (Clausen, 1998, p.4.), of which four distinct groups of categories where phrases were similarly placed as evident in Table 9 above. The groupings of phrases with categories in Table 9 display commonality and similarity of participants' experiences and perceptions of phrases they related to the relevant categories and as represented in figure 7.

The CA results identified relationships between phrase (cards in MSP) and categories whereby Groups 1-4 in Table 9 above identify the transpersonal experiences identified by participants and the categories participants associated them with. Participants did not identify having experience ('no experience' card/phrase) with the PARANORMAL (group 1), which is anything beyond the normal which cannot be explained scientifically (table 3), and many did identify having transpersonal experience (Table 3).

Some experiences could not be explained, 'SOMETHING I CAN NOT EXPLAIN' (group 2, table 9) whereby phrases were chosen which identified a connection, a powerful moment with something spiritual, mystical, and difficult to describe. Mystical was the card most frequently placed in this category. Some experiences were associated with 'CONNECTION TO A HIGHER BEING/HIGHER CONSCIOUSNESS', GOD, LIFE ENERGY/LIFE FORCE, AND SIMILAR EXPERIENCES' (group 3, table 9). The phrases in this group describe a peace and contentment with the presence of something spiritual, a timelessness, and a deeper and deep sense of knowing; an interconnectedness and loss of self to something greater. Experiences of the transpersonal are therefore evident as identified by participants in psychotherapeutic practice whereby the cards/phrases placed in these categories (table 9) were seen by participants as similar.

Group 4 (table 9) identified transpersonal experiences as linked to the categories, 'PRESENCE OF HEALING', 'THE PSYCHOLOGISTS SKILLS', and 'THE THERAPEUTIC RELATIONSHIP', which identifies a relationship and interconnectedness between science and the transpersonal in psychotherapeutic

practice which is not necessarily identified by participants, or seen as transpersonal. Also identified were experiences which happened previously, life transforming experiences, and synchronicity and deep relaxation.

Participants identified specific types of transpersonal experiences and the personal impact of personal meanings were based on the interaction of their knowledge of psychological theory with their expressions of transpersonal experiences. It is difficult to prove that psychological theories used are the same as experience, or the experience is a complete description of that which is being experienced which may not include the integration and depth of the experience itself.

It is seen participants experienced the transpersonal in psychotherapeutic practice although participants had different levels of training in transpersonal psychology in their curriculum while they were in training. This is reflected in the different experiences identified by participants whereby some adopt a reductionist approach, and may not differentiate between what is attributed to the transpersonal, and what is attributed to psychologists' professional skills and the therapeutic relationship. Science is the basis of the training psychologists receive, and it is evident in the present results that experience appears to be identified by participants with words and theory, and is also experienced by participants as beyond linguistic representation and that which transcends words. Kelly's approach is relevant to the present results particularly as he emphasised the importance of the clinician adopting, defending, and facilitating different points of view of differing patterns of life, diversity, and different types of research (Kelly 1955/1991), this is also the case for the training and clinical practice of psychologists.

The CA data was collected using MSP, a projective method which allowed freedom to express and articulate what each participant considered to be their personal meanings. Based on their emotional functioning and internal emotional world projected onto the environment, data could be explored in a systematic and structured manner without the constraints of finding verbal descriptions for transpersonal experiences.

Participants' internal and emotional worlds are reflected onto the environment and influence the participants' perception and experience of the transpersonal. The MSP avoided what may have been difficult questions to answer verbally, and for some may have been seen as professionally or personally threatening, and so MSP and CA results enabled a better understanding of how participants conceptualised the phrases when placing them in categories. Participants responded to their needs, interests, and psychological organization which is evident in the CA analysis. It is interesting therefore that the spiritual and scientific skills of psychologists in therapeutic practice were associated as related to the same categories as in Table 9 and as graphically displayed in figures 5, 6, and 7. The analysis of the semi-structured open-ended questions in section two identified a similar pattern, but also identified a dichotomy between science and the spiritual. The CA analysis identified the relationships and associations which overlapped using an exploratory approach and identified the importance of participants' own views of the world and their working alliance in the therapeutic relationship. It incorporated participants' world views in relation to the transpersonal aside of what may be acceptable from a mainstream perspective in psychological therapeutic practice where less emphasis is placed on the transpersonal as a facet of the therapeutic relationship.

Participants responses to the semi-structured open-ended questions enhanced and built upon the findings of associations and relationships identified in correspondence analysis and follows in section two. The semi-structured open-ended questions supported and elaborated the CA results by asking participants why they chose phrases and what they thought the selected phrases had in common (section 2).

Section 2

Section 2 contains participants responses to the semi-structured open-ended questions analysed using Clarkson's seven Level Model (Clarkson, 2002a), and thematic analysis (Braun and Clarke, 2006).

Clarkson's seven Level Model (2002a), can be used to 'differentiate phenomenologically many different coexistent layers of human experience. This application is ontological in that it is concerned with realms of being' (Clarkson, 2002a, p. 243). It was useful in the perception of and in considering the epistemological consciousness (knowledge of internal and external consciousness) in the present study, and described the seven different ways of being (ontology) and knowing (epistemology) which formed the phenomenological representation of participants' human experience and discourse (Clarkson, 2002a, p. 156). It was a useful model in clarifying participants' values and so preventing 'category errors, improper connotations, and unnecessary confusions' in the data (Clarkson, 2002a, p. 149).

Following epoche (bracketing off) of assumptions and preconceptions as highlighted by the phenomenological model, I stayed with the data with the model in mind. Clarkson's seven level model (Clarkson, 2002a) constructed a thinking tool which provided a meaningful reference framework (levels 1-7) for the present results, to deal with content of knowledge and experience in participants responses while maintaining the richness and depth of the content (Clarkson, 1994, p.147). The subjective experiences' of participants which were co-existing, and consisted of their internal experiences and different external ways of knowing of their experiences, was identified by the model. The model was useful when applied to each of the responses which consisted of short sentences/phrases, and/or words, as it distinguished and looked at the different views, theories and knowledge present in participants responses. The appropriate Level (Domain) was applied to each response while considering the epistemological truth of each Level as follows:

The model was useful as participants' responses consisted of short sentences and/or phrases and could be easily applied to support the multiplicity of content of participants' responses. The model acted as a conceptual grid for working with participants' transpersonal dimensions of human experience as seven levels of description with equal value even if descriptions were contradictory at the same time (Clarkson, 2002a).

The projective element of MSP enhanced participants' responses to semi-structured open-ended questions completed after MSP, and participants' internal experiences and external knowing was supported and represented by Clarkson's model (Clarkson 2002a) which was also useful in identifying different types of narrative and discourse. The model acted as a container and tool for identifying participants' experiences, perceptions, skills and knowledge from a phenomenological perspective and in looking at their experiences of transpersonal psychotherapeutic teaching while they were in training. As it is both ontological (concerned with existence) and epistemological (concerned with knowledge), and concerned with the co-existence of our self experiences, the model was useful in placing participants existential human experience into themes/subthemes and in considering participants relationship of their inner awareness and external knowledge. The model represented seven ways of engaging with transpersonal experiences. It provided a congruent discourse in analysing the levels of experiences and perceptions of participants, and highlighted the differences and similarities in the responses of participants (Clarkson, 2002a).

The strength of the model was that it allowed experiences' to be represented as co-existing at the same time and /or contradictory. It provided clarity by providing a conceptual grid for working with transpersonal experience and described experiences supported by Clarkson's phenomenological approach whereby the conceptual grid highlighted the different levels of discourse and narrative and the richness of experience without changing the content, which described what co-existed and what is known and how we can know it (Clarkson, 2002b). The model was useful in avoiding any potential confusion and misunderstandings in the data, in that the data was multi-levelled and also could be categorised into individual levels. The model was useful in that it highlighted participants' similarities and difference of meaning and experience of the transpersonal in therapy, and while in training. It allowed participants responses to be represented without changing the content and without any imposition. Using the model did not impose a structure and allowed what was intrinsic to participants' experiences to unfold so as to be unhindered, and particularly as participants responded using short phrases/sentences, and/or words.

Responses to semi-structured open-ended questions (See analysis below) were also analysed from an existential phenomenological approach which blends the disciplines of existentialism and phenomenology. The approach describes human subjective experience while reflecting on individual relationships, emotions, feelings and intentions. Responses were analysed using the phases recommended by Braun and Clarke (2006) for thematic analysis (Section 2) and following Braun and Clarke's (2006) fifteen point checklist for criteria of good Thematic Analysis (Appendix 2).

Thematic analysis (Braun and Clarke, 1986) was applied to the semi-structured open-ended questions (see appendix 6). I read the participants' responses to the semi-structured open-ended questions then extracted discriminate themes which were then reflected upon and articulated into statements expressing the psychological meanings of the participants' experiences and perceptions as a whole. Thematic analysis was guided by Braun and Clarke's (2006) phases for thematic analysis and following the 15 point checklist for criteria of good Thematic Analysis (Appendix 2). I clustered themes and so produced a subordinate set of themes so as to support a clear understanding of the research question. My intuition and analysis of meaning was guided by the phenomenological approach (Valle, 1998). I quantified experience as in the natural sciences but aimed to understand each of the participants' subjective experience of the transpersonal in relation to language, perception, experience, and cognition. The themes provided a description of the unfolding of participants' experiences and perceptions and represented participants' whole experience.

Thematic analysis allowed; (1) transcription of the short sentences, phrases and words which were the responses of participants (2) Coding, whereby each item was given equal attention while generating themes which represented all the data and was checked so themes were internally coherent, consistent, and distinctive (Braun and Clarke, 1986). (3) analysis of data which was interpreted and made sense of, and a good balance was obtained between the responses and the themes (4) written results of the thematic analysis were obtained (appendix 8) Noteworthy responses representing the data with the relevant levels applied and with the application of thematic analysis (Braun and Clarke, 1986) can be seen in Appendix 8.

Table 10: Phases of Thematic Analysis (Braun and Clarke, 2006, p.35)

Phase	Description of the process
1. Familiarising yourself with the data.	Transcribing data (if necessary), reading and re-reading the data noting down initial ideas.
2. Generating initial codes.	Coding interesting features of the data in a systemic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes.	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes.	Checking the themes work in relation to coded extracts (level 1), and the entire data set (level 2). Generating a thematic map of the analysis.
5. Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells; generating clear definition and names for each theme.
6. Producing a report	The final opportunity for analysis, selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

The phenomenological approach identified themes interwoven throughout the descriptions of the awareness of transpersonal experiences and perceptions in the therapeutic relationship. In staying with the data, I reflected on participants' words and meanings and questioned what similarities and differences were present in relation to experience and perceptions, the important aspects, and how themes fitted together. I was mindful of the model while staying with the data, and applied a consistent reflection of the data aimed to find new meanings and so increase understanding of what would enhance future training in transpersonal psychology.

Analysis

Responses to semi-structured open-ended questions supported results found in the CA analysis (section 1) and questions asked of participants after each card sort and after the completion of the MSP were evident at all seven levels and analysed as follows:

Question: Why did you choose these phrases? – I amalgamated the overall responses of reasons participants chose phrases across the nine

categories.

Question: What do you think the selected phrases have in common? – I amalgamated the overall responses of commonality of the phrases chosen across the nine categories.

The presence of all seven levels evident in the data (Clarkson, 2002a) illustrates similarities and differences which were evident in participants' responses based on their experiences and perceptions of the transpersonal in psychotherapeutic practice, and/or what they attributed these experiences to if not the transpersonal. Analysis of results from MSP using the seven level model highlighted the projective elements of MSP in that hidden and unconscious emotions and views beyond conscious awareness were evident, thus illustrating both the conscious and unconscious responses.

Responses were at the physiological/perceptual level, emotional/affective level, nominative, normative, rational/logical, theoretical/metaphorical, and transpersonal levels which illustrate the integrative nature of the therapeutic relationship in psychologists professional practice which is not always acknowledged or in the conscious awareness of psychologists, which illustrates a natural orientation towards an integrative way of considering the whole being-mind and body of clients', even if consciously adapting a reductionist approach. While participants experiences were identified at levels 1-7, some participants identified the presence of the transpersonal but explained their experiences using Level 4, 5, and 6 using narratives which were normative, rational (logical) and theoretical (metaphorical) indicating a narrative which drew on a reductionist science. This may be linked to training they received/did not receive in the transpersonal while in training as psychologists, while identifying with a reductionist approach. Experiences identified by participants as transpersonal or as something named other than the transpersonal indicate the need for an 'integrative' professional practice so as transpersonal experiences are acknowledged as important as other experiences in forming a strong working alliance in the therapeutic relationship where all aspects of the therapeutic relationship are brought together, integrate together and work together with equal participation rather than excluding content or considering a hierarchical approach in clinical practice.

The model allowed differences to co-exist and was non-hierarchical. The categories which were responded to are placed in parenthesis after each response (see appendix 7 for the content of responses after MSP which are evident at Clarkson's (2002a) seven levels across the nine categories).

Clarkson's seven level Model was applied to the five semi-structured open-ended questions completed after the MSP as follows:

Questions:

(1) Please comment on the experience of completing the multiple sorting procedure.

The presence of levels 4 (normative), 5 (rational), 6 (theoretical/metaphorical), and 7 (transpersonal) were evident in responses to question 1. Examples include the following:

1. 'I found this quite hard but thought provoking. I noticed some of my anxieties and prejudices arising' (level 4 –normative)
2. 'They were interesting, and encouraged me to think about experiences of professional practice I may not think about day to day' (level 4-normative).
3. 'It was interesting to think about spirituality and therapy side by side' (level 5-rational)
4. 'It was really difficult!, like trying to hold a cloud or nail a jelly to the wall!. It made me uneasy to respond as a scientist to these nebulous ideas, but I also enjoyed it!' (level 5-rational).
5. 'Very interesting. Highlighted the presence of a higher power/consciousness in the therapeutic/healing relationship' (level 6-theoretical/metaphorical).
6. 'Easy to pick phrases and difficult to define why' (level 7-transpersonal).

Participants' experiences and perceptions of the transpersonal in psychotherapeutic practice applied to Clarkson's seven Level Model (Clarkson, 2002b) clarified different experiences, perceptions, and separate methods of knowing. Learning to recognize this implicit pattern facilitated self-

understanding, interpersonal communication, and philosophical clarity, and hopefully contributed something beneficial to the human condition' (Clarkson, 2002a, p. 34).

MSP is not affected by an individual's defences against anxiety, which can occur due to concern of appearing odd, or unusual, or pathological with other measuring instruments and questionnaires (Newness, 1992). It was for these reasons it was chosen and proved to be a useful tool as evidenced by the results. It would be a useful approach in future research of transpersonal psychology. Responses of participants were mixed and were at levels 4, 5, 6, and 7 which indicated the scientific views and content of narratives taken by some participants and highlighted by their responses, but MSP as a projective tool also allowed transpersonal experiences to be identified, such as the participant's response 'it was easy to pick phrases but difficult to define why'.

Braun and Clarke's (2006) Thematic Analysis identified, analysed and reported patterns (themes) within the data as follows:

Thematic analysis of responses to question (1) produced the following themes:

Question (1) Please comment on the experience of completing the multiple sorting procedure (MSP).

Main Themes	Sub-themes
Interesting	- Many phrases describe the experience of God. - Easy to pick phrases but difficult to define why. - Enjoyment. - Highlights the presence of a higher power in the therapeutic relationship.
Thought provoking	- Unease as a scientist. Spirituality is difficult to explain in the context of psychology. - Interesting to think of spirituality and therapy side by side. - Difficult to describe and differentiate. - Easy to follow and relate to. - Encouraged reflection on personal beliefs and experiences.

MSP data produced themes indicated participants responses varied in that some viewed the transpersonal as an integrative facet of the therapeutic relationship while others adapted a scientific response whereby science and the transpersonal were viewed as separate. Responses in the table above for responses to question (1) produced sub-themes including 'Unease as a scientist, Spirituality is difficult to explain in the context of psychology' and 'Interesting to think of spirituality and therapy side by side'. This is in contrast to responses such as 'highlights the presence of a higher power in the therapeutic relationship' and 'easy to pick phrases but difficult to define why'. This highlights the differences in the scientific approach traditional in psychology when contrasted to an integrative humanistic and holistic approach which may not be seen as scientific. This illustrates the differences in Participants' awareness and views of transpersonal experience, and the difficulty some participants experienced integrating both, this again highlights the differences in trainings which influenced the results.

Question (2) What is your understanding of transpersonal psychology?

Analysis using Clarkson's (2002a) seven level model were at level 4 (the normative), 5 (the rational, logical), and 6 (The theoretical/metaphorical).

1. 'A politically correct way of describing how people encounter God' (level 4).
2. 'That there is a spiritual element in therapy' (level 6).

3. 'I think it is a field of psychology like others worthy of study and research, however, I do have a personal interest in transpersonal psychology, and think most rationale can be scientifically explained' (level 5-rational/metaphorical).
4. 'That it is psychology on a deeper level, allowing for aspects of the human self and spiritual existence that may not always have a place in science as we know it. It increased the parameters of traditional psychology and makes space for what we cannot fully understand/ explain as well as what we already factually know about. Mind, body spirit, greater beings, possibilities, alternative experiences, broad religious and spiritual belief systems. Provides a legitimate space for the unknown and its exploration' (level 5-the rational/logical).
5. 'That there is a spiritual element in therapy' (level 6- theoretical/metaphorical).
6. 'The combination of modern psychology with the spiritual, and involving the spirit and soul in healing, in addition to working on a cognitive behavioural level' (level 5-rational/logical).

(2) What is your understanding of transpersonal psychology?

Thematic analysis (Braun and Clarke, 2006, p.35)

Themes

Sub-themes

Spiritual	- Belief in a higher force/spiritual connection. - Draws on spiritual traditions. - Spiritual element acting in therapy. - A higher power. - No judgement. - Study of thoughts and behaviour related to the experience of the spiritual. -Events that take us beyond ourselves and beyond what we understand. -Exploration of the spiritual self.
Scientific	- A field of psychology like others. - Most rationale can be scientifically explained. - No interest in transpersonal psychology. - A politically correct way of describing how individuals experience God. - It has its place. - It allows for aspects of the human self that may not have a place in science.
Spiritual and scientific	- Worthy of study and research. - Difficult to describe. - The therapeutic relationship is a healing tool. - Psychology on a deeper level. - A shared journey. - Another approach in Psychology where the therapeutic relationship and dynamics is at the core. - A combination of modern psychology and the spiritual. - Involving spirit and soul in healing and working on a cognitive behavioural level. - How the spiritual connects with psychology.

Participants' understanding of transpersonal psychology presented in themes of either 'spiritual' or 'scientific' or a combination of both. Responses were mainly of normative (level 4), rational (level 5) or theoretical/metaphorical (level 6) using Clarkson's seven level model. This highlights spirituality and science were seen by some participants as two separate incompatible approaches. This is reflected in participants'

responses and supported by the projective element of MSP. Some participants acknowledged and identified the transpersonal while others attributed their experiences to psychologists' skills and adapted a scientific narrative which did not include the transpersonal or emphasise the unconscious dynamic between psychologist and client in the transference space. Acknowledgement and awareness of the transpersonal was influenced by adaption of a scientific explanation by some participants which may have been influenced by their training whereby only 35% of participants' responses indicated they had received information on transpersonal psychology while in training.

Narratives of experiences were described at levels 4, 5, and 6. Some responses presented a scientific narrative while some were integrated in considering the transpersonal as part of the therapeutic process and varied according to their views of the transpersonal. Each participant's subjective experience and external ways of knowing of their experiences were evident but different elements of internal experience and external sources of knowing both also existed together in the data obtained. Some contradicted each other which may have been linked to different levels of knowledge and understanding of the transpersonal.

Participants' subjective experiences and different levels of experience were well represented by Clarkson's seven level model which is non-hierarchical (levels can co-exist at the same time). Results highlighted the levels had equal value but also contradicted each other when comparing participants responses. This describes different professional opinions whereby both science and the transpersonal are seen as separate and different (the reductionist approach) which has consequently impacted on and influenced views, training and subsequent practice to date. Combining both views encourages openness in asking questions and looking forward. It has been a challenge for the academic world to accept that a disciplined subjectivity is as important and can be integrated with an objective area of science which measures and specifies outcomes. Unification is necessary so as to continue developing and improving education for psychologists with inclusion of the very important area of transpersonal psychology. Results indicate trainings are varied as described by participants responses and highlight a need for more emphasis in training courses on holistic and transpersonal content and 'learning by inquiry' (Clarkson, 1995).

(3) Do you have an interest in the transpersonal?

This question highlights responses at levels 4 (the normative), 5 (rational/logical), and 6 (theoretical/metaphorical) using Clarkson's seven level model (Clarkson, 2002a).

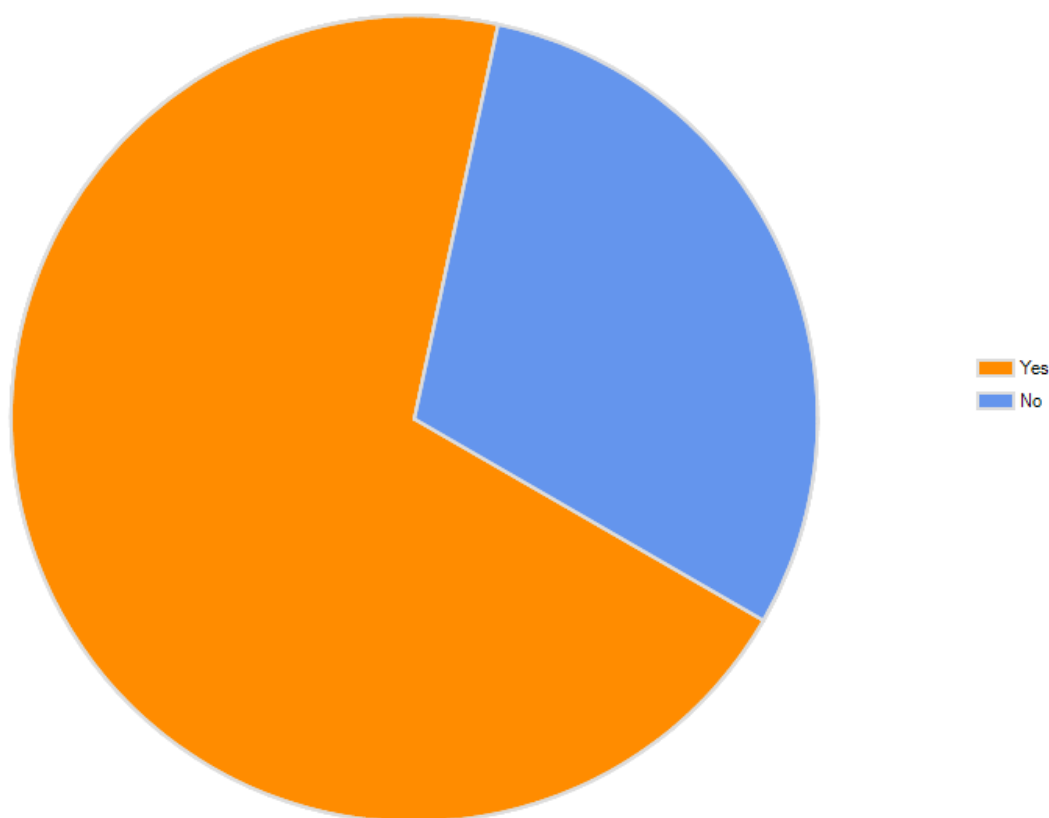
1. 'I think merging the two fields can produce a very powerful outcome' (level 4).
2. 'I have heard about this and its approach is quite different and breaks down the conventional and often limited approach to the human psyche. It appears to be a much deeper approach to understanding the reasons behind our behaviours' (level 5).
3. 'I am a member of the transpersonal section of the BPS and have attended the conferences for the past five years. I believe that my practice is influenced by my understanding of transpersonal psychology' (level 4).
4. 'Just interested to learn more and possibly integrate in my approach' (level 4)
5. 'I think merging the fields can produce a very powerful outcome' (level 4).
6. 'I think it is an important area of theory and practice professionally. It is important to include and acknowledge the spiritual/transpersonal element of the therapeutic relationship' (level 4).
7. 'I'm interested in the unexplainable experience of clients, the unconscious realm as well as part of the brain that we don't understand as well as the range of sense, all of which humans do not possess. I'm interested in the possibilities' (level 6).
8. 'I would not rule out any approach which may be helpful and is client centred. I have found that it can help me understand therapeutic relationships at a deeper level and it expands my awareness of what might be going on for my client' (level 5)

(3) Do you have an interest in the transpersonal?

Themes	Sub-themes
A different approach	Breaks down the conventional and often limited approach to the human psyche. Interest in learning more and integration to clinical practice. Important to include the transpersonal element of the therapeutic relationship.
Benefits	Merging of the two fields is powerful. Develop skills to enhance practice. Beneficial to clients. An important area of theory and professional practice.

Participants' interests in transpersonal psychology identified themes of its 'benefits' and the 'different approach' it offered to psychology. Responses applied to Clarkson's seven Level Model were evident mainly at normative (level 4), rational (level 5) or theoretical/metaphorical (level 6). These results reflect those of the responses found at question (2) above. Participants were positive of the transpersonal in therapeutic practice and of the positive aspects and benefits of knowing more of the transpersonal. This is encouraging for the integration of transpersonal psychology to all mainstream trainings. Participants acknowledged the benefits of the transpersonal facet of the therapeutic relationship and expressed interest in learning more which indicates their present responses are influenced also by training in the transpersonal received to date.

Do you have an interest in transpersonal psychology?



(n=20)

30%-No
70%- yes

(4) Please describe your perceptions and experience of teaching you received in the area of transpersonal psychology while in training as a psychologist.

Responses were at Levels 4 (the normative) and level 5 (rational/logical) when applied to Clarkson's seven level model (Clarkson, 2002a).

1. 'It was included in the training, but little time and emphasis was placed in this area' (level 4)
2. 'I am a medical doctor' (Level 5).
3. 'I studied with the late professor Clarkson who integrated the transpersonal into what she taught' (level 4).
4. 'It was very much part of the training syllabus where I trained' (level 4).
5. 'I trained integratively, with a focus on alternative and client-focused methods. I have also worked with and been supervised by John Rowan (level 4).
6. 'Personal therapy with a transpersonal therapist for several sessions' (level 4).

Thematic Analysis (Braun and Clarke, 2006, p. 36)

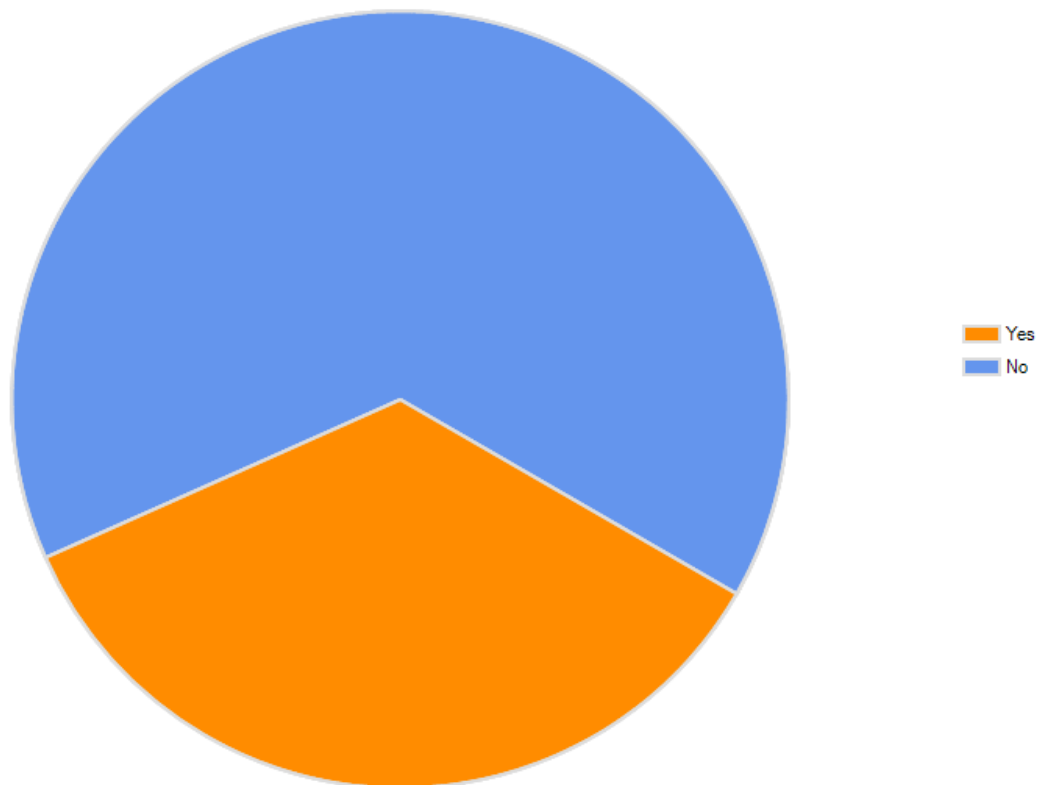
Themes

Sub-themes

Inclusion of transpersonal psychology	Worked with well known psychologists incorporating the transpersonal. Very much part of training. Integrative training
Exclusion of transpersonal psychology	Perceived incompatibility with profession (I am a medical doctor)
Not well integrated in training.	Little time and emphasis was emphasised in this area.

Participants described teaching of transpersonal psychology while they were in training as (a) not well integrated into training. (b) Inclusion in training. (c) Exclusion in training. Responses were mainly normative (level 4), or rational (level 5). Responses are reflective of responses given for other semi-structured open-ended questions, whereby transpersonal psychology has not routinely been included on trainings in a standardised way. This has consequently influenced participants' experiences, perceptions, and professional practice. When checking the survey monkey results I noted a medical doctor had participated in the study, although the research survey was forwarded to counselling psychologists. This also demonstrated transpersonal awareness and use of the transpersonal in clinical work. Medical schools in the USA and in Edinburgh have in later years integrated training in spiritual assessment and transpersonal issues as part of mainstream training. Psychology as a discipline has an ethical responsibility to integrate transpersonal psychology in mainstream training whereby increased knowledge would not only enhance clinical practice, but would encourage psychology as a discipline to be involved and support training and psycho education of other related professions.

Did you receive any information about transpersonal psychology during your training as a psychologist?



(n=20)

35% -Yes 65% - No

- (5) If relevant, please describe your perceptions and experience of any teaching you may have received concerning transpersonal psychology.

Responses were at Levels 2 (emotional), 4 (the normative) and 5 (rational/logical) (Clarkson, 2002a).

1. Teaching was very minimal and factual. It was not highlighted as important as other areas of study such as e.g. cognitive psychology. It is quite a time since I trained so it is difficult to remember details (level 4).
2. Not in psychology but in Aikido and discussion by a nurse researcher on clinicians energy on patients in the U.S.A (Nurse from Cape western Reserve University) and doing a brief experiment for it (level 4).
3. I have not had any formal teaching in transpersonal psychology (level 5).
4. Prof. Clarkson's teaching was excellent. I have found since that teachers may experience difficulties with teaching about the transpersonal because the components of it can be so difficult to describe and convey (level 4).
5. Excellent (level 2).
6. I am born into a deeply spiritual family and identify myself as a Hindu which is a very spiritual religion. I believe that just because we cannot always prove something exists' it doesn't mean it does not exist. My learning has come from my experience with a range of clients, the importance of providing a non judgemental space for these things as well as personal experience. For me, psychology and spirituality are intertwined and shouldn't be separated (level 4).

Participants' experiences and perceptions of any teaching they received concerning transpersonal psychology identified themes of either 'positive' or 'negative'. Responses applied to Clarkson's seven level model were also were mainly affective/emotional (level 2) normative (level 4), and rational (level 5) levels. 65% of participants also indicated they had not received information on transpersonal psychology in their training as psychologists. This would indicate the lack of information on transpersonal psychology received by psychologists during training has impacted on their views, awareness and knowledge of transpersonal psychology whereby some did not see the transpersonal as a facet of the therapeutic relationship. This will also impact on the working alliance and the process of therapy (Clarkson 2002a).

- (5) If relevant, please describe your perceptions and experience of any teaching you may have received concerning transpersonal psychology.

Positive	Excellent teaching. Learning from experience working with clients. Psychology and spirituality are intertwined and should not be separated.
Negative	Teaching was minimal and factual. Not highlighted as important as other areas of psychology. Teaching came from other disciplines other than psychology. Transpersonal psychology is difficult to teach as its components are difficult to describe and convey.

A non connectedness, and a lack of awareness or understanding and/or knowledge of the transpersonal with the discipline of psychology may result in varying outcomes of the success of therapy depending on the views of the psychologist. The psychologist has an ethical responsibility to respect clients' beliefs, views, and experiences within the therapeutic relationship. Where confusion exists across seven levels (Clarkson, 2002a) and across psychotherapeutic practice our clients too will aware of this confusion. It is important to find a culturally congruent narrative in the profession and in training especially where terms may have different meaning or may not exist in some schools of therapy.

Although the transpersonal is difficult to describe when it is experienced, the shared experience of the transpersonal in the therapeutic relationship is evident in CA (section 1, table 9) which was supported by the projective element of MSP which was a strength in collection of data and identified experiences at levels 1-7 when participants were asked why they chose the phrases and what the phrases had in common.

MSP data drew on personal constructs of participants and the unconscious aspects of awareness, experience and knowledge. The application of the responses to Clarkson's seven level model (2002a) and thematic analysis (Braun and Clarke 1986) highlighted participants co-existing experience of their realms of experience, whereby their experiences and narratives co-existed but also contradicted each other. Clarkson's seven level model proved useful in bringing clarity in providing 'an essential conceptual grid for working with the transpersonal dimensions of human existence' (Clarkson, 2002b, p. 30), and in describing the 'co-existing realms of human experience or human search for what can be known and how we know it' (Clarkson, 2002a, p. 157). While some participants identified awareness of the transpersonal they described their experiences using narratives mostly at level 4, 5, and 6 which were normative, rational (logical) and theoretical (metaphorical) indicating a narrative chosen based on reductionist science. This may be linked to the norms or collective consciousness of psychology as a profession where the transpersonal needs to be proven scientifically rather than unproven, where scientific and transpersonal can be seen as separate rather than integrated.

Themes of scientific, spiritual, and a combination of both were identified again in relation to transpersonal psychology highlighting the separateness of transpersonal psychology as viewed by some participants, but not all. Responses were at levels 4, 5, 6, and 7 (transpersonal). 72% of participants said they were familiar with transpersonal psychology, 70% had an interest in it while only 35% received information on transpersonal psychology in their training. Those who had an interest in the transpersonal responded at levels 4, 5, and 6, and identified themes of the benefits of transpersonal psychology and also transpersonal psychology as a different approach.

Participants' experiences in training of transpersonal psychology identified themes of inclusion, exclusion, as well as trainings not integrating the

transpersonal. Teaching experiences of the transpersonal were identified as both positive and negative. This again reflects the differences in awareness, experience and knowledge of participants in relation to transpersonal psychology and the lack of integration of the transpersonal to mainstream curriculums.

Only 35% of participants received information on transpersonal psychology while in training, and results of the present research (Results, section 1 and section 2) indicate transpersonal issues should be included within training for psychologists and potentially other related professions so as to deepen and understand human experience within the transpersonal and therapeutic relationship, and within the field of transpersonal psychology, as transpersonal psychology considers ways of knowing and different knowledge contexts and considers a psychology which is inclusive and not reductionist as in traditional scientific approaches. The results evidenced participants' experiences identifying a scientific approach and linked experiences to the psychologists' skills and the therapeutic relationship, to a spiritual approach, and an approach considering the integration of the scientific and spiritual to clinical psychotherapeutic practice. Participants had both negative and positive experience of the teaching they received in transpersonal psychology, whereby teaching was included, excluded, or not well integrated into training, and 72% expressed an interest in the area of transpersonal psychology. Some participants expressed a discomfort as to whether the transpersonal was scientific, and others took a different view where it was seen as spiritual, or integrated to clinical practice. Therefore, consideration of the varying experiences, awareness and knowledge of psychologists should be considered in training courses so as to provide a solid foundation to increase awareness and knowledge of this important facet of the therapeutic relationship.

Validation of findings study (See appendix 11 for full survey monkey results and findings in 1.1-3.5)

The validation study followed on from the original study, and the themes identified correspond to the original study. The purpose of the validation of findings study was to explore and expand upon the original study. Participants' phenomenological responses were analysed using the Themes identified in the original study, and used again in the validation study to present the study results under each theme. Phases recommended by Braun and Clarke (2006) for thematic analysis (section 2) and following Braun and Clarke's (2006) fifteen point checklist for criteria of good Thematic Analysis (Appendix 2) were applied to the results, and followed the same method used in the original study and as described in the present results section. One original participant did not want to participate in the second validation of results study and requested a summary of the original study's findings only, while nineteen requested the summary of findings and agreed to participate and add their reflections on the research findings by participating in the validation study.

The validation of findings study looked at:

Table 11

Themes	Reflection questions
(1) Findings related to experiences and perceptions of the transpersonal (findings listed 1.1-1.9).	(a) To what extent do you feel these results represent an accurate representation of the research you participated in? (b) If you feel there is anything missing, can you indicate what that might be? (c) Do you think there are exceptions to the findings listed? (d) Do you feel there are situations which may lead to a different result? (e) Please include any additional comments below.
(2) Findings related to Transpersonal Psychology in training (2.1-2.7).	
(3) Findings related to Transpersonal Psychology in clinical practice (3.1-3.5).	

Participants were asked the following questions in response to each of these 3 areas of findings as follows:

Theme 1: Findings relating to experiences and perceptions of the transpersonal

(a) To what extent do you feel these results represent an accurate representation of the research you participated in?

Sub-themes

Accurate representation of results	Knowledge hard to reach
Difficulty in defining the transpersonal	Fear of judgement
Tensions between science and the transpersonal	An integral part of training and practice.

Participants who responded to this question (n=10) indicated that the results represented an accurate picture of personal experiences and perceptions of the transpersonal. Respondents used positive words and phrases like 'reflects highly', 'accurate representation', 'represents my opinions', and 'relevant to the issues raised' to indicate the level of accuracy of the findings. Two respondents further reflected on the natural occurrence of varying views of what transpersonal psychology can be defined or interpreted as being, alongside their own challenge to define or delimit their definition of the transpersonal – 'Having completed the survey, I felt I should have been able to say more, but didn't know quite how'. The narrative of these additional responses circle back to the challenge of describing experiences that go beyond words, that which is often attributed to the transpersonal. The difficulty to define the transpersonal was interpreted differently by one respondent who noted that the seemingly 'unscientific' nature of the transpersonal could lead to individuals being reluctant to 'entirely acknowledge or share the depth of their transpersonal practices due to fear of judgement' as they are more likely to want to 'conform' to what is seen as scientific. Surprise was expressed by another participant that some participants 'felt an incompatibility between transpersonal psychology and psychology'. Also acknowledged was the important role transpersonal psychology plays as 'an integral part of psychological training and therapeutic approaches'.

(b) If you feel there is anything missing, can you indicate what that might be?

Sub-themes

Nothing missing	Considered in the research and identified by participants
Culture and ethics were covered	The importance of the client being listened to respectfully in therapy and able to discuss the spiritual/transpersonal.
Research was pluralistic and valued the participant	Comparing narratives of those practicing longer to more recently qualified clinicians.

Respondents to this question (n=12) did not identify anything missing. One participant reflected that 'ethics and culture were covered' and the research was 'of a pluralistic approach whereby the perspective of the participant was valued'. Another participant thought it would be interesting in evaluating views on transpersonal psychology in practice to see if there would be a difference between narratives of those practising longer than those clinicians more recently qualified. Another participant identified the importance of clients being listened to with respect and feeling able to discuss the transpersonal and spiritual in therapy. Both were considered in the present research.

(c) Do you think there are exceptions to the findings listed?

Sub-themes

No exceptions identified	Transpersonal evokes great awe, curiosity and allowance.
Transpersonal research is underrepresented in psychology and lack of information may lead to biased answers.	It would be difficult to integrate the immense scientific/spiritual unknown to knowledge of the mind.
Those with knowledge of the transpersonal would be more likely to endorse it as effective and enriching	It is wrong to discount its presence especially for clients for which it is important.

No exceptions were identified by participants (n=10). One participant noted that the research in transpersonal psychology was underrepresented in psychology and that this lack of information may result in biased answers. Another thought those psychologists with knowledge in the area would be more likely to endorse it as 'an effective and enriching therapeutic approach'. Another participant commented '[...] Mine is an attitude of great awe and respect for the transpersonal, of curiosity, of allowance. I do not believe it will ever be possible to integrate such immense scientific/spiritual unknown (far larger than our psychology) to our knowledge of the mind. It would be however wrong to discount its presence especially with those clients for whom this is very important'.

(d) Do you feel there are situations which may lead to a different result?

Sub-themes

Lack of knowledge can inhibit the psychologists approach and application of the transpersonal in practice.	Practitioners fear of judgement
Differences in faith/culture and theoretical orientation impact on participants' views and interpretations of the transpersonal	Respecting views of clients leading to omission of the transpersonal in therapy.

Participants who responded to this question (n=10) highlighted how lack of knowledge in this area inhibits psychologists in knowing how the approach fits or can be used in practice. Other participants questioned how differences in faith/culture and theoretical orientation would impact on participants' views and interpretations of transpersonal psychology, such as Jungians who would favour it more than those practising cognitive approaches. Also highlighted was practitioners' reluctance to fully share information about the transpersonal, perhaps mirroring the 'fear of judgement' cited above. Participants also acknowledged that it was important to respect clients' views regarding the transpersonal, which sometimes may lead to its omission in therapy.

(e) Please include any additional comments below.

Sub-themes

Findings reinforced the importance of transpersonal psychology being integrated into training	Counselling psychology may be self limiting if there is not space to develop the spiritual self.
future research could examine the responses from practitioners in training on the transpersonal and how they evolve during different kinds of transpersonal training	Few connections made between the transpersonal and paranormal reflecting personal belief and experience of practitioners.
Research awakened an interest in the transpersonal	Separation of transpersonal from counselling psychology goes against the philosophy of counselling psychology.

Questions the willingness of psychology to be open to other practices like the transpersonal	Fear of judgement from the scientific community.
Requirement for a different approach to allow discussion of the transpersonal in therapy.	Need for transpersonal psychology to be understood explicitly in training environments.
Pluralism of counselling psychology allows space for direct and indirect work with the transpersonal.	Similarity of transpersonal
Client's subjective experience is important and that may include the transpersonal.	Psychology can disregard important human spiritual experiences which difficult to measure

Findings reinforced the importance of transpersonal psychology being integrated into training (n=10). One respondent noted how future research could examine the responses from practitioners in training on the transpersonal and how they evolve during different kinds of transpersonal training. It is interesting that the present research awakened an interest in the transpersonal in one participant who said 'this research unwittingly contributed to my development, prompting me to think about areas of my work which had not benefited from a great deal of reflection. It ignited an enduring interest in the transpersonal for which I am grateful'. This was reflected by another participant who questioned the willingness of psychology to be open to 'other practices supporting therapy'. It was suggested a different approach to discussing the transpersonal is needed as psychologists can be prevented from 'fully connecting with client experiences' in the therapeutic relationship. The participant identified the pluralistic nature of counselling psychology as ideal in considering these issues, as being open to exploration 'without fearing what may not always make sense at the time'. It is these aspects which truly separate 'counselling psychology' from other forms of therapeutic training'. Working within the client's frame of reference was identified as important 'while we may not be able to deliver proof within the parameters of science, or are equally not able to disprove the existence and significance of the spiritual dimension. Furthermore if we are interested on our clients' subjective experience and work with their frame of reference what does it matter?'. The incompatibility of transpersonal psychology was described as 'self limiting' by a participant who concluded that 'clients can be confined to the limitations of the practitioner, which leaves me to argue that reflective practice in counselling psychology could benefit from going one step further by consciously thinking about and developing our spiritual selves'.

One participant reflected that few connections had been made between the transpersonal and the paranormal - 'I suppose this comes down to personal belief and experiences of the practitioners. In my view the transpersonal realm as a category would extend to reported subjective paranormal experiences as any form of extra sensory perception could be viewed as a spiritual concept. This could also be seen as connection to a higher consciousness'. Respondents considered the separation of the transpersonal from psychology skills was like 'unconsciously splitting the person, which goes against holistic counselling psychology philosophy'. The same participant emphasised the sense of fear of exploring what we do not understand as practitioners due to 'fear of judgement from the scientific community', and emphasised the need for transpersonal psychology to be considered 'explicitly in training environments'. Emphasis was placed on creativity and adapting to the therapeutic needs of the client, increasing attunement in therapy and acknowledging the transpersonal domain while working with varying levels of consciousness. The latter of these is also recognised by psychodynamic and psychoanalytical approaches. The participant highlighted the strength of counselling psychology in using approaches such as phenomenological and heuristic frameworks over purely empirical approaches, as a pluralistic profession with the opportunity to work directly or indirectly with the transpersonal. More empirical approaches can limit clients - 'ignoring and underestimating experiences that are not as tangible or measureable or subject to experimentation...psychology risks to continue to be 'killing the spirit' of human nature, human relationships and human experiencing, in an attempt to draw tangible and measurable, over-compassing conclusions'.

Theme 2: Findings relating to Transpersonal Psychology in training

(a) To what extent do you feel these results represent an accurate representation of the research you participated in?

Sub-themes

Accurate research and highly representative.	The valuable and essential role of the transpersonal was highlighted.
Experience of views being disregarded by tutors when the transpersonal was discussed.	Transpersonal knowledge gained through personal development after training completed.
Lack of opportunity to study the transpersonal in training is self-limiting for the practitioner and limits their client work.	Omission of the transpersonal may affect individuals' wellbeing

Participants (n=10) described the results as 'accurate', 'highly representative', and 'representing the dominant discourse in this field'. One participant described their experience of talking about the transpersonal and how a student was 'laughed at and discounted by the teacher' when they mentioned a spiritual aspect. This reflects the difficulty in practitioners identifying and discussing issues related to the transpersonal in some contexts. Others identified the omission of the transpersonal from training, with one specific respondent referring to their transpersonal journey beginning after training and through their work with clients over the years, as well as through personal development. The lack of opportunity to discuss the same was seen as self-limiting for the practitioner and the potential client, and participants again highlighted the need for training in the area contributing to the 'wholeness' of the approach, and 'the integration of the physical, psychological, and spiritual'. One participant said 'the spiritual element is lost and I wonder how this contributes to individuals' sense of wellness {...} coming to terms with making sense of life changing experiences etc. The transpersonal approach is highly valuable and essential'.

Participants again identified the need to incorporate transpersonal psychology in training. A participant gave an example of therapists in supervision 'ridiculing clients sharing their spiritual experience and assuming this was part of the client's pathology'. The participant emphasised how training would support therapists in further understanding that they 'do not hold the truth' and the importance of the client in perceiving this from the therapist 'rather than experiencing the therapist listening but not believing a word the client is saying'.

(b) If you feel there is anything missing, can you indicate what that might be?

Sub-themes

A need for education in the area, as clinicians experienced other clinicians considering the client's spiritual experience as pathological in a supervision session, which would impact and affect client work.

There is a need for education in the area, as clinicians experienced other clinicians considering the client's spiritual experience as pathological in a supervision session, which would impact and affect client work.

(c) Do you think there are exceptions to the findings listed?

Sub-themes

the importance of training to reduce bias in this area
Interest developed in transpersonal psychology outside of what was provided in training.
The ease to which clinicians already experience the transpersonal (e.g. Jungian) based on their theoretical training versus those who do not and have had different trainings.

Emphasis was again placed on the importance of training to reduce bias in this area. A further point of note highlighted the interest developed in

transpersonal psychology outside of what was provided in training. Participants identified the ease to which clinicians, such as Jungians who already experience the transpersonal would accept it, versus other clinicians trained in cognitive and Freudian approaches who may not.

(d) Do you feel there are situations which may lead to a different result?

Sub-themes

Trainings in different countries as well as personal faith influence perceptions.
Participants who have more exposure to transpersonal psychology in training were seen to give more effective responses

Participants considered how different trainings in different countries may influence the perceptions of participants, as may those with spiritual or religious beliefs who may link the transpersonal with God. Participants who were trained in transpersonal psychology were seen to be able to give more reflective responses, as were those attending University programmes with more emphasis in this area.

(e) Please include any additional comments below.

Sub-themes

importance of trainers themselves having awareness of the area and so following a pluralistic teaching approach.	Training would generate interest, reduce bias and aid decision making.
Present research is valuable and provides a platform for dialogue to include the transpersonal in training.	The right training environment with a strong experiential perspective would result in the transpersonal becoming apparent.
Need to incorporate the transpersonal in training	Trainers may be defensive or open towards the transpersonal dimension which influences students learning.

Participants reinforced the need for the transpersonal to be incorporated in training. A suggested avenue for further research was to explore how students would view 'the legitimate exploration of it in training'. It was suggested further training in the form of CPD and workshops would 'generate interest, reduce bias, and aid decision making'. One participant commented the research was 'valuable' and provided 'a platform from which to begin a dialogue about the importance of incorporating the transpersonal element in training and CPD'. One particular response elaborated on the area of training; 'I believe that when a training programme has a strong experiential perspective, the transpersonal dimensions become apparent anyway; students go through a 'transformative experience' in discovering themselves, hence it is inevitable that they 'tap into' the spiritual (tacit knowledge), even if they do not 'name' it as such. Depending on how 'defensive' or 'open' trainers are towards the transpersonal dimension, such discussions and explorations/practices may take place during training (or not)'. This also indicates the importance of trainers themselves having awareness of the area and so following a pluralistic teaching approach.

Theme 3: Findings relating to Transpersonal Psychology in clinical practice

(a) To what extent do you feel these results represent an accurate representation of the research you participated in?

Sub-themes

Results are reflective of the situation in practice today	It can be limiting for clients if the transpersonal is omitted.
Results in clinical practice were seen as more positive than the first theme where experiences and perceptions of the transpersonal were seen as separate and not co-existing with science.	Western culture rejects rather than nurtures aspects of being
The importance of working in depth was emphasised which was seen as supported by the transpersonal	

It was identified that the results were reflective 'of the situation in clinical practice today'. Results were seen as more positive than those presented through the first theme examining experiences and perceptions of the transpersonal, where results indicated transpersonal psychology was seen by some participants as separate and not co-existing with science'. The importance of working in depth was emphasised; a factor which the transpersonal supports, but which can be limiting for clients if omitted. It was suggested that psychologists should encourage their clients to 'bring all parts of themselves to the therapeutic relationship'. One participant described the disconnection with the spiritual dimension 'as a result of a hectic and pressurised lifestyle contributing to lowered levels of personal wellbeing. Perhaps some of this is due to western culture which rejects rather than nurtures the spiritual aspects of being'.

(b) If you feel there is anything missing, can you indicate what that might be?

Sub-themes

More knowledge and training of transpersonal psychology leads to more reflective and considered responses.
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It was proposed by a participant that more knowledge/training of transpersonal psychology would lead to more reflective and considered responses.

(c) Do you think there are exceptions to the findings listed?

Sub-themes

A deeper awareness of the transpersonal may improve the finding which presented that 70% had an interest in the transpersonal (Finding 3.2)
Training should adapt a pluralistic approach and should respond to the spiritual requirements of client needs.

It was suggested that a deeper awareness of the theory and approach of transpersonal psychology may improve the finding (3.2) which presented that 70% of participants had an interest in the transpersonal. A participant proposed training should be incorporated from a pluralistic perspective rather than taught separately, and should respond to the spiritual requirements of client needs. It was also suggested that 'there are people who would regard themselves as rationalists who would regard the transpersonal as wishful thinking or even delusional'.

(d) Do you feel there are situations which may lead to a different result?

Sub-themes

Participants trained in the transpersonal may present a more positive impression of the transpersonal.
Those not trained in the transpersonal may present a more negative impression of the transpersonal.
Fear of judgement if the power of the transpersonal approach is recognised by participants with a negative impression of it.

Participants identified particular cohorts of respondents which may present alternative results to those gathered in this study. These cohorts could present more positive and descriptive results, for example, where samples contained a greater proportion of participants who have been trained in the transpersonal. Contrastively, results which would construe a more negative impression of the transpersonal could be gathered from participants with more of a scientific background or those in 'fear of judgement' who might be perceived as 'wacky' if 'they recognise the power of the transpersonal approach'.

One summative comment identified not only the importance of being trained in spiritual issues and how to deal with them sensitively when working with clients, but also the training required 'to deal with clients who do not want to include their spiritual side, perhaps skilfully, tactfully exploring reasons for this, e.g. possible fears, or anything else'. This is also an important consideration for training.

(e) Please include any additional comments below.

Sub-themes

Validation of findings study was identified as useful way of reflecting about clinical practice.
It is not included unless trainers are spiritually informed.
It should be part of the core curriculum.

Some participants identified the usefulness of participating as a way of reflecting on the results and issues highlighted in relation to clinical practice. One participant identified the need for trainers to be aware of the area when teaching, 'unless there are transpersonal psychologists or spiritually informed trainers in a given faculty training team, the transpersonal branch of psychology tends to be ignored or dismissed or not included. It would be good if it became part of the core curriculum'.

Summary of findings from the validation of findings study

The validation of findings study reinforced those findings relating to the identified themes in the original study. Participants who chose to reflect on the original findings reported positively on the accuracy and coverage of the findings relating to their personal experiences and perceptions of the transpersonal, perspectives on the place of the transpersonal in training and the presence of the transpersonal in practice. Participants' responses supported the results found in the original study and contributed to their original comments and responses. Their further reflection on the original findings, in itself, provided an unbiased forum, through which they could account for the transpersonal in an anonymous fashion, without 'fear of judgement'. The online nature of the instrument could have further enhanced this facet or anonymity, which may have been somewhat reduced if conducted in a face-to-face environment.

Participants recommended that trainers should consider transpersonal psychology forming part of pluralistic counselling psychology. In addition, they considered it important to include training in working with clients who do not want to identify spiritual/transpersonal issues, where they may be relevant to presenting issues. Fear of colleagues not acknowledging the scientific nature of transpersonal psychology was also reflected upon, thus impacting on clinicians sharing their views. Participants also reflected on the difference in trainings in different Universities, different countries, and personal views affecting responses. Participants were also interested in how training in transpersonal psychology may influence and evolve personal and professional development over time.

Of note, was that some participants reflected on an interest in transpersonal psychology being 'ignited' when participating in the present study. One participant provided an apt and summative comment which highlighted the difficulty in fully integrating the transpersonal as it is 'such an

immense scientific/spiritual unknown to our knowledge of the mind, which is far larger than our psychology to our knowledge of the mind. While it would be however wrong to discount its presence especially with those clients for whom this is very important'. The 'immense' nature of the transpersonal means that it can never be fully defined or bounded within a 'complete' definition or training module for training psychologists. We can however, begin to piece together those elements which can be considered, explored and defined.

This piecing together is explored through an emerging theoretical model based on participants' personal perceptions and experiences of transpersonal experiences, of transpersonal psychology in their clinical work, and of transpersonal psychology teaching while in training. The emerging theoretical model is considered and further described below in the Discussion section, supported by a diagrammatic representation (Fig. 8, Discussion section). I thought the model was best placed in the discussion section as it pulls together the results.

B.4 Discussion

The discussion section follows and the research results are discussed in relation to previous research and theory to address the main research question. The results and outcomes are considered with reference to the education of psychologists, and an emerging theoretical model based on the results of the study and the validation of results study is discussed in this section. The methodology of the study is evaluated with suggestions for future research proposed.

Interpretation of results

Relationship in transpersonal psychology

Clarkson (1999) speaks of the difficulty for psychologists and psychotherapists to study the relationship since it is the relationship which is the creative space in which we live and breathe and find our meaning with our clients (Clarkson, 1999, p. viii). Relationship is also the source of interpersonal psychological difficulties supported and healed in the therapeutic relationship, whereby the healing effects of therapy continue outside of the therapeutic relationship particularly with the transpersonal in mind allowing the individual to acknowledge and identify their potential and interconnectedness with the world. Clarkson emphasises the relationship as an essential element of transpersonal psychology where the 'relationship or the interconnectedness between two people has been significant in all healing since the time of Hippocampus and Galen' and 'seems to be one of the most significant features in any major change or 'metanoia' (Clarkson, 1999, p.3). She describes the task as not only that of the counsellor or psychotherapist (Clarkson, 1999, p. vii-viii).

Transpersonal experiences are difficult to define, measure, and describe particularly using scientific methods. In looking at the perceptions and experiences of psychologists in the present study, the application of a methodological pluralism, using both qualitative and quantitative methods allowed an exploration of experiences and perceptions while focusing on consistency, and the presentation of the results found. The present research identified differences by considering the unique experience of each participant, and acknowledging the diversity and cultural differences as a source of knowledge. The methodological pluralism which combined qualitative and quantitative approaches represented the data and the research question under study in the present research.

Results indicated participants did not always identify the transpersonal in their clinical practice, and their awareness, use, and interaction with the transpersonal in clinical practice varied according to personal views, their trainings in psychology, and personal and professional biases which influenced how experiences were conceptualised, interpreted, and understood. This was also supported by findings from the validation of findings study, whereby participants described the results as e.g. 'highly reflective', 'accurate', and representing participants opinions and relevant to issues raised (Results, section 2). Chinen (1996) highlighted the differences between modern science and transpersonal tradition which he described as (1) Scepticism (the questioning of traditional doctrines e.g. existence of souls) (2) empiricism (based on direct experience of the observer), and (3) materialism (everything is under the control of the same processes). All three were also evident in the results, and the results indicate an approach to experiences and perception of transpersonal experience as related to science, the transpersonal, or an integration of both. This emphasises the empirical history of psychology which has influenced theory and practice whereby the transpersonal may not be viewed as scientific. Plante and Thoresen (2014), emphasise the influence of the ancient wisdom traditions which have offered practices and tools which can be used by psychology secularly even if the psychologist is not spiritual or may not have an interest in transpersonal psychology. This emphasises the need for counselling psychologists and other psychologists to approach the issue of spirituality/the transpersonal with clients using an approach not perceived as insensitive or avoidant (Plante and Thoresen, 2014). The relationship and interconnectedness between mind and body identified by ancient eastern and western cultures is useful in modern science in supporting understanding. This is because the relationship can promote healing, and address complex human issues in counselling psychology practice (Plante and Thoresen, 2014). The more knowledge the counselling psychologist and psychologist have of their own beliefs, biases, values and attitudes, the more space there is for the client to grow and heal.

This was also reflected in the validation of results study whereby an underrepresentation of research in transpersonal psychology was seen to be perceived in psychology trainings. This was also seen by participants to impact upon how the approach fits or can be used in clinical practice. Faith, culture, and theoretical orientation also were highlighted as impacting on participations' views and interpretations of transpersonal

psychology. Respecting clients' views on the inclusion or omission of transpersonal psychology from therapy was emphasised as was practitioners' reluctance to share information about the transpersonal for fear of being judged by colleagues and the scientific community. Participants' identified experiences where this had occurred. Overall, participants supported the integration of transpersonal psychology in training, and questioned the willingness of psychology to be open to 'other practices supporting therapy', so avoiding problems with 'fully connecting with client experiences'.

Participants' trainings and clinical experience varied which enhanced the results, whereby a variety of trainings and experiences were represented. Twenty-five participants included 10 counselling psychologists, 6 clinical psychologists, one medical doctor, three academic psychologists, one forensic and occupational psychologist, and four psychotherapists. All had a Masters level of education, and 8 had doctoral level qualifications. Participants' ages were between 27 and 69 years. Clinical experience varied between 0-25 years which was reflected in responses influenced by different experiences of trainings at different times whereby the transpersonal was omitted or included in training. Twenty participants responded to the validation of results study, of which nineteen participated. Participants' interest in transpersonal psychology and their familiarity with transpersonal psychology was variable. Information received on transpersonal psychology while in training as psychologists varied amongst participants.

The results (Results, section 1 and 2) illustrated the diversity in participants' responses and the differences in experience and perception of the transpersonal which participants identified in professional practice and in training. Responses varied between those questioning the scientific basis of the transpersonal in clinical practice, those who viewed it as an integrative part of practice, those who attributed professional skills to experience and knowledge rather than transpersonal experience. Some participants also identified the uniqueness of the transpersonal. Participants' interest in and understanding of transpersonal psychology varied, as did their experience in training which was both positive and negative. Transpersonal psychology had been included, excluded, or integrated in training. The variety of participants' years of experience provided a depth of richness to the results and while 72% identified they were familiar with the transpersonal, and 70% said they had an interest in transpersonal psychology, it was interesting that only 35% received information about transpersonal psychology during their training as psychologists (pie charts in Results section, section 2). This was evident in the results and individual responses as well as collective responses.

Twenty of the original participants responded to the validation study of which one opted out and received the results of the original study as requested. Participants' responses validated those of the original study which were seen as accurate where 'ethics and culture were covered'. The study was seen as relevant to the issues raised. Participants in the validation study also identified the view of the incompatibility of transpersonal psychology as 'self limiting' thus confining clients to the limitations of the practitioner's practice, while 'ignoring and underestimating experiences that are not as tangible or measurable or subject to experimentation', and producing 'over-compassing conclusions' while 'continuing to kill the spirit of human nature, human relationships and human experiencing'. Examples were also given of supervisees 'rediculing clients sharing their spiritual experiences' as 'part of the client's pathology'. An emphasis on 'teachers incorporating transpersonal psychology from a pluralistic perspective rather than taught as a separate subject' was recommended, as was training workshops, ongoing CPD, and skills to support clients who wanted to omit the transpersonal particularly where presenting issues may be related to the same. Participants also identified an interest in the transpersonal being 'ignited' having participated in the research. Others identified the lack of training they received but later learned of the transpersonal through their clinical work and personal study.

The correspondence analysis data was collected using MSP, a projective method which allowed freedom to express and articulate what each participant considered to be their personal meanings. Data were explored in a systematic and structured manner without the constraints of finding verbal descriptions for transpersonal experiences. The MSP results (Results, section 1), showed 1173 phrases (cards) were placed in categories (Results, table 3), and CA organised, interpreted, and identified relationships and associations in MSP data (Results, section 1, Table 9, group 4), and produced a visual representation of relationships and associations (section 1, figures 5, 6, and 7).

The four distinct groups with relationships between phrase (cards in MSP) and categories were grouped together by CA (Results, section 1, Table 9, groups 1-4), and based on participants' responses. Participants identified 'no experience' with the 'paranormal' (group 1). Experiences (phrases) identified and placed in the category 'something I cannot explain' (group 2) were; 'difficult to describe', 'mystical', 'close contact with something spiritual', 'connection with the spiritual', and 'powerful moment', indicating experiences of the transpersonal, while phrases/cards chosen in group 3 were placed in the categories; 'connection with a higher being/ higher consciousness', 'God', 'life energy /life force' and 'experience I had previously' which were seen as similar. The phrases/cards chosen for these categories were; 'Presence of something beautiful

or spiritual', 'sense of timelessness', 'happiest moment', 'feeling of total peace'; 'happiness and contentment', 'loss of sense of self into something greater', 'peaceful moment', 'feeling at one with one's surroundings', 'a deeper knowing', 'deep sense of knowing'. CA identified a similarity between the categories; 'presence of healing', 'psychologist's skills', and 'the therapeutic relationship' (group 4), and the phrases/cards chosen, which were; 'deep relaxation', 'life transforming experience', 'experience I've had before', 'synchronicity', and 'total connectedness with the therapist in the therapeutic relationship'. Participants identified transpersonal experiences (phrases on cards) as linked to the presence of healing as well as the psychologists' skills and therapeutic relationship which identifies a relationship and interconnectedness between science and the transpersonal in psychotherapeutic practice. However, the phrases relating to transpersonal experiences were chosen less frequently in this category than those identifying the professional skills of the psychologist.

The 'paranormal' category in group 1 (Results, section 1, Table 9, group 1), was the category least chosen and seen as most different to other categories by participants, although many did identify having transpersonal experiences. A participant of the validation study reflected upon how few connections had been made between the transpersonal and the paranormal and thought this may be based on the personal belief and experiences of practitioners. The participant said 'in my view the transpersonal realm as a category would extend to reported subjective paranormal experience as any form of extra sensory perception would be viewed as a spiritual concept. This could also be seen as connection to a higher consciousness'. The paranormal are phenomena that cannot be understood by conventional scientific methods, as there is no theory or scientific law which can explain the phenomena (Law and Lancaster 2011, Rock, Storm, Irwin, and Beischel, 2013). This may have been identified by participants, as the paranormal was the phrase (card) and category least chosen and seen as most different during MSP. Parapsychology, the study of paranormal experiences and unexplained phenomena also has transpersonal psychologists in the field where both overlap and study models of mind, and an extended mind can experience parapsychological phenomena (Law and Lancaster, 2011). The difference is that transpersonal psychology emphasises self-transformation and draws on the spiritual traditions where connection to a higher consciousness is emphasised. Parapsychology does not consider the self-transformation as transpersonal psychology does, and transpersonal psychology may be viewed as a broader discipline in which parapsychology can be included (Law and Lancaster, 2011). Participants did not emphasise the connection between both in their MSP responses. The role of Metaphors was important as they influenced the choice of phrases (cards) placed in categories and illustrated different professional viewpoints and personal biases which can influence ways of working, where interpretation and application of interpretations can affect professional practice

Therefore, in considering the role of metaphors, It is interesting that the world's ancient wisdom traditions and spiritualities have been in existence before the professions of psychology and psychotherapy, and many psychological approaches share similar ideas and concepts as the ancient wisdom traditions and spiritualities but use different narratives and scientific language. Individuals of the same language and culture share and communicate their experiences in a way identified in that particular culture. This is reflected in the discipline of psychology which directs us towards experience and perceptions of experience already described, organised and interpreted through discourse. Each fractal of experience and perception is part of the whole perception and experience. Although language and experience are interwoven, language does not fully represent our experiences and perceptions so as to assess another individual's subjective experience which is based on language alone. Clarkson (2002a) recommends focus should be placed on a congruent narrative and commonality of meaning so as to enhance exploration of differences in meaning and discourse in psychology, and within the therapeutic relationship to support the working alliance.

In addition, Rock, Storm, Irwin, and Beischel (2013), described a thematic analysis completed by Hartelius, Caplan, and Rardin in 2007 which found 160 definitions of transpersonal psychology obtained from published research and literature between 1968 and 2002. The three themes found were (1) beyond-ego; which refers to the individual's sense of self in a particular time and location. (2) integrative/holistic; which refers to the whole person while not adopting a reductionist approach, and (3) transformative; which allows the individual to attain conscious states which are more positive than waking states. Rock et al (2013), compared Grof's (1975, 1988, 1993) transpersonal cartography of the human psyche and identified that transpersonal experiences can be psi experiences (Rock et al, 2013, p. 411). Rock et al (2013) described the transpersonal categories of Grof's model as; (1) phenomena which occur within the shared universe, (2) phenomena which transcend normal boundaries such as perception of future and past events, e.g. mediumship. These phenomena are described as spatial and temporal expansion and contraction, and (3) phenomena which transcend the distinction between mind and body and are of a 'psychoid' nature. Rock et al (2013) emphasise Grof's view that many transpersonal experiences are psi experiences (Rock et al, 2013, p. 411). Within the relationship between transpersonal and psi experiences, there is therefore similarity whereby the field of transpersonal psychology and parapsychology have much in common, and which emphasises the importance of working with the subjective meaning of phenomenological subjective client experiences. This was not identified by participants who saw both as different. This is contrary to the pluralism adapted by counselling psychology which

emphasises the importance of viewing each individual's experiences and behaviour as relational, which influences how we understand clients, psychological distress, and the view counselling psychology has of pathology. It also emphasises the requirement to inform our practice with relevant research and evidence-based practice thus emphasising the importance of the inclusion in training of psychologists (e.g. Milton, 2010).

Group 2 (Results, section 1, Table 9, group 2), identified similarities of experiences of the transpersonal in the category 'something I cannot explain'. It is interesting that participants' experiences of the transpersonal (group 2) were seen as different to those of group 1 (paranormal). Transpersonal experiences were identified as a transformation beyond the ego and the sense of self in a more positive position. The human meaning of participants' experiences which they identified in the category as something they could not explain were 'difficult to describe', 'mystical', 'close contact with something spiritual', 'connection with the spiritual', and 'powerful moment'. Over the past few decades there has been an increase in spirituality and in usage of the words related to spirituality which reflects a cultural change. It is interesting that most people have had spiritual experiences which cannot be explained through a psychology based on mechanism and materialism, and with a reductionist thinking which does not emphasise consciousness and its continuation from the inner world to the outer world, which is 'in us, through us and around us' (Miller, 2014, p. 611). Consciousness interconnects time and space, and extends to the world around us. Transpersonal psychology researches the spiritual and mystical traditions to understand more about the mind-body connection and psychological growth. It does not dismiss the unique phenomenological subjective experiences of individuals.

Participants identified transpersonal experiences which may not have been emphasised in their training. The more the counselling psychologist knows of transpersonal psychology, the more psychological growth is possible for themselves and for clients. This is supported by Clarkson (2002a) who identifies the transpersonal relationship as one of the facets of the therapeutic relationship present in therapeutic healing. This reflects the pluralistic perspective of counselling psychology, whereby transpersonal experience is not separate but an integrated part of life and awareness of life. Vaughan (1977) describes consciousness as the instrument and the object of change in the therapeutic relationship, whereby state of consciousness of the counselling psychologist is important in the outcome of the work. The therapist who arrives at a transpersonal orientation as a result of personal searching and spiritual experience will notice the effect of such practice on all their relationships (Vaughan, 1977). Rather than adapting one epistemological approach the pluralistic approach of counselling psychology considers other ways of working while respecting the complexity and uniqueness of clients. This also supports the role of transpersonal psychology as part of training and practice.

Phrases/cards chosen in group 3 (Results, section 1, Table 9, group 3), were placed in the categories; 'connection with a higher being, higher consciousness', 'God', 'life energy /life force' and 'experience I had previously' which were seen as similar by participants. The phrases/cards chosen for these categories were; 'Presence of something beautiful or spiritual', 'sense of timelessness', 'happiest moment', 'feeling of total peace', 'happiness and contentment', 'loss of sense of self into something greater', 'peaceful moment', 'feeling at one with one's surroundings', 'a deeper knowing', 'deep sense of knowing'.

The category chosen most often was 'connection to a higher being/higher consciousness with the phrase (card) 'powerful moment' most frequently placed here. It is interesting these were the phrase and category most frequently chosen. It was interesting that transpersonal experience was connected to a higher consciousness by participants, as compared to other disciplines, psychology has neglected the areas of spirituality and religion. This has been particularly so in the U.S., where there has been little training in the area (Miller and Delaney, 2005). Perhaps incorporating pluralism, psychologists would approach their work with an increased understanding of transpersonal psychology and clients' spiritual beliefs. This is identified by participants in the present study. Furthermore, Plante and Thoresen (2014) reported 68% of training directors of clinical psychology courses said they would not see spiritual/religious training offered on the courses. This is in contrast to the American Psychological Association's approach which emphasises the importance of spirituality for the psychology of human existence, and in considering the cultural and spiritual characteristics of each individual (Plante and Thoresen, 2014).

As a result, the richness and depth of experience reflects the pluralism which applies to practice as a counselling psychologist, so it is important to consider and develop different epistemological and theoretical positions and approaches in counselling psychology practice (Manafi, 2010). This would also be beneficial in other disciplines of psychology which emphasise a traditional reductionist way of working. Spiritual and religious traditions and wisdoms have supported individuals in dealing with difficulties and life challenges related to psychological wellbeing. Plante and Thoresen (2014) emphasise the need for spiritual and religious factors supported by research to be incorporated in therapeutic plans. Although many psychologists are not spiritual or religious, they can work with clients even if their own views are different by engaging in education,

whereby a secular approach (e.g. mindfulness) can also be considered. Psychologists can use spiritual principles and practices to support clients even if their own viewpoints are different. It is important that personal biases in relation to positive and negative perceptions of others' beliefs are reflected upon, while maintaining respect of the diversity of beliefs and practices. Pluralism in professional practice considers the complexity of human beings and their experiences and considers many perspectives and epistemological approaches (Plante and Thoresen, 2014).

The cards (phrases) in group 4 (Results, section 1, Table 9, group 4), were 'deep relaxation', 'life transforming experience', 'experience I've had before', 'synchronicity', 'total connectedness with the therapist in the therapeutic relationship', and were placed most frequently in the categories; 'total connectedness with the therapist in the therapeutic relationship', 'psychologists' skills' and 'the therapeutic relationship' which did not identify the transpersonal or transpersonal experience. Participants also placed cards/phrases identifying transpersonal experience in the same categories, but to a lesser extent. The presence of transpersonal experience may not have been identified or experienced, where professional skills were identified. Transpersonal experience may have been present but participants may not have identified it as transpersonal. This demonstrated participants' awareness and experience of the transpersonal in clinical practice and also identified their professional skills related to the connectedness in the therapeutic relationship. Professional skills were identified in the therapeutic relationship rather than experiences which may have been transpersonal. Transpersonal experiences were identified to a lesser extent than professional skills in particular categories, which demonstrated an interesting difference (Results, section 1). This is an example of the dichotomy which is influenced by the empirical/positivist epistemological foundation, whereby considering different perspectives can bring challenges for counselling psychologists and psychologists whereby established ways of working based on training are questioned (Milton, 2010). Counselling psychology however, with its pluralistic framework which;

'extends into arenas beyond therapy without underpinning what it is or devaluing the principles at its core. Its dialectical nature means that it is not a static discipline with fixed and unchangeable features- it is evolving, organic and adaptable and it has much to say' (McAteer, 2010, P. 17).

Integrating transpersonal psychology to clinical practice has been difficult for psychologists as it has been criticized for being unscientific, psychologically unsound, and having difficulty defining itself (Hartelius, Rothe, and Roy, 2013). However, this is in contrast to the approach of transpersonal psychology as an integrative psychology which considers the spiritual, mental, emotional, and physical dimensions of the individual. Few participants identified having 'no experience' with the transpersonal in psychotherapeutic practice which was also the card (phrase) least chosen. This is important as acknowledging transpersonal experiences means participants have an awareness and experience which when understood from a pluralistic perspective promotes a therapeutic space for transpersonal issues, as the qualities needed to consider the transpersonal in therapy are no different to those which provide any good therapeutic relationship (Coyle, 2010).

It was interesting CA results illustrated the scientific and spiritual skills of psychologists in therapeutic practice and were associated as related to the same categories in table 9 (graphically displayed in figures 5, 6, and 7, results, section 1). Analysis of the semi-structured questions in section 2 (results section), identified a similar pattern and also a dichotomy between science and the spiritual in clinical practice by some participants, as well as an integration of both. The semi-structured open-ended questions also highlighted participants' interest and understanding of transpersonal psychology, and their perceptions and experiences of teaching they received in transpersonal psychology. Results highlighted participants' world views in relation to the transpersonal, aside of what may be acceptable from a mainstream psychology perspective, where less emphasis is placed on the transpersonal as an important area of study and practice.

Following completion of MSP, participants responded to the questions asking why they chose the phrases, and what they thought the selected phrases had in common. When responses were amalgamated and Clarkson's seven level model (2002a) was applied to the content of responses, they were of: the physiological/perceptual level (level 1), emotional/affective (level 2), nominative (level 3), normative (level 4), rational/logical (level 5), theoretical/metaphorical (level 6), and transpersonal (level 7) which illustrates the integrative nature of the therapeutic relationship in psychologists' professional practice including the transpersonal, even if not acknowledged, or if consciously adopting a reductionist approach or framing it using different discourse.

This indicates an integrative thinking, a pluralism which can be difficult particularly in taking such a wide viewpoint and recognising a variety of approaches which can result in a conflict in ideas. As a result, a dialectical approach is best adopted in counselling psychology practice (Cooper and McLeod, 2007). Some participants identified the presence of the transpersonal but explained their experiences using Level 4, 5, and 6 using

narratives (Clarkson, 2002a), which were normative, rational (logical) and theoretical (metaphorical) indicating a narrative which drew on a reductionist science. This may be linked to training they received/did not receive in the transpersonal while in training as psychologists, while identifying with a reductionist approach. Maintaining a curiosity and keeping an open mind in clinical practice is maintaining the dialectical nature of counselling psychology. The dialectical nature involves a narrative to establish an answer while considering different points of view while maintaining curiosity and professional ethics. For this reason, Milton (2010) emphasises the importance of the processes within us while maintaining our curiosity in the pluralism of professional practice as counselling psychologists. This is in contrast to an objective thinking which may influence research and practice.

Participants responses to their experience of completing the multiple sorting procedure (question 1), illustrated the differences in participants' awareness and views of transpersonal experience, and the difficulty some participants experienced integrating the transpersonal and science in clinical practice. Main themes of; (1) Interesting and (2) thought provoking (Results, section 2) highlighted the differences in trainings which influenced the results (Braun and Clarke, 2006, p. 35). The presence of levels 4 (normative), 5 (rational), 6 (theoretical/metaphorical), and 7 (transpersonal) were evident in participants' descriptions of the content of their experiences. Responses included 'it was easy to pick phrases but difficult to define why' (level 7, transpersonal) which indicated the effectiveness of the MSP, and the awareness and acknowledgement of the transpersonal. Responses such as 'I found this quite hard but thought provoking. I noticed some of my anxieties and prejudices arising' (level 4, normative) illustrates the difference between a scientific approach and an integrative approach acknowledging the facet of the transpersonal in the therapeutic relationship. A response in the validation study was made in relation to the challenge of describing experiences that go beyond words, that which is often attributed to the transpersonal. Also highlighted was the seemingly 'unscientific' nature of the transpersonal which could lead to individuals being reluctant to 'entirely acknowledge or share the depth of their transpersonal practices due to fear of judgement'.

Themes identified were 'interesting' and 'thought provoking'. One sub-theme of the 'interesting' theme was the acknowledgement of a higher power in the therapeutic relationship and the 'thought provoking' theme highlighted sub-themes such as 'unease as a scientist'; 'Spirituality is difficult to explain in the context of psychology', and 'they were interesting and encouraged me to think about experiences of professional practice I may not think about day to day'. This highlights the contrast and differences in the scientific approach traditional in psychology when contrasted to an integrative humanistic and holistic approach, it is interesting to think of the impact of the level of training in transpersonal psychology and how this may have influenced participants' responses. Especially as the pluralism of counselling psychology is an epistemological position, and an ethical and political commitment to respecting, valuing and being inclusive towards otherness: other worldviews, other counsellors and psychotherapists and respectful to our clients (Cooper and Mcleod, 2007, p. 136).

Participants' responses when asked about their understanding of transpersonal psychology (question 2), were at level 4 (the normative), 5 (the rational, logical), and 6 (The theoretical/metaphorical) (Clarkson, 2002a). Participants' understanding of transpersonal psychology presented themes of either 'spiritual' or 'scientific' or a combination of both together (Braun and Clarke, 2006, p.35). Examples of sub-themes produced for the 'spiritual' theme included 'belief in a higher force/spiritual connection'; 'exploration of the spiritual self'; 'spiritual element acting in therapy'; 'no judgement'; 'study of thoughts and behaviour related to the experience of the spiritual'; events that take us beyond ourselves and beyond what we understand', and exploration of the spiritual self'.

The 'scientific' theme produced sub-themes of; 'a field of psychology like others'; 'most rationale can be scientifically explained'; 'no interest in transpersonal psychology'; 'a politically correct way of describing how individuals experience God'; 'It has its place'; 'it allows for aspects of the human self that may not have a place in science'. The combined 'spiritual and scientific' theme produced sub-themes of; 'worthy of study and research'; 'difficult to describe'; 'the therapeutic relationship is a healing tool'; 'psychology on a deeper level'; 'a shared journey'; 'another approach in Psychology where the therapeutic relationship and dynamics is at the core'; 'a combination of modern psychology and the spiritual'; 'Involving spirit and soul in healing and working on a cognitive behavioural level'; 'how the spiritual connects with psychology'.

The Cartesian framework which has been a major factor in psychology's identity as a science is evident when reflecting upon participants' responses whereby a dichotomy of science and the spiritual is identified by participants alongside those who saw both as integrated in transpersonal psychology. Looking at different perspectives can bring challenges. A participant in the validation of results study commented on the pressurised lifestyle of the modern world contributing to lower levels of wellbeing and questioned whether this could be partly attributed to 'western culture which rejects rather than nurtures the spiritual aspects of being'. It is interesting therefore, that Van Deurzen said for a client's

psychological wellbeing to be recovered, all levels or dimensions of existence including the social, personal, physical, and the transpersonal should be considered (Van Deurzen, 1997, 2002). Participants identified different understandings, beliefs, values, and intentions which affect the content of experience. This is important while also maintaining what is best for client psychological wellbeing. The content of experience defines acknowledgement and awareness of the transpersonal in psychotherapeutic practice, and informs practice. 72% of participants were familiar with the term transpersonal psychology which reflects participants' knowledge and training received.

The transpersonal in practice does not have a set presentation or presence. It can add meaning and inform the psychologist aside of what the psychologist says or does. The dichotomy of some participants' responses highlights an experience and perception of a separation between the scientific and transpersonal, while others acknowledge the integration of transpersonal presence and experience. An incompatibility between science and transpersonal was identified by some participants. It is interesting on reflection that 65% of participants did not receive information on transpersonal psychology in training and how this may have impacted responses.

For transpersonal issues to be addressed, Coyle (2010) recommended the creation of a therapeutic space with a pluralism in practice, as the qualities of a good therapeutic relationship should be maintained. He described the client's context and understanding of experiences and reactions within the therapeutic context which are important. Also emphasised is the necessity for the counselling psychologist to explore the client's understanding and interpretations regardless if the practitioner has a background knowledge of the spiritual, religious, and transpersonal traditions (Coyle, 2010, p. 268). The pluralism of counselling psychology considers ancient eastern traditions, religions, the secular application of spiritual practices as well as its historical links to reductionism. Unification is necessary so as to continue developing and improving education for counselling psychologists with the inclusion of transpersonal psychology. A participant in the validation study expressed that trainings with an experiential perspective naturally encourage transpersonal elements to become apparent, whereby 'students go through a transformative experience in discovering themselves, hence it is inevitable they 'tap into' the spiritual (tacit knowledge) even if they do not 'name' it as such. Depending on how 'defensive' or 'open' trainers are towards the transpersonal dimension, such discussions and explorations/practices may take place during training (or not). This also indicates the importance of trainers themselves having awareness of the area and so following a pluralistic teaching approach'. Results indicate trainings are varied as described by participants' responses and highlight a need for more emphasis in training courses on a holistic and transpersonal content and 'learning by inquiry' (Clarkson, 1995).

Participants' interest in the transpersonal (question 3), highlighted responses at levels 4 (the normative), 5 (rational/logical), and 6 (theoretical/metaphorical) (Clarkson, 2002a), which identified the content of responses using a reductionist narrative. Themes of a 'different approach' with sub-themes of; 'breaks down the conventional and often limited approach to the human psyche'; 'interest in learning more and integration to clinical practice'; 'important to include the transpersonal element of the therapeutic relationship' were identified and indicated the perception of a positive contribution transpersonal psychology makes to practice and in supporting clients. The theme of 'benefits' had sub-themes of; 'merging of the two fields is powerful'; 'develop skills to enhance practice'; 'beneficial to clients'; and 'an important area of theory and professional practice'. Responses identified 70% of participants had an interest in transpersonal psychology, and participants identified an awareness and knowing of the benefits to clinical practice which transpersonal psychology can bring. Equally important, Spiritual and religious traditions are part of the wisdom traditions on which transpersonal psychology is based, and have helped people cope or manage life stressors and distress associated with psychological functioning. These coping approaches have included optimism, positive emotions, compassion for self and others, forgiveness of others, and they have resulted in less anxiety, depression and perceived stress (Plante and Thoresen, 2007). These are all elements which would be apparent on pursuing interest in the transpersonal.

Psychologists can use spiritual principles and practices to support clients, even if their own perspective is different. Spiritual principles can be approached using a secular approach, where benefits are positive physical, social, and mental health effects (e.g. mindfulness, meditation). Therefore, it is important counselling psychologists work within competency and professional codes of ethics and practice and must be careful not to introduce biases in relation to positive and negative perceptions of others' beliefs, while maintaining respect for the rich diversity of beliefs and practices (Plante and Thoresen, 2014).

In considering participants' understanding and interest of transpersonal psychology, it is important to consider their experience of the education they may have received in transpersonal psychology, and how this may have influenced responses. Participants described their perceptions and experience of teaching received in the area of transpersonal psychology while in training as a psychologist (question 4). Responses were at Levels 4 (the normative), and level 5 (rational/logical) (Clarkson, 2002a), whereby the content of responses drew upon a reductionist narrative.

Themes of 'inclusion', 'exclusion', and 'not well integrated in training' were identified with sub-themes (Braun and Clarke, 2006, p. 36). The theme of 'inclusion' had sub-themes of; 'worked with well-known psychologists incorporating the transpersonal'; 'very much part of training'; and 'Integrative training'. Furthermore, if transpersonal learning is taught with less fixed boundaries to support interest and understanding, learning can be 'dynamic, flexible, adaptive, spacious, visionary and expansive' (Rowe and Braun, 2014, p. 681). In the same way, Rowe and Braud emphasised the positive aspects which transpersonal education brings which reflected participants responses. Rowe and Braud describe the positive aspects as 'expansiveness, interconnection, exceptional human experiences, and psychospiritual transpermatation' (p. 681). It is interesting therefore that participants' experience and perceptions of teaching received in the area is very varied as supported by the results.

This is in contrast to the theme of 'exclusion', which had a sub-theme of a 'perceived incompatibility with the profession'. I noted on the survey monkey results that a medical doctor had participated in the study, although the research survey was forwarded to counselling psychologists. The Doctor did not have teaching in transpersonal psychology. Medical schools and nursing schools already integrate spiritual assessment and transpersonal elements in their training. Psychologists are in a unique position to also be involved in supporting training in transpersonal psychology for other allied professions. Mainstream psychology has not incorporated transpersonal psychology in training but with changing views in society, the pluralism of counselling psychology means the profession are in a unique position to understand transpersonal psychology and its importance in education, as well as the transpersonal self which is open and connected, compassionate, wise, receptive, unlimited, peaceful, allowing, intuitive, spontaneous, creative, inspired, and awake, (Vaughan, 1985). Exclusion of transpersonal psychology could limit opportunities both for psychology, for clients, and the allied professions. The advantages of inclusion could reach beyond the psychology profession to areas of transpersonal study in allied professions.

The theme of 'not well integrated in training' had a sub-theme of 'little time and emphasis was emphasised in this area'. This has consequently influenced participants' experiences, perceptions, and professional practice. Responses are reflective of those given for other semi-structured open-ended questions, whereby transpersonal psychology has not always been an integrated part of trainings. 35% of participants had received information about transpersonal psychology during training as a psychologist. The norms of the psychology profession are to adopt a reductionist approach to assessment of clients. Misdiagnosis may occur using DSM V, or a normal behaviour or thoughts relevant and known to a client's culture and belief system may be pathologised. Identifying and acquiring the knowledge required to work therapeutically with clients of other spiritualities, faiths and cultures is important. How can we do psychological therapy as counselling psychologists, and expect healing to occur without the transpersonal, and without knowing the client's core philosophy in terms of how they make sense of their life and their views on death. This is important, as Pluralism is at the centre of therapeutic practice as counselling psychologists and emphasises diversity and the relational way of understanding the world.

Participants described their perceptions and experience of any teaching received concerning transpersonal psychology (question 5), whereby the content of responses were at Levels 2 (emotional), 4 (the normative) and 5 (rational/logical) (Clarkson, 2002a). This illustrated the reductionist narrative and language emphasised in the psychology professions. Thematic analysis (Braun and Clarke, 2006, p.35), produced themes of 'positive' and 'negative'. The 'positive' theme had sub-themes of; 'excellent teaching'; 'learning from experience working with clients'; 'psychology and spirituality are intertwined and should not be separated'. While the 'negative' theme produced sub-themes of; 'teaching was minimal and factual'; 'not highlighted as important as other areas of psychology'; 'teaching came from other disciplines other than psychology'; 'transpersonal psychology is difficult to teach as its components are difficult to describe and convey'. 65% of participants also indicated they had not received information on transpersonal psychology in their training as psychologists. Transpersonal psychology studies the ancient wisdom traditions so to better understand psychological development and the mind. It researches, teaches, and forms theories in relation to the transpersonal not found on mainstream teaching courses which may have influenced the positive and negative experiences identified by participants, particularly if teaching was based on a reductionist scientific approach and narrative. The pluralism adapted in counselling psychology is an ethical consideration as well as epistemological one, which respects there are many ways of 'experiencing feeling, valuing and knowing' (Division of Counselling Psychology, 2008, pp. 1-2.).

Referring to the teaching of transpersonal psychology, Clarkson (1995) warns of the danger in focusing on the transpersonal in a naive, premature or mistaken approach. She emphasised the difficulty and the importance of obtaining relevant literature, training, and research in the transpersonal, so as not to spiritualise the psychological or vice versa (Clarkson, 1995). Training in containing the not knowing and the letting go of our chosen professional languages, skills and preconceptions is also recommended by Clarkson as implied in the transpersonal relationship (Clarkson, 1995). It is interesting that Cohen (2013) noted an assumption often made by undergraduates and postgraduate students of

psychology is that transpersonal and humanistic psychology are not interested in scientific method and science and focus on the individual's subjective state, which is contrary to Maslow's writings whereby he talks of transcendence and seeks to 'integrate, supplement and inform the natural sciences' (Cohen, 2013, p. 5). In fact Cohen (2013) describes the training of transpersonal psychologists which involves training in 'psychological theory, techniques and methods, but also a profound, experiential knowledge of, and training in, one or (in many cases) more of the wisdom traditions which often can lead to the pursuit of transformative research' (Cohen, 2013, p. 11).

Participants' responses emphasise a need for further integration of training in transpersonal psychology. It is important for psychologists to learn how to assess clients' transpersonal perspectives so as to understand how clients' views may influence their mental health and spiritual issues. It is also important for psychologists to have awareness and knowledge of their own views on transpersonal psychology which will influence their ideas and concepts of mental health and psychological wellbeing. Russell and Yarhouse (2006) reported 68% of directors of clinical psychology training courses in the United States have said they do not see that religious/spiritual training will be given to students (p. 434). This is in contrast to the approach taken by medical schools in the USA and in the UK. It is important psychologists understand and are mindful of transpersonal views of clients' even if they are not shared by the professionals themselves.

Summary of findings

The analysis and results were discussed with existing and relevant research literature, and the research findings summarised and the relevance and implications for psychology and counselling psychology and the professional clinical practice and training of psychologists were explored.

The effectiveness of the pluralism of a mixed methods methodology (Anderson and Braud, 2013) supported the research data and findings. Results identified different narratives and different levels of awareness and acknowledgement of the transpersonal in clinical practice. Participants identified experiences whereby the separation between client and psychologist was transcended and although professional boundaries existed between client and psychologist in their therapeutic work, there was a seamlessness and awareness of an experience - the transpersonal - which is consistently present but not always identified or acknowledged (Clarkson, 1998). Participants demonstrated different internal experiences and different external ways of knowing. Participants had an interest in transpersonal psychology which was in contrast to the minimal input they received in training. Varied experiences of transpersonal psychology teaching while in training were identified which influenced responses. Aside of MSP which accessed conscious and unconscious experiences and perceptions, responses to the semi-structured questions generally included responses of a scientific, rational and normative narrative (Clarkson, 2002a), drawing on the empirical/positivist epistemological foundation of psychology. Participants' experiences of transpersonal psychology in training were both positive and negative. Training included transpersonal psychology, excluded it, or it was well integrated. Transpersonal psychology was viewed as spiritual, scientific, or an integration of both by participants. A dichotomy between the scientific and the spiritual was identified by some participants in relation to their understanding of transpersonal psychology. Participants experienced different truths, values and beliefs which indicate these differences would also exist in the therapeutic relationship which would influence the therapeutic relationship and therapeutic outcomes.

Findings suggest training received in transpersonal psychology influenced responses, awareness, experience and acknowledgement of the transpersonal in clinical practice. Counselling psychologists were contacted to participate, 10 of the 25 participants were counselling psychologists. This enriched the results, and also emphasises the role counselling psychology can take in the education of psychologists in pluralism, which encompasses transpersonal psychology. Twenty participants responded to participate in the validation of findings study, of which one opted to receive a summary of the results only. The validation of findings study reinforced findings related to the identified themes in the original study. The nineteen participants responded positively to the results and commented on the same. This further reflection supported by the online unbiased forum allowed them to respond anonymously in a manner which may have been reduced face to face. Findings contributed to the emerging theoretical model based on participants' personal perceptions and experiences of transpersonal experiences, of transpersonal psychology in their clinical work, and of transpersonal psychology teaching while in training. The emerging theoretical model represents what is already known about the transpersonal and described in the literature review, and what has been learned through the research described in this thesis. The emerging theoretical model is described around the three emerging and salient three themes; participants' personal perceptions and experiences of transpersonal experiences, of transpersonal psychology in their clinical work, and of transpersonal psychology teaching while in training. The content presented in the model is a synthesis of content from literature review relevant to these three themes and findings from this research which were described around these three salient themes. It has been newly drawn together as a summary or graphical representation of the work described in this thesis and as a starting point from which practitioners can add to or subtract

elements and content, depending on their requirements.

The Emerging Theoretical Model of Transpersonal Perceptions, Experience, Practice and Education (also referred to as the emerging theoretical model) illustrated in Figure 8 below builds on the research results and insight from the works of The Wiley-Blackwell Handbook of Transpersonal Psychology, the Oxford Book of psychology and spirituality, and references contained in the bibliography. Findings from the research outlined in this thesis contribute to the emerging theoretical model description. While some definitions of Transpersonal Psychology have been established (e.g. The British Psychological Society, 2012), the emerging theoretical model outlined below maintains that Transpersonal Psychology can never be bounded or confined within a single definition or model. It espouses that individuals' subjective view of the Transpersonal will add or subtract themes to those outlined below. As such, the emerging theoretical model should become an organic model, from and to which, elements can be added or subtracted. The British Psychological Society's abbreviated definition of Transpersonal Psychology (2012) forms the central or core element of the illustration of the emerging theoretical model. It forms a basis on which practitioners can begin to reflect on Transpersonal Psychology, and an element which can shift and change according to the three themes which can impact it.

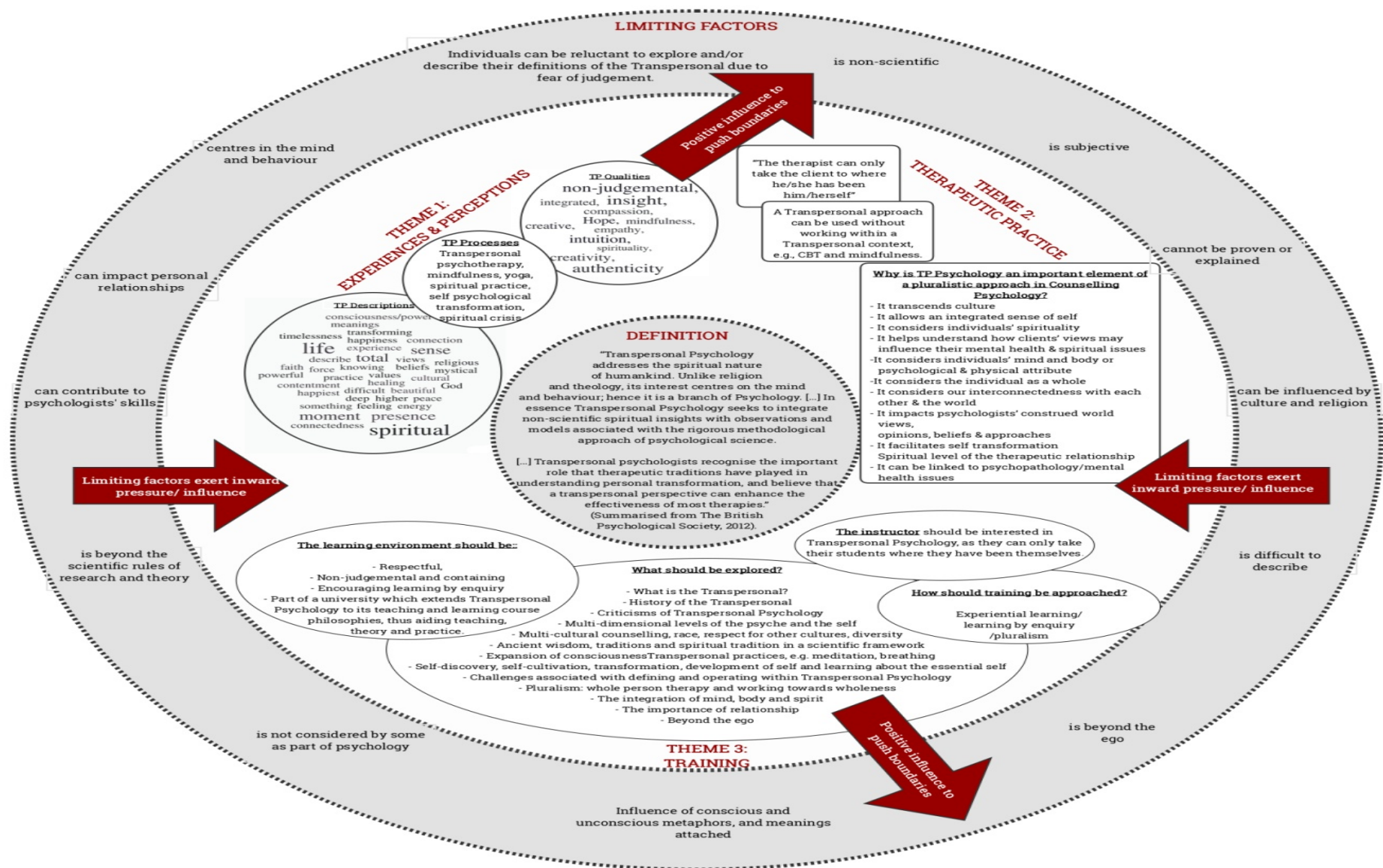
The three themes which emerged through the original study and were reinforced through the validation of findings study have been carried through to the emerging theoretical model. These are (1) Experiences and perceptions of the Transpersonal, (2) Transpersonal psychology in therapeutic practice and (3) Transpersonal Psychology in training. These three themes act as the scaffold around which the model is structured and populated with content from this thesis (existing knowledge from the literature review, and new knowledge gleaned from the research in this thesis). These three emerging themes are not mutually exclusive. Insights into Transpersonal Psychology gained through personal reflection for example, will positively impact a practitioner's use of Transpersonal Psychology in practice and will equally colour their view of Transpersonal Psychology in their training. Insights gained through any of the three themes will mutually benefit the other themes. The three themes form the second layer of the emerging theoretical model.

Fear of judgement in defining the non-scientific field of Transpersonal Psychology can militate against personal reflection on the Transpersonal and its inclusion in training and practice. This fear, or the 'limiting factors' associated with Transpersonal Psychology can and have inhibited its inclusion and consideration in a pluralistic model. These 'limiting factors' are illustrated as the external layer of the emerging theoretical model, which exert an inward influence and sometimes limit the consideration and inclusion of Transpersonal Psychology in practitioners' personal reflection, in training and in practice. Equally, greater insight gained from the three themes of the second layer of the emerging theoretical model will exert a positive influence to push the boundaries of this outer 'limiting factors' layer.

It is hoped that the present research may also have wider implications to raise awareness of the benefits and importance of inclusion of transpersonal psychology in trainings and clinical practice not only of psychologists, but of other health care professionals.

Fig. 8

The Emerging Theoretical Model of Transpersonal Perceptions, Experience, Practice and Education



Implications for counselling psychology and how findings may aid the development of theory and practice

Analysis of the research findings suggests the impact of different experiences of training in transpersonal psychology influenced responses, awareness, experience and knowledge of the transpersonal in clinical practice. Psychologists' personal experiences and perceptions influence their professional practice and clinical related issues such as assessment and treatment. Psychologists' subjective experiences and perceptions of transpersonal experiences in therapy are influenced by their knowledge of transpersonal psychology, their exposure and interest in that knowledge, as well as their experience in training which provides a foundation for future practice. This is supported and described by the Emerging Theoretical Model of Transpersonal Perceptions, Experience, Practice and Education (Fig. 8 above) and has implications for counselling psychology practice, research, and training.

Considering the role of the psychologist and particularly the counselling psychologist, it is essential that research is applicable to practice and accessible so that it can be understood and utilised where relevant by fellow professionals. I aimed to demonstrate the present results could contribute to professional practice and a methodological pluralism in research which is considered in the training and education of psychologists. This is in addition to making a contribution to the area of professional practice and providing a greater understanding of the importance of the multidimensional levels of the human psyche and of the self. After all, it was the subjective nature of the human psyche which encouraged the objective nature of scientific research yet is viewed differently by the reductionist world of science (Adame and Leitner, 2009).

This is a consideration for counselling psychology, where an integrated, pluralistic learning and practice is central, diversity and the holistic view of the individual is considered, and the uniqueness and complexity of human beings is considered. This is important in defining therapeutic goals for clients. The practice and theory of the counselling psychologist should fit the client's needs, and the use of a scientific Cartesian approach may not fit with the needs of the client (Rescher, 1993).

Findings were enriched with the participation of a variety of participants, where 10 of the 25 participants were counselling psychologists. The original study was further supported by the validation of findings study and the emerging theoretical model (Discussion, Fig.8). Findings indicate interest in transpersonal psychology did not reflect understanding, where transpersonal psychology was viewed from both a reductionist perspective and a pluralistic perspective. Considering different perspectives can bring challenges which counselling psychology can address with pluralism as its frame of reference. It is hoped that the present research may also have wider implications in highlighting the benefits and importance of inclusion of transpersonal psychology in trainings and clinical practice not only of psychologists, but of other health care professionals. I also emphasised the importance of knowledge of multicultural counselling which counselling psychologists could contribute to (Introduction section). Findings therefore point to a need to promote development of transpersonal theory and practice. Education should be based on pluralism incorporating interrelated spiritual, transformative and transpersonal aspects of transpersonal education (Rowe and Braud, 2013). This is supported by Hertalius, Friedman and Pappas (2013b), who emphasised the importance of spiritual and ancient wisdom traditions within a wider scientific and academic psychological context (p. 54). One participant in the validation study said 'what comes to mind when reading these findings is [...] a therapist can only follow/take/accompany their client to the places they had been themselves, if a therapist is indeed someone who has explored the transpersonal/spiritual dimension within themselves, it is more likely to acknowledge it and incorporate it in their practice'. Education of psychologists is also influenced by the trainer's knowledge, views, and interest in the transpersonal. Their own self development influences ability to teach transpersonal issues, and is reflected by a participant in the validation of results study who said 'this topic presents problems that result from the issues of 'discourse' about how one tends to 'define' certain concepts and experiences that are subtle', and 'clients can be limited to the limits of the practitioner'. Universities need to consider the same in their teaching and course philosophies to aid theory and practice, and so consequently developing conceptual tools for psychology and counselling.

Findings support that theory and practice should include 'self-discovery, self-cultivation, and transformation', (Rowe and Braud, 2013,

p. 672) which acknowledge our interconnectedness with others and our environment. Findings therefore indicate this would involve education which considers 'personal growth, spirituality, being of service to the world, expanding consciousness and working towards wholeness' (Rowe and Braud, 2013, p. 677).

Experiential learning/learning by enquiry, transpersonal approaches to intellect and ways of knowing (Braud, 2006) and adapting transpersonal approaches to inquiry and research, would aid development of theory and practice. Transpersonal values acknowledge development of the self and a respect and understanding of other cultures and diversity. Transpersonal qualities such as empathy, compassion, intuition, insight, spirituality, and being creative and mindful amongst others are necessary. Transpersonal practice incorporated in a pluralistic practice, initiates our awareness of ourselves and others and should draw on the world's wisdom traditions. This supports practice which can be supported by research and validated scientifically.

Rowe and Braud (2013) described transpersonal processes 'that transcend the boundaries that separate the various spiritual pathways, and in doing so accesses common ground that invites a cross-traditional exploration, inquiry, and analysis' (p.672). This is relevant to counselling as a whole including multi-cultural counselling. Assessment of transformation could be assessed by researching students' experiences. Research completed by Baker (2012), and cited in Rowe and Braun (2013) identified a learning environment supporting transformation should be containing, respectful and non-judgemental and so encouraging students to learn by inquiry. Baker (2012) completed research based on transformation students experienced in a similar environment. A thematic content analysis was used and results found transformation represented; a greater integration of the mind, body and spirit, a greater connection to the self, others and the world with greater awareness, and learning about the essential self while moving from a social identity (Baker, 2012, p.iii). Transformative development is supported by the environment and is reflected upon by a participant from the validation of findings study, 'I believe when a training programme has a strong experiential perspective, the transpersonal dimensions become apparent anyway; students go through a 'transformative experience' in discovering themselves, hence it is inevitable that they 'tap into' the spiritual (tacit knowledge), even if they do not name it as such'.

Self directed learning was identified by participants in the validation of findings study through personal study and clinical practice where the transpersonal had not been included in their training. An interest was 'ignited' by another having completed both studies. Regular spiritual practices such as meditation can also support transpersonal learning and aid theory, practice and research. Findings also emphasise the importance of continuing research ensuring students and psychologists are trained in adequate research methods so to engage with and influence the discipline of psychology. As transpersonal experience can be difficult to describe, this encourages new methods of research and contributes to knowledge. The pluralism of methods in the present studies emphasises this and is supported by findings. The benefits of findings related to transpersonal research are self-growth and development of skills in theory, practice, and academia. The emphasis of research based practice in training and clinical practice I see as essential.

Suggestions for incorporating insights about transpersonal working into the training of psychological counsellors

With reference to how findings may aid development of theory and practice and education, Rowe and Braud (2013) highlighted the difference of a transpersonal education as the emphasis is placed on transpersonal ways of 'knowing' and combining 'processes and practices' based in transpersonal theory (p. 671). Considering what aids theory and practice, education and training are paramount as supported by findings in both the original and validation of findings study.

'We teach who we are' (Duerr et al., 2003, p. 193) reflects the importance of the interests, views, and knowledge of trainers which is relevant to transpersonal working and also identified in the original and validation of findings studies. Moore (1975) reflecting on transpersonal education said, 'the transpersonal educator tries to excite the child in us, to bring to birth new selves, new possibilities of experience. Through transpersonal education a person becomes aware of the feelings, fantasies and experiences which are our common heritage as human beings and begins to sense the interrelatedness of all things' (p. 24). These are qualities also highlighted

by participants in the present research and validated by the validation of results study. One participant in the validation study said, 'The scientific realm of the transpersonal is so immense that we cannot even begin to make sense of it, nor I believe we have much hope of integrating this immense mostly unknown realm without limited knowledge of the mind and of the universe and of spiritual worlds [...] I do not believe it will ever be possible to integrate such immense scientific/spiritual unknown far larger than our psychology or our knowledge of the mind. It would be however wrong to discount its presence especially with those clients with whom this is very important'.

An example of incorporating insights about transpersonal working is illustrated in Johnson and Naidoo's (2013) study of the impact of transpersonal psychology techniques to support thirty South African teachers and prevent burnout. All were HIV/AIDS coordinators and received six days training based on transpersonal psychology practices; 'personal check in, Tai Chi, breath work, acupressure points, finger holds, emotional freedom technique, safe space meditation, hand massage, head/neck/shoulder release, Pal Dan Gum exercises, boundaries and protection, map of human consciousness, song/dance, and closing circle of healing' (Johnson and Naidoo, 2013, p. 69). The authors suggest based on the research that consideration, emotional, and transpersonal care for fellow colleagues increases the effectiveness of transpersonal psychological techniques in burnout prevention interventions (P.59). This supports findings and participants' views on incorporating transpersonal working to professional practice, enhancing not only the clinical knowledge and wellbeing of psychologists, but also of clients. Friedman (2002) identified not enough psychiatrists are completing research in the area of spirituality/religion, therefore little is known about the relationship with severe mental health problems. However other disciplines and allied health professions outside psychiatry are publishing in this area. But the research does not overlap and tends to be contained in different professional areas separately. An overlap of research would also enhance transpersonal working.

Rothberg (1999), cited by Rowe and Braud (2013) looked at the future of transpersonal working and education and emphasised links between practice and theory bringing together 'experiential, practical, intellectual, and spiritual dimensions of education, and recognising that ultimately the intention of transpersonal education is no less than spiritual transformation, the cultivation of wisdom and love, the opening of the heart, the deep communion with life' (Rothberg, 1999, p.56). Cross-discipline research also supports transpersonal working. The finding of both research studies support the above and encourage transpersonal working in training.

B.5 Strengths and Limitations of Methodology

Strengths

The research study aimed to add to the existing quantitative and qualitative literature, and to contribute to the understanding of counselling psychologists' personal experiences and perceptions of the transpersonal in clinical practice, while considering the impact education in transpersonal psychology had on participants' experiences and perceptions. The methodology enabled the illumination of the depth and richness of participants' experiences by highlighting conscious and unconscious experiences and views. More recent psychological research utilises a combination of qualitative and quantitative approaches combining statistically reliable information obtained from numerical measurement to be supported and enriched by information in relation to research participants' explanations. Transpersonal psychology has traditionally used qualitative research methods to describe the richness of transpersonal experiences. Anderson and Braud (2013) recommended the use of quantitative and mixed methods approaches in transpersonal psychology so as to maintain a dialogue with psychology. Therefore, the present methodology used both quantitative and qualitative methodology. This supported the conscious and unconscious experiences and perceptions of participants of the transpersonal in psychotherapeutic practice and while in training. CA has been used less often in psychological research although it is a suitable valuable methodology (Doey and Kurta, 2011). Results of the present study indicate its usefulness also in future research in transpersonal psychology.

Data collection using 'survey monkey'

While pluralism is at the heart of counselling psychology practice, counselling psychologists engage with different perspectives in their clinical work and research. Therefore Survey monkey was beneficial in collecting data and achieving a good response rate, which may have been more difficult had I met participants individually. This may also have affected data had participants tried to conform to what they thought they should respond, or have questioned the content of responses. Data on survey monkey was gathered in a confidential manner and was stored securely within the online instrument. All data was downloaded from survey monkey for analysis after the research study was completed. A username and password were beneficial in maintaining security. It allowed me to check and test the survey monkey programme and to download interim results so I could track responses as the study progressed. Survey monkey allowed the collection of data with understandable instructions, easy-to-use content, and which took participants approximately 10-20 minutes to complete. Some Participants also completed the validation of results study via survey monkey. Participants could be contacted with the results via email as requested and could be asked to participate in the validation of results study while protecting confidentiality by omitting their names and contact details.

When asked as part of the semi-structured open-ended questions, none said they had experienced difficulty in using the online data collection. Although I contacted counselling psychologists via their email addresses on professional registers, respondents who participated were not all counselling psychologists. This also enriched the results by also offering insight into the experiences and perceptions of other professional psychologists and psychotherapists.

The use and mode of the chosen research instruments complemented the research process and data collection. Survey monkey allowed results to be downloaded to my personal computer and also provided a secure server where responses were stored. Bachman and Elfrink (1996) identified online surveys generate both lengthier and more self-disclosing comments on open-ended items. This was evident in the present study, and was further supported by the pluralism of research instruments drawing from qualitative and quantitative methods.

Multiple sort procedure

Personal classification systems underlie participants' explanations for their attitudes and behaviour (Canter et al, 1985), and was evident in the present study. MSP allowed different visual materials to be considered as the elements to be sorted (e.g. cards, pictures, photographs). It allowed variations in the card sorting (MSP) as well as different conceptual styles and concepts to be researched. MSP identified similarities and differences in participants' experiences to be analysed (Barnett, 2004), and provided valuable information which would not have been identified had a questionnaire been used. MSP (Canter et al, 1985) was successful as the first part of the research instrument. As it is projective, it identified participants' experiences and perceptions without being affected by an individual's defences against anxiety, whereby participants may have thought their responses may be unusual or different to others professionally, or questions may have been difficult to answer verbally. MSP did not put constraints on individual participants focusing on their subjective views in relation to the research topic. Results of the MSP highlighted the difference in concepts which individuals choose, and which influenced their evaluations and consequently their actions. Their experience of the transpersonal while in training would have influenced knowledge and experience of the transpersonal and consequently the results. The MSP was open, flexible, and idiographic in nature which was reflected in the results obtained by MSP and evident in the CA results and semi-structured open ended questions.

Correspondence analysis (CA)

CA data produced a detailed description uncontaminated by the researcher's own viewpoint. It also encouraged connections and a relationship between qualitative and quantitative research methods - 'the qualitative information is expressed and analysed in a non-wholly, demonstrably reliable way, while quantitative information is obtained which stays true to and precisely conveys, a person's

personally intended meaning' (Jacanowitz 2004, p.15). This supported the results as CA was useful in identifying outliers and data which were not sorted (cards) which are valuable information representing the unique responses of each participant. CA considered the exploratory nature of the current study and the relationships between elements and categories, and as it is multidimensional and descriptive, its exploratory nature identified relationships and similarities and differences in a visual geometrical graphical display (Results, section 1, figure 7). And while it is a quantitative technique, CA aided interpretation of the MSP data. CA identified relationships in participants' data which would not have been identified using other non-multivariate statistical techniques. Therefore, it was useful when applied to the data obtained from the present research. Another usefulness of the exploratory nature of CA was in identifying other questions which can be asked in the area of transpersonal psychology.

CA has been used in research in areas such as marketing and ecology and has been used less often in psychological research although the uses and advantages of CA are easily applied to psychological research. Doey and Kurta (2011) identified a lack of awareness of this statistical method which they say places psychological researchers at a disadvantage. The usefulness of the approach has been identified in the present research and would be useful in future psychological research especially in the area of transpersonal psychology.

Phenomenological analysis

The semi-structured open-ended questions were useful in obtaining data suitable for the phenomenological approach and built upon the findings of associations and relationships identified in Correspondence Analysis (Results, section 1). Clarkson's seven level model (2002a) was useful in analysing participants' subjective responses to the semi-structured open-ended questions in that the difficulty in describing the content of transpersonal experience was supported by the phenomenological approach. It provided a method of measuring content while acknowledging the transpersonal. It was useful in that participants identified the content of their experiences through the medium of professional language and norms, their values, core philosophies, symbols, metaphors, language and shared meanings professionally. This highlighted the richness of experience, thoughts and perceptions of participants and how they conceptualised their experiences using different levels of narrative and discourse. It was useful in the present research as focus on the knowledge and experience, and how different participants differentiated with similar responses in relation to the professional and personal world. Different levels were used to present and evaluate the differentiation in experience. Clarkson's seven level model was useful in providing a tool and framework to represent participants' responses while respecting their holistic views. It is also an integrative view of psychotherapeutic practice, and represented the significance of each participant's experience in the broader context of their experience and existence (Clarkson, 1994).

Thematic analysis

Thematic analysis (Braun and Clarke, 2006) was useful when applied to participants' responses. It gave a detailed and clear account of the data and as a flexible methodology allowing a more holistic and interpretative analysis. As it is not connected to a pre-existing theoretical framework it was useful in the present research (Braun and Clarke, 2006, p. 9). It provided a flexible framework allowing the data to be analysed from an existential phenomenological approach. Boyatris (1998) identified the technique as a tool to utilise across different methods and so was useful in the present study with the pluralism of methods used. Anderson (1998) said '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' (Anderson in Braud et al, 1998, p. xxvii). Therefore, study of the themes allowed for an understanding of psychologist's perceptions and experiences of the transpersonal in therapeutic practice and transpersonal psychology in training. Thematic analysis was useful as it provided themes and sub-themes. It was then possible to consider the assumptions under the themes identified, the implication of the themes, why participants chose the responses they did and conditions likely to have influenced their responses (Braun and Clarke,

2006).

The flexibility of thematic analysis provided a qualitative analytic method whereby the data could be viewed with an interpretative pluralism while keeping an approach which remained holistic (Frost, 2009). The participant phenomenological experience was focused upon within each theme and focused on the individual experiences of the participants as well as their collective identity in understanding the transpersonal, their interest in the transpersonal, and their perceptions and experience of teaching they received in the area of transpersonal Psychology.

Limitations

In the methodology section of the research, I aimed to highlight the advantages of the pluralism of mixed methods chosen to support the content of the data. Similarly as found in other research, there are limitations which will have influenced the evaluation of the results. I aim to highlight these limitations.

The consideration in the present study and also a consideration for other populations may be the use of skills necessary to use the 'survey monkey' online research instrument. Although professional psychologists will have relevant IT skills supporting their professional roles, an online survey may affect those who may have fine motor movement problems, or dexterity problems.

As participants were contacted via email to invite participation in the present research, other participants also completed the survey who were not counselling psychologists. Therefore, findings cannot be seen to represent all counselling psychologists and represent the current sample. However, results can also be used as an advantage in highlighting ways to support training of counselling psychologists, and in supporting counselling psychology's involvement in other areas of professional psychology and education in transpersonal psychology. The validation of results study strengthened the original study's results encouraged by positive feedback from participants who also contributed their views on the results.

The present research is an in-depth study of participants' personal experiences and perceptions of the transpersonal in psychotherapeutic practice and of teaching received in transpersonal psychology while in training. It would be useful to repeat the present methodology with a larger group of counselling psychologists as participants, and compare the results especially considering the pluralism of counselling psychology as a profession. An Interpretative phenomenological analysis (IPA) based on the present results would provide an in-depth analysis of participants' experiences. IPA as a qualitative methodology, aims to understand the meaning of human experience at an individual level (idiographic), of which semi-structured individual interviews aim to understand social and personal experiences (Shaw, 2011). The present phenomenological analysis of semi-structured open-ended questions produced responses which were informative and rich in description and experience, and would be enhanced with the use of interviews such as those based on IPA. Results obtained from the present research methodology highlighted the benefits of the methodology used, and the usefulness of further exploration of the results. IPA would be useful in providing a further more detailed verbatim personal account of participants' experiences while enhancing the present results.

Future work

As participants' trainings represented the ethos of different Universities and training courses, it was evident different trainings and experiences influenced construction of each professional's responses which may also have been influenced by the dates participants trained, as clinical experience varied between 0-25 years. This would be an interesting future area for further research using Interpretative phenomenological analysis (IPA) as a methodology which may identify changes in teaching methods and psychotherapeutic practice and changes and views of the transpersonal in training over the past 25 years. IPA interviews would further support and extend the results which would be useful in building upon the present results to support and inform training curriculums and the role of transpersonal psychology in training. This is emphasised by Plante and Thoresen (2014), who also described the benefits

of interviews completed on more than one occasion (e.g. Thoresen, 2007), which speak on a deeper level to an individual's transpersonal related experiences. This is also evident in the validation of results study, where participants suggested training courses incorporating transpersonal psychology could research the evolvement of personal and professional development obtained on such courses. Also identified as an area of research was the influence a trainer's knowledge and interest in the transpersonal would have in different training/ University courses. All would have implications for incorporating insights about transpersonal working into the training of psychological counsellors.

It is important to consider the heart of psychotherapeutic work and how much experiences and views which affect clinical work are influenced by psychology trainings. In the present study the interest of participants in transpersonal psychology did not reflect the education they received while in training.

Methodological approaches such as those used in the present study would enhance and contribute to the development of this very important area of research in psychology in meeting future training challenges. This is supported by Anderson and Braud (2013), who highlighted the importance of doing research in transpersonal psychology from a mixed methods and quantitative perspective so as to remain current with research in psychology and human sciences. This will support research as paradigms of knowledge develop in the future (Anderson and Braud, 2013).

It is interesting that the ancient wisdom traditions from which transpersonal psychology originates are worldwide, yet publications come mainly from the first world. It is interesting also that gender diversity is not represented in these publications where there is also an emphasis on non-female authorship (Hartelius et al, 2013). Hartelius et al (2013) also reviewed the Journal of Transpersonal Psychology (JTP), and the International Journal of Transpersonal Studies (IJTS) from their first editions to 2009 and found three patterns which included (1) an increase in empirical research and especially in quantitative research in both journals up to 2009 whereby quantitative studies are increasing in popularity alongside the history of publication in qualitative studies; (2) up to 2009, both journals have seen an increase in authors outside of north America but only in first world countries. This is in contrast to 4% of publications which were submitted from authors from countries such as Asia and Africa; (3) Female academics had less publications, but the number of publications by women authors is increasing. Based on the findings in the present research, it would be useful to repeat the present research study in countries outside of the first world.

Concluding remarks

Findings were instrumental in proposing the Emerging Theoretical Model of Transpersonal Perceptions, Experience, Practice and Education (Results, section 2, and Discussion section). Results highlighted different personal experiences counselling psychologists and psychologists had of the transpersonal in clinical practice, and of transpersonal psychology in training. Also illustrated is the difference in responses whereby transpersonal psychology is viewed as an integrated part of clinical practice in contrast to the dichotomy of the scientific and the spiritual where it is viewed from a reductionist perspective. Findings also highlighted the interest participants had in transpersonal psychology which did not reflect their understanding or education received in the area. In addition, results supported the understanding of the importance of transpersonal psychology in the education of psychologists and the importance of inclusion in practice and in the education of counselling psychologists.

Findings suggest emphasis on a traditional scientific approach has impacted on the awareness and acknowledgement of transpersonal psychology in practice. This indicates the importance of developing and enhancing trainings to incorporate transpersonal psychology.

In addition, findings support the suggestion of inclusion of transpersonal psychology in therapy trainings and professions such as e.g. medicine, social work, so as to enhance professional practice and client care. This is a consideration for counselling psychology, who as a profession could contribute to teaching, particularly with pluralism at the centre of practice. Findings suggest that consideration of

participants' knowledge and experience can be used to support recommendations to enhance teaching of transpersonal psychology in future training courses.

With the results in mind, I aimed to contribute to the knowledge base of the discipline of psychology, but also hoped participants may have been encouraged to further explore and possibly reflect on attitudes, awareness and acknowledgement of transpersonal psychology in their clinical practice. Transpersonal education can bring changes in personal and professional growth. The interconnectedness of the personal and transpersonal acknowledges all facets of the therapeutic relationship. Findings suggest the education of psychologists should emphasise the importance of transpersonal psychology, experiential learning/learning by enquiry, and transpersonal approaches to intellect and ways of knowing (Braud, 2006). As well as adopting transpersonal approaches to inquiry and research, psychology as a profession would become more 'scientific' by considering a wider base of research and knowledge. This would further support personal and professional development of psychologists as well as their clients' psychological wellbeing. It is therefore hoped the present research will encourage a consideration of the importance of transpersonal psychology in future training and clinical practice.

Findings also highlight the effectiveness of maintaining an epistemological pluralism in approach to transpersonal research methods and so applying methodologies relevant to the research in question, rather than using and applying traditional scientific approaches. This is important especially in considering the importance of transpersonal psychology as an integrative facet of therapeutic practice.

Personal reflexivity

I aimed to be aware of my own interests, experiences and values, and professional training in the present research. This supported reflection in my role as the researcher so as to support understanding of the data (Willig, 2008). I also aimed to identify and acknowledge assumptions and expectations before engaging in the research.

My interest in transpersonal psychology began during my training which was integrative. The transpersonal was taught as an integrated facet of the therapeutic relationship which could not be separated from the other facets. Meeting colleagues who had different trainings highlighted for me the absence of transpersonal psychology in some other trainings in counselling psychology, and other fields of professional psychology. This was also obvious when I was teaching students, where many but not all of whom did not consider the transpersonal as scientific and relevant to psychology. I was interested as to why this was so, especially considering the pluralism at the heart of counselling psychology. While considering which area I wanted to research when embarking on my doctorate, I thought it would be a learning experience to focus on the present research area, so as to try and answer these questions. I am not an expert in transpersonal psychology, and hoped also to learn more about the area to support and continue my professional development as well as support my existing skills and knowledge, and hopefully contribute to the area using a pluralism of research methodology.

I aimed to consider personal, epistemological and personal reflexivity during the research study. During each section of the research I aimed to explain and consider how each step of the research was considered in relation to ethics and methodology. The advantage of the online data collection through 'survey monkey' provided an opportunity for participants to engage in the research without the researcher present while also having the opportunity to contact the researcher via email with any questions or comments. None of the participants contacted me via email.

The methodology used in the present research represented participants' responses and supported the data. Epistemological reflexivity was also emphasised in the study in that I aimed to use an approach to the methodology to represent the unique responses of participants represented in the results. I was interested in exploring and understanding participants' personal experiences by asking them about their experiences and perceptions of the transpersonal within the therapeutic relationship. I was interested in their phenomenological accounts, whereby the experiences are theirs in the context of the therapeutic relationship. I aimed to understand their experiences and views, as well as analysing and interpreting their perceptions and experiences and the individual who experiences it, although it is not fully possible. I aimed to be empathetic by wanting to understand experiences from participants' perspectives, while at the same time being critical by questioning and considering their accounts and relationships. I aimed to go beyond what participants said and to make sense of their perceptions and experiences by comparing data to existing research in the area of transpersonal psychology.

I assumed a psychological perspective and was mindful of the phenomenon as I adapted a scientific phenomenological reduction, and read the full descriptions given by participants. I looked at the descriptions given by participants and looked for the meaning in their descriptions. Transformation of the raw data occurred by using Clarkson's seven level model and thematic analysis (Braun and Clarke, 2006) of responses to semi-structured questions. As relationship is central to transpersonal psychology, the psychological meaning of the context and references made by participants have a part in their experiences and perceptions. The responses were brief and commonalities as well as differences were acknowledged in the data, making the implicit explicit and representing the data so as to describe and present the psychological meanings of the data.

The methodology and the data were linked and correlated in relation to the research question and psychological assumptions which acknowledge the importance of the subjective experiences of the individual. Quantifying experience limits access to subjective data so both methodologies were applied so as to complement each other and support psychological meaning. As the psychological meaning of the same words can be variable for different participants, the MSP supported this and protected against error and compliance on the part of the participant. Memory and perception of the experiences were psychologically revealing particularly in relation to

participants' views of the transpersonal and as related to their education in transpersonal psychology.

I aimed to focus on the qualitative aspects of the context and integrity of the data by using the qualitative data to '(a) attempt to capture the sense that lies within, and that structures what we say about what we do; (b) 'an exploration, elaboration, and systemization of the significance of an identified phenomenon; (c) the illuminative representation of the meaning of a delimited issue or problem, knowing there is no single qualitative method, and different aims will be accomplished by different interpretative approaches' (Banister, Burman, Parker, Taylor and Tindall, 1995, p. 3)

The methodology chosen for the present research also supported personal and epistemological reflexivity. Kelly's approach (PCT) is relevant to the present study particularly as he believed: 'The clinician is not only tolerant of varying points of view, but he is also willing to devote himself to the defence and facilitation of widely differing patterns of life, diversity and multiple experimentation are to be encouraged' (Kelly 1955/1991, p. 608/vol. 2, p. 37). This viewpoint is necessary in considering psychologists' experiences and perceptions of the transpersonal in their therapeutic work.

PCT allowed communication at different levels and in different contexts of the same frame of reference (e.g. the transpersonal, different cultures etc.) especially in relation to MSP data. Kelly's theory emphasised the role of the researcher in viewing the world view of the client which Kelly considers under his 'professional constructs' whereby the professional should 'quickly come to understand and subsume the widely varying systems which clients can be expected to present' (Kelly 1955/ 1991, p. 595/vol.2, p.28). If the researcher does not put aside their own values while maintaining their professional integrity, the individual's construing is seen through the eyes and viewpoint of the researcher. Kelly called this 'maintaining a credulous attitude' (Kelly 1955/1991 P.174/vol. 1. p. 121). Overall, the use of PCT should be based on a foundation of putting aside one's own values and biases, listening to the client, considering the world view as construed by the client, and applying PCT to one's own processes as a researcher. This approach is that also considered as ethical practice when working in the psychotherapeutic frame with clients.

The MSP was exploratory and identified both the participants' view of the world and my role as a researcher where I had no preconceived ideas about constructs or categories which participants would use. MSP proved useful in exploring the relationships between constructs, elements and people. Qualls (1998) suggested 'there is a true need for more qualitative research from psychologists, sociologists, anthropologists, and the medical professions, from those who have the ability to listen with their hearts. This work is ultimately the work of the soul. It is 'therefore through being present and listening, not through rational or experimental analysis, that these dimensions will come to be understood' (Qualls, 1998, p. 356).

With this in mind, during phenomenological analysis of the data I was mindful of being vigilant in interpretation and my reflexivity. I also considered bracketing of my assumptions, and was mindful of any presenting issues related to potential counter transference. The questions asked after completion of the MSP was an opportunity for participants to comment on their experience of the research process as well as their experiences and perceptions of the transpersonal in psychotherapeutic practice, and their training in transpersonal psychology. I thought about the results of the research and for whom the work was done. I hoped the results would contribute to knowledge in the field of training for counselling psychologists and psychologists, and potentially other professional fields such as the allied health professions. I also reflected on psychologists' views who may consider the transpersonal as 'unscientific' and aimed to address this possible response with the methodology used and results obtained. My aim was to keep the soul of the work in mind while I thought about the transference field between myself and the research. I have a conscious interest in the present area of study as one of the many important areas in the field of psychology, but also hoped to provide a contribution to the professional knowledge base of my profession. I also thought about what a psychologist from another gender, culture, and race would say about the present research.

I believe completing the present research changed me as the process was a challenging, interesting and informative journey. I had conversations and dialogues with myself and my research supervisors which supported the research. I was mindful of staying in touch

with my own personal unconscious processes and in keeping with the heart and soul of the work and content.

At times, practicing yoga which I love supported my focus with the research and beyond my personal attachment of it while reflecting on reflexivity. I thought of the difficulty in describing experiences and perceptions of the transpersonal. With this knowing, I experienced a process of letting go of the 'physis' (life force) of the process so as to know what transcends words and is difficult to describe and the difference of what has been associated with perception and experience of the transpersonal and the heart/soul/physis of the work. This is difficult to describe using words and descriptions. I thought about what was unsaid and could not be described using words, perhaps that gap is the soul/physis which is acknowledged by transpersonal psychology but cannot be measured, fully described, or sometimes seen. Applying cultural narratives used in psychology can acknowledge and reveal the physis but can also hide it. The traditional approach used in psychology and in the west has distanced us from our phenomenological awareness and our experiences and perceptions, as well as our connection with others and our interconnectedness in the world in which we live. I hoped to contribute to the field of research in counselling psychology, while also becoming more aware and knowledgeable of transpersonal psychology, and its important contribution to clinical practice.

References

- Abrahm, D. (1996). *The spell of the Sensus: perceptions and language in a more-than human world*. New York: Vintage.
- Adame, A.L. and Leitner, L.M. (2009). Reverence and recovery: Experiential Personal Construct Psychotherapy and Transpersonal Reverence. *Journal of Constructivist Psychology*, 22: 253-267,
- Anderson, R., and Braud, W. (2011). *Transforming self and others through research. Transpersonal research methods and skills for the human sciences and the humanities*. Albany: Suny Press.
- Anderson, R., and Braud, W. (2013). Transpersonal research and future directions. In H.L. Friedman, and G. Hartelius (Eds.), *The Wiley-Blackwell handbook of transpersonal psychology* (pp. 241-260). Chichester: Wiley Blackwell.
- American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition-TR. Washington, D.C.: American Psychiatric Association.
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition. Washington, D.C.: American Psychiatric Association.
- Arden, M. (1993) Thoughts on the healing process. International forum on psychoanalysis 2. Stockholm. In Clarkson, P. (2002a). *The transpersonal relationship in psychotherapy*. London. Whurr
- Bachmann, D., and Elfrink, J. (1996). Tracking the progress of email versus snailmail. *Marketing Research*, 8(2), 31 –35.
- Bannister P., Burman, E., Parker I., Taylor, M. and Tindall, C. (1995). *Qualitative methods in psychology – a research guide*. Open University Press.
- Barnett, J. (2004). The Multiple Sorting Procedure in Breakwell, G.M., *Doing Social psychology research* (pp. 289-305). Oxford: BPS Blackwell.
- Bentall, R.P. (1990). 'The illusion of reality: A review and integration of psychological research on hallucinations'. *Psychological Bulletin*, 107/1 (January 1990): 82-95
- Benzecri, J.P. (1992). *Correspondence Analysis Handbook*. New York: Dekker.
- Bonner, E.T. and Friedman H.L. (2011). A Conceptual Clarification of the Experience of Awe. An Interpretative Phenomenological Analysis. *The Humanist Psychologist*, 39, 222-235.
- Boorstein, S. (ed.) (1996). *Transpersonal Psychotherapy* (2nd ed.) Albany: Suny
- Boucoulas, M. (1999). Following the movement: From transpersonal psychology to a multidisciplinary transpersonal orientation. *Journal of Transpersonal Psychology*, 31, 1, 27-39.
- Boyatzis, R.E. (1998) *Transforming Qualitative Information: Thematic analysis and code development*. Thousand Oaks, CA: Sage

- Braud, W. (2006). Educating the 'More' In Holistic Transpersonal Higher Education: A 30+ year perspective on the approach of the institute of Transpersonal Psychology. *The Journal of Transpersonal Psychology*, Vol, 38, No. 2. p. 133-158
- Braud., W., & Anderson., R. (1998). *Transpersonal Research Methods of the Social Sciences*. Thousand Oaks, CA: Sage
- Braun, V. And Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2). p. 77-101. ISSN 1478-0887
- Brenner M, Brown J., & Canter D.V. (1985). *The research interview: uses and approaches*. London: Academic Press Inc.
- British Psychological Society. (2014). Division of Transpersonal Psychology. Leicester: BPS.
- Brotherson, M.J. (1994). Interactive focus group interviewing: A qualitative research method in early intervention. *Topics in early childhood special education*, 14, 101-118
- Canter, DV, Brown, J. Groat, L. (1985). 'A Multiple sorting procedure for studying conceptual systems', in Brenner M, Brown J., & Canter D.V. *The research interview: uses and approaches* pp. 79 – 113. London: Academic Press Inc.
- Caplan, M. (2009). *Eyes Wide Open: Cultivating Discernment on the Spiritual Path*. Canada: Sounds True inc.
- Chinen, A. (1996). The emergence of transpersonal psychiatry. In B. Scotton, A. Chinen & J. Battista (Eds.), *Textbook of Transpersonal Psychiatry and Psychology* . New York: Basic Books.
- Cinnirella, M.,and Loewenthal, K.M. (1999). Religious and ethnic group influences on beliefs about mental illness: A qualitative interview study. *British Journal of Medical Psychology*.72, 505-524
- Clarkson, P. (1994). *On psychotherapy*. London: Whurr
- Clarkson, P. (1995). *The Therapeutic Relationship in Psychoanalysis, Counselling Psychology and Psychotherapy*. London. Whurr.
- Clarkson, P. (1998) (Ed.). *Counselling psychology integrating theory, research and supervised practice*. London: Routledge
- Clarkson, P. (1999). *The Therapeutic Relationship*. London: Whurr
- Clarkson, P. (2000). *Ethics: working with ethical and moral dilemmas in psychotherapy*. London: whurr.
- Clarkson, P. (2001), in King-Spooner, S., and Newnes, C. (Eds.) (2002) *Spirituality and Psychotherapy*. Hertfordshire: PCCS Books Ltd. p. 64
- Clarkson, P (2002a). *The Transpersonal Relationship in Psychotherapy*. London: Whurr
- Clarkson, P. (2002b). *On psychotherapy 2 including the 7-Level Model*. London: Whurr
- Clarkson, P., and Angelo, M. (2000). In search of supervision's soul: A research report on competencies for integrative supervision in action. *Transpersonal Psychology Review*, 4(2), 29-34

Clausen, S.E. (1998). *Applied Correspondence Analysis. An Introduction*. London: Sage.

Cohen, E., (2013). Abraham Maslow's Taoistic Science: Experimental Methods and Experiential Modes. *Transpersonal Psychology Review*, Vol. 15, No. 2. P. 3-14.

Conrad, P. (2007). *The Medicalization of Society*. Baltimore, MD: Johns Hopkins University Press.

Cooper, M. and McLeod, J. (2007). A pluralistic framework for counselling and psychotherapy: Implications for research. *Counselling and Psychotherapy Research*, 7(3): 135-143

Cornillon, P.A., Guyader, A., Husson, F., Jegou, N., Josse, J., Kloareg, M, Matzner-Lober, E., and Rouviere, L., (2012). *R for Statistics*. U.S.A: CRC Press. Taylor and Francis Group.

Cox, J. (1996) *Psychiatry and religion: a general psychiatrist's perspective*. In *Psychiatry and Religion: Context, Consensus and Controversy* D. Bhugra (Ed.) London: Routledge.

Coyle, A. (2010). Counselling psychology contributions to religion and spirituality. In Milton, M. (Ed.). *Therapy and Beyond. Counselling psychology contributions to therapeutic and social issues* (pp.259-275). East Sussex: John Wiley and Sons Ltd.

Daniels, M. (2013). Traditional roots, history, and evolution of the transpersonal perspective. In H.L. Friedman, and G. Hartelius (Eds.), *The Wiley-Blackwell handbook of transpersonal psychology* (pp. 23-43). Chichester, UK: Wiley Blackwell.

Davis, J. (2009). Complementary Research Methods in Humanistic and Transpersonal Psychology: A Case for Methodological Pluralism. *The Humanistic Psychologist* 37 (1), pp. 4-23.

Division of Counselling Psychology (2008). *Professional practice guidelines*. Leicester: British Psychological Society.

Doey, L., and Kurta, J. (2011). Correspondence analysis applied to psychological research. *Tutorials in Quantitative Methods for Psychology*. Vol. 7(1), p. 5-14.

Duerr, M., Zajonc, A., & Dana, D. (2003). Survey of transformative and spiritual dimensions of higher education. *Journal of Transformative Education*, 1 (3), 177-211

Eddington, A., (1929). *The nature of the physical world*. Cambridge: Cambridge University Press.

Ellis, A., and Yeager, R.J. (1989). *Why some therapies don't work. The dangers of transpersonal psychology*. New York: Prometheus Books.

Ellis, A. (1980). Rational-emotive therapy and cognitive behaviour therapy: Similarities and differences. *Cognitive Therapy and Research*. Vol.4, issue 4, 325-340.

Elkins, D. N., Hedstrom, L.J., Hughes, L.L., Leaf, J.A., & Saunders, C. (1988). Toward a humanistic-phenomenological spirituality: Definition, description, and measurement. *Journal of Humanistic Psychology*, 28, 5-18.

Ferrer, J.N. (2002). *Revisioning Transpersonal Theory: A Participatory Vision of Human Spirituality*. New York: State University of New

York Press.

Findling, R.L., Schulz, S.C., Kashani, J.H., & Harlan, E. (2001). *Psychotic Disorders in Children and Adolescents. Developmental Psychology and Psychiatry. No. 44*. London: Sage.

Fontana, D.(2003). *Psychology, religion, and spirituality*. Leicester: BPS Blackwell. Ch. 12.

Forrester., M.A. (2011). *Doing Qualitative Research in Psychology. A Practical Guide*. London: Sage

Frager, R. (1999). *Heart, self, and soul, The sufi psychology of growth balance and harmony*. Washington DC, quest

Frank, J.D. (1961). *Persuasion and Healing*. Baltimore, MD: Johns Hopkins University Press.

Frank and Frank (1993). *Persuasion and Healing: A comparative study of psychotherapy*. Baltimore, MD: Johns Hopkins University Press.

Fransella, R. (Ed.) (2005). *The Essential Practitioners Handbook of Personal Construct theory*. Chichester: John Wiley & Sons Ltd. (p. 253 – 255).

Friedman, H., Krippner, S., Riebel, L., and Johnson, C. (2014). *Models of spiritual development*. In L.J. Miller (Ed.), *The Oxford Handbook of Psychology and Spirituality* (P. 207-220). Oxford: Oxford University Press.

Friedman, H. (2002). Transpersonal psychology as a scientific field. *International Journal of Transpersonal Studies*, 21, 175-187

Frost, N, (2009). Pluralism in qualitative research: A report of the PQR project, *Social psychological Review*, 11 (1), 31-38

Gabbard, G.O. (2000). *Psychodynamic psychiatry in clinical practice* (3rd ed). Washington DC: American Psychiatric Press Inc.

Gilbert, P. (Ed.) (2011). *Spirituality and mental health. A handbook for service users, carers and staff wishing to bring a spiritual dimension to mental health services*. Brighton: Pavilion.

Gilligan, S. & Simon, D. (Eds.). *Walking in Two Worlds: The Relational Self in Theory, Practice, and Community* (pp. 108-123). Phoenix, AZ: Zeig, Tucker, and Thiesen.

Greenacre. M.J., (1984). *Theory and Application of Correspondence Qualitative Research Methods Analysis*. London: Harcourt Brace Jovanovich.

Grof, S., and Grof, C. (1989). *Spiritual Emergency. When personal transformation becomes a crisis* Los Angeles: Tarcher

Hammond, S. (1993). *Lecture notes. The Descriptive Analysis of Shared Representations. Contingency tables on compatible micros*. IBM Dept. Of Psychology. University of Surrey.

Hammond, S. (2000). Introduction to multivariate data analysis. In G. Breakwell, S. Hammond, and C. Fife-Schaw (Eds.). *Research Methods in Psychology*. (pp. 372-96). London: Sage

Harloff, J. (2005). Multiple level weighted card sorting. *Methodology*. Vol. 1(4): 119-128

Hartelius, G., Caplan, M., and Rardin, M.A. (2007). Transpersonal psychology: Defining the past, defining the Future. *The Humanist Psychologist*, 35(2), 1-26.

Hartelius, G., Rothe, G., and Roy, P.J. (2013a). A brand from the burning: defining transpersonal psychology. In H.L. Friedman, and G. Hartelius (Eds.), *The Wiley-Blackwell handbook of transpersonal psychology* (pp. 3-22). Chichester, UK: Wiley Blackwell.

Hartelius, G., Friedman, H.L., and Pappas, J.D. (2013b). The calling to a spiritual psychology. Should transpersonal psychology convert?. In Friedman, H.L., and Hartelius, G. (Eds.) . *The Wiley-Blackwell book of Transpersonal psychology* (pp. 44-61). Chichester, UK: Wiley Blackwell.

Harvey, A. (1998). *The Essential Mystics. The Soul's Journey into Truth*. New Jersey: Castle Books

Hogg, M.A., and Vaughan, G.M. (1995). *Social psychology: An Introduction*. Essex: Prentice Hall/Harvester Wheatsheaf.

Hungelmann et al, in Gilligan, S.G., and Simon, D. (Eds.) (2004). *Walking in two worlds: The Relational Self in Theory, Practice, and Community*. Phoenix: AZ. Zeig, Tucker & Theisen Inc.

IBM SPSS (Statistical Package for Social Science) statistics. Version 21

James. W. (1958). *The Varieties of Religious Experience*. New York: Morrow

Jankowicz, D. (2004). *The Easy Guide to the Repertory Grids*. West Sussex: John Wiley and sons Ltd.

Jones, J. (2002). Why doctors now believe faith heals, because they're finding medical evidence. *The Readers Digest*. Sept. 2002, pp. 101 - 106

Johnson, S.M., and Naidoo, A.V. (2013). Transpersonal practices as prevention intervention for burnout among HIV/AIDS coordinator teachers. *South African Journal of Psychology* 43(1) 59–70. Sage

Jung, C. (1928). In Contributions to Analytical Psychology. *Self and Society*. Vol. 27, No. 1, p.22

Jung, C. G. (1939). *The integration of the personality*. Oxford, UK: Farrar and Rinehart

Jung, C. G. (1969). *The collected works of Jung*. Vol. 9, part 1, The archetypes and the collective unconscious; 2nd. Ed.) Princeton, NJ: Princeton University Press.

Kelly, G. (1955/91). *The Psychology of Personal Constructs. Volumes 1 and 2*. First published by Norton, 1955, then by Routledge in collaboration with the centre for Personal Construct Psychology, 1991. New York: Norton.

Krippen Dorff, K. (1980). *Content analysis: an introduction to its methodology*. London: Sage

Lajoie, D.H., & Shapiro, S.I. (1992). Definitions of transpersonal psychology. The first twenty-three years. *Journal of Transpersonal*

Psychology, 24 (1), 79-98.

Lancaster, B.L. (2004). *Approaches to Consciousness. The Marriage of Science and Mysticism*. Hampshire: Palgrave Macmillan.

Langdridge, D. (2007). *Phenomenological Psychology: Theory, research, and method*. London. Pearson Education.

Law H, and Lancaster, L (2011). What are the striking parallels between cognitive neuroscience and spiritual traditions? Or why counselling psychologists should embrace transpersonal psychology. *Counselling Psychology Quarterly*. Vol. 24, No. 4, December, 331-339.

Lebart, I., Morineau, A., and Warwick, K. M. (1984) *Multivariate descriptive statistical analysis. Correspondence analysis and related techniques for large matrices*. Chichester. John Wiley and Sons.

Lingoes, (1968) in Fellows, R.F, and Liu, A (2008). (3rd ed.). *Research methods for construction*: Chichester, West Sussex: Blackwell Publishing

Lukoff, D. (1985). The diagnosis of mystical experiences with psychotic features. *Journal of Transpersonal Psychology*, 17 (2): 155-81

McAteer, D. (2010). Philosophical pluralism: Navigating the sea of diversity in psychotherapeutic and counselling psychology practice. In Milton, M. (Ed.). *Therapy and Beyond. Counselling psychology contributions to therapeutic and social issues (pp.5-19)*. East Sussex: John Wiley and Sons Ltd.

MacDonald, D.A., LeClair, I., Holland, C.J., Alter, A., & Friedman, H.L. (1995). A survey of measures of transpersonal constructs. *The Journal of Transpersonal Psychology*, 27, 171-231.

MacDonald, D.A., & Friedman, H.L. (2002). Assessment of Humanistic, Transpersonal, and spiritual constructs: state of the science. *Journal of Humanistic Psychology*. Vol. 42 No.4, p. 102-125.

Manafi, E. (2010). Existential-phenomenological contributions to counselling psychology's relational framework. In Milton, M. (Ed.). *Therapy and Beyond. Counselling psychology contributions to therapeutic and social issues (pp.21-39)*. East Sussex: John Wiley and Sons Ltd.

Manafi, E. (2010). Amor Fati. Existential contributions to pluralistic practice. In Milton, M. (Ed.). *Therapy and Beyond. Counselling psychology contributions to therapeutic and social issues (pp.171-187)*. East Sussex: John Wiley and Sons Ltd.

Maslow, A.H. (1943). A theory of human motivation. *Psychological Review*, 50 (4), 370-396.

Maslow, A.H. (1958). A dynamic theory of human motivation. In A.H. Maslow (Ed.), *Understanding human motivation (pp.26-47)*. Cleveland. OH: Howard Allen.

Miller, W.R., and Delaney, H.D. (Eds.)(2005). *Judeo-Christian perspectives on psychology*. Washington, DC: American Psychological Association.

Miller, L.J., (2014). Conclusion. In L.J. Miller, *The Oxford Handbook of Psychology and Spirituality (pp. 611-613)*. Oxford: Oxford University Press.

Milton, M. (2010). Fundamentals of counselling psychology. In Milton, M. (Ed.). *Therapy and Beyond. Counselling psychology contributions to therapeutic and social issues (pp.2-4)*. East Sussex: John Wiley and Sons Ltd.

Moore, T.W. (1975). Transpersonal Education: A preview. *The Journal of Education*. Vol. 157, pp. 24-39.

Mostyn B. (1985). *The content analysis of qualitative research data, A dynamic approach in* M. Brenner, J Brown, and D Canter (ed.) *The research interview, uses and approaches*. pp. 115-145 London. Academic Press Inc.

Palmer, G., and Braud, W. (2002). Exceptional human experiences, disclosure, and a more inclusive view of physical, psychological, and spiritual well-being. *The Journal of Transpersonal Psychology*, Vol. 34, No. 1, pp. 29-61.

Paris, J. (2013). *The intelligent clinician's guide to DSM-5*. New York: Oxford University Press.

Plante, G.T., and Thoresen, C.E., (2007). *Spirit, science, and health: How the spiritual mind fuels physical wellness*. Westport, CT: Praeger/Greenwood.

Plante, G.T., and Thoresen, C.E., (2014). Spirituality, religion, and spiritual counselling. In L.J. Miller, *The oxford handbook of psychology and spirituality (pp. 388-409)*. Oxford: Oxford University Press.

Prabhavavda, S., and Isherwood, C (2007). How to know God. The Yoga Aphorisms of Patangali. Canada: Vedanta

Qualls, P. (1998). On being with suffering. In R. Valle (Ed.), *Phenomenological inquiry in psychology: Existential and transpersonal dimensions (pp. 335-357)*. New York: Plenum Press.

Reason, P., and Rowan, J. (Eds.) (1981). *Human inquiry: A sourcebook of new paradigm research*. Chichester: John Wiley

Rescher, N. (1993). *Pluralism: Against the demand for consensus*. Oxford: Oxford University Press.

Rock, A.J., Storm, I., Irwin, H.J., and Beischel, J. (2013). Parapsychology. In H.L. Friedman, and G. Hartelius (Eds.), *The Wiley-Blackwell handbook of transpersonal psychology (pp. 401-418)*. Chichester: Wiley Blackwell.

Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*. 21, 97-103.

Rogers, C.R. (1959). A Theory of Therapy, personality, and Interpersonal relationships, as developed in the client centred framework, in S. Koch (ed.) *Psychology: A study of science: Vol. 3, formulations of the person and social context*. New York: McGraw Hill, pp. 184-256

Rogers, C.R. (1963). Towards a science of the person. *Journal of Humanistic Psychology*, 3(2), 72-92

Rogers, C. R. (1995). *A way of being* (2nd ed.). New York, NY: Houghton Mifflin.

Rodriques and Friedman (2013). Transpersonal Psychotherapies. In Friedman, H.L., and Hartelius, G. (Eds.) . *The Wiley-Blackwell book of Transpersonal psychology (pp.580-594)*. Chichester, UK: Wiley Blackwell.

Rowe, N., and Braud, W. (2013). Transpersonal Education . In Friedman, H.L., and Hartelius, G. (Eds.) . *The Wiley-Blackwell book of Transpersonal psychology*. Chichester (pp. 666-686), UK: Wiley Blackwell.

Rowan, J. (1993). *The Transpersonal: Psychotherapy and Counselling*. London: Routledge

Rowan, J. (1998) Transformational research in P. Clarkson (ed) *Counselling psychology: Integrating theory, research and supervised practice*. London: Routledge.

Rowan, J. (2002). The three approaches to a therapeutic relationship: Instrumental, Authentic, Transpersonal. *Counselling Psychology Review*. Vol. 17. No.4. November. P.3-10

Rowe, N., and Braud, W. (2013). Transpersonal education. In H.L. Friedman, and G. Hartelius (Eds.), *The Wiley-Blackwell handbook of transpersonal psychology* (pp. 666-686). Chichester: Wiley Blackwell.

Rugg, G., and Petre, M. (2010). A gentle guide to research methods. Berkshire: Open University Press

Russell and Yarhouse (2006). Religion/Spirituality within APA accredited psychology pre-doctoral internships. *Professional Psychology: Research and Practice*. 37, 430-436

Ruzek, N. (2007). Transpersonal psychology in context: perspectives from its founders and historians of American psychology. *The Journal of Transpersonal Psychology*, Vol. 39, No. 2

Sayers, J. (2003). 'Divine therapy?' in *The Psychologist*. Sept. (2003) Vol. 16, no.9

Schreurs, A. (2002). *Integrating the spiritual dimension into therapeutic practice. Psychotherapy and spirituality*. London: Jessica Kingsley

Scotton, B.W., Chinen, A.B., and Battista, J.R. (Eds.) (1996) *Textbook of transpersonal psychiatry and psychology*. New York: Basic Books

Shafranske, E.P., and Maloney, H. (1990). Clinical psychologists' religious and spiritual orientations and their practice of psychotherapy. *Psychotherapy: research, practice, training*, 27, 22-80

Shapiro, S.I., Lee, G.W., & Gross, P.L. (2002). The essence of transpersonal psychology: Contemporary views. *International Journal of Transpersonal Studies*, 21, 19-32

Sharma, Pulkit; Charak, Ruby & Sharma, Vibha (2009). Contemporary Perspectives on Spirituality and Mental Health. *Indian Journal of Psychological Medicine*. Jan-Jun; 31(1): 16–23

Shaw, R. (2011). QM3: Interpretative phenomenological analysis. In M.A. Forrester (Ed), *Doing qualitative research methods in psychology. A practical guide* (pp. 177-201). London: Sage

Sixsmith, J. (1986). The meaning of home: an exploratory study of environmental experience. *Journal of environmental psychology*. 6. 281- 298

Sperry, L., and Shafranske, E. (2005). *Spiritually orientated psychotherapy*. Washington, DC: American Psychological Association.

- Tart, C.T. (2005). Future Psychology as a Science of Mind and Spirit: Reflections on receiving the Abraham Maslow Award. *The Humanistic Psychologist*, 33 (2), 131-143
- Valle, R. (Ed.) (1998). *Phenomenological Inquiry in Psychology. Existential and Transpersonal Dimensions*. New York and London: Plenum Press.
- Van Deurzen-Smith, E., (1997). *Everyday mysteries: Existential dimensions of psychotherapy*. London: Routledge.
- Van Deurzen Smith. E., (1999) 'Existentialism and existential psychotherapy' in C. Mace (Ed.) *Heart and Soul: the Therapeutic face of Philosophy*. London and New York: Routledge
- Vaughan, F. (1977). *Journal of Humanistic Psychology*. Sage. Vol. 17 No. 2
- Vaughan, F. (1984). The transpersonal perspective. In Grof (Ed.). *Ancient wisdom and modern science*. Albany: State University of New York Press.
- Vaughan, F (1985). Discovering transpersonal identity. *Journal of Humanistic psychology*. Vol. 25 No. 3, 13-38.
- Vaughn. S., Schumm J.S., Sinagub., J. (1996). *Focus Group Interventions in education and Psychology*. London: Sage
- Walsh, R. and Vaughan, F. (1993). On transpersonal definitions. *Journal of transpersonal psychology*, 25, pp. 199-207.
- Walsh, R., & Vaughan, F. (1996). Comparative models of the person and psychotherapy. In S. Boorstein (Ed.), *Transpersonal psychotherapy* (Second Edition) (pp. 15-30). Albany, NY: Suny Press.
- Welwood, J. (2002). *Towards a Psychology of Awakening: Buddhism, Psychotherapy and the Path of Personal and Spiritual Transformation Reprint Edition*. Boston: Shambala.
- Wilber, K. (1989). Let's nuke the Transpersonalists: A response to Albert Ellis. *Journal of Counselling and Development*. February. Vol. 67.
- Willig, C. (2008). Discourse Analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (2nd Ed.). (pp. 160-185). London: Sage.
- World Health Organisation (1998). *WHOQUOL and Spirituality, Religiousness and Personal Beliefs: Report on WHO consultation. Geneva: WHO 1998*
- Yensen, R., and Dryer, D. (1996). in Scotton, B.W. Chinen, A.B. and Battista, J.R. (Eds), *Textbook of transpersonal psychiatry and psychology*. New York. Basic Books

Websites

Baring, A (2001). *The Relevance of Visionary Experience to Culture*. Downloaded from: www.annebaring.com/anbar12_lect01_relevance.htm [Accessed 14 February 2012].

British Psychological Society, (2007). *Report of the Working Party on conducting research on the internet: Guidelines for ethical practice in psychological research online*. Available from <http://www.bps.org.uk/document-download-area/document-download>. [Accessed 15 February 2010].

British Psychological Society (2014). Division of Transpersonal Psychology. [Accessed 15 February 2014].

Dein, S. (2004) Working with patients with religious beliefs. *Advances in Psychiatric Treatment*. 10: 287-294 doi: 10.1192/apt.10.4.287. Downloaded from apt.rcpsych.org/content/10/4/287.full. [Accessed 15 February 2013]

Koenig, H.G. (2012). Religion, spirituality, and health: The research and clinical implications. ISRN Psychiatry, Vol. 2012, Available at <http://www.hindawi.com/journals/isrn/2012/278730>. [Accessed August 2015].

Leitan, N.D., and Murray, G. (2014). The mind-body relationship in psychotherapy: grounded cognition as an explanatory framework *Frontiers in Psychology*. 5: 472. Published online 2014 May 20. Downloaded from DOI: [10.3389/fpsyg.2014.00472](https://doi.org/10.3389/fpsyg.2014.00472). [Accessed 14 May 2016].

Iltzan, I., Chan, C.P.L., Gardner, H.E., and Prashar, K. (2011). *Linking religion and spirituality with psychological wellbeing: examining self-actualisation, meaning in life, and personal growth initiative*. *Journal of Religion and Health*. Downloaded from DOI 10.1007/s10943-011-9540-2. [Accessed 16 July 2012]

<http://www.nice.org.uk>. [Accessed 11 July 2012]. 2013]

<http://www.nmhdu.org.uk>. [Accessed 11 June 2010].

<http://www.tps.bps.org.uk/tps/about.cfm>. [Accessed 15 February 2013].

<http://www.who.int/> [accessed 15 February 2013].

Appendices

Appendix 1

Pilot study card sorting instructions

A demonstration of card sorting was given to the participants so they could see how it worked without reference to the theme or criteria linked to the research study. The procedure for the card sorting was the same as the demonstration except that the participants did the sorting, and provided the names for the cards and the criteria for sorting (Rugg and Petre, 2007).

(1) Participants were shown an A4 sheet of paper with the two categories of summer and winter on the top columns on the top of the page, and the names of six types of weather, each written on individual cards. Relevant cards were to be placed in six rows on the left hand side of the table to correspond to the categories of summer and winter as participants thought relevant. Participants were asked which of the six weather conditions; hot, cold, rain, snow, freezing, and sunny, would be placed in the summer weather category, and were asked to write the numbers of those cards in the relevant row which related to the category chosen, and then asked to do the same for the Winter category.

(2) Participants were then given six numbered blank cards and asked to place a weather condition on each of the six, and to choose two categories relevant to those weather conditions on another blank A4 size paper which was given to each participant. All the participants completed the task and the card sort and said they understood the instructions.

(3) For the pilot study, 25 blank cards were given to each participant, and were numbered separately in the upper right hand corner from one to twenty five. Pencils and erasers were also given to each participant and an A4 sheet with a printed table was given to each participant so they could record words/phrases (cards) in the rows on the left side of the table, and themes (categories) for these experiences could be named and recorded at the top of the table in columns by participants. Participants were asked to write an identification number given to each, on the top on the sheet of paper, with the date and time.

(4) Each participant was asked to list each experience and perception of the transpersonal in psychotherapeutic practice on an individual card, until words/phrases were exhausted.

(5) Participants were asked to then sort the cards into groups with themes (categories) of their own devising.

(6) Participants were asked to make discrete categorizations of the elements they had identified and based on their judgement of the similarities they identified between the elements (words/phrases on each card) which they chose. Participants were asked to complete a sort of their cards for each category they chose until they ran out of criteria.

(7) Participants were aware they were free to specify the sort, whereby they decided the elements and the number of categories where the cards were placed. Participants knew they were free to articulate what they considered important in the sort procedure.

Appendix 2

Participant Information sheet

Letter forwarded via email:

Project approval reference number: PSYETH (UPTD) 12/13 03

Dear

I am a Registered Counselling psychologist completing my 'top up' doctorate. I am presently completing research and I am asking colleagues if they will take part in a small study which is accessed online, and I would be grateful if you would consider participating in the study. I am investigating experiences in psychotherapeutic psychology which appear to be beyond the range of everyday experiences, and if these experiences are attributed to the 'Transpersonal' or to other categories.

I would be very grateful if you would participate in the study, and in doing so enable me to complete my research. All data and information collected will be confidential.

The sort task and completion of 3 questions should take approximately 30 minutes. The sort task involves exploring the perceptions psychologists have of experiences they have had in therapy, which appear to be beyond the range of everyday experiences, and if these experiences are attributed to the 'Transpersonal' or to other categories. This is done through completion of a structured card sorting task, in which experiences are written on cards and then put into sorts (piles) corresponding to the 'attribute' each sort is relevant to.

If you would like to participate in the study please sign the **consent form** attached and return it to me.

If you would like to know more about the study, please contact me. Thank you for participating.

Yours sincerely

Clare M. Keogh

Participant consent form

Forwarded via email

Project approval reference number: PSYETH (UPTD) 12/13 03

Research Project

The Transpersonal in psychotherapeutic psychology: Psychologists' Perceptions and Experiences of Transpersonal experiences in their Therapeutic work, and of Transpersonal Psychotherapeutic teaching while in training.

Consent Form

I consent to participate in this research project conducted by Clare Keogh under the auspices of City University. I agree to participate in the online study as part of this research. I understand the purpose and nature of this study and am participating as a volunteer.

I give permission for the data from the online collection of data from the Multiple Sort procedure and questions to be used in producing the research report and any further publication. I give permission for my data to be used as part of the data analysis in the study. I understand all information is confidential. I understand that I can withdraw from this research at any point and have my data destroyed.

I understand that general details about each participant including myself will be used in a summarised format covering age, gender, Professional qualifications, years of clinical practice, and theoretical approach and spiritual background. I give permission for this information to be published.

I would like to receive information in relation to the results of the present research study.

Please tick 'Yes' or 'No'

Yes

No

Research Participant/Date

Researcher/Date

Appendix 3

The following Email is forwarded to participants on return of email with signed consent form:

Project approval reference number: PSYETH (UPTD) 12/13 03

Thank you for consenting to participate in the research study.

Please follow instructions by clicking the link below. This link will take you to an online site which will be used to gather your responses.

Online link address: (to be organised on approval of ethics).

Online Instructions

Project approval reference number: PSYETH (UPTD) 12/13 03

Please record the following

Anonymous profile

Gender:

Date of birth:

Professional qualification:

Year of qualification

Years of clinical practice:

Introductory text

Are you familiar with the term 'Transpersonal psychology'?

Yes

No

***"Transpersonal Psychology** addresses the spiritual nature of humankind. Unlike religion and theology, its interest centres on the mind and behaviour; hence it is a branch of Psychology. [...] In essence Transpersonal Psychology seeks to integrate non-scientific **spiritual insights** with observations and models associated with the rigorous methodological approach of psychological science.*

[...] Transpersonal psychologists recognise the important role that therapeutic traditions have played in understanding personal transformation, and believe that a transpersonal perspective can enhance the effectiveness of most therapies."

(Summarised from The British Psychological Society, 2012).

1. Examine the following 20 cards before you begin sorting them.
2. Sort them into the groups/categories you feel they best fit into. Cards in any one group/category might be similar to one another or relate to each other in some important way.

You can put each word into as many groups as you like and put as many words into each group as you like.

**** sort card instruments here****

**** Words/Cards (*20)**

(R1) Mystical,

(R2) Close contact with something spiritual,

(R3) Feeling at one with surroundings,
 (R4) Feeling of total peace, happiness and contentment,
 (R5) Happiest moment,
 (R6) powerful moment,
 (R7) total connectedness with the therapist in the therapeutic relationship,
 (R8) synchronicity,
 (R9) Deep relaxation,
 (R 10) peaceful moment,
 (R11) sense of timelessness,
 (R12) A deeper knowing,
 (R13) presence of something beautiful, spiritual,
 (R14) Connection with the spiritual,
 (R15) Difficult to describe,
 (R16) No experience,
 (R17) Deep sense of knowing,
 (R18) Experience I've had before,
 (R19) Loss of sense of self into something greater, and
 (R20) Life transforming experience.

The categories (columns) (*9)

(Column A) God,
 (Column B) Life energy/ Life Force,
 (Column C) Presence of healing,
 (Column D) Psychologists' Skills,
 (Column E) The therapeutic relationship,
 (Column F) Something I cannot explain,
 (Column G) Connection with a higher being/higher consciousness,
 (Column H) Experience I had previously, and
 (Column I) paranormal.

When you have carried out a sorting, I would like you to write the reasons for your sorting and what it is that the words in each group have in common. ANY COMMENTS?

Would you like to sort the cards again, using any different principles you can think of

If yes – go again (PLUS ANY COMMENTS), if no, carry on to next question.

Now that you have completed the card sorting procedure, please answer the following questions:

- (1) Please comment on the experience of completing the multiple card sorting procedure.
- (2) What is your understanding of the transpersonal?
- (3) Do you have an interest in the transpersonal?
- (4) Please describe your perceptions and experience of teaching you received in the area of transpersonal psychology while in training as a psychologist.

END OF RESEARCH STUDY

Thank you for your time and participation.

Appendix 4

Kelly's Theoretical Definitions in Fransella, R. (Ed.) (2005). *The Essential Practitioners Handbook of Personal Construct theory*. Chichester: John Wiley & Sons Ltd. (p. 253 – 255).

Theoretical Definitions

Kelly starts his Volume 2, which gives psychotherapy as an example of his theory at work, with definitions of his theoretical terms. After the Fundamental Postulate, which is the 'basic assumption upon which all else hinges', he details the eleven corollaries that elaborate it. He says: 'these, also, are assumptive in nature, and they lay the groundwork for most of what follows' (Kelly 1955/1991, pp 561-565/Vol. 2, pp. 4-8).

FUNDAMENTAL POSTULATE AND COROLLARIES

Fundamental Postulate: A person's processes are psychologically channelized by the ways in which he anticipates events.

Construction Corollary: A person anticipates events by construing their replications.

Individuality Corollary: Persons differ from each other in their construction of events.

Organization Corollary: Each person characteristically evolves for his convenience in anticipating events, a construction system embracing ordinal relationships between constructs.

Dichotomy Corollary: A person's construct system is composed of a finite number of dichotomous constructs.

Choice Corollary: A person chooses for himself that alternative in a dichotomized construct through which he anticipates the greater possibility for extension and definition of his system.

Range Corollary: A construct is convenient for the anticipation of a finite range of events only.

Experience Corollary: A person's construction system varies as he successively construes the replication of events.

Modulation Corollary: The variation in a person's construction system is limited by the permeability of the constructs within those ranges of convenience in which the variants lie.

Fragmentation Corollary: A person may successfully employ a variety of construction subsystems which are inferentially incompatible with each other.

Commonality Corollary: To the extent that one person employs a construction of experience which is similar to that employed by another, his processes are psychologically similar to those of the other person (altered according to Kelly's footnote in chapter 1, 2003).

Sociality Corollary: To the extent that a person construes the construction processes of another person. He may play a role in a social process involving the other person.

FORMAL ASPECTS OF CONSTRUCTS

Range of convenience: A construct's range of convenience comprises all those things to which the user would find its application useful.

Focus of Convenience: A construct's focus of convenience comprises those particular things to which the user would find its application maximally useful. These are the elements upon which the construct is likely to have formed originally.

Elements: The things or events which are abstracted by a person's use of a construct are called elements. In some systems these are called objects.

Context: The context of a construct comprises those elements among which the user ordinarily discriminates by means of the construct. It is somewhat more restricted than the range of convenience, since it refers to the circumstances in which the construct emerges for practical use, and not necessarily to all the circumstances in which a person might eventually use the construct. It is somewhat more extensive than the focus of convenience, since the construct may often appear in circumstances where its application is not optimal.

Pole: Each construct discriminates between two poles, one at each end of its dichotomy. The elements abstracted are like each other at each pole with respect to the construct and are unlike the elements at the other pole.

Contrast: The relationship between the two poles of a construct is one of contrast.

Likeness End: When referring specifically to elements at one pole of a construct, one may use the term 'likeness end' to designate that pole.

Contrast End: When referring specifically to elements at one pole of a construct, one may use the term 'contrast end' to designate the opposite pole.

Emergence: The emergent pole of a construct is that one which embraces most of the immediately perceived context.

Implicitness: The implicit pole of a construct is that one which embraces contrasting context. It contrasts with the emerging pole. Frequently the person has no available symbol or name for it; it is symbolized only implicitly by the emergent term.

Symbol: An element in the context of a construct which represents not only itself but also the construct by which it is abstracted by the user is called the construct's symbol.

Permeability: A construct is permeable if it admits newly perceived elements to its context. It is impermeable if it rejects elements on the basis of their newness.

CONSTRUCTS CLASSIFIED ACCORDING TO THE NATURE OF THEIR CONTROL OVER THEIR ELEMENTS.

Pre-emptive Construct: A construct which pre-empts its elements for membership in its own team exclusively is called a pre-emptive construct. This is the 'nothing but' type of construction. 'If this is a torpedo it is nothing but a torpedo'.

Constellatory Construct: A construct which fixes the other realm memberships of its elements is called a constellatory construct. This is stereotyped thinking.

Propositional Construct: A construct which carries no implications regarding the other realm memberships of its elements is a propositional construct. This is uncontaminated construction.

GENERAL DIAGNOSTIC CONSTRUCTS

Preverbal Construct: A preverbal construct is one which continues to be used, even though it has no consistent word symbol. It may or may not have been devised before the client had command of speech symbolism.

Submergence: The submerged pole of a construct is the one which is less available for application to events.

Suspension: A suspended element is one which is omitted from the context of a construct as a result of revision of the client's construct system.

Level of Cognitive Awareness: The level of cognitive awareness ranges from high to low. A high level construct is one which is readily expressed in socially effective symbols; whose alternatives are both readily accessible; which falls well within the range of convenience of the client's major constructions; and which is not suspended by its superordinating constructs.

Dilation: This occurs when a person broadens his or her perceptual field in order to reorganize it on a more comprehensive level. It does not, in itself, include the comprehensive reconstruction of those elements.

Constriction: constriction occurs when a person narrows his or her perceptual field in order to minimize apparent incompatibilities.

Comprehensive Constructs: These are constructs that subsume a wide variety of events.

Incidental Constructs: These are constructs that subsume a narrow variety of events.

Superordinate Constructs: These are constructs that include others as one or more of the elements in their context.

Subordinate Constructs: These are constructs that are included as elements in the context of others.

Regnant Constructs: These are kinds of subordinate construct which assign each of their elements to a category on an all-or-none basis, as in classical logic. They tend to be non-abstractive.

Core Constructs: These are constructs that govern a person's maintenance processes.

Peripheral Constructs: These are constructs that can be altered without serious modification of the core structure.

Tight Constructs: These are constructs that lead to unvarying predictions.

Loose Constructs: These are constructs that lead to varying predictions, but retain their identity.

CONSTRUCTS RELATING TO TRANSITION

Threat: This is the awareness of an imminent comprehensive change in one's core structures.

Fear: This is the awareness of an imminent incidental change in one's core structures.

Anxiety: This is the awareness that the events with which one is confronted lie mostly outside the range of convenience of one's

construct system.

Guilt: This is the awareness of dislodgement of the self from one's core role structure.

Aggressiveness: This is the active elaboration of one's perceptual field.

Hostility: This is the continued effort to extort validational evidence in favour of a type of social prediction which has already been recognized as a failure.

C-P-C-Cycle: This cycle is a sequence of construction involving, in succession, circumspection, pre-emption, and control, and leading to a choice precipitating the person in to a particular situation. (later Kelly suggested that 'control' be changed to 'choice').

Impulsivity: This is a characteristic foreshortening of the C-P-C Cycle.

Creativity Cycle: This is a cycle which starts with loosened construction and terminates with tightened and validated construction

Appendix 5 Calculations produced by SPSS version 21 for correspondence analysis of MSP results (See Results section 1).

Row profiles are calculated by taking each row point and dividing it by its active margin (corresponding row total) for that row. The row profiles table (Table 4) shows the proportion of the row total in each category for each phrase e.g. for 'a deeper knowing' in the 'GOD' category the proportion is calculated as 14/87=0.161. This means that of the 87 times the phrase 'a deeper knowing' was chosen in relation to one or all of the 9 categories, 16.1% of these were placed in the 'GOD' category. The column masses are calculated as the column total as a percentage of the overall total e.g. for the GOD category 159/1173=0.136. Only 3.4% of participants chose the 'PARANORMAL' category in relation to the phrase 'a deeper knowing'. Table 4 displays responses by phrase across each category used in part for the computing of the distance between the points. Table 4 gives the weighted frequency of each of the row points, so that the total for the full row will add up to one.

Table 4 Row Profiles

Phrase	Category									Active Margin
	HIGHER	EXP	GOD	ENERGY	PARANORMAL	HEALING	SKILLS	EXPLAIN	RELATIONS	
knowing	.172	.149	.161	.126	.034	.057	.126	.046	.126	1.000
spiritual	.191	.132	.176	.118	.088	.103	.044	.088	.059	1.000
connection	.145	.132	.105	.158	.079	.132	.079	.092	.079	1.000
relaxation	.100	.233	.000	.167	.000	.200	.133	.033	.133	1.000
sense	.203	.141	.156	.109	.031	.047	.109	.031	.172	1.000
difficult	.137	.164	.137	.055	.164	.068	.055	.110	.110	1.000
experience	.099	.127	.085	.085	.056	.099	.169	.099	.183	1.000
surroundings	.143	.163	.143	.184	.000	.082	.102	.041	.143	1.000
contentment	.224	.204	.184	.082	.000	.163	.041	.041	.061	1.000
happiest	.300	.300	.100	.100	.000	.000	.000	.100	.100	1.000
transforming	.118	.162	.103	.088	.059	.147	.132	.044	.147	1.000
Loss	.169	.186	.203	.119	.017	.051	.068	.085	.102	1.000
mystical	.162	.095	.189	.108	.135	.068	.014	.203	.027	1.000
no_exp	.154	.000	.077	.077	.538	.000	.000	.077	.077	1.000
peaceful	.152	.174	.130	.109	.000	.217	.087	.022	.109	1.000
powerful	.158	.116	.137	.095	.074	.137	.074	.074	.137	1.000
presence	.220	.136	.203	.102	.051	.068	.034	.068	.119	1.000
timelessness	.250	.205	.205	.182	.023	.045	.000	.045	.045	1.000
synchronicity	.104	.134	.075	.164	.015	.075	.164	.075	.194	1.000
connectedness	.016	.148	.033	.033	.000	.164	.295	.016	.295	1.000
Mass	.155	.150	.136	.112	.057	.100	.094	.072	.124	

Column profiles are calculated by taking each column point and dividing it by its active margin (corresponding column total) for that column. The column profiles table (Table 5) shows the cell frequency as a percentage of the column total e.g. in the 'GOD' category the phrase 'a deeper knowing' has a value of 14/159=0.088. This means that of the 159 responses in the 'GOD'

category, 8.8% of these were in relation to the phrase 'a deeper knowing'. The row masses are also shown with the 'a deeper knowing' phrase giving $87/1173=0.074$. Only 0.6% of respondents in the 'GOD' category chose the 'no experience' phrase. These proportions are used in part for calculating the distance between points. Table 5 gives the weighted frequency of each of the column points such that the total for the whole column will add up to one.

Table 5 Column Profiles

Phrase	Category									Mass
	HIGHER	EXP	GOD	ENERGY	PARANORMAL	HEALING	SKILLS	EXPLAIN	RELATIONS	
knowing	.082	.074	.088	.084	.045	.043	.100	.047	.075	.074
spiritual	.071	.051	.075	.061	.090	.060	.027	.071	.027	.058
connection	.060	.057	.050	.092	.090	.085	.055	.082	.041	.065
relaxation	.016	.040	.000	.038	.000	.051	.036	.012	.027	.026
sense	.071	.051	.063	.053	.030	.026	.064	.024	.075	.055
difficult	.055	.068	.063	.031	.179	.043	.036	.094	.055	.062
experience	.038	.051	.038	.046	.060	.060	.109	.082	.089	.061
surroundings	.038	.045	.044	.069	.000	.034	.045	.024	.048	.042
contentment	.060	.057	.057	.031	.000	.068	.018	.024	.021	.042
happiest	.033	.034	.013	.015	.000	.000	.000	.024	.014	.017
transforming	.044	.063	.044	.046	.060	.085	.082	.035	.068	.058
Loss	.055	.063	.075	.053	.015	.026	.036	.059	.041	.050
mystical	.066	.040	.088	.061	.149	.043	.009	.176	.014	.063
no_exp	.011	.000	.006	.008	.104	.000	.000	.012	.007	.011
peaceful	.038	.045	.038	.038	.000	.085	.036	.012	.034	.039
powerful	.082	.063	.082	.069	.104	.111	.064	.082	.089	.081
presence	.071	.045	.075	.046	.045	.034	.018	.047	.048	.050
timelessness	.060	.051	.057	.061	.015	.017	.000	.024	.014	.038
synchronicity	.038	.051	.031	.084	.015	.043	.100	.059	.089	.057
connectedness	.005	.051	.013	.015	.000	.085	.164	.012	.123	.052
Active Margin	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	

In Figures 1 and 2 below, the score in dimension for each phrase is shown. This is a graphical representation of the information contained in Table 7. The points furthest away from the reference line at 0.0 have the largest score in the relevant dimension. Normalization was used to spread the variance (inertia) across the column scores and the row scores. The singular values, the inertia in each dimension, and the contributions are all aspects of the correspondence analysis, and do not change under the different normalizations. The column and row scores as well as their variances are affected. The inertia is spread by correspondence analysis in different ways. The most common methods include (1) spreading the inertia over the column scores only. (2) spreading the inertia over row scores only, and (3) spreading the inertia across symmetrically over both the row and column scores.

During row principal normalization, the Euclidean distances between the row points approximate chi-square distances between the rows of the correspondence table. The row scores are the weighted average of the column scores. The column scores are standardized so they have a weighted sum of squared distances to the centroid of 1. Since this method maximizes the distances between row categories, row principal normalization is useful in seeing how categories of the row variable differ from each other. To work out the chi-square distances between the columns of the correspondence table, the column scores should be the weighted average of the row scores. The row scores are standardized to have a weighted sum of squared distances to the centroid of 1. This method maximizes the distances between column categories and is useful in knowing how categories of the column variable differ from each other. Rows and columns can be treated symmetrically. This normalization spreads inertia (variance) equally over the row and column scores. In this case, neither the distances between the row points nor the distances between the column points are approximations of chi-square distances. This method is used in looking at the differences or similarities between the two variables. Usually, this is the preferred approach to make biplots. Another approach is principal normalization, whereby the inertia is spread twice in the solution—once over the row scores and once over the column scores. This method is useful to look at the distances between the row points and the distances between the column points separately but not in how the row and column points are related to each other. Biplots are not appropriate for this normalization option and cannot be obtained by using the principal normalization method.

Figures 1 and 2 are graphical representations of Table 7 and represent the score in dimension for each phrase. Points which are further away from the reference line at 0 have the highest score in the relevant dimension.

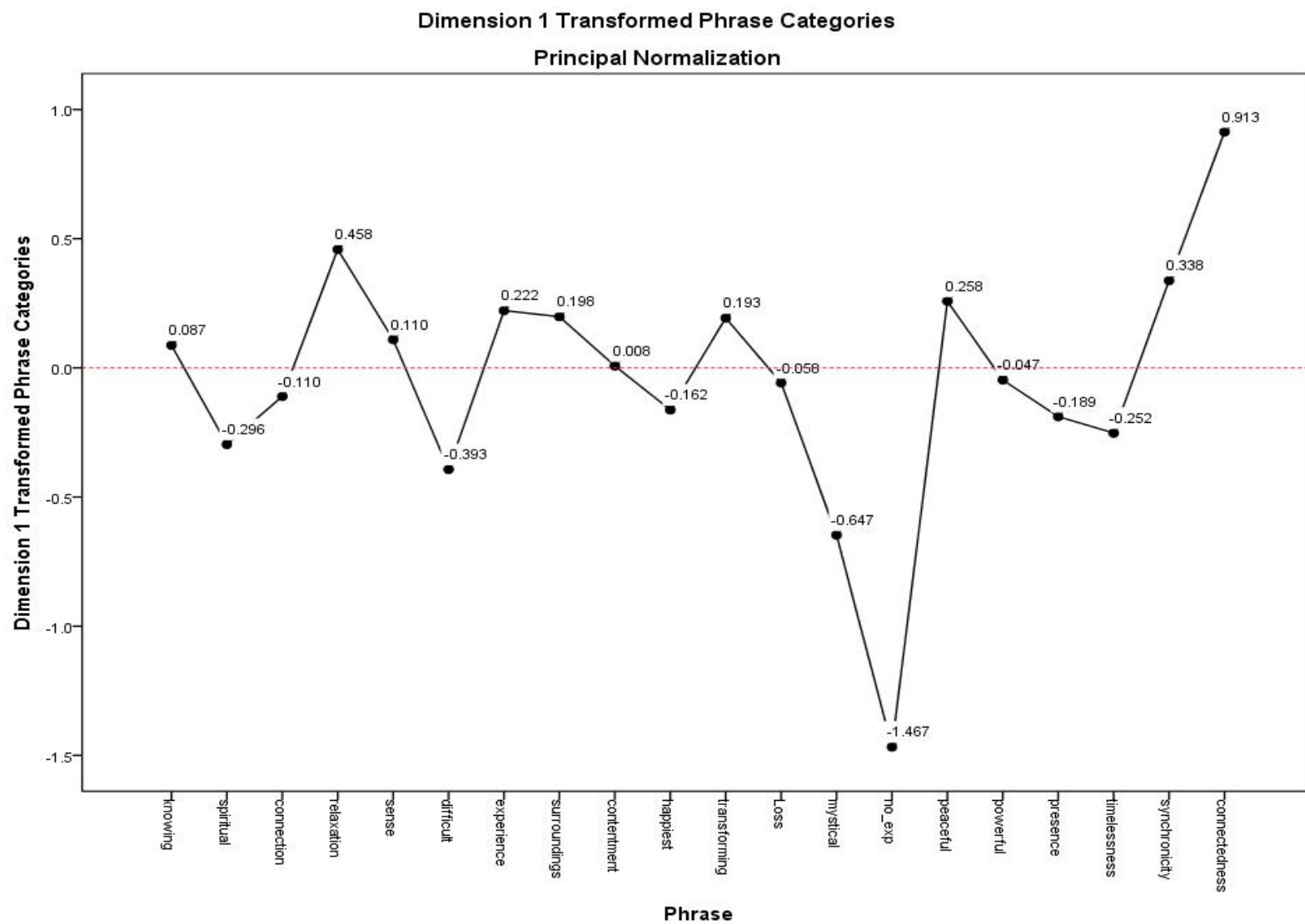


Fig. 1

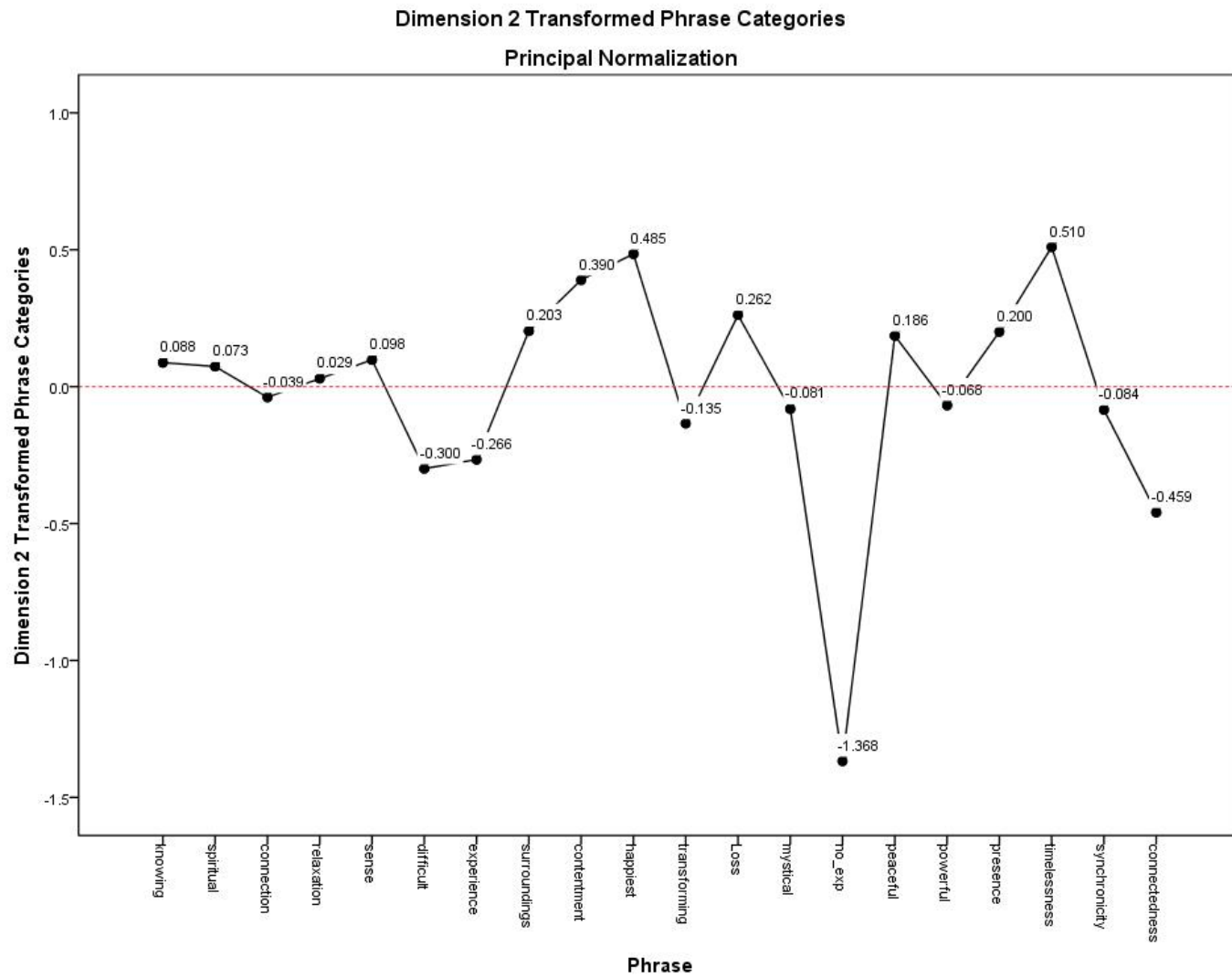


Fig. 2

Figures 3 and 4 below show the score in dimension for the categories, and is a graphical display/representation of the data in Table 8.

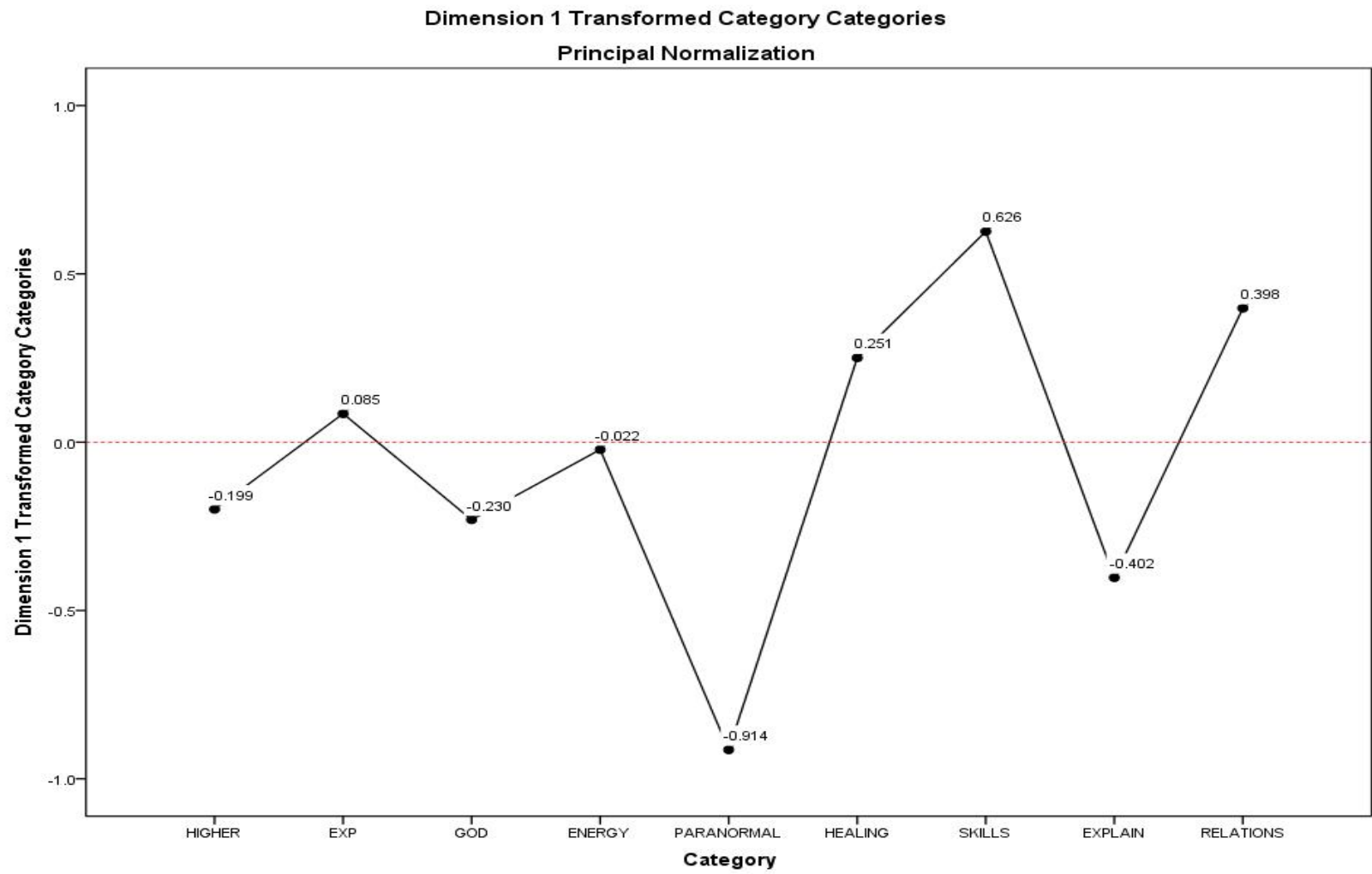


Fig. 3

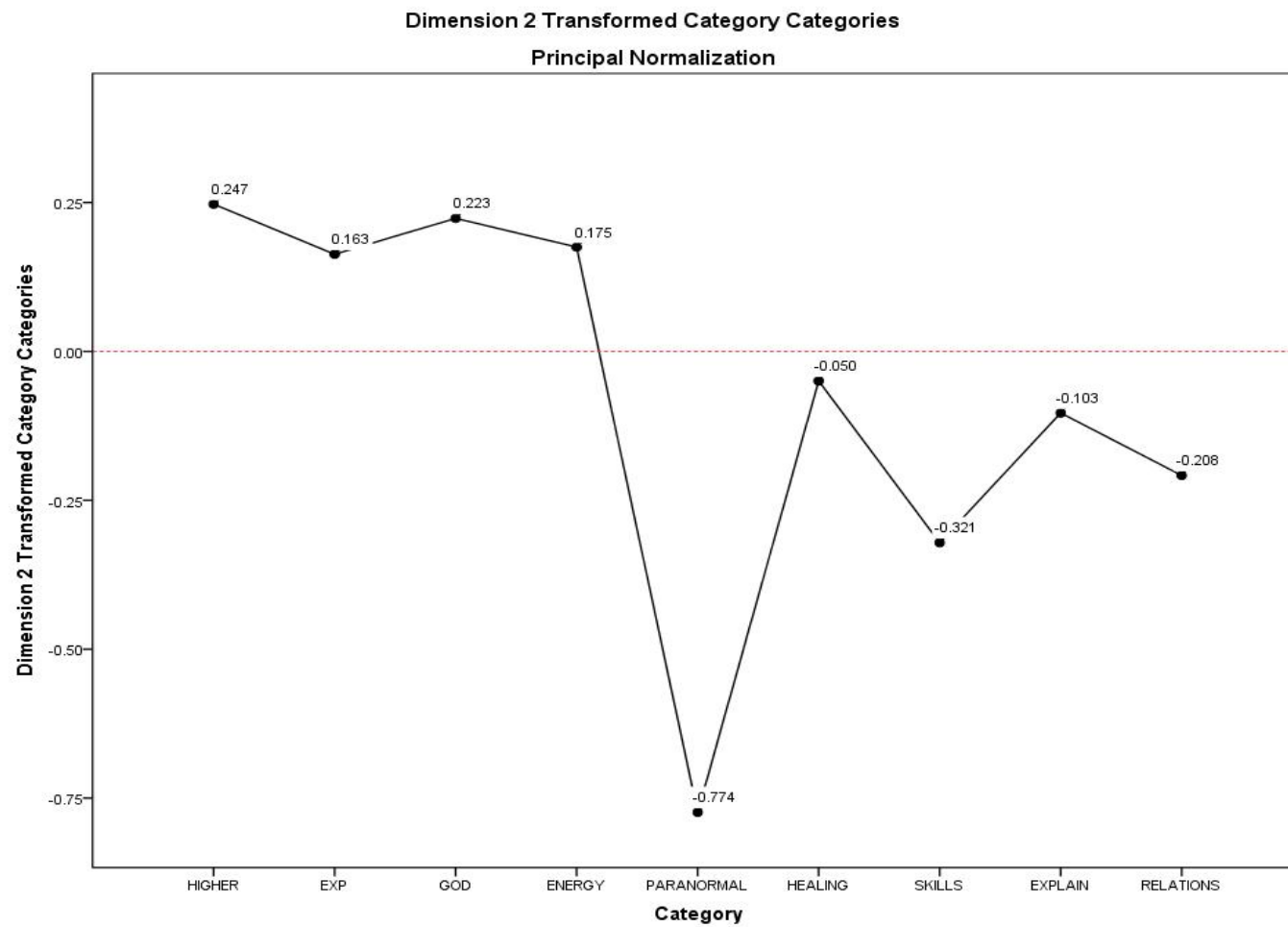


Fig. 4

Appendix 6

Braun and Clarke (2006), p.36. - The 15 point checklist for criteria of good Thematic Analysis

Table 2: A 15-Point Checklist of Criteria for Good Thematic Analysis

Process	No.	Criteria
Transcription	1	The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for "accuracy".
Coding	2	Each data item has been given equal attention in the coding process.
	3	Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive.
	4	All relevant extracts for all each theme have been collated.
	5	Themes have been checked against each other and back to the original data set.
	6	Themes are internally coherent, consistent, and distinctive.
Analysis	7	Data have been analysed – interpreted, made sense of - rather than just paraphrased or described.
	8	Analysis and data match each other – the extracts illustrate the analytic claims.
	9	Analysis tells a convincing and well-organised story about the data and topic.
	10	A good balance between analytic narrative and illustrative extracts is provided.
Overall	11	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly.
Written report	12	The assumptions about, and specific approach to, thematic analysis are clearly explicated.
	13	There is a good fit between what you claim you do, and what you show you have done – i.e., described method and reported analysis are consistent.
	14	The language and concepts used in the report are consistent with the epistemological position of the analysis.
	15	The researcher is positioned as <i>active</i> in the research process; themes do not just 'emerge'.

Appendix 7

Responses to questions after completion of MSP

Clarkson's seven level Model (2002a)

Level (Domain) 1: The physiological/perceptual

'Why did you choose these phrases?'

1. 'I do not think about it much, but rather just go with my instinct' (God).
2. 'Sense of internal power as well as external' (life energy/life force).
3. 'Again in Aikido you get a sense of flow when everything feels light and you feel on a different plane' (connection with a higher being/higher consciousness)

What do you think selected phrases have in common?

1. 'Reflect my sense of what God is' (God)
2. 'Aspects of experiencing the holy spirit' (life energy/life force)
3. 'Sense of greater awareness' (connection with a higher being/higher consciousness)
4. 'Sense of flow on a different plane, Japanese 'Ki' energy' (Life energy/life force)
5. 'A sensation removed from normal daily activity, less concrete and more dreamlike' (connection with a higher being/higher consciousness)

Level (Domain) 2: The affective/emotional

'Why did you choose these phrases?'

1. 'They feel spiritual rather than religious; (God)
2. 'It feels more familiar and calm than the previous word-God (life energy/life force)
3. 'Express my feelings of healing' (presence of healing)
4. 'This is more mystical and describes a feeling or emotion' (something I cannot explain).
5. 'They described my feelings whilst I was in labour with my son. Probably the most powerful spiritual experience I ever had'. (Experience I had previously)
6. 'The meaning of the word is less clear to me, this feels less positive than the other phrases and little bit frightening (paranormal).

What do you think selected phrases have in common?

1. 'They are a feeling and a way of being that is beyond the material' (life energy/life force)
2. 'Healing for me goes together with a sense of peace' (presence of healing)
3. 'A sense of realisation' (psychologists' skills).

Level (Domain) 3: The nominative.

'Why did you choose these phrases?'

1. 'Experiential knowledge' (God)
2. 'Related to soul/spirit of the person' (life energy/life force)
3. 'I would use the word God' (connection with a higher being/higher consciousness).
4. 'Concept of my creator' (connection with a higher being/higher consciousness).
5. 'Implies ghosts and not so benign influences' (paranormal).

What do you think selected phrases have in common?

1. 'Spiritual or religious terms' (connection with a higher being/higher consciousness).
2. 'My explanation of the paranormal' (paranormal)

Level (Domain) 4- The normative

'Why did you choose these phrases?'

1. *'God is the ultimate expression of a spiritual force and may manifest in those ways' (God)*
2. *'Life energy is a power and is alive' (life energy/life force)*
3. *'Reflect my experience as a psychologist' (presence of healing)*
4. *'psychologists' role in my mind' (psychologist's skills).*
5. *'psychologist to have knowledge, depth, and a connection with the client' (psychologist's skills).*
6. *'Explains to me the necessary skills a psychologist should hold' (psychologist's skills).*
7. *'From my own experiences as a client and also as a therapist' (the therapeutic relationship)*
8. *'I think all psychologists are on a learning curve irrelevant of qualifications and experience' (something I cannot explain).*

'What do you think selected phrases have in common?'

1. *'They encompass my concept of truthfulness' (God)*
2. *'A belief in spiritualism and afterlife' (God).*
3. *'Relate to a sense of harmony' (life force/life energy).*
4. *'They all represent a sense of deeper being and knowledge' (life energy/life force).*
5. *'I think the presence of healing is due to the client deciding they need change, and engaging with the psychologist in a therapeutic relationship' (presence of healing).*
6. *'They represent the presence of the psychologist's skills and experiences and the manner in which these skills support the client' (psychologist's skills).*
7. *'Picking up on the spiritual connection that can happen in therapy' (psychologist's skills).*
8. *Relationship-therapist and patient' (the therapeutic relationship).*
9. *'Familiarity and peace' (experience I had previously).*
10. *'Not my language or experience' (paranormal).*

Level (Domain) 5: The rational/logical

'Why did you choose these phrases?'

1. *'I think they are common to the therapeutic relationship but I do not associate them with God. I do not have a religious belief' (God)*
2. *'Not sure what this idea means' (life energy/life force).*
3. *'I believe this is what a transpersonal therapist brings' (psychologist's skills).*
4. *'The therapeutic relationship is necessary to undertake therapeutic work' (the therapeutic relationship).*
5. *'Therapeutic connectedness' (the therapeutic relationship)*
6. *'Highlights areas of development in psychological research' (something I cannot explain)*
7. *'Although I chose these, I am not sure I would attribute them to experience of a higher consciousness- rather to what is going on in the 'space' between me and my client' (connection with a higher being/consciousness)*
8. *'Something I cannot understand' (paranormal).*

'What do you think selected phrases have in common?'

1. *'They are found in nature and the life which exists there' (life energy/life force)*
2. *'They are powerful states' (presence of healing).*
3. *'Knowledge and connectedness' (psychologist's skills).*
4. *'spiritual as well as technical' (psychologist's skills)*
5. *'All present in the therapeutic relationship' (psychologist's skills).*
6. *'It is about the agreement and trust in the therapeutic relationship between client and psychologist' (the therapeutic relationship).*
7. *'They represent connection and change' (the therapeutic relationship).*
8. *'I do not have a connection/belief with a God or higher consciousness' (connection with a higher being/higher consciousness).*
9. *'Something nebulous' (connection with a higher being/higher consciousness).*
10. *'This is not the discourse I would use again, they are representative of psychological/emotional states that are often*

elicited in transformation' (connection with a higher being/higher consciousness).

11. *'It is more well-rounded and includes everything from emotions to knowledge, to peace and power' (connection with a higher being/higher consciousness).*
12. *'Learning' (experience I had previously).*
13. *'I do not have a belief in the paranormal and think much can be explained scientifically' (paranormal).*

Level (Domain) 6: The theoretical/metaphorical

'Why did you choose these phrases?'

1. *'Because the concept of God is perfection and total alignment with the laws of the universe' (God).*
2. *'I think this is the soul' (life energy/life force)*
3. *'Spiritual being and meaning for life' (life energy/life force)*
4. *'They are like fractals of the whole life force/higher power' (Life energy/life force).*
5. *'Describe how the holy spirit is involved in healing' (presence of healing).*
6. *'Healing is about stillness and connection' (presence of healing)*
7. *'I think there is a spiritual element in therapy' (psychologist's skills).*
8. *'They feel more human than the other words, less mystical' (psychologist's skills).*
9. *'Spiritual experiences are difficult to explain but I am including here things that are known by others but not by myself e.g. learning a new non-verbal skill. The noticing of this can be ego-dissolving and life transforming' (something I cannot explain)*
10. *'Spiritual' (something I cannot explain)*
11. *'Client reflections in therapy' (something I cannot explain).*

What do you think selected phrases have in common?

1. *'Pivotal moment in one's development' (presence of healing)*
2. *'Awareness of power and connection experienced when we go outside of our ego story' (presence of healing)*
3. *'More about peace of mind then connecting spiritually' (presence of healing).*
4. *'Making unconscious conscious, kind of Gestalt' (presence of healing).*
5. *'Moment of revelation' (the therapeutic relationship).*
6. *'All represent aspects of the therapeutic relationship and the presence of a higher power/God encompassing the therapeutic relationship' (the therapeutic relationship).*
7. *'Connection and realness, but can be spiritual too' (the therapeutic relationship).*
8. *'They enhance healing' (connection with a higher being/higher consciousness)*
9. *'Always present with the power of God/higher being' (experience I had previously)*
10. *All linked to the attributes of the healing presence of a higher power' (experience I had previously).*
11. *'A greater being, that is outside of day to day human experiences' (paranormal)*

Level (Domain) 7: The transpersonal

'Why did you choose these phrases?'

1. *'Difficult to describe' (life energy/life force)*
2. *'Remind me of encounter with Reiki' (presence of healing)*
3. *'Revelation and enhanced understanding occurs when healing' (presence of healing).*
4. *'Difficult to define, but representing a shift and connectedness' (presence of healing)*
5. *'Presence of deep relational moment' (psychologist's skills)*
6. *'When I feel that I am in a therapeutic relationship I feel as though I lose my sense of self and am connected' (the therapeutic relationship)*
7. *'Therapeutic relationship is dynamic and fluid beyond the two people' (the therapeutic relationship).*
8. *'Concept of the unknown, unseen' (something I cannot explain).*
9. *'They are what I aim for the client' (connection with a higher being/consciousness).*
10. *'My experience of these is momentary, elusive, and difficult to describe' (connection with a higher being/higher*

consciousness)

11. *'All could describe the experience I have had, but somehow not fully' (experience I had previously).*

What do you think selected phrases have in common?

1. *'Synchronicity' (God)*
2. *'Beyond mind and behaviour' (life energy/life force)*
3. *'Serenity and all about connection and oneness' (presence of healing)*
4. *'They are connected to some form of energy' (presence of healing)*
5. *'All are interlinked, it is difficult to separate them. They describe the power and presence of a healing relationship' (presence of healing).*
6. *'They are a Gestalt. I chose words but there is always something else which is difficult to describe' (psychologist's skills).*
7. *'Not sure, but something is going on, isn't it?' (psychologists' skills).*
8. *'There is nothing concrete here, yet something powerful is present' (the therapeutic relationship).*
9. *'All interlinked and interrelated, difficult to separate them when thinking of the presence and experience of a higher power' (connection with a higher being/higher consciousness)*
10. *'Beyond my understanding' (something I cannot explain)*
11. *'It is difficult to explain them, and are easier to experience emotionally, psychologically and physically. (something I cannot explain).*
12. *'Again, I believe they apply to the transpersonal episodes in therapy' (experience I had previously).*
13. *'Experiences which transcend words and explanations' (paranormal)*

Appendix 8

Thematic Analysis based on Braun and Clarke guidelines (2006)

The nine categories where phrases (cards) were placed during the MSP.

God

Why did you choose these phrases?

Themes	Sub-themes
Perception and experience of God	Perfection. Total alignment with the laws of the universe. Spiritual rather than religious. Powerful belief system. Related to something spiritual Beyond our sense of self and our ability to know and describe. Personal experience. Ultimate expression of a spiritual force. Personal experience of spirituality. God in therapy. Difficult to describe.

God.

Why did you choose these phrases?

Noteworthy responses:

1. Because the concept of God is perfection and total alignment with the laws of the universe (level 6).
2. They feel spiritual rather than religious (level 2).
3. I do not think about it much but, but rather just go with my instinct (level 2).
4. Because they seemed to call at me more than the other phrases when I thought of the word "God" (level 7).
5. God is the ultimate expression of a spiritual force and may manifest in those ways (level 4).
6. Reflect my sense of what God is (level 1).
7. About connection above totally academic thought (level 7).
8. They related to my experience of the presence of a higher consciousness, God in therapy (level 4).
9. Difficult to describe (level 7).
10. Based on my experiences that I relate to God (level 4).

What do you think the selected phrases have in common?

Themes	Sub-themes
Commonality within phrases	Common to the therapeutic relationship but not with God. Experiential knowledge. Concept of truthfulness. Something beyond and greater than the individual. A higher and deeper experience and feeling that is difficult to describe. Religiously meaningful. Synchronicity.

	Experiences related to God. All integrated and difficult to separate. A belief in spiritualism and the afterlife.
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God.

What so you think these phrases have in common?

Noteworthy responses:

1. I think some are common to the therapeutic relationship but I do not associate them with God. I do not have a religious belief (level 5).
2. They encompass my concept of truthfulness (level 4).
3. Experiential knowledge (level 3).
4. Peace, power, involvement in something beyond (level 7).
5. Something greater than the individual (level 4).
6. A higher and deeper experience and feeling that is difficult to describe (level 7).
7. Not sure (level 2).
8. Something difficult to define (level 6).
9. Synchronicity (level 7).
10. All integrative and related, difficult to separate them (level 4).
11. A belief in spiritualism and after life (level 4).
12. Less about events and more about the source (level 5).
13. Difficult to describe (level 7).
14. Based on my experiences that I relate to God (level 4).

Life energy/ life force

Why did you choose these phrases?

Themes

Sub-themes

Perception and experience of life energy/life force	This is the soul/spirit of the person How I experience the holy experience I experienced them in Aikido It feels more familiar and calm than the phrase 'God'. God Part of nature. Not sure. Things elicited when in this psychological space. Difficult to describe. Spiritual being and meaning for life. Power and life. Internal and external power. Soul existing as its own entity.
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Life energy/ life force

Why did you choose these phrases?

Noteworthy responses:

1. I think this is the soul (level 6).
2. Describe how I experience the holy spirit (level 7).
3. Because I had experienced them in Aikido (level 2)
4. It feels more familiar and calm then the previous word (God)(level 2)
5. Life force which is God and part of nature (level 6).
6. Not sure what this idea means (level 5).
7. Difficult to describe (level 7).
8. They represent feelings elicited when in this psychological space (level 2).
9. Spiritual being and meaning for life (level 6).
10. Related to soul/spirit of the person (level 3).
11. Because to me, life energy means soul, in my view independent of the body, exists as its own entity (level 6).
12. Life energy is a power and is alive (level 4).
13. Sense of internal power as well as external (level 1).

Life energy/ life force

What do you think the selected phrases have in common?

Commonality of phrases	All imply connection to something more than our self. All are fractals of the whole life force/higher power. Insight, understanding, and a sense of awareness. A feeling and way of being beyond the material understanding and a sense of awareness. Sense of a deeper being and knowledge. They are found in nature and the life there. Aspects of the holy spirit
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	Higher power Power, peace, and strength.
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Life energy/ life force

What do you think the selected phrases have in common?

Noteworthy responses:

1. Insight, understanding, and a sense of awareness (level 1).
2. Spiritual life force, maybe they are not detectable with any of our senses (level 3).
3. All imply connection to something more than our self (level 5).
4. Beyond mind and behaviour (level 7).
5. They are like fractals of the whole life force/higher power (level 6).
6. Difficult to describe (level 7).
7. Aspects of experiencing the Holy Spirit (level 1).
8. Sense of flow on a different plane, Japanese 'ki' energy (level 1).
9. Relate to a sense of harmony (level 4).
10. They are found in nature and the life which exists there (level 5).
11. They describe something happening underneath the surface, driving reality (level 6).
12. They all represent a sense of deeper being and knowledge (level 4).
13. Reflection of what can transform experience (level 2).
14. They are a feeling and a way of being that is beyond the material (level 2).
15. Power (level 6).
16. Peace and strength, more internal and within myself (level 2).

Presence of healing

Why did you choose these phrases?

Themes	Sub-themes
Perception and experience of the presence of healing	Involvement of the Holy Spirit in healing. Similar to experience of Reiki Relate to clients narratives during therapy. They describe what healing is. Experienced in the presence of others. The power of healing. Represent deep insight and change with the support of the therapist leading to a sense of peace. About connection and contact. A change and connectedness. Difficult to define. Feelings of healing. Power The healing aspect of the therapeutic relationship which encompasses a higher consciousness/God. Personal experience Stillness and connection. Experience as a Psychologist. The energy force which heals mind, body, and spirit.

Presence of healing

Why did you choose these phrases?

Noteworthy responses:

1. They are similar to what clients I work with have said in therapy (level 6).
2. Revelation and enhanced understanding occurs with healing (level 7).

3. Describe how the Holy Spirit is involved in healing (level 6).
4. I've experienced these feelings in the presence of certain others so I know they exist (level 2).
5. These describe for me what healing is (level 6).
6. Represent the power of healing (level 6).
7. Remind me of encounter with Reiki (level 7).
8. Healing for me means deep insight and change (could be with the help of therapist), which leads to a sense of peace (level 2).
9. It is more about connection and contact (level 6).
10. Difficult to define but representing a shift and connectedness (level 7).
11. Power of healing (level 6).
12. Personal experience (level 2).
13. Healing is about stillness and connection (level 6).
14. Describe the feeling for me (level 6).
15. Reflect my experience as a psychologist (level 4).
16. Because they represent the energy force that returns the mind/body/spirit back to its 'base' or optimum position (level 7).
17. Express my feelings of healing (level 2).
18. Difficult to describe (level 7).
19. They represented the healing aspect of the therapeutic relationship, that which encompasses a higher consciousness/God (level 7).

What do you think the selected phrases have in common?

Theme	Sub-themes
Commonality of phrases	The presence of healing is due to the client deciding they may need change and engage with the psychologist in therapy. The involvement of the Holy Spirit. A healing force outside of the physical or medical. Healing and a consequent sense of peace. Important moment in the individual's development. Awareness Peace Serenity Connection and oneness Awareness of connection and power when the ego is put aside. Connected to a form of energy. Reflect experience of the healing process. More about peace and mind than spiritual connection. Wholeness. All interconnected. Describe the power and presence of a healing relationship. Similar to personal experiences involving healing.

Presence of healing

What do you think the selected phrases have in common?

Noteworthy responses:

1. Pivotal moment in one's development (level 6).
2. I think the presence of healing is due to the client deciding they need change, and engaging with the psychologist in a therapeutic relationship (level 4).
3. How the Holy Spirit is involved in healing (level 6).
4. They represent the ability of a force that heals outside of the physical or medical (level 6).
5. Healing for me goes together with a sense of peace (level 2).
6. Being the force on another's energy (level 7).
7. Awareness and peace (level 5).
8. Serenity and all about connection and oneness (level 7).
9. An experience of moving forward (level 5).
10. Awareness of power and connection experienced when we step aside from our ego story (level 6).

11. They are connected to some form of energy (level 7).
12. They seem to reflect the way that I have experienced a healing process (level 6).
13. More about peace of mind than connecting spiritually (level 6).
14. Wholeness (level 6).
15. They are all powerful states (level 5).
16. All are interlinked, it is difficult to separate them. They describe the power and presence of a healing relationship (level 7).
17. This again has a meaning for me personally, as both these phrases came to mind after I had a physical problem removed when I am in this space (level 2).

Psychologist's skills

Why did you choose these phrases?

Themes	Sub-themes
Perception and experience of psychologist's skills	Representative of the psychologists. Representative of their training used when working with clients. Professional role. Personal experience of therapy. Connection in therapy. Less 'mystical' and more human than other categories in the MSP. What the transpersonal psychologist brings to their role. Personal experience. The spiritual element is in therapy. Experience of deep relational moments. Psychologist brings knowledge, depth and a connection with the client in the Therapeutic relationship. Discomfort in ascribing spiritual phrases to psychologist's skills. Psychologist help create the safe place for individuals to accept themselves and connect. Working alliance psychologist forms with client forms the basis for healing. Connection and deeper understanding. Humour and play. Powerful moments connected to spirituality and mutuality in the relationship. Identifies the necessary skills of a psychologist. Difficult to describe. All have been experienced as a psychologist.

Psychologist's skills

Why did you choose these phrases?

Noteworthy responses:

1. They are representative of the psychologists and training and their utilisation when working with a client (level 4).
2. Psychologist's role in my mind (level 4).
3. From my own experience of therapy (level 4).
4. When therapy is precisely delivered and connectivity is perfect these are the feelings elicited (level 5).
5. I believe this is what a transpersonal therapist brings (level 5).

6. I think that there is a spiritual element in therapy (level 6).
7. Experience of deep relational moment (level 7).
8. Psychologist to have knowledge, depth, and a connection with the client (level 4).
9. They feel more human than the other words, less mystical (level 6).
10. I don't feel comfortable ascribing more spiritual phrases to psychologists' skills. I think we can help create the safe space in which people can accept themselves and connect (level 4).
11. Power of healing through dialogue and strength of relationship (level 6).
12. Personal experience" (level 2).
13. They relate to holistic intuitive connection (level 6).
14. Because as a psychologist I seek to connect with those I work with to form the basis to promote healing (level 4).
15. These phrases reflect the connection that can take place in therapy and allow deeper understanding. I would have liked 'play' and 'humour' to be included! (level 6).
16. Again I have experienced powerful moments in giving therapy, which are connected to spirituality and mutuality in the relationship (level 6).
17. Explains to me the necessary skills a psychologist should hold (level 4).
18. I feel I have experienced them all while at work as a psychologist working with clients (level 4).
19. Difficult to describe (level 7).

What do you think the selected phrases have in common?

Themes

Sub-themes

Commonality of phrases.	A sense of realisation. The presence of the psychologist's skills. How the psychologists skills support the client. All provided. Connectedness and knowledge. Depth and connection. Identifying the spiritual connection which can occur in therapy. Making unconscious conscious. Similar to Gestalt. Humanity. Less powerful than the other categories but more real. Acceptance. Listening. Containment. Spiritual and technical. Personal skills. Personal growth. Difficult to describe. All present in the therapeutic relationship.
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Psychologist's skills

What do you think the selected phrases have in common?

Noteworthy responses:

1. A sense of realisation (level 2).
2. They represent the presence of the psychologist's skills and experiences and the manner in which these skills support

- the client (level 4).
3. A sense of realisation (level 1)
 4. Knowledge and connectedness (level 5).
 5. They are provided (level 5).
 6. They are all experiences that occur during connected therapy (level 4).
 7. Picking up on the spiritual connection that can happen in therapy (level 4).
 8. Making unconscious conscious, kind of gestalt (level 6).
 9. Depth and connection (level 6).
 10. Humanity, less powerful than the other phrases but also more real (level 5).
 11. The importance of acceptance, listening, and connectedness in the relationship (level 2)
 12. A feeling of containment (level 2).
 13. Spiritual as well as technical (level 5).
 14. Personal growth (level 5).
 15. Connection on some level (level 7).
 16. Not sure, but something is going on, isn't it? (level 7).
 17. They are a gestalt. I chose appropriate words but there is always something else which is difficult to describe (level 7).
 18. Personal skills, connection (level 5).
 19. All present in the therapeutic relationship (level 5).
 20. Difficult to describe (level 7).

The Therapeutic Relationship

Why did you choose these phrases?

Themes	Sub-themes
Perceptions and experiences of the therapeutic relationship.	The therapeutic relation is essential for therapy to take place. Experience as a client and a therapist. Building a deeper knowledge. Possibility of transformation within the therapeutic relationship. Therapeutic connectedness. They exist in the therapeutic relationship. Difficult to describe but beneficial. Dynamic and fluid- aspects of the therapeutic relationship. Organic. Connection. All are present in the transpersonal relationship.

The Therapeutic Relationship

Why did you choose these phrases?

Noteworthy responses:

1. The therapeutic relationship is necessary to undertake therapeutic work (level 5).
2. the relationship is building a deeper knowledge (level 5)
3. From my own experience as a client and also as a therapist (level 4)
4. Representation of possibility of transformation in therapy (level 5)
5. I have felt them exist in the therapeutic relationship (level 2)
6. These phrases reflect the congruence and harmony between therapist and client (level 6).
7. Similar to above, but more powerful than the word 'skills' (level 6)
8. When I feel that I am in a therapeutic relationship I feel as though I lose my

- sense of self and am connected (level 7).
9. Therapeutic connectedness (level 5)
 10. personal experience (level 2)
 11. Therapeutic relationship is dynamic and fluid beyond the two people (level 7)
 12. Because to me they represent the ideal parts of a good therapeutic Relationship (level 5)
 13. trying to describe something hard to grasp, but beneficial (level 7)
 14. The therapeutic relationship is organic & can comprise all of what I have chosen and more still (level 5)
 15. Connection is important (level 5)
 16. I choose all, as all are present in considering the transpersonal in the working alliance (level 7).
 17. Difficult to describe (level 7)

What do you think the selected phrases have in common?

Themes	Sub-themes
Commonality of phrases	Trust and agreement between the client and psychologist. Connectedness and power. Revelation. Something powerful. Linked to transformation bringing peace and harmony. Connection to something greater. Integration. Opportunities for facilitating positive change. Nothing concrete, but the presence of something powerful. Transpersonal aspects of the therapeutic relationship. Difficult to describe.

The Therapeutic Relationship

What do you think the selected phrases have in common?

Noteworthy responses:

1. It is about the agreement and trust in the therapeutic relationship between client and psychologist (level 5).
2. moment of revelation (level 6)
3. Power and connectedness (level 6)
4. They are all linked to the sense of harmony and peace that transformation can bring (level 6)
5. Something powerful (level 4)
6. connection and realness, but can be spiritual too (level 6)
7. Power, connectedness and transformation (level 6)
8. Opportunities for facilitating positive change (level 5)
9. integration (level 5)
10. Imply connection to something greater (level 7)
11. They represent connection and change (level 5)
12. there is nothing concrete here, yet something powerful is present (level 7)
13. Transpersonal nature of aspects of the therapeutic relationship (level 7)

14. Relationship therapist and patient (level 4)
15. All represent aspects of the therapeutic relationship, and the presence of a higher power/God encompassing the therapeutic relationship (level 6)
16. Difficult to describe (level 7).

Something I cannot explain

Why did you choose these phrases?

Themes	Sub-themes
Perception and experience of something I cannot explain	All Psychologists are always on a learning curve. Christian faith and belief of the power of the Holy Spirit which is beyond human understanding. Cannot explain how or why they exist. Something happens which is unexplainable and powerful. Something vague. Beyond description as they are intensely personal. Unknowning. More mystical and describing emotion. Client reflections on therapy. Seem to apply. Beyond myself, and difficult to explain. Difficult to describe. The moments which are transformative and lead to healing but are difficult to describe.

Something I cannot explain

Why did you choose these phrases?

Noteworthy responses:

1. I think all psychologists are always on a learning curve irrelevant of qualifications and experience (level 4).
2. concept of the unknown, unseen (level 7).
3. There is a lot I cannot explain but as a Christian I believe in the power of the Holy Spirit which is beyond human understanding (level 7).
4. Some moments in life and in therapy are beyond description because they are so intensely personal (level 7).
5. I can't explain how/why they exist (level 7).
6. times when a powerful unexplainable thing happens (level 7).
7. They reflect something vague (level 7).
8. This is more mystical and describes a feeling or emotion (level 2).
9. Spiritual experiences are difficult to explain but I am including here things that are known by others but not by myself, e.g. learning a new non-verbal skill. The noticing of this can be ego-dissolving and life transforming (level 6).
10. Unknowning position (level 7).
11. client reflections on therapy (level 6).
12. They show its ok not to have all the answers (level 6).

13. Because they represent my experience of not being sure about the reason for something (level 7).
14. They seem to apply (level 5).
15. For me, they accompany "wow" moments in therapy, which are transformative and can lead to healing but cannot be described fully.
16. Describe that you cannot explain - beyond myself (level 2).
17. Feelings I cannot explain, but am aware I experienced them and they existed due to the presence of a higher healing power/God (level 6).
18. Difficult to describe (level 7).

What do you think the selected phrases have in common?

Commonality of phrases.	Beyond understanding. Highly personal experiences. Unknown and difficult to explain and describe. Highlight areas of development in psychological research. A feeling/emotion. Uncertainty. Connection. Spirituality. The transpersonal. A belief in something more. Easier to experience emotionally, physically, and psychologically then to explain.
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Something I cannot explain

What do you think the selected phrases have in common?

Noteworthy responses:

1. Highlights areas of development in psychological research (level 5).
2. beyond my understanding (level 7)
3. Highly personal experiences are described (level 2)
4. something I can't explain (level 7)
5. Unknown or inability to describe (level 7)
6. An emotion and feeling (level 2)
7. Fewer phrases because I can't explain what I can't explain and reluctance to ascribe things spiritual to all of these experiences, whilst recognising the power of them (level 5).
8. Uncertainty (level 5)
9. Connection (level 5)
10. A belief in something more (level 6)
11. Not knowing (level 7)
12. they describe something 'other' (level 7)
13. Again, the transpersonal (level 7)
14. Spirituality (level 6)
15. It is difficult to explain them, and are easier to experience emotionally, psychologically and physically (level 7).
16. Difficult to describe (level 7)

Connection with a higher being/higher consciousness

Why did you choose these phrases?

Themes	Sub-themes
Perception and experience on connection with a higher being/higher consciousness.	God. Transformational experiences lead to a different cognitive and emotional plane. Concept of creator. Sensation of flow and being on a different plane experienced in Aikido. Personal connection to God/higher being. Difficult to describe, momentary, and elusive. Not sure. Difficult to know/say. What is occurring in the 'space' between client and psychologist rather than the presence of a higher consciousness. Connection with someone/thing spiritual.

Connection with a higher being/higher consciousness

Why did you choose these phrases?

Noteworthy responses:

1. concept of my creator (level 3)
2. I would use the word God (level 3)
3. Transformational experiences tend to carry one onto a different cognitive and emotional plane (level 6)
4. they are what I aim for the client (level 7)
5. Again in Aikido you can get a sense of flow when everything feels light and you feel on a different plane (level 1)
6. They all fit under the notion of a connection with higher being (level 6)
7. This feels like a connection to God but on a more personal level (level 2)
8. My experience of these is momentary, elusive and difficult to describe (level 7).
9. Not sure (level 7)
10. Personal experience (level 2)
11. Because they describe the sense of energy, connectedness and the feeling of knowing but not knowing (level 7)
12. It's really hard to say - don't know/not sure (level 7)
13. Although I chose these, I am not sure that I would attribute them to experience of a higher consciousness - rather to what is going on in the 'space' between me and my client (level 5)
14. Only phrases that explain being in connection with something/someone (level 6)
15. Spiritual (level 6)
16. All words/experiences linked to the healing power of a higher consciousness in the therapeutic relationship (level 6)
17. Difficult to describe (level 7)

What do you think the selected phrases have in common?

Themes	Sub-themes
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Commonality of phrases.	No belief to a God/higher consciousness. Enhance healing. What connection is hoped to be. Spirituality and loss of sense of self, an awakening. Sensation different from normality, less concrete and more dreamlike. Pleasant total loss of control different to everyday existence. Something Nebulous. Spiritual/religious terms. Representative of psychological/emotional states often elicited in transformation. All interrelated and interlinked, hard to separate when thinking of the presence of a higher power. Difficult to describe.
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Connection with a higher being/higher consciousness

What do you think the selected phrases have in common?

Noteworthy responses:

1. I do not have a connection/belief with a God or higher consciousness (level 5).
2. what I hope this connection to be (level 6)
3. This is not the discourse I would use 4 Again, they are representative of psychological/emotional states that are often elicited in transformation (level 5)
4. they enhance healing (level 6)
5. a sensation removed from normal daily activity, less concrete and more dreamlike (level 1)
6. Spirituality and loss of sense of self, an awakening (level 7)
7. It is more well-rounded and includes everything from emotions to knowledge, to peace and power (level 5)
8. More feelings based (level 2).
9. Not sure (level 7)
10. connection with something other than! (level 7)
11. Spiritual or religious terms (level 3)
12. pleasant loss of total control as known by everyday existence, connectedness (level 6)
13. something nebulous (level 5)
14. Sense of greater awareness (level 1)
15. God (level 3)
16. All interlinked and interrelated, difficult to separate them when thinking of the presence and experience of a higher power (level 7).
17. Difficult to describe (level 7)

Experience I had previously

Why did you choose these phrases?

Themes	Sub-themes
Perceptions and experience of experience I had previously.	Improved understanding. Present in the therapeutic relationship. All are aspects of the experience of God. Personal experience. Moments experienced at a certain point. Personal experience. Previous experience. Experience of a spiritual connection. Familiar. Not sure. Spiritual connection. Experiences described almost outside of human realms. Hard to describe. Powerful spiritual experiences compared to the experience of childbirth. Explain aspects of experiences. Experience of spiritual connection. Always present with the power of God/higher being.

Experience I had previously

Why did you choose these phrases?

Noteworthy responses:

1. found they are present in the therapeutic relationship (level 5)
2. improved understanding (level 5)
3. All aspects of how I experience God (level 2)
4. Such feelings are rare, but exceptionally beautiful when they occur (level 6)
5. best describe what I have experienced (level 2)
6. They are all moments I have experienced at a certain point (level 2)
7. They are familiar to me (level 3)
8. They described my feelings whilst I was in labour with my son. Probably the most powerful spiritual experience I have had (level 2).
9. Previous experience (level 5)
10. personal experience (level 2)
11. My experience of spiritual connection (level 2)
12. Because they describe an experience almost outside of the human realms (level 6)
13. not sure (level 7)
14. All could describe the experience I have had, but somehow not fully (level 7)
15. Because hard to describe experience I have had previously in context of Spirituality (level 7).
16. Always present with the power of God/higher being (level 6)
17. Difficult to describe (level 7).

What do you think the selected phrases have in common?

Themes

Sub-themes

Commonality of phrases.	Based on the Presence of the psychologists' skills in the therapeutic relationship. Familiarity and peace. Learning. Energy. Not knowing. Attributes of a higher power. Knowledge, connection, and loss of self to a greater force. Unexplained. How God can be experienced. Feeling of total trust and loss of the unimportant. Transpersonal episodes in therapy. A sense of being part of the transformational experience. Connection to self and surroundings.
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Experience I had previously

What do you think the selected phrases have in common?

Noteworthy responses:

1. They are based on the presence of the psychologist's skills when working with the client (level 4).
2. Learning (level 5)
3. nothing in particular - other than this is how God can be experienced (level 6)
4. They all represent a sense of being that is part of the transformational experience (level 5).
5. Being connected to who you are and to your surroundings (level 6)
6. Familiarity and peace (level 4)
7. A dropping away of unimportant stuff and the feeling of absolute trust. My midwife sat in the corner and didn't say a word but I knew she was with me (level 2).
8. Unexplained (level 7).
9. knowledge and connection I Suggest loss of self to a greater force (level 7)
10. connectedness, energy and not knowing / understanding everything (level 6)
11. Again, I believe they apply to the transpersonal episodes in therapy (level 7)
12. Not being able to explain (level 7)
13. All linked to the attributes of the healing presence of a higher power (level 6).
14. Difficult to describe (level 7)

Paranormal

Why did you choose these phrases?

Themes	Sub-themes
Perceptions and experiences of the paranormal.	Difficult to describe and explain. A connection with something powerful. No experience No connection with this language. Frightening and less positive than other categories. Curious and open minded. Previous enlightenment Unexplained experiences different to normal everyday experiences. Ghosts. Difficult to explain. Non benign influences. Previous enlightenment. Connection to something powerful.

Paranormal

Why did you choose these phrases?

Noteworthy responses:

1. Something I cannot understand (level 5)
2. Not my language or experience (level 4)
3. I have not experienced any of these in a way that I would describe as Paranormal (level 2)
4. because I don't understand the occurrences (level 4)
5. The meaning of the word is unclear to me 7 This feels less positive than the other phrases and a little bit frightening (level 2)

6. I have had paranormal experiences but remain open minded and curious (level 6).
7. Previous enlightenment (level 3)
8. Implies ghosts and not so benign influences! (level 3)
9. They describe range of aspects of experiencing something outside of day to day normality which remains relatively unexplained (level 6).
10. almost impossible to describe and not entirely sure what, if anything, I felt/experienced (level 7).
11. Paranormal to me explains a connection with something that is powerful (level 6)
12. Experiences which are difficult to explain, and give an explanation for (level 7)
13. Difficult to describe (level 7).

What do you think the selected phrases have in common?

Themes

Sub-themes

Commonality of phrases.	No belief. Can be explained scientifically. Vagueness. Experiences transcending words and explanations. Powerful Connection. A greater being outside of everyday experience. No experience. Possibilities. No desire to experience paranormal.
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Paranormal

What do you think the selected phrases have in common?

Noteworthy responses:

1. I do not have a belief in the paranormal and think much can be explained Scientifically (level 5).
2. my explanation of the paranormal (level 3)
3. Events difficult to explain (level 7)
4. Vagueness (level 5)
5. Something I have never felt before and maybe something I do not wish to Experience (level 2)
6. I don't know whether these experiences are spiritual or not. They are powerful and there is an awareness of a presence (level 6).
7. Possibilities (level 5)
8. Beyond my experience (level 7)
9. A greater being, that is outside of day to day human experiences (level 6)
10. Powerful connection (level 2)
11. Experiences which transcend words and explanations (level 7)
12. Difficult to describe (level 7).

Appendix 9

Transpersonal Psychology Research Survey

Introduction

Thank you for your interest in completing the Transpersonal Psychology Survey.

The survey will take about 10 minutes to complete.

You will be asked to complete the:

1. Consent form
2. Anonymous background information
3. Phrase selection and categorisation procedure (card sort procedure)
4. Reflection questions.

Next

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Consent form

Consent form for research project PSYETH(UPTD) 12/13 03

Research Project

The Transpersonal in psychotherapeutic psychology: Psychologists' Perceptions and experiences of Transpersonal experiences in their Therapeutic work, and of Transpersonal Psychotherapeutic teaching while in training.

Consent Form

I consent to participate in this research project conducted by Clare Keogh under the auspices of City University. I agree to participate in the online study as part of this research. I understand the purpose and nature of this study and am participating as a volunteer.

I give permission for the data from the online collection of data from the Multiple Sort procedure and questions to be used in producing the research report and any further publication. I give permission for my data to be used as part of the data analysis in the study. I understand all information is confidential. I understand that I can withdraw from this research at any point and have my data destroyed.

I understand that general details about each participant including myself will be used in a summarised format covering age, gender, Professional qualifications, years of clinical practice, and theoretical approach and spiritual background. I give permission for this information to be published.

* 1. Name *(By inserting your name, you consent to the above)*

2. Date (DD/MM/YYYY)

DD MM YYYY

Date

 / /

Comments, concerns or observations procedure

This project has been approved by the Research and Ethics Committee of the Department of Psychology of City University London (project approval number PSYETH(UPTD) 12/13 03). If you have any comments, concerns or observations about the conduct of the study or your experiences as a participant,

please contact the Secretary to the Committee Miss Nicola Hann, quoting the above project approval number:

Telephone: +44 (0)20 7040 4566

Email: nikki.hann.1@city.ac.uk

Postal Address: Miss Nicola Hann, Secretary to Psychology Department Research and Ethics Committee, School Office A129, Schools of Arts and Social Sciences, City University, Northampton Square, London, EC1V 0HB.

***3. I would like to receive information in relation to the results of the present research study**

☐ Yes

☐ No

If yes, please enter your email address to receive the results

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Background information

Thank you for consenting to participate in the research study.

Please fill in your background information below. All responses will remain anonymous.

Background questions

1. Gender

- ☐ Female
☐ Male

2. Date of birth (DD/MM/YYYY)

3. Professional qualifications

4. Year of professional qualification (charter, licence to practise clinically etc.)

5. Years of clinical practice

- | | |
|-----------------------------------|--|
| ☐ 0-5 years | ☐ 26-30 years |
| ☐ 6-10 years | ☐ 31-35 years |
| ☐ 11-15 years | ☐ 36-40 years |
| ☐ 16-20 years | ☐ More than 40 years |
| ☐ 21-25 years | |

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Transpersonal awareness

1. Are you familiar with the term *Transpersonal psychology*?

☐ Yes

☐ No

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Card sort procedure



"Transpersonal Psychology addresses the spiritual nature of humankind. Unlike religion and theology, its interest centres on the mind and behaviour; hence it is a branch of Psychology. [...] In essence Transpersonal Psychology seeks to integrate non-scientific spiritual insights with observations and models associated with the rigorous methodological approach of psychological science. [...] Transpersonal psychologists recognise the important role that therapeutic traditions have played in understanding personal transformation, and believe that a transpersonal perspective can enhance the effectiveness of most therapies."

(Summarised from The British Psychological Society, 2012).

Step 1. Please read and reflect on the following 20 phrases before you proceed to step 2.

- (1) Mystical
- (2) Close contact with something spiritual
- (3) Feeling at one with surroundings
- (4) Feeling of total peace, happiness and contentment
- (5) Happiest moment
- (6) Powerful moment
- (7) Synchronicity
- (8) Deep relaxation
- (9) Peaceful moment
- (10) Sense of timelessness
- (11) A deeper knowing
- (12) Presence of something beautiful or spiritual
- (13) Connection with the spiritual
- (14) Difficult to describe
- (15) No experience
- (16) Deep sense of knowing
- (17) Experience I've had before
- (18) Loss of sense of self into something greater
- (19) Life transforming experience
- (20) Total connectedness with the therapist in the therapeutic relationship.

Step 2. Tick the phrases in each category that you feel best fit. Phrases in any one category might be similar to one another or relate to each other in some important way. You can reuse phrases

across categories. You can also tick as few or as many phrases in each category as you like.

1. God

- | | | |
|--|---|---|
| ☐ Mystical | ☐ Deep relaxation | ☐ No experience |
| ☐ Close contact with something spiritual | ☐ Peaceful moment | ☐ Deep sense of knowing |
| ☐ Feeling at one with surroundings | ☐ Sense of timelessness | ☐ Experience I've had before |
| ☐ Feeling of total peace, happiness and contentment | ☐ A deeper knowing | ☐ Loss of sense of self into something greater |
| ☐ Happiest moment | ☐ Presence of something beautiful or spiritual | ☐ Life transforming experience |
| ☐ Powerful moment | ☐ Connection with the spiritual | ☐ Total connectedness with the therapist in the therapeutic relationship |
| ☐ Synchronicity | ☐ Difficult to describe | |

2. Reflection

Why did you choose these phrases?

What do you think the selected phrases have in common?

3. Life energy / life force

- | | | |
|--|---|---|
| ☐ Mystical | ☐ Deep relaxation | ☐ No experience |
| ☐ Close contact with something spiritual | ☐ Peaceful moment | ☐ Deep sense of knowing |
| ☐ Feeling at one with surroundings | ☐ Sense of timelessness | ☐ Experience I've had before |
| ☐ Feeling of total peace, happiness and contentment | ☐ A deeper knowing | ☐ Loss of sense of self into something greater |
| ☐ Happiest moment | ☐ Presence of something beautiful or spiritual | ☐ Life transforming experience |
| ☐ Powerful moment | ☐ Connection with the spiritual | ☐ Total connectedness with the therapist in the therapeutic relationship |
| ☐ Synchronicity | ☐ Difficult to describe | |

4. Reflection

Why did you choose these phrases?

What do you think the selected phrases have in common?

5. Presence of healing

- | | | |
|--|---|---|
| ☐ Mystical | ☐ Deep relaxation | ☐ No experience |
| ☐ Close contact with something spiritual | ☐ Peaceful moment | ☐ Deep sense of knowing |
| ☐ Feeling at one with surroundings | ☐ Sense of timelessness | ☐ Experience I've had before |
| ☐ Feeling of total peace, happiness and contentment | ☐ A deeper knowing | ☐ Loss of sense of self into something greater |
| ☐ Happiest moment | ☐ Presence of something beautiful or spiritual | ☐ Life transforming experience |
| ☐ Powerful moment | ☐ Connection with the spiritual | ☐ Total connectedness with the therapist in the therapeutic relationship |
| ☐ Synchronicity | ☐ Difficult to describe | |

6. Reflection

Why did you choose these phrases?

What do you think the selected phrases have in common?

7. Psychologists' skills

- | | | |
|--|---|---|
| ☐ Mystical | ☐ Deep relaxation | ☐ No experience |
| ☐ Close contact with something spiritual | ☐ Peaceful moment | ☐ Deep sense of knowing |
| ☐ Feeling at one with surroundings | ☐ Sense of timelessness | ☐ Experience I've had before |
| ☐ Feeling of total peace, happiness and contentment | ☐ A deeper knowing | ☐ Loss of sense of self into something greater |
| ☐ Happiest moment | ☐ Presence of something beautiful or spiritual | ☐ Life transforming experience |
| ☐ Powerful moment | ☐ Connection with the spiritual | ☐ Total connectedness with the therapist in the therapeutic relationship |
| ☐ Synchronicity | ☐ Difficult to describe | |

8. Reflection

Why did you choose these phrases?

What do you think the selected phrases have in common?

9. The therapeutic relationship

- | | | |
|-----------------------------------|--|--|
| ☐ Mystical | ☐ Deep relaxation | ☐ No experience |
|-----------------------------------|--|--|

- | | | |
|--|---|---|
| ☐ Close contact with something spiritual | ☐ Peaceful moment | ☐ Deep sense of knowing |
| ☐ Feeling at one with surroundings | ☐ Sense of timelessness | ☐ Experience I've had before |
| ☐ Feeling of total peace, happiness and contentment | ☐ A deeper knowing | ☐ Loss of sense of self into something greater |
| ☐ Happiest moment | ☐ Presence of something beautiful or spiritual | ☐ Life transforming experience |
| ☐ Powerful moment | ☐ Connection with the spiritual | ☐ Total connectedness with the therapist in the therapeutic relationship |
| ☐ Synchronicity | ☐ Difficult to describe | |

10. Reflection

Why did you choose these phrases?

What do you think the selected phrases have in common?

11. Something I cannot explain

- | | | |
|--|---|---|
| ☐ Mystical | ☐ Deep relaxation | ☐ No experience |
| ☐ Close contact with something spiritual | ☐ Peaceful moment | ☐ Deep sense of knowing |
| ☐ Feeling at one with surroundings | ☐ Sense of timelessness | ☐ Experience I've had before |
| ☐ Feeling of total peace, happiness and contentment | ☐ A deeper knowing | ☐ Loss of sense of self into something greater |
| ☐ Happiest moment | ☐ Presence of something beautiful or spiritual | ☐ Life transforming experience |
| ☐ Powerful moment | ☐ Connection with the spiritual | ☐ Total connectedness with the therapist in the therapeutic relationship |
| ☐ Synchronicity | ☐ Difficult to describe | |

12. Reflection

Why did you choose these phrases?

What do you think the selected phrases have in common?

13. Connection with a higher being/higher consciousness

- | | | |
|---|--|---|
| ☐ Mystical | ☐ Deep relaxation | ☐ No experience |
| ☐ Close contact with something spiritual | ☐ Peaceful moment | ☐ Deep sense of knowing |
| | ☐ Sense of timelessness | ☐ Experience I've had before |

- | | | |
|--|---|---|
| ☐ Feeling at one with surroundings | ☐ A deeper knowing | ☐ Loss of sense of self into something greater |
| ☐ Feeling of total peace, happiness and contentment | ☐ Presence of something beautiful or spiritual | ☐ Life transforming experience |
| ☐ Happiest moment | ☐ Connection with the spiritual | ☐ Total connectedness with the therapist in the therapeutic relationship |
| ☐ Powerful moment | ☐ Difficult to describe | |
| ☐ Synchronicity | | |

14. Reflection

Why did you choose these phrases?

What do you think the selected phrases have in common?

15. Experience I had previously

- | | | |
|--|---|---|
| ☐ Mystical | ☐ Deep relaxation | ☐ No experience |
| ☐ Close contact with something spiritual | ☐ Peaceful moment | ☐ Deep sense of knowing |
| ☐ Feeling at one with surroundings | ☐ Sense of timelessness | ☐ Experience I've had before |
| ☐ Feeling of total peace, happiness and contentment | ☐ A deeper knowing | ☐ Loss of sense of self into something greater |
| ☐ Happiest moment | ☐ Presence of something beautiful or spiritual | ☐ Life transforming experience |
| ☐ Powerful moment | ☐ Connection with the spiritual | ☐ Total connectedness with the therapist in the therapeutic relationship |
| ☐ Synchronicity | ☐ Difficult to describe | |

16. Reflection

Why did you choose these phrases?

What do you think the selected phrases have in common?

17. Paranormal

- | | | |
|---|---|---|
| ☐ Mystical | ☐ Deep relaxation | ☐ No experience |
| ☐ Close contact with something spiritual | ☐ Peaceful moment | ☐ Deep sense of knowing |
| ☐ Feeling at one with surroundings | ☐ Sense of timelessness | ☐ Experience I've had before |
| ☐ Feeling of total peace, happiness | ☐ A deeper knowing | ☐ Loss of sense of self into something greater |
| | ☐ Presence of something beautiful or | |

and contentment

☐ Happiest moment

☐ Powerful moment

☐ Synchronicity

spiritual

☐ Connection with the spiritual

☐ Difficult to describe

☐ Life transforming experience

☐ Total connectedness with the therapist in the therapeutic relationship

18. Reflection

Why did you choose these phrases?

What do you think the selected phrases have in common?

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Reflective questions

Now that you have completed the card sorting procedure, please answer the following questions

1. Please comment on the experience of completing the phrase/category selection process.

2. What is your understanding of transpersonal psychology?

3. Do you have an interest in transpersonal psychology?

☐ Yes

☐ No

If yes, please provide details

4. Did you receive any information about transpersonal psychology during your training as a psychologist?

☐ Yes

☐ No

If yes, please provide details

5. If relevant, please describe your perceptions and experience of any teaching you may have received concerning transpersonal psychology

6. Not relevant

☐ I have no experience of transpersonal psychology

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APPENDIX 9

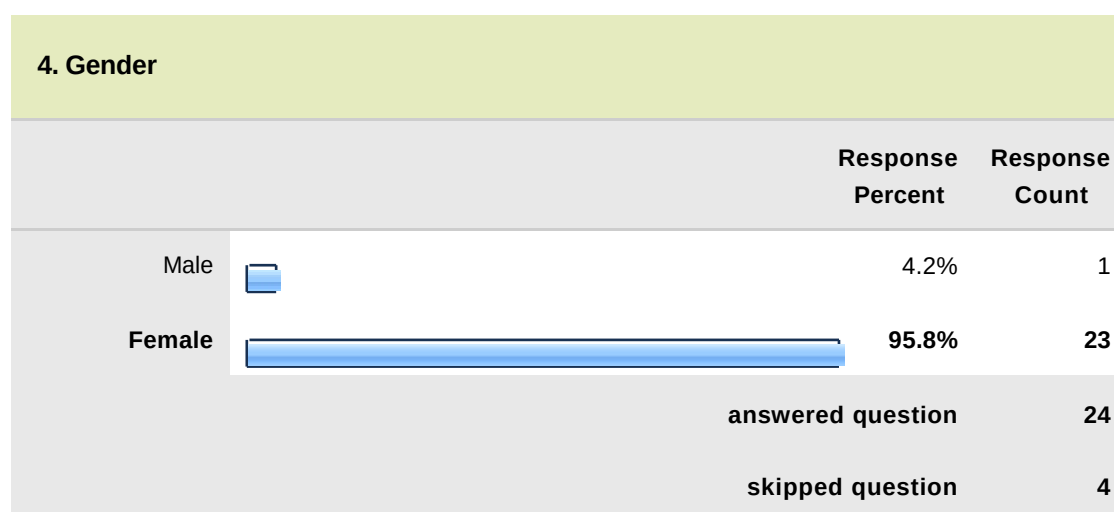
Transpersonal Psychology Research



1. Name (By inserting your name, you consent to the above)			
			Response Count
			28
answered question			28
skipped question			0

2. Date (DD/MM/YYYY)			
		Response Percent	Response Count
Date		100.0%	27
	answered question		27
	skipped question		1

3. I would like to receive information in relation to the results of the present research study			
		Response Percent	Response Count
Yes	Yes	67.9%	19
	No	32.1%	9
If yes, please enter your email address to receive the results			16
answered question			28
skipped question			0



5. Date of birth (DD/MM/YYYY)

	Response Count
	25
answered question	25
skipped question	3

6. Professional qualifications

	Response Count
skipped question	3

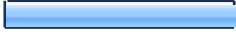
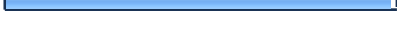
7. Year of professional qualification (charter, licence to practise clinically etc.)

	Response Count
	25
answered question	25
skipped question	3

8. Years of clinical practice

	Response Percent	Response Count
0-5 years	28.0%	7
6-10 years	24.0%	6
11-15 years	24.0%	6
16-20 years	12.0%	3
21-25 years	12.0%	3
26-30 years	0.0%	0
31-35 years	0.0%	0
36-40 years	0.0%	0
More than 40 years	0.0%	0
answered question		25
skipped question		3

9. Are you familiar with the term Transpersonal psychology?			
		Response Percent	Response Count
Yes		72.0%	18
No		28.0%	7
answered question			25
skipped question			3

10. God			
		Response Percent	Response Count
Mystical		73.7%	14
Close contact with something spiritual		63.2%	12
Feeling at one with surroundings		36.8%	7
Feeling of total peace, happiness and contentment		47.4%	9
Happiest moment		10.5%	2
Powerful moment		68.4%	13
Synchronicity		26.3%	5
Deep relaxation		0.0%	0
Peaceful moment		31.6%	6
Sense of		47.4%	9
A deeper knowing		73.7%	14
Presence of something beautiful or spiritual		63.2%	12
Connection with the spiritual		42.1%	8
Difficult to describe		52.6%	10
No experience		5.3%	1
Deep sense of		52.6%	10
Experience I've had		31.6%	6
Loss of sense of self into something greater		63.2%	12
Life transforming experience		36.8%	7
Total connectedness with the therapist in the therapeutic		10.5%	2
answered question			19
skipped question			9

11. Reflection

		Response Percent	Response Count
Why did you choose these phrases?		94.7%	18
What do you think the selected phrases have in common?		100.0%	19
answered question			19
skipped question			9

12. Life energy / life force

		Response Percent	Response Count
Mystical		38.1%	8
Close contact with something spiritual		38.1%	8
Feeling at one with		42.9%	9
Feeling of total peace, happiness and contentment		19.0%	4
Happiest moment		9.5%	2
Powerful moment		42.9%	9
Synchronicity		52.4%	11
Deep relaxation		23.8%	5
Peaceful moment		23.8%	5
Sense of		38.1%	8
A deeper knowing		52.4%	11
Presence of something beautiful or spiritual		28.6%	6
Connection with		57.1%	12
Difficult to describe		19.0%	4
No experience		4.8%	1
Deep sense of		33.3%	7
Experience I've had		28.6%	6
Loss of sense of self into something greater		33.3%	7
Life transforming		28.6%	6
Total connectedness with the therapist in the therapeutic		9.5%	2
answered question			21
skipped question			7

13. Reflection		
	Response Percent	Response Count
Why did you choose these phrases?	100.0%	19
What do you think the selected phrases have in common?	94.7%	18
	answered question	19
	skipped question	9

14. Presence of healing		
	Response Percent	Response Count
Mystical	23.8%	5
Close contact with something spiritual	33.3%	7
Feeling at one with surroundings	19.0%	4
Feeling of total peace, happiness and contentment	38.1%	8
Happiest moment	0.0%	0
Powerful moment	61.9%	13
Synchronicity	23.8%	5
Deep relaxation	28.6%	6
Peaceful moment	47.6%	10
Sense of timelessness	9.5%	2
A deeper knowing	23.8%	5
Presence of something beautiful or spiritual	19.0%	4
Connection with the spiritual	47.6%	10
Difficult to describe	23.8%	5
No experience	0.0%	0
Deep sense of knowing	14.3%	3
Experience I've had before	33.3%	7
Loss of sense of self into something greater	14.3%	3
Life transforming experience	47.6%	10
Total connectedness with the therapist in the therapeutic relationship	47.6%	10
answered question	21	
skipped question	7	

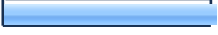
15. Reflection		
	Response Percent	Response Count
Why did you choose these phrases?	95.0%	19
What do you think the selected phrases have in common?	95.0%	19
	answered question	20
	skipped question	8

16. Psychologists' skills

		Response Percent	Response Count
Mystical		4.8%	1
Close contact with something spiritual		14.3%	3
Feeling at one with surroundings		23.8%	5
Feeling of total peace, happiness and contentment		9.5%	2
Happiest moment		0.0%	0
Powerful moment		33.3%	7
Synchronicity		52.4%	11
Deep relaxation		19.0%	4
Peaceful moment		19.0%	4
Sense of timelessness		0.0%	0
A deeper knowing		52.4%	11
Presence of something beautiful or spiritual		9.5%	2
Connection with the		28.6%	6
Difficult to describe		19.0%	4
No experience		0.0%	0
Deep sense of knowing		33.3%	7
Experience I've had before		57.1%	12
Loss of sense of self into something greater		19.0%	4
Life transforming experience		42.9%	9
Total connectedness with the therapist in the therapeutic		85.7%	18
answered question			21
skipped question			7

17. Reflection

	Response Percent	Response Count
Why did you choose these phrases?	 100.0%	20
What do you think the selected phrases have in common?	 95.0%	19
answered question		20
skipped question		8

18. The therapeutic relationship			
		Response Percent	Response Count
Mystical		9.5%	2
Close contact with something spiritual		19.0%	4
Feeling at one with surroundings		33.3%	7
Feeling of total peace, happiness and contentment		14.3%	3
Happiest moment		9.5%	2
Powerful moment		61.9%	13
Synchronicity		61.9%	13
Deep relaxation		19.0%	4
Peaceful moment		23.8%	5
Sense of timelessness		9.5%	2
A deeper knowing		52.4%	11
Presence of something beautiful or spiritual		33.3%	7
Connection with the spiritual		28.6%	6
Difficult to describe		38.1%	8
No experience		4.8%	1
Deep sense of		52.4%	11
Experience I've had before		61.9%	13
Loss of sense of self into something greater		28.6%	6
Life transforming experience		47.6%	10
Total			
connectedness with the therapist in the therapeutic		85.7%	18
answered question			21
skipped question			7

19. Reflection

		Response Percent	Response Count
Why did you choose these phrases?		100.0%	18
What do you think the selected phrases have in common?		100.0%	18
answered question			18
skipped question			10

20. Something I cannot explain

		Response Percent	Response Count
Mystical		71.4%	15
Close contact with something spiritual		28.6%	6
Feeling at one with surroundings		9.5%	2
Feeling of total peace, happiness and contentment		9.5%	2
Happiest moment		9.5%	2
Powerful moment		33.3%	7
Synchronicity		23.8%	5
Deep relaxation		4.8%	1
Peaceful moment		4.8%	1
Sense of timelessness		9.5%	2
A deeper knowing		19.0%	4
Presence of something beautiful or spiritual		19.0%	4
Connection with the spiritual		33.3%	7
Difficult to describe		38.1%	8
No experience		4.8%	1
Deep sense of knowing		9.5%	2
Experience I've had before		33.3%	7
Loss of sense of self into something greater		23.8%	5
Life transforming experience		14.3%	3
Total connectedness with the therapist in the therapeutic		4.8%	1
answered question			21
skipped question			7

21. Reflection

		Response Percent	Response Count
Why did you choose these phrases?		100.0%	18
What do you think the selected phrases have in common?		88.9%	16
answered question			18
skipped question			10

22. Connection with a higher being/higher consciousness

		Response Percent	Response Count
Mystical		60.0%	12
Close contact with something spiritual		65.0%	13
Feeling at one with surroundings		35.0%	7
Feeling of total peace, happiness and contentment		55.0%	11
Happiest moment		30.0%	6
Powerful moment		75.0%	15
Synchronicity		35.0%	7
Deep relaxation		15.0%	3
Peaceful moment		35.0%	7
Sense of timelessness		55.0%	11
A deeper knowing		75.0%	15
Presence of something beautiful or spiritual		65.0%	13
Connection with the spiritual		55.0%	11
Difficult to describe		50.0%	10
No experience		10.0%	2
Deep sense of knowing		65.0%	13
Experience I've had before		35.0%	7
Loss of sense of self into something greater		50.0%	10
Life transforming experience		40.0%	8
Total connectedness with the therapist in the therapeutic		5.0%	1
answered question			20
skipped question			8

23. Reflection

		Response Percent	Response Count
Why did you choose these phrases?		88.9%	16
What do you think the selected phrases have in common?		100.0%	18
answered question			18
skipped question			10

24. Experience I had previously

		Response Percent	Response Count
Mystical		33.3%	7
Close contact with something spiritual		42.9%	9
Feeling at one with surroundings		38.1%	8
Feeling of total peace, happiness and contentment		47.6%	10
Happiest moment		28.6%	6
Powerful moment		52.4%	11
Synchronicity		42.9%	9
Deep relaxation		33.3%	7
Peaceful moment		38.1%	8
Sense of timelessness		42.9%	9
A deeper knowing		61.9%	13
Presence of something beautiful or spiritual		38.1%	8
Connection with the spiritual		47.6%	10
Difficult to describe		57.1%	12
No experience		0.0%	0
Deep sense of knowing		42.9%	9
Experience I've had before		42.9%	9
Loss of sense of self into something greater		52.4%	11
Life transforming experience		52.4%	11
Total connectedness with the therapist in the therapeutic		42.9%	9
answered question			21
skipped question			7

25. Reflection

		Response Percent	Response Count
Why did you choose these phrases?		100.0%	18
What do you think the selected phrases have in common?		94.4%	17
answered question			18
skipped question			10

26. Paranormal

		Response Percent	Response Count
Mystical		50.0%	10
Close contact with something spiritual		30.0%	6
Feeling at one with surroundings		0.0%	0
Feeling of total peace, happiness and contentment		0.0%	0
Happiest moment		0.0%	0
Powerful moment		35.0%	7
Synchronicity		5.0%	1
Deep relaxation		0.0%	0
Peaceful moment		0.0%	0
Sense of timelessness		5.0%	1
A deeper knowing		15.0%	3
Presence of something beautiful or spiritual		15.0%	3
Connection with the spiritual		30.0%	6
Difficult to describe		60.0%	12
No experience		35.0%	7
Deep sense of knowing		10.0%	2
Experience I've had before		20.0%	4
Loss of sense of self into something greater		5.0%	1
Life transforming experience		20.0%	4
Total connectedness with the therapist in the therapeutic		0.0%	0
answered question			20
skipped question			8

27. Reflection			
		Response Percent	Response Count
Why did you choose these phrases?		93.3%	14
What do you think the selected phrases have in common?		93.3%	14
		answered question	15
		skipped question	13

28. Please comment on the experience of completing the phrase/category selection process.		
		Response Count
		19
		answered question
		19
		skipped question
		9

29. What is your understanding of transpersonal psychology?		
		Response Count
		16
		answered question
		16
		skipped question
		12

30. Do you have an interest in transpersonal psychology?

		Response Percent	Response Count
Yes		70.0%	14
No		30.0%	6
If yes, please provide details			10
answered question			20
skipped question			8

31. Did you receive any information about transpersonal psychology during your training as a psychologist?

		Response Percent	Response Count
Yes		35.0%	7
No		65.0%	13
If yes, please provide details			6
answered question			20
skipped question			8

32. If relevant, please describe your perceptions and experience of any teaching you may have received concerning transpersonal psychology

	Response Count
	8
answered question	8
skipped question	20

33. Not relevant		
	Response Percent	Response Count
I have no experience of transpersonal psychology	 100.0%	11
	answered question	11
	skipped question	17

Page 2, Q1. Name (By inserting your name, you consent to the above)

1	██████████	Jun 21, 2013 11:52 AM
2	██████████	May 3, 2013 9:52 PM
3	██████████████████	May 3, 2013 12:16 PM
4	██████████	May 3, 2013 10:28 AM
5	██████████	May 2, 2013 3:10 PM
6	██████████	Apr 29, 2013 12:06 PM
7	██████████	Apr 28, 2013 4:50 PM
8	██████████	Apr 28, 2013 12:38 PM
9	██████████	Apr 28, 2013 9:05 AM
10	██████████	Apr 26, 2013 12:47 PM
11	██████████	Apr 25, 2013 12:13 PM
12	██████████████	Apr 25, 2013 9:48 AM
13	██████████	Apr 25, 2013 9:14 AM
14	██████████	Apr 24, 2013 12:40 PM
15	██████████	Apr 23, 2013 10:13 PM
16	██████████	Apr 23, 2013 5:53 PM
17	██████████	Apr 22, 2013 7:41 PM
18	██████████	Apr 22, 2013 2:08 PM
19	██████████	Apr 19, 2013 2:47 PM
20	██████████████	Apr 17, 2013 10:58 PM
21	██████████	Apr 17, 2013 9:58 AM
22	██████████	Apr 16, 2013 8:14 PM
23	██████████	Apr 16, 2013 7:16 PM
24	██████████	Apr 16, 2013 7:15 PM
25	██████████	Apr 16, 2013 6:55 PM
26	██████████████	Apr 16, 2013 6:39 PM
27	██████████	Apr 16, 2013 6:25 PM
28	██████████	Apr 16, 2013 6:22 PM

Page 2, Q2. Date (DD/MM/YYYY)		
1	19/06/2013	Jun 21, 2013 11:52 AM
2	21/10/1969	May 3, 2013 9:52 PM
3	16/04/1976	May 3, 2013 12:16 PM
4	03/05/2013	May 3, 2013 10:28 AM
5	26/03/1971	May 2, 2013 3:10 PM
6	29/04/2013	Apr 29, 2013 12:06 PM
7	28/04/2013	Apr 28, 2013 4:50 PM
8	28/04/2013	Apr 28, 2013 12:38 PM
9	17/03/2013	Apr 28, 2013 9:05 AM
10	07/03/1959	Apr 26, 2013 12:47 PM
11	25/04/2013	Apr 25, 2013 12:13 PM
12	27/05/1986	Apr 25, 2013 9:48 AM
13	13/06/1982	Apr 25, 2013 9:14 AM
14	13/06/1968	Apr 24, 2013 12:40 PM
15	15/03/1961	Apr 23, 2013 10:13 PM
16	31/07/1971	Apr 23, 2013 5:53 PM
17	22/04/2013	Apr 22, 2013 7:41 PM
18	22/04/2012	Apr 22, 2013 2:08 PM
19	19/04/2013	Apr 19, 2013 2:47 PM
20	01/06/2001	Apr 17, 2013 10:58 PM
21	17/04/2013	Apr 17, 2013 9:58 AM
22	02/11/1966	Apr 16, 2013 8:14 PM
23	16/04/2013	Apr 16, 2013 7:16 PM
24	03/11/1947	Apr 16, 2013 7:15 PM
25	07/08/1978	Apr 16, 2013 6:39 PM
26	05/11/2979	Apr 16, 2013 6:25 PM
27	16/04/2013	Apr 16, 2013 6:22 PM

Page 2, Q3. I would like to receive information in relation to the results of the present research study

1		May 3, 2013 12:16 PM
2		Apr 29, 2013 12:06 PM
3		Apr 28, 2013 4:50 PM
4		Apr 28, 2013 12:38 PM
5		Apr 28, 2013 9:05 AM
6		Apr 26, 2013 12:47 PM
7		Apr 25, 2013 9:48 AM
8		Apr 25, 2013 9:14 AM
9		Apr 24, 2013 12:40 PM
10		Apr 22, 2013 7:41 PM
11		Apr 22, 2013 2:08 PM
12		Apr 19, 2013 2:47 PM
13		Apr 17, 2013 10:58 PM
14		Apr 17, 2013 9:58 AM
15		Apr 16, 2013 8:14 PM
16		Apr 16, 2013 7:16 PM

Page 3, Q2. Date of birth (DD/MM/YYYY)

1	19/04/1968	Jun 21, 2013 11:53 AM
2	21/10/1969	May 3, 2013 9:53 PM
3	16/04/1976	May 3, 2013 12:17 PM
4	26/03/1971	May 2, 2013 3:12 PM
5	06/10/1944	Apr 29, 2013 12:07 PM
6	26/02/1972	Apr 28, 2013 4:51 PM
7	22/09/1984	Apr 28, 2013 12:39 PM
8	17/03/1984	Apr 28, 2013 9:06 AM
9	07/03/1959	Apr 26, 2013 12:48 PM
10	09/09/1985	Apr 25, 2013 12:14 PM
11	27/05/1986	Apr 25, 2013 9:49 AM
12	13/06/1982	Apr 25, 2013 9:15 AM
13	13/06/1968	Apr 24, 2013 12:42 PM
14	31/07/1971	Apr 23, 2013 5:54 PM
15	09/01/1960	Apr 22, 2013 7:44 PM
16	21/01/1974	Apr 22, 2013 2:10 PM
17	29/10/1979	Apr 19, 2013 2:49 PM
18	01/06/1963	Apr 17, 2013 10:59 PM
19	17.12.1944	Apr 17, 2013 9:59 AM
20	02/11/1966	Apr 16, 2013 8:16 PM
21	17/08/1962	Apr 16, 2013 7:17 PM
22	03/11/1947	Apr 16, 2013 7:17 PM
23	07/08/1978	Apr 16, 2013 6:39 PM
24	05/11/1979	Apr 16, 2013 6:26 PM
25	25/04/70	Apr 16, 2013 6:22 PM

Page 3, Q3. Professional qualifications

1	Clinical Psychologist	Jun 21, 2013 11:53 AM
2	MBBS MRCP	May 3, 2013 9:53 PM
3	DCounPsych	May 3, 2013 12:17 PM
4	Doctorate in clinical psychology and systemic psychotherapist	May 2, 2013 3:12 PM
5	BA; CQSW; MA; CPsychol; AFBPsS	Apr 29, 2013 12:07 PM
6	BA, MA, PG DIP, MSc	Apr 28, 2013 4:51 PM
7	msc in child development	Apr 28, 2013 12:39 PM
8	MA, Counseling Psychology BA, Psychology	Apr 28, 2013 9:06 AM
9	MSC MCIPD	Apr 26, 2013 12:48 PM
10	BA and PhD in Psychology	Apr 25, 2013 12:14 PM
11	MA Clinical Psychology	Apr 25, 2013 9:49 AM
12	Msc Counselling Psychology, Bsc (Hons) Psychology	Apr 25, 2013 9:15 AM
13	BSc, MSc Occupational and Organisational Psychology, Diploma in Forensic PM Psychology, Certificate in Coaching	Apr 24, 2013 12:42
14	Family psychotherapist	Apr 23, 2013 5:54 PM
15	RN, Psychodynamic therapist MSc Diploma Psychodynamics therapy	Apr 22, 2013 7:44 PM
16	Couns psych doctorate	Apr 22, 2013 2:10 PM
17	MSc, Post MSc, DPsych	Apr 19, 2013 2:49 PM
18	MSc Psychodynamic Counselling	Apr 17, 2013 10:59 PM
19	MSc (Clinical Psychology)	Apr 17, 2013 9:59 AM
20	clinical psychologist and CBT therapist	Apr 16, 2013 8:16 PM
21	DClinPsy	Apr 16, 2013 7:17 PM
22	BA., MSc., C.Psychol., AFBPsS	Apr 16, 2013 7:17 PM
23	PhD in Psychology	Apr 16, 2013 6:39 PM
24	bsc msc Dcpsych	Apr 16, 2013 6:26 PM
25	registered psychologist	Apr 16, 2013 6:22 PM

Page 3, Q4. Year of professional qualification (charter, licence to practise clinically etc.)		
1	1992	Jun 21, 2013 11:53 AM
2	1994	May 3, 2013 9:53 PM
3	2008	May 3, 2013 12:17 PM
4	1988	May 2, 2013 3:12 PM
5	1996	Apr 29, 2013 12:07 PM
6	2006	Apr 28, 2013 4:51 PM
7	2010	Apr 28, 2013 12:39 PM
8	2010	Apr 28, 2013 9:06 AM
9	2010, 1988	Apr 26, 2013 12:48 PM
10	PhD obtained in 2010	Apr 25, 2013 12:14 PM
11	2012	Apr 25, 2013 9:49 AM
12	2007	Apr 25, 2013 9:15 AM
13	2000	Apr 24, 2013 12:42 PM
14	2000	Apr 23, 2013 5:54 PM
15	2006	Apr 22, 2013 7:44 PM
16	2005	Apr 22, 2013 2:10 PM
17	2006	Apr 19, 2013 2:49 PM
18	2005	Apr 17, 2013 10:59 PM
19	1988	Apr 17, 2013 9:59 AM
20	clinical psychologist - 2007 CBT - 1996	Apr 16, 2013 8:16 PM
21	2000	Apr 16, 2013 7:17 PM
22	2000	Apr 16, 2013 7:17 PM
23	3	Apr 16, 2013 6:39 PM
24	in training	Apr 16, 2013 6:26 PM
25	2003	Apr 16, 2013 6:22 PM

Page 5, Q2. Reflection

Why did you choose these phrases?

2	because the concept of God is 'perfection' and total alignment with the laws of the universe	May 3, 2013 10:11 PM
3	They are all aspects of how I experience God	May 3, 2013 12:29 PM
4	They feel spiritual rather than religious	Apr 29, 2013 12:20 PM
5	God seems to me something unreal, but also powerful belief system	Apr 28, 2013 5:10 PM
6	i tried not to think about it too much, but rather just go with my instinct	Apr 28, 2013 12:51 PM
7	Felt these phrases related to something spiritual	Apr 25, 2013 12:42 PM
8	Because they seemed to call at me more than the other phrases when I thought of the word "God"	Apr 25, 2013 9:32 AM
9	For me God represents a ground of being, something beyond our sense of self and therefore our ability to know and describe	Apr 24, 2013 1:19 PM
10	Personal experience	Apr 23, 2013 6:08 PM
11	personal experience	Apr 22, 2013 8:26 PM
12	God is the ultimate expression of a spiritual force and may manifest in those ways	Apr 22, 2013 2:35 PM
13	They collectively best represent the way I think about god and how that relates to my personal experiences of spirituality	Apr 19, 2013 3:14 PM
14	they seemed to most accurately reflect my associations	Apr 17, 2013 11:11 PM
15	based on my experiences that I relate to God	Apr 16, 2013 8:25 PM
16	Reflect my sense of what God is	Apr 16, 2013 7:39 PM
17	About connection above totally academic thought	Apr 16, 2013 7:28 PM
18	They related to my experience of the presence of a higher consciousness, PM God in therapy	Apr 16, 2013 6:44
19	Difficult to describe	Apr 16, 2013 6:39 PM

What do you think the selected phrases have in common?

1	I think some are common to the therapeutic relationship but I do not associate them with God. I do not have a religious belief.	Jun 21, 2013 12:06 PM
2	they encompass my concept of truthfulness	May 3, 2013 10:11 PM
3	experiential knowledge	May 3, 2013 12:29 PM
4	Peace, power, involvement in something beyond	Apr 29, 2013 12:20 PM
5	the individual is taken over	Apr 28, 2013 5:10 PM
6	something greater than the individual	Apr 28, 2013 12:51 PM

Page 5, Q2. Reflection

7	A higher and deeper experience and feeling that is difficult to describe	Apr 25, 2013 12:42 PM
8	Something deep and powerful and beyond myself	Apr 25, 2013 9:32 AM
9	Less about events and more about the source	Apr 24, 2013 1:19 PM
10	A belief in spiritualism and after life	Apr 23, 2013 6:08 PM
11	Not sure	Apr 22, 2013 8:26 PM
12	All religiously meaningful	Apr 22, 2013 2:35 PM
13	They transcend everyday human experience and are almost on the edge of existence/ awareness and the unknown	Apr 19, 2013 3:14 PM
14	something difficult to define	Apr 17, 2013 11:11 PM
15	based on my experiences that I relate to God	Apr 16, 2013 8:25 PM
16	Spirituality, peace, content even with not knowing	Apr 16, 2013 7:39 PM
17	Synchronicity	Apr 16, 2013 7:28 PM
18	All integrative and related, difficult to separate them	Apr 16, 2013 6:44 PM
19	Difficult to describe	Apr 16, 2013 6:39 PM

Page 5, Q4. Reflection

Why did you choose these phrases?

1	They are found in nature	Jun 21, 2013 12:06 PM
2	I think this is the soul	May 3, 2013 10:11 PM
3	Describe how I experience the Holy Spirit	May 3, 2013 12:29 PM
4	They represent feelings elicited when in this psychological space	Apr 29, 2013 12:20 PM
5	life energy is a power and is alive	Apr 28, 2013 5:10 PM
6	they seem to best describe the idea	Apr 28, 2013 12:51 PM
7	because I have experienced them in Aikido	Apr 26, 2013 1:04 PM
8	These phrases are linked to a feeling of energy, can be related to God but is a separate experience	Apr 25, 2013 12:42 PM
9	It feels more familiar and calmer than the previous word	Apr 25, 2013 9:32 AM
10	Same as for God	Apr 24, 2013 1:19 PM
11	Spiritual being and meaning for life	Apr 23, 2013 6:08 PM
12	I am not sure, it may be because it has some connection with "energy"	Apr 22, 2013 8:26 PM
13	Life force is god which is part of nature	Apr 22, 2013 2:35 PM
14	Because to me, life energy means soul, in my view, independent of the body, exists as its own entity	Apr 19, 2013 3:14 PM
15	not sure what this idea means	Apr 17, 2013 11:11 PM
16	sense of internal power as well as external	Apr 16, 2013 7:39 PM
17	Related to soul/spirit of a person	Apr 16, 2013 7:28 PM
18	They described my feelings of a life force/energy.	Apr 16, 2013 6:44 PM
19	Difficult to describe	Apr 16, 2013 6:39 PM

What do you think the selected phrases have in common?

1	They are found in nature and the life which exists there	Jun 21, 2013 12:06 PM
3	Aspects of experiencing the Holy Spirit	May 3, 2013 12:29 PM
4	They all represent a sense of deeper being and knowledge	Apr 29, 2013 12:20 PM
5	power	Apr 28, 2013 5:10 PM
6	they describe something happening underneath the surface, driving reality	Apr 28, 2013 12:51 PM
7	sense of flow, on a different plane, Japanese 'ki' or energy	Apr 26, 2013 1:04 PM
8	Relate to a sense of harmony	Apr 25, 2013 12:42 PM
9	Peace and Strength, more internal and within myself	Apr 25, 2013 9:32 AM

Page 5, Q4. Reflection

10	Same as for God	Apr 24, 2013 1:19 PM
11	Insight, understanding and a sense of awareness	Apr 23, 2013 6:08 PM
12	spiritual life force, maybe they are not detectable with any of our senses	Apr 22, 2013 8:26 PM
13	All imply connection to something more than ourselves	Apr 22, 2013 2:35 PM
14	They are a feeling and a way of being that is beyond the material	Apr 19, 2013 3:14 PM
15	N/A	Apr 17, 2013 11:11 PM
16	reflection of what can transform experience	Apr 16, 2013 7:39 PM
17	Beyond mind and behaviour	Apr 16, 2013 7:28 PM
18	they are like fractals of the whole life force/higher power	Apr 16, 2013 6:44 PM
19	Difficult to describe	Apr 16, 2013 6:39 PM

Page 5, Q6. Reflection

Why did you choose these phrases?

1	They are similar to what clients I work with have said while in therapy	Jun 21, 2013 12:06 PM
2	revelation and enhanced understanding occurs with healing	May 3, 2013 10:11 PM
3	Describe how the Holy Spirit is involved in healing	May 3, 2013 12:29 PM
4	I've experienced these feelings in the presence of certain others so I know they exist	Apr 29, 2013 12:20 PM
5	these describe for me what healing is	Apr 28, 2013 5:10 PM
6	represent the power of healing	Apr 28, 2013 12:51 PM
7	remind me of encounters with reiki	Apr 26, 2013 1:04 PM
8	Healing for me means deep insight and change (could be with help of therapist), which lead to a sense of peace	Apr 25, 2013 12:42 PM
9	It is more about connection and contact	Apr 25, 2013 9:32 AM
10	Difficult to define but recognising a shift and connectedness	Apr 24, 2013 1:19 PM
11	Power of healing	Apr 23, 2013 6:08 PM
12	personal experience	Apr 22, 2013 8:26 PM
13	Healing is about stillness and connection	Apr 22, 2013 2:35 PM
14	Because they represent the energy force that returns the mind /body/spirit back to its 'base' or optimum position	Apr 19, 2013 3:14 PM
15	they describe the feeling for me!	Apr 17, 2013 11:11 PM
17	Reflect my experience as a psychologist	Apr 16, 2013 7:39 PM
18	Express my feelings of healing	Apr 16, 2013 7:28 PM
19	they represented the healing aspect of the therapeutic relationship, that which encompasses a higher consciousness/God	Apr 16, 2013 6:44 PM
20	Difficult to describe	Apr 16, 2013 6:39 PM

What do you think the selected phrases have in common?

1	I think the presence of healing is due to the client deciding they need change, and engaging with the psychologist in a therapeutic relationship.	Jun 21, 2013 12:06 PM
2	pivotal moment in ones development	May 3, 2013 10:11 PM
3	How the Holy Spirit is involved in healing	May 3, 2013 12:29 PM
4	They represent the ability of a force that can heal outside of the physical or medical	Apr 29, 2013 12:20 PM
5	as above	Apr 28, 2013 5:10 PM
6	healing for me goes together with a sense of peace	Apr 28, 2013 12:51 PM

Page 5, Q6. Reflection

7	being the focus on another's energy	Apr 26, 2013 1:04 PM
8	Awareness and peace	Apr 25, 2013 12:42 PM
9	serenity and all about connection and oneness	Apr 25, 2013 9:32 AM
10	Awareness of power and connection experienced when we step aside from our ego story	Apr 24, 2013 1:19 PM
11	An experience of moving forward	Apr 23, 2013 6:08 PM
12	this again has a meaning for me personally, as both these phrases came to mind after I have a physical problem removed when I am in this space	Apr 22, 2013 8:26 PM
14	They are connected to some form of energy	Apr 19, 2013 3:14 PM
15	they seem to reflect the way that I have experienced a healing presence	Apr 17, 2013 11:11 PM
16	more about peace of mind than connecting spiritually	Apr 16, 2013 8:25 PM
17	they are all powerful states	Apr 16, 2013 7:39 PM
18	Wholeness	Apr 16, 2013 7:28 PM
19	All are interlinked, it is difficult to separate them. They describe the power and presence of a healing relationship.	Apr 16, 2013 6:44 PM
20	Difficult to describe	Apr 16, 2013 6:39 PM

Page 5, Q8. Reflection

Why did you choose these phrases?

1	they are representative of the psychologists skills and training and their utilisation when working with a client	Jun 21, 2013 12:06 PM
2	psychologist's role in my mind	May 3, 2013 10:11 PM
3	From my own experience of therapy	May 3, 2013 12:29 PM
4	When therapy is precisely delivered and connectivity is perfect these are the feelings elicited	Apr 29, 2013 12:20 PM
5	i believe this is what a transpersonal therapist brings	Apr 28, 2013 5:10 PM
6	i think that there is a spiritual element in therapy	Apr 28, 2013 12:51 PM
7	experience of deep relational moment	Apr 26, 2013 1:04 PM
8	Psychologist to have knowledge, depth, and a connection with the client	Apr 25, 2013 12:42 PM
9	They feel more human than the other words, less mystical	Apr 25, 2013 9:32 AM
10	I don't feel so comfortable ascribing more spiritual phrases to psychologists skills. I think we can help create the safe space in which people can accept themselves and connect	Apr 24, 2013 1:19 PM
11	Power of healing through dialogue and strength of relationship	Apr 23, 2013 6:08 PM
12	personal experience	Apr 22, 2013 8:26 PM
13	They relate to holistic intuitive connection	Apr 22, 2013 2:35 PM
14	Because as a psychologist I seek to connect with those I work with to form the basis to promote healing	Apr 19, 2013 3:14 PM
15	These phrases reflect the connection that can take place in therapy and allow deeper understanding. I would have liked 'play' and 'humour' to be included!	Apr 17, 2013 11:11 PM
16	not sure if you mean my skills or skills in general and so that varies a lot	Apr 16, 2013 8:25 PM
17	again I have experienced powerful moments in giving therapy, which are connected to spirituality and mutuality in the relationship	Apr 16, 2013 7:39 PM
18	Explains to me the necessary skills a psychologist should hold	Apr 16, 2013 7:28 PM
19	I feel I have experienced them all while at work as a psychologist working with clients.	Apr 16, 2013 6:44 PM
20	Difficult to describe	Apr 16, 2013 6:39 PM

What do you think the selected phrases have in common?

1	they represent the presence of the psychologists skills and experiences and the manner in which these skills support the client.	Jun 21, 2013 12:06 PM
2	a sense of realisation	May 3, 2013 10:11 PM

Page 5, Q8. Reflection

3	Knowledge and connectedness	May 3, 2013 12:29 PM
4	They are all experiences that occur during connected therapy	Apr 29, 2013 12:20 PM
5	they are provided	Apr 28, 2013 5:10 PM
6	picking up on the spiritual connection that can happen in therapy	Apr 28, 2013 12:51 PM
7	making unconscious conscious, kind of gestalt	Apr 26, 2013 1:04 PM
8	Depth and connection	Apr 25, 2013 12:42 PM
9	humanity, less powerful than the other phrases but also more real	Apr 25, 2013 9:32 AM
10	The importance of acceptance, listening and connectedness in the relationship	Apr 24, 2013 1:19 PM
11	A feeling of containment	Apr 23, 2013 6:08 PM
12	personal growth	Apr 22, 2013 8:26 PM
13	Spiritual as well as technical.	Apr 22, 2013 2:35 PM
14	Connection on some level	Apr 19, 2013 3:14 PM
15	not sure, but something is going on, isn't it?	Apr 17, 2013 11:11 PM
17	They are a gestalt. I chose appropriate words but there is always something else which is difficult to describe	Apr 16, 2013 7:39 PM
18	Personal skills, connection	Apr 16, 2013 7:28 PM
19	All present in the therapeutic relationship	Apr 16, 2013 6:44 PM
20	Difficult to describe	Apr 16, 2013 6:39 PM

Page 5, Q10. Reflection

Why did you choose these phrases?

1	the therapeutic relationship is necessary to undertake therapeutic work.	Jun 21, 2013 12:06 PM
2	the relationship is building a deeper knowledge	May 3, 2013 10:11 PM
3	From my own experience as a client and also as a therapist	May 3, 2013 12:29 PM
4	Representation of possibility of transformation in therapy	Apr 29, 2013 12:20 PM
5	i have felt them exist in the therapeutic relationship	Apr 28, 2013 5:10 PM
6	as in qu 9	Apr 26, 2013 1:04 PM
7	These phrases reflect the congruence and harmony between therapist and client	Apr 25, 2013 12:42 PM
8	Similar to above, but more powerful than the word 'skills'	Apr 25, 2013 9:32 AM
9	When I feel that I am in a therapeutic relationship I feel as though I lose my sense of self and am connected.	Apr 24, 2013 1:19 PM
10	Therapeutic connectedness	Apr 23, 2013 6:08 PM
11	personal experience	Apr 22, 2013 8:26 PM
12	Therapeutic rel is dynamic and fluid beyond the two people	Apr 22, 2013 2:35 PM
13	Because to me they represent the ideal parts of a good therapeutic relationship	Apr 19, 2013 3:14 PM
14	trying to describe something hard to grasp, but beneficial	Apr 17, 2013 11:11 PM
15	The therapeutic relationship is organic & can comprise all of what I have chosen and more still	Apr 16, 2013 7:39 PM
16	Connection is important	Apr 16, 2013 7:28 PM
17	I choose all, as all are present in considering the transpersonal in the working alliance.	Apr 16, 2013 6:44 PM
18	Difficult to describe	Apr 16, 2013 6:39 PM

What do you think the selected phrases have in common?

1	It is about the agreement and trust in the therapeutic relationship between client and psychologist.	Jun 21, 2013 12:06 PM
2	moment of revelation	May 3, 2013 10:11 PM
3	Power and connectedness	May 3, 2013 12:29 PM
4	They are all linked to the sense of harmony and peace that transformation can bring	Apr 29, 2013 12:20 PM
5	as above	Apr 28, 2013 5:10 PM
6	as in qu 9	Apr 26, 2013 1:04 PM

Page 5, Q10. Reflection

7	Something powerful	Apr 25, 2013 12:42 PM
8	connection and realness, but can be spiritual too	Apr 25, 2013 9:32 AM
9	Power, connectedness and transformation	Apr 24, 2013 1:19 PM
10	Opportunities for facilitating positive change	Apr 23, 2013 6:08 PM
11	integration	Apr 22, 2013 8:26 PM
12	Imply connection to something greater	Apr 22, 2013 2:35 PM
13	The represent connection and change	Apr 19, 2013 3:14 PM
14	there is nothing concrete here, yet something powerful is present	Apr 17, 2013 11:11 PM
15	Transpersonal nature of aspects of the therapeutic relationship	Apr 16, 2013 7:39 PM
16	Relationship therapist and patient	Apr 16, 2013 7:28 PM
17	All represent aspects of the therapeutic relationship, and the presence of a higher power/God encompassing the therapeutic relationship	Apr 16, 2013 6:44 PM
18	Difficult to describe	Apr 16, 2013 6:39 PM

Page 5, Q12. Reflection

Why did you choose these		
1	I think all psychologists are always on a learning curve irrelevant of qualifications and experience.	Jun 21, 2013 12:06 PM
2	concept of the unknown, unseen	May 3, 2013 10:11 PM
3	There is a lot I cannot explain but as a Christian I believe in the power of the PM Holy Spirit which is beyond human understanding.	May 3, 2013 12:29
4	Some moments in life and in therapy are beyond description because they are so intensely personal	Apr 29, 2013 12:20 PM
5	i cant explain how/why they exist	Apr 28, 2013 5:10 PM
6	times when a powerful unexplainable thing happens	Apr 26, 2013 1:04 PM
7	They reflect something vague	Apr 25, 2013 12:42 PM
8	This is more mystical and describes a feeling or emotion	Apr 25, 2013 9:32 AM
9	Spiritual experiences are difficult to explain but I am including here things that are known by others but not by myself, eg learning a new non-verbal skill. The noticing of this can be ego-dissolving and life transforming.	Apr 24, 2013 1:19 PM
10	Unknowing position	Apr 23, 2013 6:08 PM
11	client reflections on therapy	Apr 22, 2013 8:26 PM
12	They show its ok not to have all the answers	Apr 22, 2013 2:35 PM
13	Because they represent my experience of not being sure about the reason for something	Apr 19, 2013 3:14 PM
14	they seem to apply	Apr 17, 2013 11:11 PM
15	For me, they accompany "wow" moments in therapy, which are transformative & can lead to healing but cannot be described fully	Apr 16, 2013 7:39 PM
16	Describe that you cannot explain - beyond myself	Apr 16, 2013 7:28 PM
17	Feelings I can not explain, but am aware I experienced them and they existed due to the presence of a higher healing power/God.	Apr 16, 2013 6:44 PM
18	Difficult to describe	Apr 16, 2013 6:39 PM
What do you think the selected phrases have in common?		
1	Highlights areas of development in psychological research.	Jun 21, 2013 12:06 PM
2	beyond my understanding	May 3, 2013 10:11 PM
4	Highly personal experiences are described	Apr 29, 2013 12:20 PM
6	something I can't explain	Apr 26, 2013 1:04 PM
7	Unknown or inability to describe	Apr 25, 2013 12:42 PM
8	An emotion and feeling	Apr 25, 2013 9:32 AM

Page 5, Q12. Reflection

9	Fewer phrases because I can't explain what I can't explain and reluctance to ascribe things spiritual to all of these experiences, whilst recognising the power of them.	Apr 24, 2013 1:19 PM
10	Uncertainty	Apr 23, 2013 6:08 PM
11	connection	Apr 22, 2013 8:26 PM
12	A belief in something more	Apr 22, 2013 2:35 PM
13	Not knowing	Apr 19, 2013 3:14 PM
14	they describe something 'other'	Apr 17, 2013 11:11 PM
15	Again, the transpersonal.	Apr 16, 2013 7:39 PM
16	Spirituality	Apr 16, 2013 7:28 PM
17	It is difficult to explain them, and are easier to experience emotionally, psychologically and physically.	Apr 16, 2013 6:44 PM
18	Difficult to describe	Apr 16, 2013 6:39 PM

Page 5, Q14. Reflection

Why did you choose these phrases?

2	my concept of my creator	May 3, 2013 10:11 PM
3	I would use the word God	May 3, 2013 12:29 PM
4	Transformational experiences tend to carry one onto a different cognitive and emotional plane	Apr 29, 2013 12:20 PM
5	they are what i aim for for the client	Apr 28, 2013 5:10 PM
6	again in Aikido you can get a sense of flow when everything feels light and you feel on a different plane	Apr 26, 2013 1:04 PM
7	They all fit under the notion of a connection with higher being	Apr 25, 2013 12:42 PM
8	This feels like a connection to God but on a more personal level	Apr 25, 2013 9:32 AM
9	My experience of these is momentary, elusive and difficult to describe.	Apr 24, 2013 1:19 PM
10	Not sure	Apr 23, 2013 6:08 PM
11	Personal experience	Apr 22, 2013 8:26 PM
13	Because they describe the sense of energy, connectedness and the feeling of knowing but not knowing	Apr 19, 2013 3:14 PM
14	It's really hard to say - don't know/not sure	Apr 17, 2013 11:11 PM
15	Although I chose these, I am not sure that I would attribute them to experience of a higher consciousness - rather to what is going on in the "space" between me and my client	Apr 16, 2013 7:39 PM
16	Only phrases that explain being in connection with something/someone spiritual	Apr 16, 2013 7:28 PM
17	All words/experiences linked to the healing power of a higher consciousness in the therapeutic relationship	Apr 16, 2013 6:44 PM
18	Difficult to describe	Apr 16, 2013 6:39 PM

What do you think the selected phrases have in common?

1	I do not have a connection/belief with a God or higher consciousness.	Jun 21, 2013 12:06 PM
2	what I hope this connection to be	May 3, 2013 10:11 PM
3	This is not the discourse I would use	May 3, 2013 12:29 PM
4	Again, they are representative of psychological/emotional states that are often elicited in transformation	Apr 29, 2013 12:20 PM
5	they enhance healing	Apr 28, 2013 5:10 PM
6	a sensation removed from normal daily activity, less concrete and more dream like	Apr 26, 2013 1:04 PM
7	Spirituality and loss of sense of self, an awakening	Apr 25, 2013 12:42 PM

Page 5, Q14. Reflection

8	it is more well-rounded and includes everything from emotions to knowledge, to peace and power	Apr 25, 2013 9:32 AM
9	More feelings based.	Apr 24, 2013 1:19 PM
10	Not sure	Apr 23, 2013 6:08 PM
11	connection with something other than!	Apr 22, 2013 8:26 PM
12	Spiritual or religious terms	Apr 22, 2013 2:35 PM
13	pleasant loss of total control as known by everyday existence, connectedness	Apr 19, 2013 3:14 PM
14	something nebulous	Apr 17, 2013 11:11 PM
15	Sense of greater awareness	Apr 16, 2013 7:39 PM
16	God	Apr 16, 2013 7:28 PM
17	All interlinked and interrelated, difficult to separate them when thinking of the presence and experience of a higher power.	Apr 16, 2013 6:44 PM
18	Difficult to describe	Apr 16, 2013 6:39 PM

Page 5, Q16. Reflection

Why did you choose these phrases?		
1	I found they are present in the therapeutic relationship	Jun 21, 2013 12:06 PM
2	improved understanding	May 3, 2013 10:11 PM
3	All aspects of how I experience God	May 3, 2013 12:29 PM
4	Such feelings are rare, but exceptionally beautiful when they occur	Apr 29, 2013 12:20 PM
5	best describe what i have experienced	Apr 28, 2013 5:10 PM
6	as before	Apr 26, 2013 1:04 PM
7	They are all moments I have experienced at a certain point	Apr 25, 2013 12:42 PM
8	They are familiar to me	Apr 25, 2013 9:32 AM
9	They described my feelings whilst I was in labour with my son. Probably the most powerful spiritual experience I have had	Apr 24, 2013 1:19 PM
10	Previous experience	Apr 23, 2013 6:08 PM
11	personal experience	Apr 22, 2013 8:26 PM
12	My experience of spiritual connection	Apr 22, 2013 2:35 PM
13	Because they describe an experience almost outside of the human realms	Apr 19, 2013 3:14 PM
14	not sure	Apr 17, 2013 11:11 PM
15	All could describe the experience I have had, but somehow not fully	Apr 16, 2013 7:39 PM
16	Because hard to describe experience I have had previously in context of spirituality	Apr 16, 2013 7:28 PM
17	Always present with the power of God/higher being	Apr 16, 2013 6:44 PM
18	Difficult to describe	Apr 16, 2013 6:39 PM
What do you think the selected phrases have in common?		
1	They are based on the presence of the psychologists skills when working with the client.	Jun 21, 2013 12:06 PM
2	learning	May 3, 2013 10:11 PM
3	nothing in particular - other than this is how God can be experienced	May 3, 2013 12:29 PM
4	They all represent a sense of being that is part of the transformational experience	Apr 29, 2013 12:20 PM
6	as before	Apr 26, 2013 1:04 PM
7	Being connected to who you are and to your surroundings	Apr 25, 2013 12:42 PM
8	Familiarity and peace	Apr 25, 2013 9:32 AM
9	A dropping away of unimportant stuff and the feeling of absolute trust. My	Apr 24, 2013 1:19 PM

Page 5, Q16. Reflection

	midwife sat in the corner and didn't say a word throughout but I knew she was with me.	
10	Unexplained	Apr 23, 2013 6:08 PM
11	knowledge and connection	Apr 22, 2013 8:26 PM
12	Suggest loss of self to a greater force	Apr 22, 2013 2:35 PM
13	connectedness, energy and not knowing / understanding everything	Apr 19, 2013 3:14 PM
14	N/A	Apr 17, 2013 11:11 PM
15	Again, I believe they apply to the transpersonal episodes in therapy	Apr 16, 2013 7:39 PM
16	Not being able to explain	Apr 16, 2013 7:28 PM
17	All linked to the attributes of the healing presence of a higher power.	Apr 16, 2013 6:44 PM
18	Difficult to describe	Apr 16, 2013 6:39 PM

Page 5, Q18. Reflection

Why did you choose these phrases?		
2	something I cannot understand	May 3, 2013 10:11 PM
3	Not my language or experience	May 3, 2013 12:29 PM
4	I have not experienced any of these in a way that I would describe as paranormal	Apr 29, 2013 12:20 PM
5	because I don't understand the occurrences	Apr 26, 2013 1:04 PM
6	The meaning of the word is unclear to me	Apr 25, 2013 12:42 PM
7	This feels less positive than the other phrases and a little bit frightening	Apr 25, 2013 9:32 AM
8	I have had paranormal experiences but remain open-minded and curious.	Apr 24, 2013 1:19 PM
9	Previous enlightenment	Apr 23, 2013 6:08 PM
10	Implies ghosts and not so benign influences!	Apr 22, 2013 2:35 PM
11	They describe range of aspects of experiencing something outside of day to day normality which remains relatively unexplained	Apr 19, 2013 3:14 PM
12	almost impossible to describe and not entirely sure what, if anything, I felt/experienced.	Apr 17, 2013 11:11 PM
13	Paranormal to me explains a connection with something that is powerful	Apr 16, 2013 7:28 PM
14	Experiences which are difficult to explain, and give an explanation for	Apr 16, 2013 6:44 PM
15	Difficult to describe	Apr 16, 2013 6:39 PM
What do you think the selected phrases have in common?		
1	I do not have a belief in the paranormal and think much can be explained scientifically.	Jun 21, 2013 12:06 PM
2	my explanation of the paranormal	May 3, 2013 10:11 PM
4	N/A	Apr 29, 2013 12:20 PM
5	Events difficult to explain	Apr 26, 2013 1:04 PM
6	Vagueness	Apr 25, 2013 12:42 PM
7	Something I have never felt before and maybe something I do not wish to experience	Apr 25, 2013 9:32 AM
8	I don't know whether these experiences are spiritual or not. They are powerful and there is an awareness of a presence.	Apr 24, 2013 1:19 PM
9	Possibilities	Apr 23, 2013 6:08 PM
10	Beyond my experience	Apr 22, 2013 2:35 PM
11	A greater being, that is outside of day to day human experiences	Apr 19, 2013 3:14 PM
12	N/A	Apr 17, 2013 11:11 PM

Page 5, Q18. Reflection

13	Powerful connection	Apr 16, 2013 7:28 PM
14	experiences which transcend works and explanations.	Apr 16, 2013 6:44 PM
15	Difficult to describe	Apr 16, 2013 6:39 PM

Page 6, Q1. Please comment on the experience of completing the phrase/category selection process.

1	They were interesting, and encouraged me to think about experiences of professional practice I may not think about day to day.	Jun 21, 2013 12:11 PM
2	made me think very hard!	May 3, 2013 10:15 PM
3	A lot of selections describe how I experience God	May 3, 2013 12:31 PM
4	Somewhat repetitious - I found it difficult to provide sufficiently different responses throughout.	Apr 29, 2013 12:28 PM
5	good, thought provoking	Apr 28, 2013 5:15 PM
6	it was interesting to think about spirituality and therapy side by side	Apr 28, 2013 12:53 PM
7	Seemed repetitive but triggered some memories	Apr 26, 2013 1:09 PM
8	It was sometimes difficult to describe how I chose the phrases. Also, the question of how the phrases are similar is very close to the question of why I chose the phrases in the first place.	Apr 25, 2013 12:44 PM
9	Some of the words seemed repetitive and difficult to differentiate, while others did seem more different (such as paranormal). Interesting experience	Apr 25, 2013 9:37 AM
10	I found this quite hard but thought-provoking. I noticed some of my anxieties and prejudices arising.	Apr 24, 2013 1:23 PM
11	Interesting opportunity to reflect on previous experiences	Apr 23, 2013 6:11 PM
12	easy to follow and to relate to	Apr 22, 2013 8:26 PM
13	Easy to pick phrases but difficult to define why.	Apr 22, 2013 2:38 PM
14	It was interesting, thought provoking, made me reflect on personal experiences and my personal belief systems. It highlighted to me how most of this is about the 'individual'.	Apr 19, 2013 3:23 PM
15	It was really difficult! Like trying to hold a cloud or nail a jelly to the wall! It made me a bit uneasy to respond as a scientist to these nebulous ideas, but I also enjoyed it!	Apr 17, 2013 11:14 PM
16	I was slightly frustrated. Not clear whether the categories applied to me giving therapy or my experience of therapy. Assumed that it was the former	Apr 16, 2013 7:45 PM
17	Difficult to use phrases to explain the heading as spirituality can be difficult to explain in the context of psychology	Apr 16, 2013 7:29 PM
18	Very interesting. Highlighted the presence of a higher power/consciousness in the therapeutic/healing relationship.	Apr 16, 2013 6:47 PM
19	Difficult to understand	Apr 16, 2013 6:30 PM

Page 6, Q2. What is your understanding of transpersonal psychology?

1	I think it is a field of psychology like others, worthy of study and research, however I do not have a personal interest in Transpersonal Psychology, and think most rationale can be scientifically explained.	Jun 21, 2013 12:11 PM
2	belief in a higher force or deeper connection with the world	May 3, 2013 10:15 PM
3	A PC way of describing how people encounter God	May 3, 2013 12:31 PM
4	A sense of transportation to a place that lies between emotion and reality; between fact and fiction and between what is tangible and what is not.	Apr 29, 2013 12:28 PM
5	draws on spiritual traditions therapeutic relationship is the healing tool no judgement making sense of self in the greater universe	Apr 28, 2013 5:15 PM
6	that there is a spiritual element within therapy	Apr 28, 2013 12:53 PM
7	Energy or higher being or combination of person and 'spiritual' acting together in unison to create flow	Apr 26, 2013 1:09 PM
8	Another approach in Psychology where the therapeutic relationship and dynamics are at the core.	Apr 25, 2013 12:44 PM
9	The combination of modern psychology with the spiritual, and involving the spirit and soul in healing, in addition to working on the cognitive/behavioural level	Apr 25, 2013 9:37 AM
10	The study of thoughts and behaviours related to the experience of the spiritual, and events that take us beyond ourselves.	Apr 24, 2013 1:23 PM
11	The exploration of our spiritual self and narratives and the power of how this impacts on the connected experience with our therapist. A shared journey.	Apr 23, 2013 6:11 PM
12	thoroughly rich and diverse way of working with the clients sense of spirituality. moments that cannot be explained but is understood through the search for Truth in the inward parts.	Apr 22, 2013 8:26 PM
13	How the spiritual or meta physical connects with psychology	Apr 22, 2013 2:38 PM
14	That is psychology on a deeper level, allowing for aspects of the human self and spiritual existence that may not always have a place in science as we know it. It increased the parameters of traditional psychology and makes space for what we cannot full understand / explain as well as what we already factually know about. Mind, body spirit, greater beings, possibilities, alternative experiences, broad religious and spiritual belief systems. Provides a legitimate space for the unknown and its exploration.	Apr 19, 2013 3:23 PM
15	I'm not sure - I think it describes something other, over and above the individuals in the room, maybe a higher power, although I am not sure what that is.	Apr 17, 2013 11:14 PM
16	That it has its place although I may describe the transpersonal in different terms.	Apr 16, 2013 7:45 PM

Page 6, Q3. Do you have an interest in transpersonal psychology?

1	I have heard about this and its approach is quite different and breaks down the conventional and often limited approach to the human psyche. It appears to be a much deeper approach to understanding the reasons behind our behaviours	May 3, 2013 10:15 PM
2	I have attended training in TP, occasionally use some of its thinking in my own work, and believe in its powers as a means of bringing about change and delivering positive messages to the client by working at a very deep level of the psyche.	Apr 29, 2013 12:28 PM
3	i think that merging the two fields can produce a very powerful outcome	Apr 28, 2013 12:53 PM
4	Just interest to learn more and possibly integrate in my approach.	Apr 25, 2013 12:44 PM
5	I have been interested to attend lectures on the subject, and do read spiritual books, and attend talks by spiritual leaders	Apr 25, 2013 9:37 AM
6	I'm a member of the Transpersonal Section of the BPS and have attended the conferences for the past 5 years. I believe that my practice is influenced by my understanding of TP	Apr 24, 2013 1:23 PM
7	I believe we all(to varying degrees) tap into our intuition and connection to the universe, for our work. So I'm interested to know more and develop my skills.	Apr 22, 2013 2:38 PM
8	I'm interested in the unexplainable experience of clients, the unconscious realm as well as part of the brain that we don't understand as well as the range of sense, all of which humans do not possess. I'm interested in the possibilities.	Apr 19, 2013 3:23 PM
9	I would not rule out any approach which may be helpful and is client centred. PM I have found that it can help me understand therapeutic relationships at a deeper level and it expands my awareness of what might be going on for my client.	Apr 16, 2013 7:45 PM
10	I think it is an important area of theory and practice professionally. It is important to include and acknowledge the spiritual/transpersonal element of the therapeutic relationship.	Apr 16, 2013 6:47 PM

Page 6, Q4. Did you receive any information about transpersonal psychology during your training as a psychologist?

1	It was included in training, but little time and emphasis was placed upon this area.	Jun 21, 2013 12:11 PM
2	I am a medical doctor	May 3, 2013 10:15 PM
3	I trained integratively, with a focus on alternative and client-focussed methods. I have also worked with and been supervised by John Rowan.	Apr 29, 2013 12:28 PM
4	Personal Therapy with a Transpersonal Therapist for several sessions	Apr 25, 2013 9:37 AM
5	I studied with the late Professor Petruska Clarkson, who integrated the transpersonal into what she taught.	Apr 16, 2013 7:45 PM
6	It was very much part of the training syllabus where I trained.	Apr 16, 2013 6:47 PM

Page 6, Q5. If relevant, please describe your perceptions and experience of any teaching you may have received concerning transpersonal psychology

1	Teaching was very minimal and factual. It was not highlighted as important as other areas of study such as e.g. cognitive psychology. It is quite a time since I trained so it is difficult to remember details.	Jun 21, 2013 12:11 PM
2	Teaching was focussed, well-delivered, provided by people who believed in what they were doing and saying, and I felt intrigued and persuaded as to the efficacy of TP which is why I use its influence in my own work.	Apr 29, 2013 12:28 PM
3	Not in Psychology but in Aikido and discussion by a nurse researcher on clinician's energy on patients in the USA (Nurse from Case Western Reserve University) and doing a brief experiment on it.	Apr 26, 2013 1:09 PM
4	I have not had any formal teaching in transpersonal psychology	Apr 25, 2013 9:37 AM
5	I am born into a deeply spiritual family and identify myself as a Hindu which is a very spiritual religion. I believe that just because we cannot always prove something exists it doesn't mean it does not exist. My learning has come from my experience with a range of clients, the importance of providing a non judgemental space for these things as well as personal experience. For me, psychology and spirituality are intertwined and shouldn't be separated.	Apr 19, 2013 3:23 PM
6	N/a	Apr 17, 2013 11:14 PM
7	Prof Clarkson's teaching was excellent. I have found since that teachers may experience difficulties with teaching about the transpersonal because the components of it can be so difficult to describe and convey.	Apr 16, 2013 7:45 PM
8	Excellent!.	Apr 16, 2013 6:47 PM

Appendix 10

Email forwarded to participants requesting their participation in the validation of results study.

Project approval reference number: PSYETH (UPTD) 12/13 03

Dear X,

Thank you for participating in my study on the transpersonal in psychotherapeutic psychology. When you completed my online survey, you indicated that you would be interested in finding out the results of the study.

While presenting these results during my recent Viva Voce, it was recommended that I gather some additional reflections on the results obtained as a way to evaluate my emerging theoretical model.

I would be very grateful if you might be able to provide a little more time to consider these results and reflect on them. By following the link below, you will find details of the study results and associated outcomes. An opportunity is also provided to add your feedback and reflections on the results obtained. You are also free to opt out of providing any reflection and simply access the summary of findings.

<https://www.surveymonkey.com/r/tp-validation>

My appreciation and gratitude to you for making the initial study possible. Any follow-up details you could provide would enhance the results and the overall work. If you should have any queries about the results or the follow-up questions below, I'd be delighted to respond.

Renewed thanks and kind regards,

Clare Keogh

Appendix 11:

Part B: The Research.

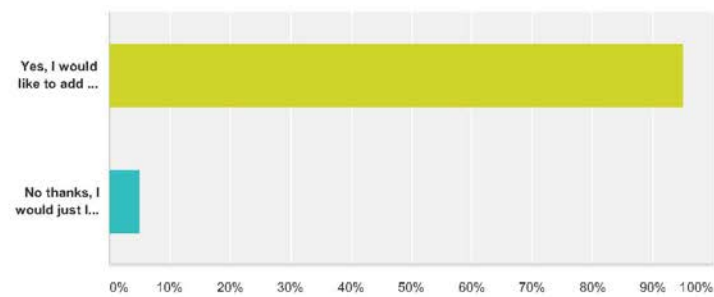
Data from the validation of results study.

Transpersonal Research: Validation of findings

SurveyMonkey

Q1 Could you spare a few moments to reflect on the research findings?

Answered: 20 Skipped: 0



Answer Choices	Responses	
Yes, I would like to add my reflections on the research findings	95.00%	19
No thanks, I would just like to see the summary of findings	5.00%	1
Total		20

Q2 To what extent do you feel these results represent an accurate representation of the research you participated in?

Answered: 11 Skipped: 9

#	Responses	Date
1	1.1-1.2: Reflects highly (80%) this participant's experience of partaking in this project. 1.7-1.8: indicates the need for more awareness of transpersonal psychology as an integral part of psychological training and therapeutic approaches.	10/16/2015 8:19 PM
2	1.7-1.8: These findings represent an accurate representation of the research. In addition it encompasses fully the pluralistic and integrative aspect of transpersonal psychology.	10/14/2015 5:53 PM
3	It is accurate	10/4/2015 9:08 PM
4	This summary seems to accurately reflect the findings in the project.	10/4/2015 8:57 PM
5	From what I remember of the research I participated in (although I have forgotten some specific details of the research questions that were asked as it was a little while ago) I do think these results represent an accurate representation of the research I took part in. I am a little surprised, however, that some participants felt an incompatibility between transpersonal psychology and psychology (point 1.4), however the rest of the findings do seem to accurately represent the way practitioners feel and communicate their beliefs about transpersonal psychology (especially points 1.1, 1.2, 1.3, 1.5, 1.7, 1.8)	9/22/2015 6:54 PM
6	1.1, 1.7-1.8: These findings point to a positive view of transpersonal psychology and are indicative of what I experienced.	9/11/2015 12:50 PM
7	most of them would represent my opinions, so would be likely to represent, especially 1.6	9/6/2015 8:00 PM
8	I feel these provide an accurate representation. I can imagine there are going to be a range of views. I also feel there is a pressure to conform to what is seen as 'scientific' and so sometimes individuals may not entirely acknowledge or share the depth of their transpersonal practices due the fear of judgement.	9/4/2015 12:41 PM
9	I trust that the analysis of the data was performed in a way that describes accurately what participants shared	9/3/2015 12:40 PM
10	Yes, this feels very accurate when I think back to my responses. Finding 1.9 most accurately defines the conflict I felt in trying to answer the questions. Having completed the survey, I felt I should have been able to say more, but didn't know quite what!	9/2/2015 9:47 AM
11	These results seem to be relevant to the issues raised by the research.	9/1/2015 7:45 PM

Q3 If you feel there is anything missing, can you indicate what that might be?

Answered: 12 Skipped: 8

#	Responses	Date
1	Nothing.	10/16/2015 8:19 PM
2	Nothing missing.	10/14/2015 5:53 PM
3	No, I do not think that anything has been omitted	10/4/2015 9:08 PM
4	No, I cannot see anything which is missing.	10/4/2015 8:57 PM
5	Perhaps it would be interesting to see if there is a difference in the narratives between participants who have been practicing longer/under more traditional theoretical models vs participants who have more recently completed their training in evaluating their views of transpersonal psychology in practice.	9/22/2015 6:54 PM
6	I had a sense that areas such as ethics & culture were covered and the whole feel of the research was of a pluralistic approach whereby the perspective of the participant was valued.	9/11/2015 12:50 PM
7	I don't know if the research covered how essential is for some client to include the transpersonal, the spiritual. Also how important it is for the client to be heard with utmost respect when talking of his precious and perhaps sacred to him/her transpersonal/spiritual experiences.	9/9/2015 4:18 PM
8	nothing	9/6/2015 8:00 PM
9	I think everything is covered.	9/4/2015 12:41 PM
10	when reading this list of findings, i wonder about the kind of background that each participant has had, in the sense that: do they consider their life and work having a spiritual dimension, regardless of what training or philosophical debates tend to promote or cultivate? i believe that this topics presents problems that result from the issue of 'discourse' about how one tends to 'define' certain concepts and experiences that are subtle	9/3/2015 12:40 PM
11	Please see above.	9/2/2015 9:47 AM
12	Not really.	9/1/2015 7:45 PM

Q4 Do you think there are any exceptions to the findings listed?

Answered: 11 Skipped: 9

#	Responses	Date
1	Participants with knowledge of transpersonal psychology are more likely to endorse it as an effective and enriching therapeutic approach.	10/16/2015 8:19 PM
2	No.	10/14/2015 5:53 PM
3	Yes, I think the findings might have been different if more specific, and possibly less representative samples had been chosen.	10/4/2015 9:08 PM
4	I can't see any exceptions within the research but I think that the findings would be different for other samples, depending on theoretical orientation.	10/4/2015 8:57 PM
5	I can't think of any, except perhaps point 1.9 that may further explain why transpersonal psychology does not fit easily into the rules of research and theory within other fields of psychology.	9/22/2015 6:54 PM
6	Acknowledgement that research into trans personal psychology is under represented in the field and hence there is not enough information. The not knowing enough effect could have resulted in biased answers.	9/11/2015 12:50 PM
7	I get a sense that the spiritual world is very much scientific (beside being spiritual) in the sense that the Creator is the originator of the most complex sciences outreaching all scientific fields known and unknown to us - in this sense spiritual and scientific is not a dichotomy. I also get a sense that the "scientific" realm of the transpersonal is so immense that we cannot even begin to make sense of it, nor I believe we have much hope of integrating this immense mostly unknown realm with our limited knowledge of the mind and of the universe and of the spiritual works. Mine is an attitude of great awe and respect for the transpersonal, of curiosity, of allowance. I do not believe it will ever be possible to integrate such immense scientific/spiritual unknown (far larger than our psychology) to our knowledge of the mind. It would be however wrong to discount its presence especially with those clients for whom this is very important.	9/9/2015 4:18 PM
8	not at this point.	9/6/2015 8:00 PM
9	No	9/4/2015 12:41 PM
10	No	9/2/2015 9:47 AM
11	Not really	9/1/2015 7:45 PM

Q5 Do you feel there any situations which might lead to a different result?

Answered: 10 Skipped: 10

#	Responses	Date
1	Not enough knowledge and training are likely to leave participants wondering where the approach fits and how it might be employed.	10/16/2015 8:19 PM
2	No.	10/14/2015 5:53 PM
3	Yes, I think that a population of psychologists heavily influenced by cognitive approaches would have been more negative about the Transpersonal while Jungians would have been far more favourable.	10/4/2015 9:08 PM
4	Yes, for example, if the psychologists had a Jungian background, the results would have been different.	10/4/2015 8:57 PM
5	Perhaps evaluating the beliefs of practitioners from a variety of different cultures/religious backgrounds vs whether the participants tended to come from more similar demographic backgrounds?	9/22/2015 6:54 PM
6	Cultural interpretations of transpersonal psychology that might have led to answers to questions being biased in either a spiritual or physiological way	9/11/2015 12:50 PM
7	It is difficult to invite it in the room when clients have chosen that there is not such thing as transpersonal or spiritual. We obviously need to respect clients' choice and work with that.	9/9/2015 4:18 PM
8	a different set of participants e.g. clinical psychologists, with more of an emphasis on the scientific	9/6/2015 8:00 PM
9	Other than individual practitioners reluctance to fully share information about the transpersonal- no.	9/4/2015 12:41 PM
10	I can't think of any	9/2/2015 9:47 AM

Q6 Please include any additional comments below

Answered: 10 Skipped: 10

#	Responses	Date
1	The findings indicate how important it should be that transpersonal psychology is more integrated into psychologists' training.	10/16/2015 8:19 PM
2	None.	10/14/2015 5:53 PM
3	It might be interesting to follow up this research by seeing a) how responses relate to training and orientation and b) how responses to the Transpersonal evolve during different kinds of training.	10/4/2015 9:08 PM
4	As is stressed in the research, there is not a single meaning attached to the expression "the transpersonal" and so each participant might have construed each question individually. Also, key terms in the research could be emotionally highly coloured for participants. This could make it hard to identify the significance of the widespread rejection of the term 'paranormal', for example.	10/4/2015 8:57 PM
5	Transpersonal psychology needs to be incorporated more into the main stream of psychology teaching. It is traditionally undermentioned. Unless the practitioner is interested in the area, psychologists can go through training without having to confront or consider discussions in the field.	9/11/2015 12:50 PM
6	I feel limited by the current regulations in bringing in the transpersonal and would very much like therapists to have more freedom and to be protected by our regulatory bodies if therapist chooses to mention of the spiritual /transpersonal aspect with clients. Obviously being respectful of their views.	9/9/2015 4:18 PM
7	1.1. I can imagine that there is going to be a varying level of acknowledgement and depth shared, but perhaps that makes it very important to have an avenue to discuss these issues. 1.2. Again I can see why as humans we take aspects of what we may not fully be able to define or explain, and attempt to rationalise and normalise it. I feel that this can sometimes prevent us from fully connecting with our client experiences which for me indicate the need to think more about this in a formal context. I also believe that it is these aspects which truly separate 'counselling psychology' from many other forms of therapeutic training. Surely we need to be able to go to places with our clients and be open to exploration without fearing what may not always fully make sense at the time? I believe we can do this safely within the boundaries of therapeutic relationship. 1.3. When I reflect on the holistic nature of counselling psychology, I believe our strengths professionally allow us to consider the person as a whole, including all dimensions, including the spiritual one. I feel this is essential in integrating all part of the self, and we as practitioners are not prepared to remain open minded about this, how are we to enable our clients to benefit fully from what the therapeutic process has to offer? As scientists we seek to prove or disprove theories, but while we may not be able to deliver proof within the parameters of science, we are equally not able to disprove the existence and significance of the spiritual dimension. Furthermore if we are interested in our client's subjective lived experience and work from their frame of reference, what does it matter? 1.4. I believe the incompatibility argument to be self limiting, but when reflecting, I can only conclude that clients can be limited to the limitations of the practitioner, which leaves me to argue that reflective practice in counselling psychology could benefit from going one step further by consciously thing about and developing our personal spiritual selves. 1.5. I suppose this comes down to personal belief and experiences of the practitioners. In my view the transpersonal realm as a category would extend to reported subjective paranormal experiences as any form of extra sensory perception could be viewed as a spiritual concept. This could also be seen as connection with a higher level of consciousness (1.6). 1.7. I can see why transpersonal would be seen as part of the therapeutic relationship and this links to my earlier reflection that this dimension for me is a core part of counselling psychology practice. 1.8. I feel this is hugely impacted by fear of judgement from the scientific community. Perhaps as practitioners these pressures mean that we are not always free to full explore what we don't full understand. This is why I believe this should be considered explicitly in a training environment - sometimes I feel we need permission. I my view if we split the transpersonal from the psychology skills we are unconsciously splitting the person, which to me goes against holistic counselling psychology philosophy. To me these aspects contribute to my identity as a counselling psychology practitioner. 1.9. Yes... however, it is comparable to the psychodynamic and psychoanalytic approaches that work with varying levels of consciousness. In my view, creativity is what we are about. Adapting, with the therapeutic needs of our client, increasing our levels of attunement at all times, this to me is essence of the transpersonal domain, and the strength of the counselling psychology branch of psychology regardless of what we call it, and whether we chose to work with these issues directly or indirectly. If we adopted a purely empirical scientific approach we would probably be left only with CBT therapy, and while useful, would be hugely limiting for our clients.	9/4/2015 12:41 PM

Transpersonal Research: Validation of findings

SurveyMonkey

8	It seems to me that historically speaking, the field of psychology, in its attempts to 'prove' and establish itself as a 'science' tends to ignore or underestimate human experiences that are not as tangible or as measurable or subject to experimentation. I consider this to be a 'weakness in perspective', cause the dominant discourse is that what is 'scientific' in the traditional sense, is more valuable or reliable or close to a 'truth'. I think that transpersonal psychology, in order to be fully understood and valued, needs to be seen and interpreted within a 'phenomenological' and 'heuristic' framework, otherwise, psychology risks to continue to be 'killing the spirit' of human nature, human relationships and human experiencing, in an attempt to draw tangible and measurable, over-compassing, conclusions.	9/3/2015 12:40 PM
9	Participating in this research unwittingly contributed to my development, prompting me to think about areas of my work which had not benefited from a great deal of reflection. It ignited an enduring interest in the transpersonal for which I am grateful.	9/2/2015 9:47 AM
10	The results have resonated with my concern about the narrative and power of 'science' in psychology and the willingness to be open to other practices that may support therapy.	9/1/2015 7:45 PM

Q7 To what extent do you feel these results represent an accurate representation of the research you participated in?

Answered: 10 Skipped: 10

#	Responses	Date
1	Findings highly representative of the research project.	10/16/2015 8:31 PM
2	2.6 - Reflects the importance of training in transpersonal psychology. Unlike other branches of psychology transpersonal psychology is rarely taught. It means that students are not offered the whole gammut of psychological training that would allow them to make informed decisions.	10/14/2015 6:05 PM
3	Very accurate	10/4/2015 9:20 PM
4	As the previous page, from what I do remember of the questions asked, these results do seem to represent the study I participated in	9/22/2015 7:00 PM
5	2.1 -To a great extent - approx 70/100%.	9/11/2015 12:50 PM
6	2.1 and 2.3 I am certainly in the 65% When spiritual aspect was mentioned by some student it was laughed at and discounted by teacher	9/9/2015 4:26 PM
7	i believe they do	9/6/2015 8:01 PM
8	2.1. I too don't remember having any input on transpersonal aspects within my training and all my reflections have developed over the years through work with my clients and through my own personal development. 2.2. I don't recall any experiences of being taught about this! 2.3. True- the very fact it wasn't mentioned during my training speaks for itself. 2.4. Yes... very much excluded. I feel the slant towards the scientific is ever more stronger than it was before! 2.5. Yes omitted- for me the transpersonal journey has come out of the work with clients over the years and personal development. 2.6. I can only imagine that if you aren't given the opportunity to discuss this dimension then it is certainly going to impact the level of awareness you have as a practitioner and impact on your ability to work with transpersonal issues brought by the client. 2.7. I agree- I feel linked to the personal therapy aspect of training, teaching around the transpersonal should a central aspect of our training because it adds to the sense of wholeness of our approach- the integration of the physical, psychological and spiritual. This to me is becoming more and more relevant to clients I work with, and to the high pressured and busy environment in which many of us live.... the spiritual element is lost and I wonder how this contributes to individuals sense of wellness. I find these aspects to be significant when working with clients experiencing high levels of stress, coming to terms with making sense of life changing experiences etc. The transpersonal approach is highly valuable and essential.	9/4/2015 12:54 PM
9	These results seems to be representing what is the dominant discourse/picture in this field	9/3/2015 12:47 PM
10	Yes, these are and accurate representation, particularly 2.1 and 2.7. In my experience, there is room to address transpersonal psychology in training.	9/2/2015 9:50 AM

Q8 If you feel there is anything missing, can you indicate what that might be?

Answered: 9 Skipped: 11

#	Responses	Date
1	Responses in findings indicative of need to incorporate transpersonal psychology into training.	10/16/2015 8:31 PM
2	Nothing	10/4/2015 9:20 PM
3	What were some of the positive and negative experiences of teaching transpersonal psychology? (2.2)	9/22/2015 7:00 PM
4	2.5-2.7: The statements present a realistic view regarding the importance of the need to have some teaching during training and the lack as it exists.	9/11/2015 12:50 PM
5	2.4 Training should stress the importance to listen with utter respect to clients for whom spirituality is important - I have heard (in supervision) therapists ridiculing clients sharing their spiritual experience and assuming this was part of client's pathology. Training should stress therapist should be humble in this respect and not assume he/she holds the truth. Client needs to perceive this from therapist rather than experiencing therapist listening but not believing a word client is saying.	9/9/2015 4:26 PM
6	nothing	9/6/2015 8:01 PM
7	No	9/4/2015 12:54 PM
8	I think that unless there are transpersonal psychologist or spiritually informed trainers in a given faculty training team, the transpersonal branch of psychology tends to be ignored or dismissed or not included. It would be good for it to become part of the core curriculum.	9/3/2015 12:47 PM
9	N/A	9/2/2015 9:50 AM

Q9 Do you think there are any exceptions to the findings listed?

Answered: 7 Skipped: 13

#	Responses	Date
1	2.3 and 2.6 show how training influences impact on findings depending on which of the juxtaposed ends a participant is/was regarding information on transpersonal psychology.	10/16/2015 8:31 PM
2	None.	10/14/2015 6:05 PM
3	Yes, I think that those heavily influenced by cognitive and Freudian approaches are unlikely to welcome a greater emphasis on the Transpersonal while Jungians might feel it was already central to their trainings.	10/4/2015 9:20 PM
4	I think that the findings listed seem to accurately represent the research, and I can't think of any exceptions	9/22/2015 7:00 PM
5	No. The most valid - the need for training in order to reduce bias is listed.	9/11/2015 12:50 PM
6	2.6 Personally I did not receive any mentioning of transpersonal during my training but this did not influence me in developing an interest for transpersonal	9/9/2015 4:26 PM
7	Not that I am aware of	9/2/2015 9:50 AM

Q10 Do you feel there any situations which might lead to a different result?

Answered: 10 Skipped: 10

#	Responses	Date
1	Participants trained in TPP might have been able to give more reflective responses; i.e not wondering if TPP was a topic more in line with religion or the spiritual and not psychology	10/16/2015 8:31 PM
2	Not aware of any.	10/14/2015 6:05 PM
3	I think the research findings might have been influenced by the religious beliefs and cultures of the participants. People with strong religious beliefs might view the Transpersonal differently; almost all, if not all, would probably link it with God.	10/4/2015 9:20 PM
4	Trainings received in other countries and how that may have influenced the perceptions of participants	9/22/2015 7:00 PM
5	Differences in cultural origins of respondents.	9/11/2015 12:50 PM
6	2.7 strongly agree	9/9/2015 4:26 PM
7	psychologists why may have studied at a university with a greater emphasis on parapsychology	9/6/2015 8:01 PM
8	No	9/4/2015 12:54 PM
9	Yes, when a training programme specialises/focuses on the spiritual dimension and is underpinned by transpersonal philosophies.	9/3/2015 12:47 PM
10	No	9/2/2015 9:50 AM

Q11 Please include any additional comments below

Answered: 7 Skipped: 13

#	Responses	Date
1	Nothing further.	10/16/2015 8:31 PM
2	Transpersonal psychology, like psychodynamic training that is almost always included in most training courses, should be made available. Only in this way can students become aware of the topic.	10/14/2015 6:05 PM
3	The sample seemed very interested in the Transpersonal. There may be scope for further research into what the participants would view as the legitimate exploration of the Transpersonal in a training.	10/4/2015 9:20 PM
4	Psychology students should have informed workshops/options about different areas in psychology in order to generate interest, reduce bias and aid decision making.	9/11/2015 12:50 PM
5	none	9/6/2015 8:01 PM
6	This is clearly a very valuable piece of research and provide a good platform from which to begin a dialogue about the importance of incorporating the transpersonal element into training and ongoing CPD.	9/4/2015 12:54 PM
7	I believe that when a training programme has a strong experiential perspective, the transpersonal dimensions becomes apparent anyway: students go through a 'transformative experience' in discovering themselves, hence it is inevitable that they 'tap into' the spiritual (tacit knowledge), even if they do not 'name it' as such. Depending on how 'defensive' or 'open' trainers are towards the transpersonal dimension, such discussions and explorations/practices may take place during training (or not).	9/3/2015 12:47 PM

Q12 To what extent do you feel these results represent an accurate representation of the research you participated in?

Answered: 9 Skipped: 11

#	Responses	Date
1	3.2-3.5: Significantly - 80-85%	10/16/2015 8:38 PM
2	Accurate	10/4/2015 9:29 PM
3	These results seem accurate, but perhaps a little more positive than the first findings (points 1.1-1.9) on the first page especially when finding that some practitioners viewed transpersonal psychology as separate and not co-existing easily with science etc.	9/22/2015 7:04 PM
4	3.2 Very representative of the research	9/11/2015 12:55 PM
5	3.1 definitely a combination for me 3.2 I understand the research participants were interested in transpersonal. I am curious of the % of psychologists who have not been taught of transpersonal in their training 3.3 I personally believe that the person who is genuinely not interested in transpersonal is one who is convinced that life ends with death or perhaps one who has not been told that it might just be different, that there may be more...	9/9/2015 4:38 PM
6	yes - fully	9/6/2015 8:03 PM
7	Yes these findings do look accurate- 3.1. I see this more as a combination 3.2. Yes I have an interest and see the value of it. I feel our disconnection with the spiritual dimension as a result of a hectic and pressured lifestyle is contributing to lowered levels of personal well-being- perhaps some of this is due to a western culture which rejects rather than nurtures the spiritual aspects of living. 3.3. In order to work at depth I feel it is important to incorporate the transpersonal. I suppose working at depth isn't for everyone but is sadly limiting for our clients. 3.4 I completely agree. 3.5. Yes- I believe this helps us to work at depth and strengthens the therapeutic relationship. We need to encourage clients to bring all parts of themselves to the therapeutic space.	9/4/2015 1:02 PM
8	Yes, I feel this is very accurate of the situation in clinical practice today.	9/2/2015 9:51 AM
9	Agree	9/1/2015 7:50 PM

**Q13 If you feel there is anything missing,
can you indicate what that might be?**

Answered: 6 Skipped: 14

#	Responses	Date
1	The need for a more pluralistic approach to psychologists' training if reflected in the answers; more knowledge of TPP led to more considered responses...	10/16/2015 8:38 PM
2	Nothing	10/4/2015 9:29 PM
3	Nothing to add	9/11/2015 12:55 PM
4	none	9/6/2015 8:03 PM
5	no	9/4/2015 1:02 PM
6	N/A	9/2/2015 9:51 AM

Q14 Do you think there are any exceptions to the findings listed?

Answered: 8 Skipped: 12

#	Responses	Date
1	No.	10/16/2015 8:38 PM
2	I suspect that there are people who regard themselves as rationalists who would regard the Transpersonal as wishful thinking or even as delusional.	10/4/2015 9:29 PM
3	Perhaps the other 30 percent in 3.2 would view the positive benefit of transpersonal psychology if they had a deeper understanding of the theory and approach.	9/22/2015 7:04 PM
4	No.	9/11/2015 12:55 PM
5	3.5 Perhaps transpersonal should be part of every psychology training course rather than being a course apart (or a model) in its own right. A large number of clients are spiritual and therapists need to know how to deal with this important part that clients bring in therapy.	9/9/2015 4:38 PM
6	none	9/6/2015 8:03 PM
7	no	9/4/2015 1:02 PM
8	No	9/2/2015 9:51 AM

Q15 Do you feel there any situations which might lead to a different result?

Answered: 7 Skipped: 13

#	Responses	Date
1	Using only psychologists trained in TPP?? Not an easy undertaking.	10/16/2015 8:38 PM
2	I think that it is possible to imagine a different study produced by someone hostile to the Transpersonal approach.	10/4/2015 9:29 PM
3	Choice behaviour based on cultural/gender socialisation and experiences.	9/11/2015 12:55 PM
4	3.4 I beleive that as well as been trained on how to deal with spiritual issues in therapy, how delicately to handle client's spirituality, we should also be trained or given skills for how to deal with clients who do not want to include their spiritual side, perhaps skilfully, tactfully exploring reasons for this e.g. possible fears, or anything else.	9/9/2015 4:38 PM
5	participants with more of a scientist-practitioner background	9/6/2015 8:03 PM
6	Only the aspect of fear of judgement e.g. If you recognise the power of the transpersonal approach does that make you less scientific and seen as 'wacky'??!	9/4/2015 1:02 PM
7	No	9/2/2015 9:51 AM

Q16 Please include any additional comments below

Answered: 5 Skipped: 15

#	Responses	Date
1	None.	10/16/2015 8:38 PM
2	None	10/4/2015 9:29 PM
3	none	9/6/2015 8:03 PM
4	Being part of this research has been personally useful in providing me with an opportunity to reflect at depth about these important issues.	9/4/2015 1:02 PM
5	what comes to mind when reading these findings is the usual phrase that 'a therapist can only follow/take/accompany their client to the places they had been themselves'...i.e. if a therapist is indeed someone who has explored the transpersonal/spiritual dimension within themselves, it is more likely to acknowledge it and incorporate it in their practice.	9/3/2015 12:49 PM

Part D – Critical literature review

The impact of trafficking for sexual exploitation on women

Introduction and definition of trafficking

The area of study for critical review of literature is human trafficking which is connected to the portfolio title: The place of transpersonal psychology in the pluralistic approach of counselling psychology. Transpersonal psychology is relevant here as it considers the cultural, spiritual, religious and ethical beliefs of clients exposed to trafficking. Emphasis is placed on the importance of integrating transpersonal psychology as part of a pluralistic therapeutic approach with the present client group. My work with women who had been trafficked emphasised how practices central to good ethical and professional practice required the understanding of their core philosophies of living and dying, as well as their culture and spiritual beliefs. This is considered by transpersonal psychology. There is a need for more research in assessment of the impact of trafficking for sexual exploitation and on the effectiveness of the most appropriate therapeutic treatments, to support counselling psychologists' understanding and training of the most effective therapeutic methods when psychologically supporting this client group. The present critical literature review therefore focuses on evidence based practice to address the impact of human trafficking for the sexual exploitation of women and the violation of human rights. Herman in Farley (2012) said;

'The complex traumatic syndromes from which victims suffer are among the most difficult to understand and the most challenging to treat. These survivors have been torn from their country of origin, families, and experience a lack of resources, fear, and a lack of control in their lives'. They define for us, 'the far edges of the spectrum of traumatic disorders, and the frontiers of our current knowledge' (p.3).

Hardy, Compton, and McPhatter (2013) have recommended research on the impact of trafficking and a requirement for further knowledge in this area. Women are 80% of those trafficked, whereby 75% are under the age of 25 years old (Omelaniuk, 2005), and 27 million women and children are trafficked for the sex trade (Bales, 2005). Influenced by the psychotherapeutic theoretical approaches and human science research underlying counselling psychology, it is apparent that more emphasis on pluralism is required and understanding the phenomenological and transpersonal experiences of survivors of trafficking as part of an integrated psychological approach. In addition, transpersonal psychology considers the psycho spiritual aspects of human development such as human psychological pain, existential questions of life and death and the extended range of human experience. Hardy et al (2013) highlighted a need for research which responds to the diverse needs of women who have been trafficked for sexual exploitation. This would inform practice, knowledge of the psychological effects of trafficking, the methods by which women enter trafficking, evaluation of interventions and factors related to diversity, and demographics of survivors. This is supported by Yakushko (2009) who emphasised the severity of survivors' mental health issues after being trafficked.

The clinical consequences of experiences of trafficking in the context of physical abuse and threat over a long period increases the likelihood that victims are likely to continue to suffer from clinically significant and complex psychological problems and remain vulnerable to relapse after current symptoms resolve. This is supported by Segrave et al (2009) who interviewed women who had experienced trafficking and 'physical intimidation, mistreatment, racism, verbal abuse, and humiliation when interviewed by police' (Segrave et al, 2009, p. 59). Awareness of the vulnerability of victims of trafficking is highlighted by the United Nations Office on Drugs and Crime (UNODC) who recommend the following indicators in identifying victims of trafficking: (1) victims show fear or anxiety; (2) believe they must work against their will; (3) are distrustful of authorities; (4) have been forced to work under particular conditions; (5) are unable to negotiate their working conditions; (6) slept where they worked; (7) are disciplined through punishment; (8) receive little or no payment; (9) do not have days off; (10) do not have access to their earnings; (11) have limited or no social interaction; (12) are unable to communicate with others freely; (13) victims' have had their fees/fare to the country of destination paid for; (14) have acted on false promises (The United Nations Global initiative to Fight Human Trafficking, 2008).

Trafficking is described as a severe form of violence against women (Zimmerman, Hossain, and Yun, 2006) and is described by

the Palermo Protocol to stop and punish trafficking in persons (United Nations, 2000) as;

'The recruitment, transportation, transfer, harbouring, receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits they achieve the consent of a person having control over another person, for the purpose of exploitation' (Article 3, paragraph (a)).

The aim of the present review was to explore the literature on the impact of sex trafficking, and to highlight the impact of difficulties faced by women who have experienced trafficking, which involves severe psychological, emotional and physical abuses. Some women enter sex trafficking when kidnapped (Yakusho, 2009), or under the guise of paid work, such as modelling, or marriage. Yakusho (2009) emphasises that these experiences which incorporate trafficking experiences, (e.g. prostitution) (Yakushko, 2009), lead to a need for psychological support and treatment for survivors which address the trauma. In addition, Omelaniuk (2005) highlighted how survivors face inconsistency in the laws in relation to their identification and treatment. In the same way, Hardy et al (2013) identified the inconsistency in responses from family and friends which survivors experience on return to their homes, as well as the fear of reprisal from traffickers (Hardy et al., 2013). Victims experience enslavement and are beaten and assaulted into submission (De Chesnay, 2013). Palmer (2010) describes the multi-dimensional effect of trauma as a consequence of sex trafficking. The experience of trafficking is described as similar to experiences of survivors of other crimes involving violence. These include rape, domestic violence, political oppression, and the further impact of being isolated in captivity.

Policies and protecting survivors of trafficking

Destination countries for trafficking tend to be countries where women experience a high social status and so are less likely to be exploited (D'Cunha, 2002). It is a serious organised crime problem affecting developed countries (Segrave, Milivojevic, and Pickering, 2009). Survivors of trafficking experience psychological and mental health issues as a consequence of their experiences (Segrave et al, 2009). It occurs when women, men, and children are trafficked (often from rural communities) and transported within or across international borders due to demand in the destination country. The definition adapted by the Council of Europe's Convention on Action against Trafficking in Human Beings is also cited by the Government in its 2011 publication 'Human Trafficking: The Government's Strategy' (Lipscombe, 2013). The UK Human Trafficking Centre developed the following working definition;

'In the simplest terms, human trafficking is the movement of a person from one place to another into conditions of exploitation, using deception, coercion, the abuse of power or the abuse of someone's vulnerability. It is entirely possible to have been a victim of trafficking even if your consent has been given to being moved' (Lipscombe, 2013).

Salgado (2002) in Farley et al (2012) described a 'trafficking syndrome' (p. 64), as a consequence of 'repeated harm and humiliation against a person who is kept isolated and living in prisoner-of-war like conditions' (Farley et al, 2012, p. 64). Women who are internationally trafficked experience extreme feelings of fear and guilt regarding behaviours which are contrary to their religious or cultural beliefs. Self blame and a sense of betrayal are also evident, not only by family and pimps, but by traffickers and governments (Farley et al, P. 64). Women may fear loss of immigration status if they attempt to leave violent perpetrators and may not know how to access legal or social services. Counselling psychology has a role in engaging with these clients' subjectivity, inter subjectivity, values, and beliefs especially where there is guilt regarding behaviours which are contrary to their religious or cultural beliefs. Psychotherapeutic skills are beneficial and applicable in psychologically and empathically supporting victims of trafficking while respecting their subjective experiences.

Policies can be motivated towards prosecution of perpetrators rather than the support of victims (Segrave et al, 2009, p. 95). Victims are less likely to give evidence if they feel unsafe and fear retaliation from traffickers. This is a further area which could be supported by counselling psychology through the education of authorities in providing adequate psychological support to victims. Segrave et al (2009) identified the important issue of addressing the emphasis placed on prosecuting perpetrators rather

than supporting victims unless the case is taken to court. International standards require victims be given immunity from prosecution and time to recover from the trafficking experience psychologically, physically, and socially. Anti-Slavery International (2002); Segrave et al., (2009, p. 97) and the Palermo Protocol focuses on law enforcement rather than protecting trafficked women (Segrave et al, 2009, p.17). Emphasis is placed on protection of victims through addressing psychosocial, physical, and social recovery and rehabilitation. This incorporates 'housing, counselling, information, educational opportunities, material, medical and psychological support (Segrave et al, 2009, p. 17).

The two most influential frameworks have been the Palermo Protocol and the US TIP Report which have highlighted trafficking as a gendered law issue (Segrave et al, 2009). The TIP Report has been adjusted to assess criminal justice approaches, and responses should be victim centred and based on the fact that the support of human trafficking victims should include both the rescue of victims and their psychological support, therefore meeting their needs and requirements (Segrave et al., 2009, p. 95). This is also relevant to counselling psychologists who are trained;

'to recognise social contexts and discrimination and to work always in ways that empower rather than control and also demonstrate the high standards of anti-discriminatory practice appropriate to the pluralistic nature of society today' (BPS, 2014).

Difficulties in completing research on the impact of sex trafficking on women

Baldwin in Farley (2012), reported twenty years of research in trafficking. Kelly (2002), identified a lack of reliable and valid methodologies causing difficulty in assessing the depth of the problem of trafficking. Problems in formulating a definition of trafficking and in the research methodology persist, even with the addition of more recent research in the area. Yakushko (2009) cited Gozdiak and Collett (2005) who described the definitions of trafficking as 'messy' with the statistics relating to trafficking being 'slippery' and 'ridden with methodological problems' (p. 107).

Segrave et al., (2009) reported that victims are often fearful of participating in research and researchers left exposed to possible dangers due to the topic of research. Difficulties identified in the research literature by Segrave et al (2009) describe: (1) the difficulty in definitions of 'victims' and 'offenders' presented with the process of the research; (2) The Policies of the country where research is undertaken influence research process and outcomes; (3) motivation of research undertaken; (4) information is provided by the criminal justice system and immigration authorities and stricter immigration laws result in an increase in the numbers of people trafficked (Selgrave et al, 2009, p. 14-15).

Research has focused on the influence of organised crime and criminal networks in sex trafficking (e.g. Farr, 2005), and between 2009 and 2011, the Serious Organised Crime Agency (SOCA) statistics reported that in 2011 there were 438 children referred to the National Referral Mechanism (NRM) (Segrave et al., 2009). This is an important statistic, as the majority of women are trafficked as minors and 70-90% were sexually abused before being recruited (Lloyd 2011, in Hardy et al 2013).

Hardy et al (2013) emphasised the lack of knowledge on anti-human trafficking amongst professionals, which affects the integration of law in assessment and psychological support and treatment of survivors (Hardy et al, 2013). In addition, Yakusho (2009) emphasised the increased attention of the international community and media in sex trafficking, which is in contrast to the small number of publications in the mental health area. This is supported by Seelke and Siskin (2008) who highlighted that little emphasis is placed on this area particularly on the increased focus and availability of humanitarian and social agencies, basic needs, law enforcement and repatriation of survivors. They also emphasised the necessity of Psychological rehabilitation (Seelke and Siskin, 2008).

Stephen-Smith (2008) made reference to the statistics of the Poppy project, who are a UK based charity supporting survivors. Stephen-Smith highlighted how between 2001- 2008 referred clients were held in detention as illegal immigrants, or were placed in prisons. De Chesney (2013) cited Ekberg (2004) who noted that traffickers go free while victims are treated as

criminals. This is with the exception of countries such as Sweden, whereby legislation in 1999 made buying sex a crime, so traffickers are the ones prosecuted rather than victims. The national referral system was set up to identify, support and protect victims. However Stephen-Smith (2008) noted victims may be held in custody due to holding false instruments (documents) issued by traffickers, and which are unaware are invalid (Stephen-Smith, 2008). This is in addition to the manipulation and violation of human rights, manipulation of cultural rituals and religious beliefs worsened with the involvement of organised crime during trafficking, and violence (Rajan, 2011).

In addition, Segrave et al (2009) completed 80 semi-structured interviews in Serbia, Australia, and Thailand with victims of trafficking, policy and law enforcers, non-governmental organisations (NGO) working with policy makers, and independent NGO's. They reported how Trafficking is multilevelled and a gendered phenomenon affecting women worldwide. The authors experienced difficulty in accessing victims of trafficking in all of the countries involved in the research, as most often women and children identified by the immigration authorities had often been deported and did not come in contact with the victim processes and systems (Segrave et al., 2009). The outcome of research completed by Segrave et al (2009) on the trafficking of women revealed that;

'systems operate making decisions supposedly on women's behalf, while at the same time focusing on the prosecution of traffickers, which is both offensive and damaging, as women's basic human rights are restricted as a consequence of such approaches' (p. 119-120).

Segrave et al. (2009) concluded; 'The drastic measures to which victims of sex trafficking are subjected {...} are justified as safety/immigration requirements and/or conditions required to maximise the outcomes of victim support programmes' (Segrave et al, 2009, p. 120). Segrave et al (2009) described sex trafficking as a complex challenge to policy makers and academia. Kelly (2005) described much of the research as policy led by social scientists, which is also a consideration for counselling psychology.

Severity of the psychological impact and consequences

Wilson (2004) described the damage or prolonged stress to the core dimensions of the self-structure, resulting in severe personality damage to: (1) self-esteem; (2) personal identity and sense of self identity; (3) loss of striving in life; (4) suicidality and self-destructiveness; (5) fragmentation in ego processes and self-components; (6) capacity for intimate relationships; (7) changes in systems of meaning, beliefs, values, and faith (Wilson 2004).

Prolonged and repeated exposure highlight how the more victims are exposed to violence, and repeated abuse, the greater the impact on mental health (e.g. Golding, 1999; Jones et al, 2001; Yehuda et al, 1998). In addition, Abas, Ostrovski, Prince, Gorceag, Trigub, and Oram, (2013), studied the risk factors for mental health disorders in women survivors of trafficking who returned to Moldova. They completed one of the largest studies to date and are the first to diagnose psychological disorder with a valid instrument with the present client group (Abas et al, 2013). Results of the study indicated that 6 months after returning to Moldova, 54% of women met the criteria for any DSM IV disorder, 35.8% had post traumatic stress disorder (PTSD) which was alone or co-morbid, 12.5% had depression without PTSD, and 5.8% had an anxiety disorder. The authors used a multivariable regression analysis and found childhood abuse exacerbated unmet needs post-trafficking, and was an independent risk factor for mental health disorder. Post-trafficking social support was found to be another independent risk factor. The length of time survivors were trafficked identified an association with mental disorder (Abas et al, 2013).

The authors recommended that care for survivors should include an assessment for mental disorder, particularly depression and PTSD, and the risk factors impacting upon mental health difficulties. Results of the study emphasised the use of individual care plans, and clinical guidelines in supporting survivors with PTSD and depression. Abas et al (2013) recommended further evidence is required on the outcome of the effectiveness of therapy for PTSD. In addition, Oram, Stockl, Busza, Howard, and Zimmerman (2012), emphasised the limited evidence available on the nature of psychological disorders experienced by survivors. Hardy et al (2013) recommended the development of a standard assessment battery, which identifies, and is sensitive, to the complex

trauma experienced by victims. More qualitative research is recommended by the authors, who also recommend further research on the relationship between risk factors and sexual exploitation (Hardy et al, 2013). This would support and inform clinical practice and develop professional knowledge in the area

Women victims of sex trafficking are kept in isolation and in a state of imprisonment by traffickers and experience PTSD and depression. Post-Traumatic Stress Disorder Research reviews (e.g. Golding, 1999; Kessler et al, 1995) highlight a link between victimisation and PTSD, while research findings vary according to (1) the methods used, (such as the questionnaire), (2) the type of trauma, or (3) the setting. Farley et al (2012) published an article which discussed prostitution and trafficking in nine countries, and researched the link between violence, prostitution and symptoms of PTSD. Five of the nine countries involved in the research included Thailand, South Africa, Turkey, Zambia, and the USA. Other researchers joined the study and collated data from Mexico, Germany, Columbia, and Canada. (Farley et al, 2012, p.37). Research findings came from five continents in total. Results were described by researchers as 'overwhelming' in relation to the physical and emotional violence used against victims (p. 55). The researchers concluded the women who had experienced the most extreme violence were not represented in the research. This led to the conclusion that levels of violence occurred at a higher level and more frequently than thought and found in the research results (Farley et al, 2012, p.56). A focus on research undertaken in this area by counselling psychology, which is practice led and grounded in professional ethics, would further support the development of psychological care based on evidence based practice.

Farley et al (2012) reported that traumatised individuals tend to minimize or deny their experiences especially in the midst of ongoing trauma such as war combat or prostitution, which leads to a decreased rate of reporting violent events (p. 57). Based on a review of previous research and clinical reports, the statistic on the prevalence of child sexual abuse among those prostituting in nine countries (63%) was lower than the actual incidence of childhood sexual abuse. They estimated that this was closer to 85% (Farley et al, 2012, p. 57). This is significant as frequently women trafficked are trafficked as minors (Kotrla, 2010). The study focused on post traumatic stress disorder (PTSD) as a consequence of prostitution, which is experienced by trafficked women. Additional symptoms of emotional distress found among prostituted women included other anxiety disorders, dissociative disorders, substance abuse, personality disorders, and depression (Ross, Farley, and Schwartz 2012). Raymond, Hughes and Gomez (2001) cited in Farley et al (2012), found 86% of domestically trafficked and 85% of internationally trafficked women experienced depression (Farley et al, 2012, p.57).

To understand the core of the research, and the psychological impact of the trauma of sex trafficking upon victims, it is important to better understand the diagnostics used to assess and diagnose victims post-trafficking. This influences psychological support and treatment. Abas et al (2013) said studies have identified high levels of PTSD, depression and anxiety amongst women survivors, and no previous research had described the risk factors for diagnosed mental health problems in survivors (Abas et al., 2013). It is important to look at DSM V in considering the complexity of PTSD and other psychological difficulties experienced by survivors. Trauma is the main cause of PTSD (Paris, 2013, p. 128). PTSD is experienced alongside severe psychiatric disorders such as bipolar disorder, major depression with psychotic features and schizophrenia spectrum disorders in 33-50% of cases (e.g. Mueser, Rosenberg, Goodman, & Trumbetta 2002). Physical and traumatic conditions can include sexually transmitted infections, damage to the reproductive system, and damage from physical and sexual abuse (Leidholdt, 2003).

Complex PTSD is a diagnosis more specific to the symptoms which survivors of trafficking experience, than are diagnoses in DSM V. Experts in the field of complex trauma believe a diagnosis of simple PTSD does not include the important aspects of complex PTSD and can lead to a diagnosis which is not correct and does not support the psychologically required treatment (Brett, 1996; Dutton, 1992; Yule, 1999). Simple PTSD is diagnosed across general psychiatry and because complex PTSD is multi-levelled, survivors may have a diagnosis of PTSD within both the APA definition (DSM V, 2013) and also complex trauma as a specialist area. DSM V has added 'alterations to cognition and mood' as a fourth dimension alongside the previous features of hyperarousal, intrusive memories, and avoidance of stimuli that re-evoked responses. Avoidance or 'denial is often used to cope with the emotional aftermath' (Dutton, 1992, p.107), and it is rare clients volunteer information due to pain, embarrassment,

and guilt as a result of talking about the traumatic event (Scott and Dua, 1999, p. 151).

When PTSD is accompanied by other DSM V disorders, the level of biopsychosocial difficulties experienced exceeds beyond that which is related to PTSD alone (Kessler et al 2006, Ford and Courtois, 2009). Neurobiological problems and personality disorders are frequently seen in complex trauma syndrome as a result of long term exposure to trauma in relationships involving power and control (Herman, 1992, p. 6). The experience of these women includes traumatic stressors in response to these events. The person with PTSD experiences fear and powerlessness which alternates between emotional numbing and emotional/physiologic hyperarousal. PTSD is likely to be especially severe or long lasting when the stressor is planned or implemented by humans (as in war, rape, incest, battering, torture, or prostitution) rather than being a natural catastrophe (Farley et al., 2012, p.36). The long lasting effects of trauma experienced over time shows a correlation between a history of childhood sexual assault and symptoms of PTSD in women (e.g. Friedman & Yetunda, 1995; Rodriguez, Ryan, Van de Kemp, and Foy 1997).

Hardy et al (2013) cited Carnes (1997), who described a dysfunctional 'trauma bond' between the victim and the trafficker known as Stockholm syndrome. This has been described as a psychological process whereby survivors can feel indebted to traffickers for not killing them. This bond is often established through dissociative mechanisms, and the different components of the survivor's personality need to be reintegrated (Herman 1992, cited in Hardy et al., 2013). It takes specialist therapy over a long period for a client who dissociates, to regain conscious control of the mind (Hardy et al., 2013).

The trafficking environment isolates victims from the viewpoint of others which impacts upon the severity of psychological problems. Paris (2013) believes the problems of PTSD diagnosis have not been addressed by DSM V and the diagnosis of PTSD does not consider and address the differences in presentation in individual clients. This is a consideration in relation to survivors of trauma who experience the same difficulty. Seelke and Siskin (2008) emphasised the need to establish physical safety for survivors so symptoms of PTSD symptoms do not consequently increase.

Dissociative disorders are common, as forgetting the past and self identity aid survival in inhumane environments. Forms of physical and psychological manipulation and control by the trafficker are used as a method of power and control (Hardy et al, 2013). Dissociative, psychoform and somatoform disorders are over represented amongst individuals with PTSD (Sar, Akuyz, Kugu, Ozyurk and Ertim-Vehid, 2006). Dissociative disorders are described by DSM 5 (APA, 2014) and occur on a spectrum where;

'Normal day dreaming is at one end of the spectrum, and dissociation on the other end. Dissociation is a complex psychological survival strategy and an avoidance of repeated trauma, whereby the consequence of experiencing human cruelty is a fragmenting of the psyche to different pieces of the self which observe, react, and experience, and those who do not know what is happening' (Steinberg, 2005).

The response of dissociation can place the individual in danger when the response reduces or does not allow the victim to respond to danger or risk, while the internal conflict and cognitive dissonance is minimised (Ross, Farley, & Schwartz, 2012). Ross et al (2012) report how prostitution is linked to trafficking and many women in prostitution would not meet the diagnosis of DID (dissociative identity disorder), and those experiencing dissociation are more likely to meet the criteria for DDNOS (dissociative disorder not otherwise specified) where changes in integrated consciousness are presented. Ross et al (2012) reviewed four studies of dissociation in women exposed to prostitution and suggested dissociation is a common psychological defence due to the trauma of prostitution. Whereby Rafferty (2008) described traffickers' ability to destroy the physical and psychological defences of survivors and how this impacts survivors ability to escape trafficking.

Hardy et al (2013) described the use of narcotics to enslave victims which encourages substance misuse disorders. The self harming and suicidal attempts may be seen as an escape when drugs and alcohol fail (Hardy et al, 2013), while areas such as memory, learning, information processing, self-esteem, personality development, interpersonal relations, system of meaning, motivational striving, and system of meaning and belief are affected (e.g. Wilson, 2004).

Post trafficking – the psychological impact

The research in sex trafficking indicates conceptualising and classifying presenting disorders from a trauma based approach is essential to prevent complex and traumatised clients receiving stigmatising diagnoses so they can receive treatment informed by current scientific knowledge focusing on the symptoms of multiple disorders rather than on psychobiological presentation in complex trauma. (Herman, 1992; Van der Volk, 2005).

Victims experience fear, confusion and anxiety in relation to their immigration status in the UK and fear return to their country of origin, where they may have been trafficked as a child and do not have a family or social network. Victims, particularly of sex abuse, need to gain safety (Foa and Meadows, 1997). The survivors of trafficking need reassurance their physical safety will be maintained, and once secure, they can begin to process their experiences. Although short-term symptoms might resolve, longer-term vulnerabilities may be more difficult to change. The study by Steel et al (2006) showed that the longer the detention, the greater the consequent psychological stress. Adjunct to the primary trauma, insecure immigration status and detainment worsen existing problems in relation to on-going mental health functioning. In addition, Management of mental health may not be maintained in detention depending on availability of services and resources.

Schwartz (2000) described a tactic used by traffickers whereby women and children are exposed and addicted to drugs so they are more vulnerable to control by traffickers. Trafficking is based on gender domination and profits from violence directed towards vulnerable individuals. Survivors given drugs and alcohol by traffickers need detoxification programmes, and medical management, and mood stabilisers may also be prescribed. Survivors may not link their past traumatic experiences with present difficulties and may not remember or recall aspects of their traumatic experiences, which can be challenging for the survivor and/or the psychologist to address. Women's narratives are often disjointed, fragmented, and not presented chronologically. They can experience difficulty in trusting authorities which can consequently influence full disclosures making it difficult for victims (Herlihy et al, 2007). Alternative explanations for variations in recall in victims' may not be based on factors within the client or their mental health but within the manner the questions are posed by professionals, the context they are presented, and the presence of a culturally incongruent healthcare system (D'Cunha, 2002).

Ugarte, Zarate, and Farley (2012) highlighted the difficulty in maintaining the trust of survivors who have been betrayed by their family, pimps, police, government, and the law and women kept in detention may experience mistrust towards authorities. Language barriers have also caused difficulty in prosecuting traffickers who have lied to survivors about their immigration status and reinforced the vulnerabilities of victims who have been 'neglected, abandoned, or previously sexually abused' (Ugarte et al, p. 162).

Survivors can experience difficulty engaging in the therapeutic relationship whereby a psychologist may be viewed with suspicion and survivors' experience of people may be as perpetrators, accomplices, selfish and perverse individuals, or bystanders who may be well meaning but cannot help, or a victim or rescuer (Herman in Farley, 2012, P.6). Transpersonal psychology can play a role in supporting victims particularly in relation to the therapist having knowledge of the victim's spiritual and cultural traditions. Hotaling et al., in Farley (2012), recommended when working with trauma and politically stigmatized women, those who provide services must avoid traditional therapeutic neutrality and instead promote 'systemic, as well as individual, solutions, and community based interventions' (p. 256). Hotaling et al recommend that therapy occurs in a frame which is 'non-shaming, compassionate, empowering, and non-judgemental' (Hotaling et al, in Farley et al, 2012, p. 262). From a clinical viewpoint, safety is important and any presenting clinical risk of suicide needs to be properly addressed and supported. The NICE guidelines (2011) recommended longer term support enables victims of trafficking to recover.

Manipulation of the cultural and religious beliefs of victims by traffickers.

Psychologists can draw on spiritual practices and cultural based insights which are important to clients, and which clients can relate to. Practices (e.g. mindfulness) can support a culturally congruent narrative to build working alliances with clients who have survived trafficking. The place of transpersonal psychology encompassing these ancient traditions highlights its importance as part of an integrated pluralistic practice. Rajan (2011), described the manipulation of cultural rituals, religious beliefs which is worsened by organised crime (one world US, 2008, in Rajan, 2011). Seelke and Siskin (2008) report that when returned to their

home country, survivors are often spurned by their home countries and families especially in the case of sex trafficking, where services to support victims often do not exist. Rajan (2011) described an Indian practice called 'devadasi', when discussing the perversion of religious rituals whereby families sacrifice their children who are married to the 'gods'. This is so the family have a good future. The women remain, live, and work in the temple for their lifetime. The men who run the temples control the lives of the women who experience sexual slavery and poverty and the men gain financially from sexual exploitation of the women. While MacDonald (2012) reports women trafficked from Africa may believe that 'black magic' is used, so if they betray the traffickers, their family may die or suffer mental health issues.

MacDonald (2012) reported the difficulty western psychologists' have in breaching the secrecy and developing working alliances with victims. Transpersonal psychology provides such a bridge, and a place to support the development of working alliances. There are implications of victims returning to a mother country who often do not have the specialised healthcare services that are available in the UK. Bates (2002) described young Thai women who saw slavery and debt bondage as a form of penance. This aided psychological survival and adapted an acceptance which was misconstrued as karma. It was seen incorrectly as passivity by others out of the culture. Common beliefs can exist in relation to powerful evil spirits who dwell in the shelters, for example in Nigeria, where attitudes to mental health shared in the community can be abusive and discriminate thus intensifying and worsening the feelings of guilt, depression and self blame which may have been instilled by traffickers. Women can be vulnerable to trafficking if returned to a mother country by authorities. This can be compounded by the consequent mental health problems and the stigma they may face from their family, friends and culture. In addition, Seelke and Siskin (2008) reported a lack of cultural sensitivity and appropriateness from clinicians, while suicide attempts are more likely exasperated by hopelessness and low self-esteem (Dutton, 1992). Emphasis of the role of transpersonal psychology in promoting psychological wellbeing and the integration of mind and body could support a reparative relationship. More emphasis on the role and involvement of counselling psychologists' in supporting victims of trafficking, while also validating and empowering their core philosophies of life and death and spirituality and transpersonal elements would encourage victims towards recovery. This however depends on psychologists' knowledge of alternative cultures and belief systems so reducing the suspicion with which victims may view psychologists/therapists. The practitioners' knowledge and ease of considering transpersonal psychology as part of a pluralistic practice is also a consideration.

Summary and Conclusions

The present literature has considered the impact of sex trafficking on women, and the relevance to counselling psychology has been highlighted. Sex trafficking involves the experiences of being 'hunted down, dominated, sexually harassed, and assaulted' (Farley et al, 2012, p. 60). Long term exploitation often beginning as a minor, can cause severe mental health problems and severe trauma. In addition, evidence on the nature of psychological disorders among survivors of trafficking is very limited (Abas et al., 2013).

A review of the research literature indicated empirical research on human trafficking is limited and its methodology is in its infancy containing weaknesses, numerical discrepancies, and errors in the numbers trafficked in different countries (Gozdiak, 2008). In addition, engaging victims of trafficking in research when they are safe can be difficult (Gozdiak, 2008), which could be supported with integration of transpersonal psychology in a pluralistic practice when supporting victims. Research on service needs and evaluation of rehabilitation programmes integrating victims to society and preventing repeat trafficking is also limited. Survivors can be held in detention and returned to a mother country where they experience a lack of specialised support services, public policy that places blame on victim (Lloyd, 2011), and rejection from family and society. The literature indicates longer term population specific research is needed whereby there is collaboration between different countries, authorities, and healthcare professionals to support victims and combine results of research studies.

Emphasis in the literature is placed on the importance of the education of professionals as there is a failure to educate students of law, psychology, public health and criminal justices whereby 'Prostitution and Trafficking can only exist in an atmosphere of public, professional, and academic indifference' (Farley et al, 2012, p. 65). Similarly, the relevance of training for clinicians in Transpersonal Psychology represents an important match to the cultural, religious and ethical backgrounds of trafficking victims. Research is needed to evaluate the integration of laws and how this integration affects the assessment process and treatment

planning (Hardy et al., 2013). Counselling psychology has a role in the psycho education of authorities in psychologically supporting victims of trafficking whose vulnerability is deepened by their insecure immigration status. In addition, based on review of literature, counselling psychology can support psychological assessment and ongoing support and treatment for survivors based on the most recent research and NICE guidelines for PTSD and depressive disorder, and should include practical, emotional and social support alongside support from specialist workers and advocates. The place of transpersonal psychology as part of a pluralistic approach should not be underestimated in this regard. Its place in understanding and incorporating the ancient wisdom traditions, including spiritual, and religious traditions, which victims relate to is important. This supports assessment of what is developmentally needed by victims, and what is reparative therapeutically. Presenting medical problems can also affect vulnerability and psychological functioning and need to be monitored along with specialist therapies and specialist organisations.

The literature emphasises the knowledge needed of differences in cultural approaches to healthcare, to provide psychological care which is relevant and competent to the culture of the client. This also highlights the importance of the place of transpersonal psychology to support healing and recovery. The ethnic origin of victims influences their subjective view of their experience, the consequent trauma and how they attribute their psychological difficulties and why they seek support. For some cultures, psychological, spiritual, and emotional responses are not seen as different from physical responses whereby the experience of the whole person is considered. Each culture has a core philosophy as to how they respond to trauma, and practices such as healing rituals can be seen as part of healthcare in preference to a Eurocentric counselling not incorporating this integrated view (Williamson, Dutch, and Clawson, 2008). This is an important consideration for counselling psychology and also emphasises the importance of knowledge of transpersonal psychology as an integrated psychological approach in supporting survivors. The psychological needs of victims of trafficking relates to the emphasis and importance of the place transpersonal psychology in pluralistic practice in my main research title, and emphasises the role of transpersonal psychology as part of an integrative psychological approach considering and supporting the psychological needs of victims of trafficking. This also links to the emerging theoretical model based on research findings in the present portfolio where the interconnected transpersonal elements of the personal experience, experience in training, and use in clinical practice are evident.

In conclusion, I have aimed in the present review, to highlight the psychological impact of sex trafficking on women, and the role of counselling psychology in the psychological support of survivors and psycho education of authorities and professionals involved in the care of survivors. With reference to the literature in the review, counselling psychologists are in a professional position whereby they will meet victims still being trafficked for sexual exploitation, or survivors seeking support. It is therefore essential that psychologists are trained to identify these clients, and understand and support the psychological wellbeing of victims.

References

- American Psychiatric Association (2013). *DSM V. Diagnostic and Statistical Manual of Mental Disorders*. Washington DC: American Psychiatric Publishing.
- Abas, M., Ostrovski, N.V., Prince, M., Gorceag, V.I., Trigub, C., and Oram, S. (2013). Risk factors for mental disorders in women survivors of human trafficking: a historical cohort study. *BMC Psychiatry*. 13: 204.
- Baldwin M.A., (2012). Living in longing: prostitution, trauma recovery, and public assistance. In Farley (Ed.). *Prostitution, Trafficking, and Traumatic Stress*. New York: Routledge.
- Bales, K. (2005). *Understanding global slavery*. Berkeley, CA: University of California Press
- Bates, K. (2002). The social psychology of modern slavery. *Scientific American*. April 2001. 286 (4): 80-88.
- Brett, E.A., (1996). The classification of post traumatic stress disorder. In B.A. Van der Kolk, A.C. Macfarlane, and L. Weisaeth (Eds.). *Traumatic stress: The effects of overwhelming experience on mind, body, and society* (pp. 117-128). New York: Guilford Press.
- Courtois, C. A., & Ford, J., D. (Eds.). (2009). *Treating Complex Traumatic Stress Disorders*. An Evidence Based Guide. London: The Guilford Press.
- De Chesnay, M. (2013). Psychiatric- mental health nurses and the sex trafficking pandemic. *Issues in Mental Health Nursing*. 34: 901-907.
- Dutton, M. A. (1992). *Empowering and healing the battered woman: A model for assessment and intervention*. New York: Springer
- Farley, M. (Ed.). (2012). *Prostitution, trafficking, and traumatic Stress*. London and New York: Routledge.
- Farr, K (2005). *Sex Trafficking – The Global Market in Women and Children*. New York: Worth Publishing.
- Foa, E.B. & Meadows, E.A. (1997) Psychosocial Treatments for Post Traumatic Stress Disorder: A Critical Review. *Annual review Psychology*, 48, 449-480.
- Ford, J., and Courtois, C. (2009). Defining and understanding complex trauma and complex traumatic stress disorders. In J. Ford, and C. Courtois (Eds.), *Treating complex trauma disorders* (pp. 13-30). New York: Guilford Press.
- Friedman, M.J., and Yetunda, R. (1995). Post traumatic stress disorder and comorbidity: psychobiological approaches to differential diagnosis. In Friedman, M.J., Charney, D., Deutsch, A., (Eds.). *Neurobiological and clinical consequences of stress: from normal adaption to posttraumatic disorder*. Philadelphia: Lippincott-Raven. P. 429-445.
- Gozdiak, E.M. and Bump, M.N., (2008). *Data and Research on Human Trafficking: Bibliography of Research Based-Literature*. Washington DC: Diane Publishing.
- Golding, H.M., (1999). Intimate partner violence as risk factor for mental disorders: A meta-analysis. *Journal of Family Violence*. 14 (2) 99-132.

- Gozdiak, E.M. and Collett, E.A. (2005). Research on human trafficking in North America: A review of literature. *International migration* (Geneva, Switzerland), 43, 99-128.
- Hardy, V.L., Compton, K.D., and McPhatter, V.S. (2013). Domestic minor sex trafficking: Practice implications for mental health professionals. *Journal of Women and Social Work*. 28(10) 8-18.
- Herman, J.L. (1992). *Trauma and recovery*. New York: Basic Books.
- Herman, J.L. (2012). Introduction: Hidden in plain sight: clinical observations on prostitution. In Farley, M. (Ed.). *Prostitution, Trafficking, and Traumatic Stress*. London and New York: Routledge.
- Jones L, Hughes M, Unterstaller U. (2001). Post-Traumatic Stress Disorder (PTSD) in victims of domestic violence: A review of the research. *Trauma, Violence & Abuse* 2001; 2: 99-119
- Kelly, L. (2002). 'Journeys of jeopardy: A review of research on trafficking in women and children in Europe', *IOM Migration Research Series*, 11:1-71
- Kelly, L. (2005). 'You can find anything you want': A critical reflection on research on trafficking in persons within and into Europe'. *International Migration*, 43(1-20): 235-65.
- Kessler, R., Chiu, W.T., Jiu, R., Ruscio, A.M., Demler, O., and Waters, E.E., (2006). The epidemiology of panic attacks, panic disorder, and agoraphobia in the national co-morbidity survey replication. *Archives of General Psychiatry*, 63, 415-424.
- Kotrla, K. (2010). Domestic minor sex trafficking in the United States. *Social Work*, 55, 181-187.
- Leidholdt, D. (2003). Prostitution: A violation of women's human rights. *Cardozo Women's Law Journal* 1 (1): 133-147.
- Lloyd, R. (2011). *Girls like us: Fighting for a world where girls are not for sale, an activist finds her calling and heals herself*. New York, NY: Harper Collins
- McDonald, C. (2012). Human Trafficking. *The Psychologist*. Vol. 25, No. 12. December.
- Meuser, K.T., Rosenberg, S.D., Goodman, L.A., and Trumbetta, S.I. (2002). Trauma, PTSD, and the course of schizophrenia: an interactive model. *Schizophrenia Research*. 53, 123-143.
- National Center for PTSD (2005). *What is PTSD?. A National Centre for PTSD Fact Sheet*.
- Paris, J. (2013). *The Intelligent Clinician's Guide to DSM V*. Oxford: Oxford University Press.
- Omelandiuk, I. (2005). *Trafficking in human beings*. New York: The United Nations expert group meeting on international migration and development, UN/POP/MIG/2005/15.
- Palmer, (2010). The essential role of social work in addressing victims and survivors of trafficking. *ILSA Journal of International and Comparative Law*, 17, 43-56.
- Rafferty, Y. (2008). The impact of trafficking on children: Psychological and social policy perspectives. *Child Development Perspectives*, 2, 13-18.
- Rajan, I. (2011). Voices from the void: A depth psychological reconceptualization of sex trafficking in modern-day India. *Psychotherapy and politics international*. 9(2): 97-102.

- Rodriguez, N., Ryan, S.W., Van de Kemp, H., and Foy, D.W (1997). Post traumatic stress disorder in female survivors of childhood sexual abuse: A comparison study. *Journal of Consulting and Clinical Psychology*. 65: 53-59.
- Ross C.A., Farley, M., and Schwartz, H.L. (2012). Dissociation among women in Prostitution. In M. Farley (ed.) *Prostitution, Trafficking, and Traumatic Stress*. Binghamton, NY: The Haworth Press, Inc.
- Salgado, X. (2002). *Victim assistance and sexual assault program*, Montgomery County, Maryland, VASAP. Presentation at seminar on human trafficking, Jan 11 2002, Falls Church Virginia.
- Schwartz, H. (2000). *Dialogues with Forgotten Voices. Relational perspectives on child abuse trauma and treatment of dissociative disorders*. New York: Basic Books.
- Scott, W. and Dua, J. (1999). Development of a scale to assess post-traumatic stress disorder. *International Journal of Stress Management*, Vol. 6, p. 149-165
- Seelke, C.R., and Siskin, A. (2008). *Trafficking in persons: US policy and issues for congress*. Washington, DC: Congressional Research Services.
- Steel, Z., Silove, D., Brooks, R., Momartin, S., Alzuhairi, B., and Susljik, I. (2006). The psychological impact of torture. *British Journal of Pain*. May 1, 2013 7:101-106
- Steinberg, M. (2005). Advances in assessment of dissociation in trauma survivors and PTSD, in J. Wilson, and T. Keane, *Assessing psychological trauma and PTSD: A handbook for Practitioners*. New York: Guilford Press.
- Stephen-Smith, S. (2008). *Prisoners with no crime: detention of trafficked women in the UK*. London: The Poppy Project.
- Sar, V., Akyuz, G., Kugu, N., Ozyurk, E., and Ertim-Vehid, H. (2006). Axis 1 dissociative disorder comorbidity in borderline personality disorder and reports of childhood trauma. *The Journal of Clinical Psychiatry*, 67 (10), 1583-90.
- Segrave, M., Milivojevic, S. & Pickering, S. (2009). *Sex Trafficking. International context and response*. Devon: Willan.
- The UK Human Trafficking Centre (UKHTC): a multi- agency counter-trafficking hub located with the Serious Crime Organised Crime Agency (SOCA) (2012). *Information on the National Referral Mechanism (NRM), the official UK process for identification of victims of trafficking. Published guidance for determining victim status from the UK Border Agency*.
- The United Nations Global initiative to Fight Human Trafficking, (2008). *The Vienna Forum Report: A Way Forward to Fight Human Trafficking*: New York.
- Ugarte, M.B., Zarate, I., and Farley, M., (2012). Prostitution and Trafficking of women and children from Mexico to the United States. In M. Farley, (Ed.). *Prostitution, Trafficking, and Traumatic Stress*. New York: Routledge.
- Van der Kolk, B. A., (2005). Developmental trauma disorder. *Psychiatric Annals*, 35, 401-408.
- Wilson, J.P. (2004) (Eds.). *Assessing Psychological Trauma and PTSD*. London : The Guilford Press.
- Williamson, Dutch, and Clawson, (2008). *National Symposium on the health needs of human trafficking victims: Post Symposium brief*. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S Department of Health and Human Services.

Yakushko, O. (2009). Human trafficking: A review for mental health professionals. *International Journal of Advanced Counselling*. 31: 158-167.

Yehuda, R., McFarlane, A.C. & Shalev, A.Y. (1998) Predicting the development of post-traumatic stress disorder from the acute response to a traumatic event. *Biol. Psychiatry*, 44 (2): 1305-13.

Yule., W. (1999). *Post -Traumatic Stress Disorders. Concepts and Therapy*. Chichester: John Wiley & Sons.

Websites

British Psychological Society. (2014). Division of Counselling Psychology. [accessed 20 August, 2013]

D'Cunha, J. (2002). Trafficking and Prostitution from a Gender and Human Rights Perspective in Raymond, J., D'Cunha, S.R. Dzuhayatin, H.P., Hynes, Z.R., Rodriguez, and Santos, A. (eds.) (2002). *A Comparative Study of Women Trafficked in the Migration Process: Patterns, Profiles, and Health Consequences of Sexual Exploitation in Five Countries (Indonesia, the Philippines, Thailand, Venezuela, and the United States)* N. Amherst, MA: Coalition against Trafficking in Women (CATW). Available at www.catwinternational.org. [accessed 20 August, 2013]

Lipscombe, S. (2013). *Human trafficking: UK responses*. www.parliament.uk/briefing-papers/sn04324.pdf. [accessed 20 August 2013].

NICE (2009). *Update of NICE clinical guideline 23; Quick reference guide; NICE clinical guidelines 90 and 91 Depression: Treatment and management of depression in adults, including adults with a chronic physical health problem*. <http://www.nice.org.uk/nicemedia/live/12329/45890/45890.pdf>. [accessed 20 August, 2013]

NICE (2005) *Clinical Guideline 26: Post Traumatic Stress Disorder (PTSD): The management of PTSD in adults and children in primary and secondary care*. <http://publications.nice.org.uk/post-traumatic-stress-disorder-ptsd-cg26> . [accessed 20 August, 2013].

Oram S, Stöckl H, Busza J, Howard LM, Zimmerman C (2012) Prevalence and Risk of Violence and the Physical, Mental, and Sexual Health Problems Associated with Human Trafficking: Systematic Review. *PLOS Medicine* 9(5): e1001224. doi: 10.1371/journal.pmed.1001224. [accessed 15 February 2014]

Raymond, J.G., Hughes, D.M., and Gomez, C.J., (2001). *Sex Trafficking of Women in the United States: International and domestic trends*. Coalition against trafficking in women. www.uri.edu/artsci/wms/hughes/sex_traff_us.pdf. [accessed 20 August, 2013]

Zimmerman, C., Hossain, M, Yun, K et al (2006). *Stolen Smiles. The physical and psychological health consequences of women and adolescents trafficked in Europe*. London: London School of Hygiene & Tropical Medicine. pp. 1-126. www.lshtm.ac.uk/php/ghd/docs/stolensmiles.pdf [accessed 20 August, 2013].