

INTEGRATIVE PSYCHOTHERAPY: SOMATIC, TRANSPERSONAL, AND
WESTERN PSYCHOLOGY IN THE PRACTICE OF PSYCHOTHERAPY

by

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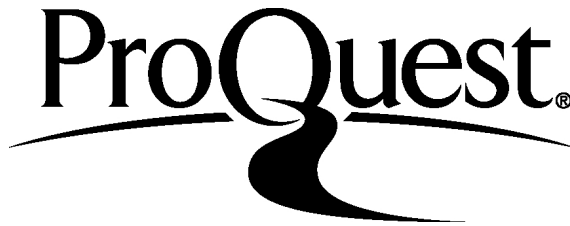
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INTEGRATIVE PSYCHOTHERAPY: SOMATIC, TRANSPERSONAL, AND WESTERN PSYCHOLOGY IN THE PRACTICE OF PSYCHOTHERAPY

ABSTRACT

This study examines the manifestations of the integration of somatic, transpersonal, and Western psychology in the context of actual psychotherapeutic process. Two main research questions were explored: “What are the characteristics of the integration of somatic, transpersonal, and Western psychotherapeutic processes?” and “Do the lived experiences of the participating therapists reveal an overarching theory that may describe the integration of somatic, transpersonal and Western psychology in the context of the process of psychotherapy?”. Data was collected from interviews with 8 licensed psychotherapists trained in somatic and transpersonal work who integrate these areas of expertise in their clinical work. The data was analyzed using a grounded theory (Charmaz, 2006) method, guided by principles of integral inquiry (Braud, 1998). The integration of these frameworks allowed the data to include applications of different research designs as well as participants’ alternative ways of knowing. This study resulted in a model that describes a possible integration of somatic, transpersonal, and Western psychotherapeutic processes as well as the characteristics of that integration. The model is based on four coexisting components. The first component describes two ways in which integration was identified: a mindful awareness of the multidimensional nature of inner

experience, and therapeutic exploration of content relating to somatic, transpersonal, and Western psychologies. The second describes the therapist's personal and professional psycho–spiritual–somatic journey, as well as the attitude she holds toward the client. The third describes the process that allows integration to occur, and the fourth describes the outcomes of this work. These four components expand and deepen the existing literature on somatic, transpersonal, and Western psychotherapies, and are the foundation for a suggested working model concerning the actual practice of integrative psychotherapy.

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Much has happened since I began the journey of this research. I started the East–West Psychology PhD program while living in Berkeley, CA as a psychotherapy intern pregnant with my first child, and completed that PhD in Israel. I became a licensed psychotherapist, co-founder of the Hakomi Institute of Israel, and a mother of two magical boys. The journey has been incredibly beautiful, challenging, and meaningful, consistently teaching me about the miracle of life.

Having chosen to live in Israel, the issue of deep healing and wholeness couldn't be more crucial. Land of old wounds and new visions, deep passion and deep conflicts, beautiful intimacy and harmful hate—caring and love intermingles with horrible violence. In the time I have been here, experiencing two wars between Israel and Palestine, this research has been a constant reminder of the power inherent in a healing journey, helping me to feel hopeful and confident in the human ability to heal and grow.

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DEDICATION

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CHAPTER 1: INTRODUCTION

This research investigates the integration of somatic and transpersonal psychotherapies, offering a rich description of the integrative psychotherapeutic process from the psychotherapist's point of view. In the current study, eight psychotherapists were interviewed and shared their thoughts, images, stories, emotions, and somatic experiences to shed light on clinical psychotherapeutic processes that integrate body, mind, and spirit.

The two main schools of psychology in the 20th century were behaviorism and psychoanalysis, both of which neglected to include the somatic and spiritual elements of the human experience (Grof, 2012). Due to the lack of these aspects, many psychological professionals and theorists found a need to develop a more inclusive approach, which resulted in the development of humanistic psychology, and later on of transpersonal psychology (Chinen, 1996). One of the main critics of behaviorism and psychoanalysis, Abraham Maslow (1969), emphasized the limitations of what he respectively called the First and Second Forces in psychology.

Maslow's (1969) main criticism of behaviorism was its focus on the study of animals, which in his eyes could only uncover characteristics of both human and animal functioning. As a result, Maslow argued that unique higher human qualities (such as love or morality), as well as unique negative human characteristics (such as greed or cruelty) were discounted. Maslow also criticized behaviorists' narrow focus on behavior and their exclusion of consciousness and introspection.

Maslow's (1969) main criticism of psychoanalysis lies with its focus on psychopathology, its biological reductionism, and its instinct-based explanations of the human psyche and psychological processes. Maslow, along with Allport, Rogers, May and Bugental (DeCarvalho, 1991), lay the foundation for humanistic psychology, which Maslow (1969) called the "Third Force" of that field.

Humanistic psychology's central concept is viewing the human being as a whole—in other words, as a conscious being responsible for her life and actions, and one who is in search of meaning, values, and creativity (Bugental, 1965/1981). This field includes the study of consciousness and focuses on achievement of self-actualization as a main motivation of human beings (Aanstoos, Serlin, & Greening, 2000). In addition, Maslow (1969) emphasized that while Freud and his followers created theories mostly from a psychopathological point of view, humanistic psychology focuses on healthy populations and higher functions of the human psyche.

In addition, an important shift occurred in the way psychotherapy was characterized in practice (Clay, 2002). While the orientation of traditional psychotherapy was verbal and focused on an understanding of clients' histories and unconscious motivations, humanistic psychotherapy encouraged the direct expression and experience of emotions and thoughts in the present moment (Grof, 2012). Furthermore, while the body was excluded in traditional psychotherapy, somatic exploration became a central part of some schools of humanistic psychotherapy, such as Fritz Perls' Gestalt therapy, Alexander Lowen's Bioenergetics, and other neo-Reichian approaches (Grof, 2012).

Transpersonal Psychology

Although humanistic psychology flourished, some dissatisfaction with the absence of the spiritual dimension of the human psyche (Sutich, 1976). Grof (2012) describes how cross-cultural knowledge influenced this development:

The renaissance of interest in Eastern spiritual philosophies, various mystical traditions, meditation, ancient and aboriginal wisdom, as well as the widespread psychedelic experimentation during the stormy 1960s, made it absolutely clear that a comprehensive and cross culturally valid psychology had to include observations from such areas as mystical states, cosmic consciousness, psychedelic experiences, trance phenomena, creativity, and religious, artistic, and scientific inspiration. (p. 13)

Accordingly, while humanistic psychology accentuated the individual self, the founders of transpersonal psychology wanted to widen and deepen the humanistic view and explore the connection between spirituality, states of consciousness, and psychology (Lajoie & Shapiro, 1992).

In the late 1960s, the field of transpersonal psychology—the “fourth force” (Chinen, 1996)—arose, aiming at clinical explorations of the entire spectrum of the human psyche, including its transcendent and spiritual aspects.

The literature of transpersonal psychology includes a vast discussion attempting to create a definition of the field, with the intention of articulating a more comprehensive definition (Hartelius, Rothe, & Roy, 2013).

Braud’s (1998) for example, offers the following definition of transpersonal psychology:

Transpersonal psychology is concerned with experiences and processes that extend beyond the personal or individual, that go beyond the usual limits of ego and personality. It studies consciousness and unusual states of consciousness; exceptional experiences; transegoic development; individuation; and spiritual experiences, growth and transformation. It concerned itself with “the study of humanity’s highest potential, and with the recognition, understanding, and realization of unitive, spiritual, and

transcendent state of consciousness” (Lajoie & Shapiro, 1992, p. 91). It seeks to learn how people can become more whole through integrating the somatic, emotional, intellectual, spiritual, creative-expressive, and relationship, and community aspects of their life. (p. 37)

This definition exemplifies the deep and rich scope of this field, as well as its unique perspective and wisdom that relate to all dimensions of the human experience. However, Hartelius, Rothe, and Roy (2013) argue that “the results of earlier studies need to be further distilled into a concise, easily understood descriptor of transpersonal psychology” (p. 4) and it is their following definition that I find to be broad, inclusive, clear and well defined:

Transpersonal psychology is a transformative psychology of the whole person in intimate relationship with an interconnected and evolving world; it pays special attention to self expansive states as well as to spiritual, mystical, and other exceptional human experiences that gain meaning in such a context.” (p 14)

In their definition that is used within this research, Hartelius et al. (2013) offer three characterizing terms: The first defines the field as a “psychology of self-expansiveness” (p. 4), the second as a “whole-person psychology” (p. 4) and the third as a “psychology of transformative process.”

According to Hartelius et al. (2013) the first characteristic, “a psychology of self-expansiveness” (p. 4), goes beyond ego-psychology. This notion is based in Maslow’s (1969) concept that the whole person includes values, visions and experiences, which transcend the familiar boundaries of the individual self.

The second characteristic is a whole-person psychology that holds an integrative and holistic vision that includes psychology as part of a broader view:

Likewise, transpersonal psychology may be seen as an integrative/holistic psychology because it understands the human mind as interwoven with the fabric of body, community, and world—all four of these inextricably linked within a matrix of transformative process. In other words, the

cosmos is not made up of lifeless, rule-following particles within the vast loneliness of space, but rather is an interconnected living system in the constant activity of relationship. (Hartelius et al., 2013, p. 11)

The third characteristic of transpersonal psychology defines it as a psychology of transformative process meaning “understanding of the individual mind, human communities, and the cosmos itself to be interconnected living systems in constant engagement with creative self-expression and self-invention” (Hartelius et al., 2013, p. 10).

Somatic Psychology

The attempt to describe the history of somatic psychology is complex as different theorists and schools were developed parallel and independently (Rolef Ben-Shahar, 2013). However, for the sake of understanding the history of the field, this section describes the two major forces that have played a meaningful part in the development of somatic psychology. One force is rooted in the field of somatic movement and the other was born from within the field of psychology.

Scholars in the somatic field usually focus on one force or another (Johnson, 1997; Rolef Ben-Shahar, 2013; Young, 2006). As both forces are important and play major role in the creation of somatic psychology, in the following section both are discussed.

The Somatic Movement

Johnson (1994) dates the roots of the somatic movement back to the mid-to-late-19th century gymnastic movements in Northern Europe and the United States. He maintains that the somatic movement was pioneered by a number of European Gymnastics practitioners (such as Gindler, Jacoby, Selver, and Rosen), who challenged the classical perspective of the objective, external body and called

for an alternative expressive, connected, and natural approach to the body. These pioneers promoted a deep, internal, subjective reflection on one's body experience and encouraged the development of body awareness, internal listening, and embodiment (Eddy, 2009).

In Eddy's (2009) exploration of the causes behind the rise of somatic practices in the 20th century, she claims that growing fields such as rationalism, existentialism, phenomenology, and expressionism positively influenced the idea that the body could be experienced in new ways. She also perceives Eastern philosophies and body-mind practices as additional influences that shaped the somatic movement, naming such pioneers as Ida Rolf (who cites yoga), Moshe Feldenkrais (who had a black belt in judo), and Irmgard Bartenieff (who studied qigong).

Over the years the somatic movement continued to develop and new somatic schools, techniques, and methods formed and flourished in the United States, and Europe. Although the somatic movement was still on the fringe of mainstream culture many educators, healers, and therapists practiced somatic methods such as Rolfing (Rolf, 1989), Feldenkrais (Feldenkrais, 1990) and Rosen (Rosen, 2003), to name a few.

Eddy (2009) beautifully describes the flowering of the somatic movement:

In what could be attributed to Jung's concept of the collective unconscious, or likened to the "hundredth monkey" parable, isolated individuals and institutions in distant places independently began to recognize this work as an important and effective area of inquiry. What emerged from these profoundly creative and investigative somatic pioneers, especially as they taught their practices to psychologists (e.g., Fromm, Perls, Watts), educators (Dewey, Myers), and scholars (Fraleigh, Hanna, Johnson), became a canon inclusive of exercises, philosophies,

methods, and systems of inquiry. By delving into personal bodily experiences, new meanings about being human and potentialities for health and life were codified into educational programmes in diverse parts of the world. As an exchange deepened across disciplines, somatic inquiry also found entry into some research methodologies such as: action research; ethnographic study; frequency counts in movement observation; phenomenology; pilot studies for quantitative research; and qualitative case study. (p. 7)

In the late 1970s and 1980s, scholars like Johnson (1995) and T. Hanna (1985) looked at these views and explorations from a bird's-eye perspective, and found common characteristics that conceptually unified these practices. Different schools, disciplines, methods and techniques shared an invitation to pay attention to, deeply listen to, take time to be with, and follow the internal subjective experience of the body: its energies, sensations, and movements. It was not until the 1980s that T. Hanna (1985) chose the term “somatic” as the name of this field, and later on Eddy (2008) identified its different branches: Somatic bodywork, somatic movement, and somatic psychology.

Johnson (1998) claims that somatic psychology arose from the actual practice, as somatic practitioners from the somatic movement came to psychology after deep immersion in somatic work:

Somatic psychology is a re-visioning of psychology driven by thinking through the implications of a wide range of embodiment practices on the part of its teachers and theorists. Somatic psychology evolved, as it were, from the bottom up, its practitioners typically begin formal academic studies and supervised training in psychology after long practice of experiential work with breathing, moving, sensing and touching. Those practices putting us into such intimate touch with bodily realities, often call into question the old assumption about the nature of body, soul, mind and spirit. (p. 10)

The immersion in bodily work by the practitioners themselves led them to re-think their therapeutic approaches with their clients.

Somatic Development Within the Field of Psychology

The inclusion of somatic work in psychology was not an obvious option. The ways in which the body participated in traditional schools of psychological thought were very limited (Orbach, 2004) as Freud himself chose to largely ignore the role of the body in psychology (Rolef Ben-Shahar, 2013). Although Freud's development of psychoanalysis was influenced by Pierre Janet, who held the concept that body and mind are inter-connected, Freud lost interest in this perspective (Young, 2006) and mostly focused on the understanding of the client's unconscious mental processes and aspects of the client's psychodynamic history (Young, 2008). In psychoanalysis, the body was non-concrete, present only as mental images, metaphors and symbols such as good or bad breasts or penises. The body as an actual presence in the here and now, was omitted (Johnson, 1998).

A significant midcentury contribution, however, did come from the world of psychoanalysis through William Reich (1945/1980), who challenged Freud's exclusion of the body and created a model that describes the connection of the body and the psyche, focusing on somatic blocks resulting from psychological inhibitions. Reich (1945/1980) played a central role in the development of what would become somatic psychology, influencing thinkers such as Lowen (1958/2006).

Like psychoanalysis, behaviorism also disregarded the body and its subjective experiences (Young, 2008). Behavioral psychology only acknowledged the body's mechanical characteristics, as a cause-and-effect network that barely

related to emotions or body sensations (Johnson, 1998). Cognitive psychotherapy, which stemmed out of behavioral psychology, also neglected to include the role of the body (Young, 2008). Young and Westland (2014) claim that much of the post-Reich development of integrating the somatic into the psychological field was a result of the 1960s hippie movement, that allowed previously repressed elements (such as the body) to be liberated. Young (2006) also notes that influences from Humanistic Psychology also allowed and supported major changes and developments in somatic psychotherapy.

Young and Westland (2014) continue and describe the new developers of the field that were both influenced from the social–cultural developments of the time, as well as from the new development of humanistic psychology:

Reich became much more popular, particularly in the 1960s, 70s, and then the 80s. These post-Reichian developers of body psychotherapy in the U.S. (such as Alexander Lowen, John Pierrakos, Chuck Kelley, Malcolm Brown, Stanley Keleman, Ilana Rubinfeld, etc.) and Europe (Ola Raknes, Jay Stattmann, David Boadella, Lisbeth Marcher and Gerda Boyesen) were all bold and creative innovators. (p. 18)

As the field as a whole continued to develop, the somatic movement and the developing inclusivity of body within the field of psychology found common scholarship and clinical grounds. Somatic psychology, the field that integrates influences from both these lines of inquiry is in continual development and has over the years birthed practices such as Hakomi (Kurtz, 1990), Formative Psychology (Keleman, 2012) and Gestalt (Perls, 1973).

Somatic psychology situates the body at the heart of psychology and psychotherapy. The core of its work is an exploration of the psychological meaning carried in the ordinary body: its breath, muscles, tissues, movements,

and gestures. In somatic psychology, the ordinary body and its subjective inner experience are considered to be deeply connected to the psyche and an expression of psychological materials.

To conclude, the current study revolves around the two revolutionary fields of transpersonal and somatic psychologies, which rely on the understanding of the person as a whole, with the body and spirit functioning as important aspects of the human psyche. This study is an exploration of the way these two fields meet, integrate, and connect in the psychotherapy room.

Purpose of the Study and Research Objectives

The primary objective within the framework of this dissertation was to collect data from therapists who work clinically with a combination of somatic and transpersonal psychology in order to understand the characteristics of their integrative work and to develop a theory that describes the essence and nature of it. The intention was to create a grounded theory based on psychotherapists' experiences and descriptions of an integration of body, mind, and spirit in the psychotherapeutic process.

A second objective was to offer a new methodological format that expands grounded theory research design (Charmaz, 2006) by integrating it with principles of integral inquiry. Integral inquiry is rooted in the intention to be as inclusive as possible in relationship to the data and ways of knowing (Braud, 1998). Using integral inquiry as a guiding principle allows this study to include in the data applications of different research designs such as participants' phenomenological descriptions, theoretical thoughts or story-telling. Additionally, integral inquiry

allows the data to include participants' alternative ways of knowing such as intuition and body-knowledge, and somatic or spiritual experiences and knowledge (see Chapter 5: Discussion).

Research Questions

The primary research question for this grounded theory research was “What are the characteristics of the integration of somatic, transpersonal, and Western psychotherapeutic processes?” The secondary research question asked, “Do the lived experiences of the participating therapists reveal an overarching theory that may describe the integration of somatic, transpersonal and Western psychology in the context of the process of psychotherapy?”

In order to more deeply explore the potential characteristics of integration between somatic, transpersonal, and Western psychology (i.e., the first research question), the interviews included questions aimed at contextualizing and understanding specific elements in this integration. The first inquiry asked about the practice of mindfulness within this integration. The second explored the role of community and nature in integrative psychotherapeutic work. Finally, the third inquiry asked about how the personal psycho–spiritual–somatic journey of the psychotherapist connected to the integration they offered to their clients.

The purpose of these research questions is that they enable deep exploration and understanding of the integration of somatic, transpersonal and Western psychology in the context of the process of psychotherapy. This exploration and understanding may contribute both to the scholarly field of psychology as well as to clinical work in psychotherapy. The hope was to present

a comprehensive and holistic theoretical psychotherapeutic model that will allow people to heal their psychological, somatic and spiritual wounds as well as to expand their awareness and understanding of who they are.

Relevance to East–West Psychology

East–West psychology is defined as a “context sensitive approach to the whole person” (Deslauriers, 1992, p. 188). The present research fits well in this field as it studied psychotherapeutic approaches that attempt to address the wholeness of a person by integrating spiritual, somatic, and psychological models within psychotherapy.

The participants in this study are psychotherapists chosen because of their integration of body, mind, and spirit in their own personal psychotherapeutic processes and in the way they work with their clients as psychotherapists. Thus, the study explored practices that honor wholeness and see human beings as containing multilayered and multidimensional parts. During the interviews, participants were given the opportunity to discuss how to work with the “whole person” in the context of their work with their clients.

As the study focused on the integration of somatic and transpersonal psychology in the context of psychotherapy, both Eastern and Western practices are integral parts of its scope. Transpersonal psychology is strongly connected to Eastern practices and schools of knowledge, such as mindfulness (Piet & Hougaard, 2011), Buddhism (Teasdale & Chaskalson, 2011; Welwood, 2000), integral yoga (Cortright, 2007) or shamanic practices (Grof, 1985). The field of somatics, on the other hand, originated mostly in the West (Rolef Ben-Shahar,

2013) and gave birth to practices such as the Rosen method (Rosen, 2003), Authentic Movement (Whitehouse, 2000/1956) and Rolfing (Rolf, 1989). The present research has attempted to shed light on the integration of East and West, as it appears in transpersonal and somatic therapeutic methods used within a psychotherapeutic context.

Personal Statement and Significance

My personal journey influenced my choice of this study, and the topic holds special significance for me. I joined the Israeli army at 18, the age at which mandatory service begins. During my enlistment, my physical wellbeing deteriorated and I was diagnosed with Crohn's disease (a chronic disease of the bowels). My body's symptoms marked the beginning of a somatic, spiritual, and psychological process of awareness that would show me who I am, help me understand and make meaning of my experiences, and reveal to me the repeating patterns and sources of my feelings.

Psychological work, somatic exploration, spiritual practice and their integration have been essential parts of my personal and professional life. My personal journey has included deep inquiry of body, mind, and spirit; in fact, a few years ago I became a psychotherapist who includes somatic and transpersonal elements in my therapeutic work with clients, so I cannot really separate my research topic from my life. Today, as a scholar, I bring the same topic to explore it from an academic perspective.

The somatic aspect of my personal inquiry was essential for my healing. Dancing, singing, meditation, and gaining awareness of my body's sensations (as

well as their connections to my emotions and thoughts), made me realize how important and useful somatic elements can be in my psychological and spiritual work. I discovered the wisdom of my body, which became a sensitive partner in the process of my self-development. Through connecting with my physicality, I learned about the meaning of the illness I experienced. The illness created a spiritual gateway that led to a path of psychological and spiritual healing and growth. Later on I earned an MA in somatic psychology and trained in various body-oriented psychotherapeutic methods. This path has led me to become a psychotherapist, to work with clients individually, and to teach somatic and transpersonal psychotherapy.

Spirituality has been an integral part of my journey. At the age of 20, and ill, I enrolled in a Kabbalah class where I learned to meditate. Later, study and practice in different Eastern schools of knowledge (mostly Buddhism and Advaita Vedanta), as well as shamanic practices, gave me a deeper understanding of the relationship between myself as an individual, the Divine, and creation. This study and practice continues to be meaningful, playing a key role in my personal journey and in my work with clients.

While traversing the somatic, psychological and spiritual aspects of my being, I also learned how social and cultural forces have had an integral part in shaping who I am. I realized how toxic and painful the Israeli–Palestinian conflict is, and the extent to which serving in the army influenced my wellbeing. The integral psychotherapeutic process I went through changed not only my internal wellbeing but also affected the way I participated in social activism in

Israel. It accordingly sparked an interest in looking at aspects of community and environment in relation to psychotherapeutic work. I hope that this research and its outcome will contribute to the healing of the people of my land, and in turn, to healing the sociopolitical conflict within the land.

Definition of Terms

Somatic: in this research, the term *somatic* pertains to first-person subjective exploration of experience (T. Hanna, 1995), specifically the aspect of the body. Somatic material is part of the internal inner experience and includes body sensations and energies, postures, and gestures.

Somatic Psychology: Therapeutic methods that focus on inner body exploration and may include body exploration techniques, such as movement, breath or touch.

Spirit: *Spirit* is defined as those experiences and processes concerned with divine presence and qualities that extend beyond the personal or individual, and the usual limits of ego and personality

Transpersonal psychology: This research adopts the definition of *transpersonal psychology* offered by Hartelius et al. (2013):

Transpersonal psychology is a transformative psychology of the whole person in intimate relationship with an interconnected and evolving world; it pays special attention to self expansive states as well as to spiritual, mystical, and other exceptional human experiences that gain meaning in such a context. (p. 14)

Mind: In the current study, *mind* consists of subtle levels of energy, which include mental activity and patterns, (conscious and unconscious thought), intellectual activity (reasoning and planning), imagination, visions, intuitions,

beliefs, archetypal energies (Jungian psychology), and individual and collective memories (see B. Hanna, 2008, p. 76).

Western psychotherapy: In the context of the current study, *Western psychotherapy* means therapeutic approaches that support ego integration and the building of a healthy sense of self. These approaches may include regular psychotherapeutic sessions, relationship work, inner child work, or trauma work

Psychological material: *Psychological material* consists of thoughts, emotions, feelings, behavioral patterns and core beliefs that are connected to unconscious material and influence relationships with oneself, others, and the world.

Wholeness: Wholeness is a state of consciousness that includes and incorporates awareness of somatic, spiritual, and psychological aspects of the self.

CHAPTER 2: LITERATURE REVIEW

After more than one hundred years of psychology and psychotherapy, Western culture has created many descriptions of and roadmaps for the human psyche and consciousness. The Western realm of psychological exploration entails the study of a client's object relations, old patterns and core beliefs, childhood wounds, and emotions and feelings born from the aforementioned elements. This exploration ideally results in healing and integration of the different insights; additionally, the process may include an orientation toward the growth potential of human beings (Grof, 2012).

For the most part, psychotherapeutic exploration that does not include somatic or transpersonal elements stays within the realm of the mind. Psychological qualities are most frequently related to the mind and its capacities for investigation, understanding, insight, and awareness (Kahn, 2002). This powerful awareness may help the process of change, but it will not always create a deep change in a client's patterns, old core beliefs, and limited object relations. Thus, the person's awareness may stay at the level of talking about "what needs to happen" without moving into the level of organic transformation (Kurtz, 1990). Adding somatic inquiry to the psychotherapeutic process greatly helps in healing old psychological elements (Rolef Ben-Shahar, 2013) and neglecting the somatic aspect misses out on something quite fundamental to human existence (Young, 2006).

The unconscious manifests itself in the body, which in turn becomes a gateway to both the psychological and the spiritual realms (Prendergast, 2003).

Somatic inquiry explores the body from an internal point of view, or according to T. Hanna (1995), “from a first person perception” (p. 339). This inner inquiry of one’s body brings to awareness, data and knowledge about one’s self and one’s relationship with others and the world. Generally, somatic awareness can help the person embody their insights and understanding, and thus manifest insight into the person’s reality (Johnson, 1994). In addition, somatic exploration can bring unconscious material to consciousness. However, working somatically without the integration of mind awareness (insights about old patterns, obstacles, emotions, and feelings) can be suboptimal, as the somatic work may remain at the level of body sensations or energy without integration into understanding of everyday problems and challenges of life (Grossinger, 1998).

Neglecting to hold spirituality as an integral part of the inquiry may leave out a major part of who the client is as a human being (Grof, 2012). Some elements of the client’s consciousness, existence, and essence will not be addressed if spirit is not part of the exploration. Spiritual exploration may also bring healing to different dimensions, such as the physical and psychological. In addition, holding spirituality as part of psychotherapy can be a step toward alleviating suffering in the client’s life (i.e., by fostering an experience of liberation) and may help to build healthy relationships with others, the community, and society (B. Hanna, 2008; Hartelius et al., 2013).

However, Western people (or people who adopt the Western way of life) who have a tendency of holding liberation as a goal, can bypass deep psychological wounds, and have profound psychological limitations (Kornfield,

1993; Welwood, 2000). Therefore, integration of somatic and psychological inquiry can be a key for wholesome growth that does not neglect any aspect of being.

This review examines different psychotherapeutic modalities that offer integration of somatic and transpersonal inquiries, thus helping clients to achieve wholeness. Specifically, this review is based on models that offer psychological growth as an integral part of the inner process.

Some healing modalities such as Gendlin's (1978) Focusing or Feldenkrais (Feldenkrais, 1990) are based on somatic perspectives. Others, such as channeling (Gilmore, 2005) or Rebirthing (Manné, 1994) grow out of transpersonal and spiritual foundation. In addition, many mind-oriented models have grown out of psychological Western schools such as psychoanalysis or Behaviorism (Grof, 2012). However, this research's interest lies in the integration of all three realms—spirit, body, and mind—and in the wholeness created by such a holistic inquiry.

This research is based on the assumption that a psychotherapeutic process that offers a client a path to inquiry of mind, body, and spirit holds a potential for powerful healing. Without addressing all three realms of consciousness, individuals may neglect important dimensions of themselves.

Reflecting on the different schools that offer an integrative view, such as Diamond Approach (Almaas, 1988) and Integral Psychotherapy (Cortright, 2007), one can see that there is a wide range of healing modalities. Although all hold some kind of a holistic perspective in common, there are important differences in

their focuses and orientations. In some schools, the orientation leans toward transpersonal psychology and the somatic elements are secondary (see Welwood, 2000; Wilber, 2000a), while in others, the main focus is on the somatic realm, while the transpersonal is de-emphasized (e.g., Rolfing [Rolf, 1989]; Rosen method [Rosen, 2003]). Other schools make use of both transpersonal and somatic exploration but include less of the psychotherapeutic element (e.g., Diamond Approach [Almaas, 1988]; certain Buddhist practices [Ray, 2012]).

This literature review presents the major schools in the fields of somatic and transpersonal psychology, focusing on how the integration of somatic and transpersonal inquires is imbedded within each school as part of the psychotherapeutic process. The chapter is organized in two main sections: The first section provides an overview of the main relevant transpersonal psychology schools, and the second describes the predominant schools within somatic psychology. Each section includes subcategories that help classify these fields.

Transpersonal Schools

Transpersonal psychology brought spirit into psychological inquiry, and by doing this offers a new vision in which both human science and human spirituality are included and respected (Hartelius et al., 2013). While some transpersonal schools do not view the body as part of the inquiry process (e.g., Jung's Analytical Psychology and Assagioli's Psychosynthesis; see Cortright, 1997), others include the body in the psychological process (e.g., some nondual schools [Prendergast & Bradford, 2007], Holotropic therapy [Grof, 1985]).

For the sake of clarity and understanding of the field, this research offers a new subcategorization of the field of transpersonal psychology into four groups (see Chapter 5: Discussion). The first group is based upon traditional spiritual schools of knowledge. The second explores transpersonal dimensions and utilizes spiritually based techniques without directly connecting to a specific spiritual tradition or offering a spiritual map that describes the nature of the divine, creation, and the individual. The third, which emphasizes mindfulness, stems from cognitive psychology. The last group is integral psychology, which aims to integrate different philosophies or methods into one model. The schools within the fourth group address the complex and multidimensional nature of human beings, while championing the integration of somatic, transpersonal, and psychological inquiries.

Spiritual Tradition-Based Transpersonal Schools

One group of transpersonal psychology situates and integrates the practices of psychotherapy with the traditional vision of religious schools of knowledge, creating psychological approaches such as Buddhist based psychology (Welwood, 2000) and the movement of nondual wisdom and psychotherapy (Prendergast, Fenner, & Krystal, 2003). These schools offer a traditional spiritual map that originated from Eastern philosophies such as Buddhism (Hanh, 1998) and Hinduism (Muesse, 2011); these maps include discussions of the divine, creation, the individual, and the relationship between them, as well as spiritual guidelines and goals for life (e.g., liberation, compassion). In order to achieve these goals, the traditional maps usually offer

techniques like meditation (Goleman, 1988) and other practices (Ray, 2012). The recommended traditional practices often include body-oriented elements such as awareness of sensations (Hart, 2011), breathing (Ray, 2008) or body postures (Iyengar, 1979).

Although the aforementioned practices may be part of the psychotherapeutic process, authors who integrate traditional religious practice into transpersonal psychology usually focus on the relationship of psychotherapy to spirituality (e.g., Tzu & Damgaard, 2014) or on the relationship of the body to spirituality (Ray, 2008). Some authors, however, such as Welwood (2000) write explicitly about the integration of somatic, spirituality and psychotherapy and this section focuses on these scholars.

The integrative work of Welwood (2000) is part of the rich field that specifically explores the coming together of Buddhism and Psychotherapy. Recent scholars in this field (Bobrow, 2012; Cheng, 2014; Cheng & Tse, 2013; Germer & Siegel, 2012) offer clinical work that is based on Buddhism, but unlike Welwood (2000), they do not emphasize a somatic, body oriented approach.

Welwood (2000) calls for a dialog between ancient spiritual traditions from the East and the modern therapeutic psychology of the West and specifically explores the relationship between the Zen spiritual concept of awakening and the personal change that occurs in therapy. He emphasizes the mutually supportive relationship of the two traditions, maintaining that when disconnected from exploration of personal life, spiritual practice can become disengaged and disconnected; in turn, personal life can become contracted and limited without

spiritual realization. He finds both spiritual and psychological work necessary, because they have different yet equally important gifts to offer.

Welwood (2000) offers practices relating to three domains: mediation for the superpersonal dimension, psychological work for the personal and conscious relationship practice for the interpersonal. According to Welwood, these practices complete and enrich each other. When looking at the way in which this dialog actually manifests in therapy, Welwood talks about the felt sense and emphasizes the living relationship with one's experience. The *felt sense*, a term coined by Eugene Gendlin (1993), the founder of Focusing (a body oriented method for inner exploration), means being in direct experiential contact with one's inner experience in the present moment. Although Welwood (2000) does not talk much about the body, he does refer to it in the context of spiritual and psychological exploration, mainly through being in contact with the felt sense and different mediation techniques.

Prendergast (2003), Krystal (2003), Lumiere (2012) and Blackstone (2012) are part of the nondual psychotherapy movement, whose work is characterized by the integration of religious frameworks of thought into psychotherapy. Corbett (2011) sees nondual psychotherapy as a sacred container which signifies a connection to the spiritual realm.

Nondual wisdom is an understanding and direct experience of a fundamental transpersonal consciousness that challenges the body–mind's construct of separation between self and other (Corbett, 2011). This understanding lies at the heart of Hindu Vedanta, most schools of Buddhism, Taoism, mystical

Christianity, Judaism, and Islam (Prendergast, 2003). The concept of nonduality describes an awareness that exists beyond the projections of the mind and its illusion of separateness: it expresses itself through radiant heart (love) and illuminated mind (wisdom). The actual experience of nonduality is described as being vast, free, spacious, centered, heartfelt and present, and is connected to joy, compassion, peace, gratitude and a sense of connection with all of life (Prendergast, 2003).

Prendergast (2003) is part of a creative discourse that explores the ways in which nondual wisdom may be integrated into the practice of psychotherapy. His contributions include “the sacred mirror,” his turn of phrase for the therapist’s capacity to reflect the client’s essential nature back to the client herself, the awareness that is prior to and inclusive of all thoughts, feelings, and body sensations. This mirroring is multidimensional, reflecting both personal and impersonal dimensions of being.

When speaking about the awareness of the nondual therapist, Prendergast (2003) implies that the therapist has attained a high degree of maturity and a self realization of their true nature, one that is beyond the body–mind. Such a therapist is connected to a natural simplicity that comes across as transparency, clarity, and warm acceptance of whatever arises within themselves and within their clients.

According to Prendergast (2003) an awakened nondual awareness of the therapist deepens any psychotherapeutic practice, regardless of the psychological school they are oriented toward. The co-exploration of therapist and client yields

a transformation and a melting away of the client's defenses which stand between her and unconditional love, or misunderstandings of her true nature.

Prendergast (2003) recommends therapeutic methods and skills such as silent listening, empathic reflection, inquiry, interpretation, educating through teaching stories and metaphors, invitations to be attentive to something, or to look, listen, or sense in a new way. He says that effective therapy always engages the body on some level, and mentions using sensing, breathwork, movement, and gentle touch as possible therapeutic techniques.

Sheila Krystal (2003) combines nondual psychotherapy and eye movement desensitization reprocessing (EMDR), a somatic based therapeutic method that releases trauma from the nervous system by inviting problematic images into awareness, while being stimulated by one of several types of bilateral sensory input, such as side to side eye movements (Feske, 1998). Krystal (2003) sees psychotherapy as similar to *satsang*, where a group of people are present together in the here and now, in search of their true nature. She then suggests this *satsang* can be assisted by additional tools, such as EMDR, and recommends an EMDR protocol that she developed for processing mental, emotional and bodily distractions.

Lumiere (2003) presents a modality that integrates a somatic method with nondual wisdom. She explores the power of the present moment together with the use of Somatic Experiencing, a somatic based method of working with trauma. Somatic Experiencing rests upon three concepts—pendulation, titration, and resourcing—which allow the trauma to be released from the client's nervous

system and the body, and enable her to be present in the moment with full acceptance of her experience. In addition, Lumiere states that trauma is the main cause of human suffering in modern life, and suggests it can only be healed by nondual spiritual learning. In a later article, Lumiere (2012) sees the nondual ground of relationship also as a way to heal insecure attachment.

Blackstone (2012), another researcher in the field, calls for an embodied nonduality and says that “to embody nondual reality is to become more alive within our own skin” (p. 13). According to Blackstone the radical openness of nondual awakening is discovered by deeply contacting the internal space of one’s body, and by making contact with a delicate channel that runs vertically through our torso, neck and head.

Blackstone (2012) offers a series of practices she calls “the Realization Process” (p. 1) that help inhabit one’s body. Blackstone claims that inhabiting the body allows an unfolding of an internal congruity as well as the nondual awareness that is infused in to the relational field (self and other). Her approach also includes a technique of processing and freeing somatically bound psychological holding patterns.

Spiritually Infused Transpersonal Psychology Schools

The second group of schools explores transpersonal dimensions and utilize spiritually based techniques, but do not directly connect to a specific spiritual tradition or offer a tradition based map describing the nature of the divine, creation and the individual. These schools of thought include therapies such as

Grof's (2012) holotropic therapy and existential transpersonal psychotherapy, which gave birth to other methods such as Gestalt psychotherapy (Perls, 1966).

One characteristic of the methods represented in this group is that they do not promote tradition based life guidelines per se, but they share an assumption that if the psyche is healed from old imprints, it will naturally connect to organic and nonpersonal sources that will guide one's life (Grof, 1985). This spiritual concept is also defined as the *organicity principle*, seeing a person as a living organism with natural life intelligence that allow growth, healing, and change when provided the right conditions (Kurtz, 1990).

Stanislav Grof's (1985) main focus is on altered states of consciousness, from which he created a larger map of human consciousness. When the clinical use of LSD was still legal, Grof experimented with administering LSD to patients. He used his clinical observations to construct a map of consciousness that includes spiritual elements as well as psychological ones.

In addition to Grof's (2012) map of the psyche, he put forth a practical psychotherapeutic model called *holotropic therapy*. His therapeutic model offers an expanded view of the human psyche and on top of the postnatal biographical level that it shares with the traditional model, the new expanded cartography includes two additional large domains: the perinatal and the transpersonal.

Grof's (2012) perinatal domain is based on the fetus's experience that includes all emotions and physical sensations involved in the birth process. He claims that the transpersonal domain contains:

Experiences in which consciousness transcends the boundaries of the body/ego and the usual limitations of linear time and three-dimensional

space. This results in experiential identification with other people, groups of people, other life forms, and even elements of the inorganic world. Transcendence of time provides experiential access to ancestral, racial, collective, phylogenetic, and karmic memories. (p. 5)

Grof (2012) includes in his model a subcategory of the transpersonal domain that includes experiences of the archetypal collective unconscious (such as ageless and cross-cultural themes, myth and symbols) previously described by Jung (1959/1981). Grof (2012) says that this broader perspective of the psyche is not just theoretical but has profound clinical implication for psychotherapeutic process. His main psychotherapeutic focus lies in offering experiences that hold healing, transformation and evolutionary potential. He views these experiences as sources of information about the human psyche, spiritual dimensions of existence and the nature of reality.

In this context Grof (2012) suggests the use of holotropic states of consciousness, experiences that are “oriented toward wholeness” (p. 29). The holotropic states are associated with change in consciousness which brings a dramatic change in sensory areas, intense emotions, alternation of thoughts process, psychosomatic phenomenon and unconventional behavior. Grof reports that their content is often spiritual and can be related to birth, death or deep connection to transpersonal experience such as feelings of oneness with God.

As such, Grof’s (1985) model is experiential, and he strongly emphasizes experience and then the use of talk, mandala drawing, and bodywork for integration. He found LSD sessions to be the most powerful experiential technique, but after the use of LSD became illegal, Grof developed holotropic breathwork as well as incorporation of physical abreaction and catharsis in order

to imitate the effects of LSD. The breathwork can be done in both one-on-one sessions and in groups. The process includes deep breathing that raises the level of oxygen in the brain, music that guides the client and a technique of bodywork that helps to release residual bio-energetic and emotional blocks. The combination of high oxygen levels and music can bring the person to an altered state of consciousness in which she can be in touch with different spiritual qualities.

Another technique Grof (1985) offers is a physical approach that focuses on somatic symptoms and on bodywork that releases locked up energies, in a similar manner to Rolfing (Rolf, 1989). In both techniques, the body is the main vessel for transformation.

Although Grof (2012) offers a method of psychotherapy that embraces body, mind, and spirituality as parts of the process, the map of consciousness he relies on is a map of the human psyche, and does not include descriptions of the divine or guidelines for the client's life. Similarly, some schools of existential transpersonal psychotherapy, such as Gestalt (Perls, 1966) and Hakomi (Kurtz, 1990) integrate the somatic and transpersonal, and uphold the principle of *organicity*. However, they do not provide a tradition based spiritual map for the client's life, nor specific spiritual guidelines in order to achieve spiritual goals.

Cortright (1997) claims that existential transpersonal psychotherapy is the most natural way of merging spirituality and psychotherapy, because they share similar vocabulary, perspectives, significances, and ideas. Existential transpersonal psychotherapy focuses on direct experience, being, and awareness, and explores issues like life, death, aloneness, and meaning. Because of the

emphasis on being, the study of the moment is very common in this practice and usually includes some form of body and somatic awareness. In addition, it utilizes Martin Buber's approach to relationship by working to change the relationship from "I-It" (p. 106), in which the other is perceived as an object, to "I-Thou" (p. 106), which is a person-to-person approach (as cited in Cortright, 1997).

Gestalt therapy stemmed from the Existential approach and, as its founder Fritz Perls (1966) claims, Gestalt therapy's goal is to increase human potential through the process of integration. Gestalt has a major somatic element: the method relies on client's posture, movements, and bodily experiences (Kepner, 1987). The psychotherapeutic process of Gestalt invites the client to be aware of what is present in her inner experience in the here and now, and the inner experience of the body is included as an integral part of the inquiry.

Eastern thought and influence are included in the theoretical framework of the founders of Gestalt (Crocker & Philippon, 2005) and much has been written on the spiritual aspects of Gestalt. Naranjo (1978) describes the underlying principles of Gestalt therapy as three general processes: living in the present, awareness, and responsibility. According to Wolfert (2000), Gestalt work contains strong spiritual elements such as allowing the client to become present and mindful of the whole of her experience, exceeding ordinary reality, experiencing unity, and expanding one's identity to include a wider sense that is beyond the individual. Wheeler (2002) sees Gestalt as a discovery of the un-separateness and unity of all things; for him, the emphasis is that we as humans are all part of each

other and our environment, and the deepest self-development happens in relationship to the fields we participate in and share with others. Brownell (2012) too indicates that Gestalt includes both the Western spiritual focus on relationship with the sacred and the Eastern spiritual processes that attend to the subjective experience of the individual.

Another author who views Gestalt therapy as part of the transpersonal school is L. Williams (2006). L. Williams forges a connection between characteristics of spirituality and characteristics of Gestalt, such as love and acceptance, spiritual peak-experiences, awareness and awareness cultivation and openness to feelings of not-knowing or emptiness. Furthermore, L. Williams (2006) relies on the work of Wilber (2000a, 2000b) and Ferrer (2002), and uses the Gestalt relational field as a basis for higher spiritual development in client and therapist. In addition, she introduces many Gestalt-oriented writers who connect Gestalt with spirituality.

Transpersonal Mindfulness Based Cognitive Behavioral Schools

The third transpersonal group has been integrating the Buddhist practice of mindfulness into cognitive behavioral psychotherapy, with the main goal of reducing psychological symptoms such as depression (Segal, Teasdale, & Williams, 2002). Because spiritual inquiry was originally foreign to the psychotherapeutic work of cognitive behavioral schools, this group has not usually been connected to transpersonal psychology. However, in the last few years, its scholarly and clinical discourse has expanded; this discourse currently

includes spiritual questions and explorations (e.g., Kabat-Zinn & Davidson, 2012; Kuyken & Feldman, 2011; Teasdale & Chaskelson, 2011)

The term *mindfulness* originates from the Buddhist Theravada tradition, and is found in the classical text *Abhidharma*. Specifically, the word *mindfulness* is a translation of the Pali word *Sati* that has different interpretations in Eastern and Western scholarship and literature (Brown, Ryan, & Creswell, 2007). As Brown, Ryan, and Creswell (2007) show the definitions of mindfulness are often selectively interpreted based on who studies it and how it is applied. Different interpretations include conceptualizations of it as a mind state, a technique, or a trait. In each of these interpretations one can find a deep and rich discussion concerning the subtleties of what mindfulness actually is. While an in-depth review of these interpretations is beyond the scope of this research, the current study is based on a common thread found in these interpretations: a focus on present-centered, nonjudgmental awareness (J. M. Williams & Kabat-Zinn, 2011).

Mindfulness was first introduced into the therapeutic field in 1979, when Jon Kabat-Zinn (1982) founded the Mindfulness-Based Stress Reduction (MBSR) program at the University of Massachusetts medical center, to treat the stress experienced by chronically ill patients. The program offered an organized treatment protocol that is based on patients following a combined practice of mindfulness meditation, body awareness, and yoga. The MBSR program was very successful and sparked the application of mindfulness in the field of cognitive psychotherapy.

Inspired by Kabat-Zinn's (1982) medical oriented work, Segal, Teasdale and Williams (2002) created Mindfulness-Based Cognitive Therapy (MBCT), offering systematic training in mindfulness meditation combined with cognitive-behavioral methods. MBCT is a group-based clinical intervention program designed to reduce relapse or recurrence of major depressive disorder. Specifically, MBCT allows clients to become aware of their thoughts and feelings and accept them, rather than react to them (Hofmann, Sawyer, & Fang, 2010). The results indicated that MBCT is an effective intervention for relapse prevention in patients with recurrent major depressive disorder, at least in cases of those who experienced three or more previous episodes (Piet & Hougaard, 2011).

The research results of MBSR (e.g., Bohlmeijer, Prenger, Taal, & Cuijpers, 2010; Lauche, Cramer, Dobos, Langhorst, & Schmidt, 2013) and MBCT (e.g., Khoury et al., 2013; Piet & Hougaard, 2011), as well as the growing interest in mindfulness theory and practice within the therapeutic field (see Brown et al., 2007; Segall, 2005) led to the integration of mindfulness into other methods and systems of psychotherapy. These methods include Acceptance Commitment Therapy (Zettle, 2005) and Dialectical Behavior Therapy (Berzins & Trestman, 2004) for borderline personality disorder.

Originally these different methods used Buddhist mindfulness only as a technique for reducing psychological symptoms, such as stress or depression, in a manner that didn't tie mindfulness to its spiritual and traditional contexts. However, in the last few years the cognitive psychology discourse has expanded to explore the roles of other Buddhist concepts in psychotherapy. John Teasdale

and Michael Chaskelson (2011), for example, investigate the ways in which Buddhism's Four Noble Truths are relevant to clinicians' concerns, and Kuyken and Feldman (2011) ask what role compassion plays in psychotherapy.

Integral Transpersonal Psychology Schools

The last group among the transpersonal schools reviewed in this section is the Integral group. Schools in this group draw from and integrate different philosophies and methods into a new healing model (Cortright, 2007; Ferrer, 2003). The integral schools vary greatly from one another in terms of theory and perception of reality, as well as in specific guidelines and practices. The "father" of integral schools may have been the Indian philosopher and spiritual teacher Sri Aurobindo, the creator of Integral Yoga (Cortright, 2007).

Aurobindo's Integral yoga and integral philosophy is "a gold mine of spiritual and psychological wisdom" (Cortright, 2007, p. 1). The vastness of his philosophy is beyond the scope of this chapter; however, the current discussion focuses on the implications of Aurobindo's philosophy for psychotherapy. Generally speaking, the goal of integral psychotherapy is to awaken the psychic center, which aspires to bliss, love, joy, divinity, and wholeness and any therapeutic school or technique may be integrated into its framework to serve this purpose (Cortright, 2007).

Cortright (2007) states that Integral Psychotherapy is an organizing structure for all psychology and psychotherapy, as it offers integration between Western psychology, Eastern psychology and different spiritual traditions. Cortright also sees Integral Psychotherapy as a specific school of psychotherapy,

albeit a wide and inclusive system within which therapists can work. This means that each therapist can choose an appropriate level of consciousness (e.g., somatic, cognitive or spiritual) to work with and, accordingly, choose the appropriate psychological school as a method.

Cortright (2007) suggests that Integral psychotherapy engages all of these levels of consciousness as well as a behavioral change practice (*karma* yoga), a mindfulness practice (*Jnana* yoga), a heart-opening practice (*bhakti* yoga), body and somatic work (*hatha* and *kundalini* yoga), shamanic work, and guided imagery. He summarizes:

Integral psychotherapy can be summarized as being multidimensional, multiperspectival, embodied, relational, and transformational. It is multidimensional since human consciousness has many dimensions or levels—physical, emotional, mental, inner, psychic and spiritual planes of awareness. (p. 163)

Another integral writer is Ferrer (2011), who presents the concept of “participatory knowing” in relationship to multidimensional access to reality. Participatory knowing includes the intellectual and mind-knowing, the emotional and heart-knowing, the somatic knowing of the body, and the intuitive knowing of the soul (Ferrer, 2002). However, Ferrer (2002) leaves his definition of participatory knowing open and inclusive of any other ways of knowing available to human beings.

Ferrer (2003) offers integration of participatory knowing with Integral Transformative Practices (ITP), a combination of Eastern and Western techniques and practices. ITP, he suggests, fosters a powerful creative transformation of the embodied person and the world. Ferrer presents Murphy (1993), Leonard and Murphy (1995) and Wilber (2000b, 2000c) as the three main contemporary

developers of ITP, which address all human dimensions and potentially impact the whole organism.

Murphy (1993) offers a rich set of practices that intend to offer work that integrates all the parts and capacities of a human being and eventually to help in gaining integral enlightenment. These practices include different kinds of spiritual and depth psychotherapeutic techniques, somatic methods for body awareness, vitality and self regulation techniques and study of art, philosophy, religion thoughts and myth.

Together with Leonard (Leonard & Murphy, 1995), the practice of ITP continued to develop with the intention of creating a set of principles and activities to develop “the body, mind, heart and soul” (p. 12). In Leonard and Murphy’s (1995) two-year experimental class in human transformation practitioners were guided by eight commitments which are concerned with personal responsibility, relationships, community, the ITP *kata* (a body–mind–heart–soul practice based on somatic and imaginative exploration), physical exercise, conscious eating, intellectual understanding, and affirmations. Additionally, the ninth commitment focused on service, world, and societal healing, and it acknowledged the evolutionary nature of the healing process.

Wilber (2000a) also offers use of ITP as a way to develop all human dimensions and to support facilitation of the life goal of nondual enlightenment. Wilber (2000b) names six dimensions to explore and develop: physical, emotional–sexual, mental/psychological, contemplative/meditative, community and nature. In addition, Wilber (2000c) offers a rich set of practices to develop

each realm. These practices include psychotherapy, somatic and spiritual exploration as well as community and nature oriented activities. He suggests choosing at least one practice for each realm.

Ferrer (2003) suggests that “This cross-training synergy is one of the chief guiding principles of ITP: Due to the interdependence of all human dimensions, mental, emotional, and physical practices are expected to have an impact on the entire organism” (p. 24). However, he claims that their practical manifestation may easily be led by a Western tendency of exploration through mind thus limiting its effectiveness. Ferrer then calls for an approach that allows “Integral Growth” (p. 28), a process co-created by all human dimensions, which unfolds from within the person and balances the feminine and the masculine.

As an example for an effective ITP model for Western people who live in the modern West, Ferrer (2003) presents Romero and Albareda’s Integral Integration, a program based on embodied practices carried out in group settings.

Ferrer (2003) suggests Holistic Integration is based upon four connected elements that allow exploration of all dimensions of human being: interactive embodied meditations; multidimensional contemplative practices; individualized integral practices; and integrative work in everyday life. The corner stone of this work is physical contact and primal sexual energy, as the body and its primal energy is seen as a doorway to the deepest level of all human dimensions.

Through these means, proposes Ferrer (2003), Holistic Integration allows the development of all human dimensions and of coexistence of polar realities

such as masculine/feminine, sexuality/spirituality and individual/community. It also allows an emergence of novel human qualities.

Ben Hanna (2008) is a psychotherapist that uses his own integrative practices as part of his psychotherapeutic work. He writes about body, mind, and spirit as cornerstones of this process, and suggests ways to work with these human dimensions. Hanna also sees community and environment as important areas within his work, and offers their exploration as an integral part of the psychotherapeutic process.

Ken Wilber (2000a), a philosopher who aims to integrate psychology, philosophy, mysticism, ecology and spiritual evolution, stopped referring to himself as a transpersonal theorist. He prefers to characterize his work as “integrative” or “integral,” because he views it as more comprehensive than methods and techniques found in the discourse and field of transpersonal psychology (L. Williams, 2006).

Wilber developed a comprehensive and integral model of consciousness that is typically portrayed in four quadrants. His All Levels All Quadrants (AQAL) philosophy and cosmology includes the subjective and objective individual dimensions as well as the subjective and objective group/social dimensions (Wilber, 2001). Although a greater discussion of AQAL model is beyond the scope of this literature review; in the section that follows, a focus is placed on the transpersonal and somatic elements of his work as it relates to psychotherapy.

Wilber (2000b) states that spirit manifests in three main realms, and connects them to the Three Jewels of Buddhism (Buddha, Sangha, and Dharma). Spirit has a subjective aspect which includes individual inner experiences (Buddha), in addition to its manifestation in the intersubjective fields of social and personal relationships (Sangha). The third spirit quadrant is objective reality, pure awareness, or ultimate truth (Dharma). He calls this spiritual model the “big three” (p. 121) and suggests that holding all these dimensions of spirit enables one’s full experience of it.

Wilber (2000a) argues for the incorporation of spirit into a multidimensional work, calling it Integral Therapy:

A full spectrum therapist works with the body, the shadow, the persona, the ego, the existential self, the soul, and the spirit. Attempting to bring awareness to all of them, so all of them can join conciseness in the extraordinary return voyage to the Self and Spirit that grounds and moves the entire display. (p. 109)

Wilber (2000a) claims that in the integral psychotherapeutic process, for one to understand the inter-relationships between the pathologies and quadrants, all four quadrants need attention. He states that the subjective experience of the individual (upper left) is directly connected to the objective events and mechanism of the organism (upper right), as well as to larger cultural (lower left) and social structures (lower right). Pathological conditions will present themselves in all four quadrants. Wilber recommends Leonard and Murphy’s (1995) *The Life We Are Given* as an example of integral therapy.

The body is included in Wilber’s (2000a) model. The physical body, in its objectivity, shows up in the upper right quadrant while the breath and sexuality shows up in the subjective individual dimension. Cortright (1997), however,

states that Wilber's model does not put a strong enough emphasis on somatic exploration.

Wilber (2000a) is not a clinician, but a theoretician, and as such he does not create a clinical model for healing. Instead, he offers depth psychology, structure building, and medication as treatments for different pathologies and diagnoses. That being said, others have drawn from his theory to develop psychotherapeutic theories and methods.

Zeitler (2007b), a member of The Psychotherapy Center at the Integral Institute, explores avenues for integrating Wilber's (2000b) AQAL theory into psychotherapy practice. He describes the work at the center as being "dedicated to orienting people toward this new integral landscape in the context of therapeutic practice and theory" (Zeitler, 2007b, p. 61). AQAL based psychotherapy uses Wilber's (2000b) map of the four quadrants in a psychotherapeutic context. Zeitler (2007a) details cases in which the quadrants were applied in therapeutic situations. As a practice, AQAL based psychotherapy integrates physical activity, working with content and context, emotional expression, the client and therapist relationship, and spiritual and community elements into psychotherapeutic work.

Ingersoll and Zeitler (2010) directly connect Wilber's (2000a) integral framework to psychotherapy. They focus on "integral" as a way to understand one self and include in the psychotherapeutic process "the nature or process of all aspects of existence, including your body, psychological states, culture, society, the physical universe, and the force (or forces, god, goddesses, etc.) underlining it." (p. 9)

A specific implication of Wilber's theory to the field of psychotherapy is Integral Recovery (Dupuy, 2013; Gorman, 2013), an approach to the treatment of alcoholism and addiction. Integral Recovery is based on Wilber's (2000a) integral map that serves as a blueprint that guides treatment and includes an exploration of the client's unique AQAL constitution, developmental maps and consciousness states, typologies, personal and collective shadow (Dupuy, 2013). Dupuy (2013) suggests Integral Recovery includes "a sophisticated system of personal development that engages body, mind, heart, and spirit in daily practices designed to produce extraordinary health and awakening in all levels of our being" (p. 7).

H. Almaas's (1988) Diamond Approach offers a contemporary teaching that developed within the context of awareness of both ancient spiritual teachings and modern depth psychological theories (Leopoldt, 2012). The Diamond Approach incorporates both somatic and transpersonal exploration into the therapeutic inquiry. The emphasis of Diamond's spiritual work is to change the identity of the person from an egoic focus to a spiritual one (Almaas, 1988).

In his depiction of the Diamond Approach, Almaas (1988) offers the concept of "essence," which he defines as pure presence within the person: a felt sense as the desired spiritual quality. Leopoldt (2012) emphasizes the ability of the method to facilitate spiritual progress by activating the presence of essence and by melting stable images of self.

Davis (1999) states that the Diamond Approach aims to expand one's potential of realization as well as to deepen one's experience of the present

moment. The actual practice includes cultivating mindfulness of essence, by means of staying in the body in the moment, and by not identifying with the mind's intellectual processes (such as stories or thoughts) in which old object relationships may present themselves.

The central practice of the Diamond Approach is “inquiry,” inner exploration in the present moment, which exemplifies Almaas's (1988) orientation toward growth and self-realization. The result of this practice is “understanding,” which incorporates intellect, heart, body, and intuition in search of the true nature of reality. Understanding involves staying with what is in the present moment with kindness, acceptance, and openness to one's self and experience.

The Diamond Approach utilizes a variety of models and methods that explore the student's character strategies and psychodynamic characteristics (Davis, 1999). The body plays a meaningful role in the inquiry, and somatic work, which involves both somatic awareness as well as body-centered therapeutic techniques for opening blocked energy flows and emotions, are a part of the process.

Almaas (2001) strongly believes that psychological work is part of any spiritual exploration because it is necessary to explore psychological dimensions in order to find spiritual essence. However, he views the Diamond Approach in as a spiritual work and not as a psychotherapeutic method; therefore, the approach is taught as a spiritual model in other nontherapeutic settings.

Somatic Schools

The somatic field is wide and includes a variety of modalities. This research offers a new subcategorization of the field of somatic psychology into three groups (see Chapter 5: Discussion). One group includes purely somatic approaches; although those modalities are almost entirely somatic, they approach psycho-spiritual territory—if only implicitly. The second group, referred to as somatic psychology approaches for the purpose of this review, integrates somatic approaches with psychological practice and theory, so that material evoked through the application of a particular somatic modality is then processed using psychological theory. The last group includes integrative somatic approaches; these integrate psychology, spirituality, and somatic work into one comprehensive system.

Purely Somatic Approaches

The pure somatic approaches (e.g., Rolfing [Rolf, 1989], Feldenkrais [Feldenkrais, 1990], Rosen method [Rosen, 2003]) focus on the internal, subjective reflection upon one's body experience (Eddy, 2009). These approaches are mostly rooted in the somatic movement, challenge the classical perspective of the objective, external body (Johnson, 1994) and call for an alternative expressive, connected, and natural approach to the body (see Chapter 1: Introduction).

Two examples of purely somatic approaches that are discussed in the section are the Rosen method (Rosen, 2003) and Rolfing (Rolf, 1989). The Rosen (2003) method, founded and developed by Marion Rosen over the last 60 years, is

based on the idea that we humans hold old emotions in our bodies. Through the use of touch and breath, says M. Rosen (personal communication with author, 2007), one can achieve a new awareness of old emotions, thus enabling emotions to rise to the surface and be released. The gentle meeting of touch, breath, and muscle tension creates a space for a new connection with old unconscious material, material that was too strong to contain when first experienced. The release of this material creates physical, psychological, and spiritual balance.

The Rosen (2003) method adheres to the idea that the body participates in the psychological process of repression. When an experience is too painful to feel and be with, the body represses it through physical holding, during which specific muscles contract, holding the emotions within them. The tension and contraction of the muscles influence the range of movement, the capacity of the muscles to function well, and the general alignment of the body. In addition, the tension constricts breathing, as the breath cannot flow freely in the body. Furthermore, as tense muscles become less active, other muscles compensate, thus effecting a possible restructuring of ligaments, tendons, and bones. This restructuring may further affect body posture and body movement—and may eventually limit the person's whole physical, psychological, and spiritual experience.

According to Rosen (personal communication, 2007) the physical pattern created by the repression of an old, painful experience has a parallel psychological pattern. For example, tense shoulders muscles are likely to result in the limitation of arm movement, thus also limiting the capacity to reach out. Although the difficulty in reaching out is physical, it also holds psychological

meaning: A child reaches out when she wants to connect or ask for something. This kind of physical limitation may enable a psychological pattern reflective of difficulties in asking for help. In most cases, says Rosen, an old psychological wound relating to disappointment and unmet needs is reflected by and held in tense shoulder muscles, which are then limited in their range of motion.

In practice, the Rosen method utilizes gentle touch to invite awareness of muscle tension, an awareness that creates an opportunity to breathe into this specific location. The breath then enables the tense muscle to rest, thus allowing for the release of the old memory or experience. As the body releases the holding of past experience, it returns to proper alignment (Rosen, 2003).

The Rosen (2003) method is an example of a somatic method that works with emotional material and psychological memories. Although the method works with the body–mind connection, it does not connect to a larger psychological theory that sheds light on the depth of psychological processes. Similarly, Rosen work may invoke spiritual material, but it does not provide a spiritual philosophy or a larger spiritual orientation supportive of the processing and integration of spiritual material that may emerge in the course of the work.

Rolfing, developed by Ida Rolf (1989), is another purely somatic method. Rolfing, also called structural integration, was expanded upon by James, Castaneda, Miller, and Findley (2009), Jacobson (2011), Hansen, Price, and Feldman (2012) and Stall and Teixeira (2014). Rolfing is based on the deep manipulation of body tissue according to principles of body plasticity, and the healing effect of moving body structure into alignment with the pull of gravity.

Rolf claimed that when the body is in proper alignment, the force of gravity can flow through, thus enabling the body to heal itself. The actual work physically engages muscles, ligaments, tendons, and bones in a way designed to bring them back into alignment (Jacobson, 2011).

Most of the current research focuses on physical challenges: the study of James et al. (2009) significantly decreasing pain and increasing active range of motion in male and female adults with complaints of cervical spine dysfunction, regardless of age. The research of Hansen et al. (2012) studies the effectiveness of structural integration for children with spastic cerebral palsy. The results showed major improvements. The study of Stall and Teixeira (2014) aimed at checking the effectiveness of the method to treat fibromyalgia patients in relieving pain and states of anxiety and depression. The study found that treatment was effective and has shown statistically significant difference in evaluated items and Patients' improvement was correlated to Rolfing method intervention.

However, similar to the Rosen (2003) method, the physical work may have psychological and spiritual effects on the practitioner. Like the Rosen method, Rolfing is not linked to or based in a well-formed psychological theory. It does, however, connect to the spiritual realm through the idea of being in balance with the energies of the earth and gravity. In Rolfing, the human body is seen as deeply connected with the larger forces of reality, particularly those of the earth, and the intention of the work is to align the energetic relationship between the earth and the human so that the body's energy retains its balance (Rolf, 1989). While the idea that human–earth energies exist in relationship evokes connections

with the spiritual, they are not based on a well-outlined spiritual concept nor are they linked to a transpersonal or spiritual theory.

While the Rosen method (Rosen, 2003) and Rolfing (Rolf, 1989) are effective somatic approaches, they are also examples of somatic methods which may remain at the level of body sensations and overlook other aspects of human existence fundamental to day-to-day life and life's challenges (Grossinger, 1998). Cortright's (1997) challenge to these approaches is particularly pertinent: he claims that different dimensions of the human being may be reduced to body muscular structure.

Somatic Psychology Approaches

This group of psychotherapeutic approaches introduces a somatic philosophy and methodology into the work of depth psychology. This group can be divided into two subgroups. The first originates in Reich's (1945/1980) psychoanalytic work and the field of Humanistic Psychology (Young, 2006). The second subgroup is comprised of individual psychotherapists who integrate into the work pure somatic methods, learned separately.

One of the major schools originating in Reich's (1945/1980) work was pioneered by Alexander Lowen (2004), a U.S. physician and psychotherapist, and is called Bioenergetics. Bioenergetics offers an integration of psychoanalytical theories and body-centered work (Lowen, 1958/2006). Emotional problems are understood and addressed through psychoanalytical concepts, such as transference, countertransference, the Oedipal complex, as well as through a deep exploration of the language of the body (Sharf, 2011).

Lowen (1958/2006) also expanded and further developed Reich's (1945/1980) model of character analysis, adding critical somatic concepts such as grounding (the person's relationship with reality as manifested in body and mind), and practices such as movement and the embodiment of certain somatic positions. He integrated these somatic concepts and practices into the psychotherapeutic framework because he believed that blocks to emotional expression and well being manifest in the body as chronic muscle tensions (Sharf, 2011).

In his discussion of spirituality, Lowen (1990) claims that spiritual and physical healing happen in a state of grace, when the ego and the body are harmoniously reunited. He sees spirit as expressed in the body, and somatic experience as allowing the experience of unity with the divine:

Spirit is not a mystic concept. The spirit of a person is manifest in her aliveness, brightness of his eyes, in the resonance of her voice and in the ease and gracefulness of his movements. These qualities are related to and stem from a high level of energy in the body Sensing the harmony between the internal pulsation of our body and that in the universe, we feel identified with the universal, with God. We are like tuning forks vibrating at the same pitch. (Lowen, 1995, p. 314)

Lowen's work as well as the emergence of Humanistic psychology were among the influences that inspired the development of the Hakomi Method (Kurtz, 2008), another school of somatic psychology. The Hakomi method is a mindfulness and body-centered psychotherapy originated by Ron Kurtz (1990). The method strives to hold both somatic and transpersonal elements, as well as psychological exploration of old core beliefs and patterns that shape behaviors and inner experiences. Since Hakomi and Gestalt were born from the same Humanistic–Existential school, many of Gestalt's more spiritual claims (e.g.,

being in the moment, entering into an experience of unity) can also be found in Hakomi.

Kurtz (1990) grounds the Hakomi method in a set of principles that are connected to transpersonal and somatic concepts. One main principle is mindfulness, which is part of the Buddhist path of consciousness and awareness. Both client and therapist try to be mindful of the process happening in the moment, and study it. Mindfulness as utilized in Hakomi deeply connects the client with her somatic inner experience as it allows her to be aware of body energy, sensations, gestures, breath and impulses. A second principle is organicity, which involves seeing a person as a living organism with natural life intelligence. A third principle is nonviolence: in the therapeutic context, this means allowing the wisdom and the healing power in the person to come forth without forcing change. Having an agenda of change and subsequently forcing this change creates resistance, which in turn does not allow change to occur.

The fourth principle is Mind–Body Holism, which is somatic based and brings the psychotherapeutic practice to somatic realms through recognizing the complexity of the body–mind system and the feedback circle that exists within this system (Kurtz, 1990). As Kurtz (1990) says:

My particular interest is in the influence deeply held beliefs, guiding images, and significant early memories have on behavior, body structure, and all levels of physiology, from cellular metabolism and the strength of the immune system, to blood flow and the distribution of heat and muscle tone in the body, to the expression of these beliefs in posture, movement, gesture and facial expression. (p. 30)

The final principle is Unity, whereby Hakomi practitioners see the universe as a web of relationships in which all aspects and components are

interconnected. No one aspect can be separated from the whole; nor can it exist in isolation (Kurtz, 1990). In his work, Kurtz (1990) offers a set of techniques that reflects and reinforces these principles, and teaches therapists how to use them with clients in order to bring about healing and growth. Following the work of Reich (1945/1980) and Lowen (1958/2006), Kurtz established a developmental map of character strategies that relies on psychological and somatic characteristics.

The Hakomi method holds spiritual, somatic, and psychological assumptions at its base. The Hakomi client stays mindful in the moment and witnesses her inner experience. In this therapeutic process, the client (with the help of the therapist) studies thoughts, emotions, and body sensations, and learns about their connection to unconscious material and core beliefs that shape her behavior and create her reality (Fisher, 2011).

In the last years of his life, Kurtz (personal communication, 2008) suggested the therapist become less attached to the technique and try to maintain a state of loving kindness, which he believed helped clients tremendously in their healing process. Lavie (2011) deepens into the description of this healing process and exemplifies how using the Hakomi Method helps clients to develop self-compassion and a deeper form of self-acceptance. Lavie also mentions self-regulation and self-awareness as beneficial outcomes of the method.

Hakomi however, does not offer a map of tradition-based spiritual growth for the client. In practice, Hakomi's spiritual and somatic principles are used as tools for psychological growth because they stay connected to the psychological

content of the client's psyche. Mindfulness, for example, is a skill with which the client can learn about her old core beliefs and patterns. Loving-kindness is a tool for the therapist to make the client feel safe and connected, so that core issues can come up and run into fewer defenses.

The second subgroup within the somatic psychology approaches grew from a need to integrate pure somatic modalities with depth psychology. These schools integrate body awareness or already existing somatic methodologies into traditional psychological processes. Usually, a specific somatic method (such as Rolfing [Rolf, 1989] or Rosen [Rosen, 2003]) is used within a traditional psychotherapeutic framework, and somatically evoked material is processed through a psychological lens. This approach results in the mutual enrichment of psychological and somatic material; therefore, somatic methods can be incorporated into a larger process of growth, one that includes psychological exploration as an integral and intentional part of somatic work (Grossinger, 1998).

A critique of somatic psychology voiced by Wilber (2000a) is that it may only deal with the physical and emotional bodies, neglecting other dimensions of human existence. He illuminates another possible limitation of this type of somatic approach: the body-/mind therapies, as he calls them, usually deal primarily with the predifferentiated aspects of body and mind. Although the body-/mind therapies facilitate a process that may support development from the body level to the mental level, they are likely not to address the world-centric—in other words, moral consciousness or transpersonal revelations.

Integrative Somatic Approaches

This category includes integrative somatic approaches that integrate psychology, spirituality, and somatic work into one comprehensive system. Some of these systems will be discussed in this section while others are discussed in the transpersonal schools section as they are historically rooted in the transpersonal movement and the transpersonal dimension is their central focus. These integrative modalities are the Diamond Approach (Almaas, 1988), Integral Psychotherapy (Cortright, 2007), Holistic Integration (Ferrer, 2003), and ITP (Leonard & Murphy, 1995).

This section will review as an example, one integrative somatic modality that is deeply rooted in the somatic world—Authentic Movement (Whitehouse, 1995). Authentic Movement explicitly aims to integrate psychology and spirituality into somatic work in a more comprehensive and theoretically grounded manner.

The practice of Authentic Movement is rooted in the work of C. G. Jung (1959/1981), and is largely defined by the work of Mary Whitehouse and her students Janet Adler and Joan Chodorow (Pallaro, 2000). Recent practitioners and scholars in this area have carried on expanding the model (Platt, 2012; Stromsted, 2015).

Authentic Movement offers an exploration of the unconscious through movement, and concurrently holds a theoretical framework that includes somatic, transpersonal, and Jungian elements. Its somatic and relational focus suggests

ways in which movement can become a direct and subjective experience, creating a space in which self-knowledge is accessible (Adler, 2002).

Whitehouse (1995) explains that the core of the movement experience is the sensation of moving and being moved while being mindful of the somatic awareness. The body is seen as the unconscious itself, while the movement awakens it through the kinesthetic sense. Thus, through mindful movement, the unconscious reveals itself to the mover, and at that point, old and limited assumptions can be looked at and transformed. According to Whitehouse, authentic moving is a spontaneous process in which no planning or interventions take place, but instead, a simple allowing of a movement that comes from within.

A main element of Authentic Movement, mostly developed by Adler (Sager, 2013), is *witnessing*. While one moves, another person acts as a witness. The witness is responsible for being present for both the mover and herself, and does not act on her own experience. The dynamic between the two is interconnected, and both internal subjective experiences are present and are tied to each other. After the movement ends, the witness offers a process of mirroring and reflection (Sager, 2008). As Janet Adler (1987/2000) describes, the witness does not only look at the mover, but witnesses her—*witnessing* is an act of listening deeply while bringing a unique and central quality of attention or presence to the mover's experience. Adler emphasizes that the relationship between mover and witness is complex and dynamic, and as such, the relationship holds potential for growth, healing, and change.

The main medium of Authentic Movement is somatic. For the mover, the body and its movement act as vessels in the exploration of psychological and transpersonal issues. The same issues are also investigated through witnessing the relationship between witness and mover. Current research continues to reveal the connection of the method to psychological development (Platt, 2012; Sager, 2013).

In a case study Platt (2012) explores one single mother's experience with Authentic Movement and its role in supporting her and helping her cope and navigate through mental, emotional, and physical struggles. In her study Sager (2008) explores the developing capabilities that are born from the practice of authentic movement. According to this study the practice and development of *witness consciousness* reveals how cognitive capacities develop within individuals in the context of relationship. In a later study Sager (2013) names the psychological capacities that are developed through the practice, which are the ability to be both aware to one's inner experience, to the movement and to the others.

Spiritual elements and attitudes can be found throughout the writings of Whitehouse (1956/2000), Adler (2007), and Chodorow (1978/2000). In some of their writing transpersonal values are very clear. Chodorow, for example, sees the method as a possibility for a conversation with the divine, and as one way to realize one's cosmic connection. Sager (2008) also names the connection of Authentic Movement to a meditative exploration and offers evidence that movement, stillness, and perception play a role in the act of bearing witness to the

unfolding of consciousness. In her later writing Sager (2013) describes transpersonal aspects in Adler's understanding of the method. These aspects are the experience of embodied collective consciousness and an experiential knowing of the emptiness of the circle as the emptiness of the self.

Other authors present spiritual qualities through their writing, as in this beautiful quote from Whitehouse (1995):

Movement is the great law of life. Everything moves. The heavens move, the earth turns, the great tides mount the beaches of the world. The clouds march slowly across the sky, driven in a wind that stirs the trees into a dance of branches. Water, rising in mountain springs, runs down the slopes to join the current of the river. Fire, begun in the brush, leaps roaring over the ground. And the earth, so slow, so always there, grumbles and groans and shifts in the sleep of centuries. (p. 241)

Integrative Discussion

In conclusion, the somatic, transpersonal, and integral schools that I cover in this review work to integrate body, mind, and spirit within psychotherapeutic work. Each school approaches the body–mind–spirit spectrum differently, stressing different human dimensions, but the actual characteristics of the integrative work depend largely on the unique integration of somatic, psychological, and spiritual approaches applied by the psychotherapist herself.

Based on this review, the present study inquires into the actual work of psychotherapists whose clinical process is founded on an extensive professional knowledge of all three dimensions (body, mind, and spirit) as well as on the deep and personal integration of these aspects into their lives. Hopefully, the data they offered might teach us, in our role as clinicians, more about the practical aspect of this integration and its characteristics. The following chapter describes how the current study's data was selected, gathered, and analyzed.

CHAPTER 3: METHODOLOGY

This chapter delineates the research method used in this study: grounded theory (Charmaz, 2006) and the guiding principles of integral inquiry (Braud, 1998). It also provides a rationale for applying a qualitative research design that is specifically grounded theory and integral inquiry. Additionally, it offers an overview of the research procedures, the participants, researcher's roles and data analysis.

Arguments for the Methodology

This study applies a qualitative research paradigm. There are several reasons for using qualitative design for this study. First, the motivating force behind the research was a desire to attain a deeper understanding and appreciation of the world of psychotherapy, and not to predict or control a given phenomenon.

Second, the phenomenon under study is complex. It includes somatic, spiritual, and psychological dimensions, and entails interactive processes between psychotherapists and clients. An approach intended to capture the richness and subtleties of individuals, while honoring their wholeness, needs to be multidimensional in order to reflect its human subjects (Creswell, 2007). This complexity and richness also suggests a need for openness and flexibility in the face of unforeseen occurrences during the research process. A qualitative methodological approach embraces flexibility and openness, and so it is appropriate for a study of this nature. Grounded theory supports these needs as well (Creswell, 2007; Marshall & Rossman, 2000).

Grounded Theory

Grounded theory, originally developed by Glaser and Strauss (1967), is a method of building a theoretical model that is “grounded” in data from the field. Glaser and Strauss’ key idea was to develop a theory, based upon data generated in participants’ experience, that helps explain a process or a practice. The theory emerges mostly from actions, interactions, and processes, through categories and theories based on the data gathered from the individual in the field. Glaser and Strauss’ original grounded theory was later further developed by Strauss and Corbin (1990) who chose to stay devoted to a systematic and analytic procedure in the purpose of developing a theory that explains the core phenomena (e.g., the integration of somatic and transpersonal psychology).

Strauss and Corbin’s (1990) method begins with open coding, coding the data for its major categories of information. Categories are defined as units of information comprised of events and occurrences. Then, a process of axial coding starts in which the core phenomena is identified (Creswell, 2007). Additionally, a process of going back to the data and creating the categories related to the core phenomena begins. These axial coding categories are: causal conditions (what elements cause the core phenomena), Strategies (actions taken in response to the core phenomena), contextual and intervening conditions (situational elements that influence the core phenomena) and Consequences (outcomes of using the strategies; see Strauss and Corbin, 1990).

Finally, in the selective coding stage, the researcher develops propositions that create a story or a theory based upon the categories and their interconnection.

Additionally, a conditional matrix (a set of labeled circles [labeled as community, region, nation and world] interconnected to the phenomena) is produced, in the aim of helping explain the macro social conditions influencing the phenomena (Charmaz, 2006).

While Strauss and Corbin (1990) stayed devoted to a systematic and analytic procedure, others like Glaser (1992) claimed that this approach is too prescribed and structured. Charmaz (2006) also advocated for a less positivist perspective of the method and developed the second main perspective of grounded theory (Creswell, 2007).

Charmaz (2006) situates grounded theory within the interpretive approach, offering flexible guidelines and focuses on the development of the theory rather on the stages of analysis themselves. She emphasizes the participants' assumptions, views, beliefs and feelings rather than the research method. Charmaz offers a practice of data gathering and analysis that were followed in this research, also integrating some of the suggestions of Strauss and Corbin (1990).

The rationale behind choosing grounded theory as a method to conduct this research lies in the need for further theoretical development concerning transpersonal and somatic integration within psychotherapy. Although much has been written about transpersonal psychology (e.g., Cortright, 2007; Grof, 2012; Hartelius et al., 2013) and somatic psychology (e.g., Lavie, 2011; Rolef Ben-Shahar, 2013; Sager, 2013), most authors have focused on individual schools of practice instead of focusing on their integration. Moreover, there has been little research done that is rooted in practitioners' experiences. Grounded theory design

bases its theoretical findings on actual experiences in the field, which is what this study aimed to do.

There are several reasons for selecting Charmaz's (2006) view of grounded theory. First, Charmaz's version offers greater flexibility and the possibility of adjusting the method to the research topic, while offering fewer systematic analytical procedures than the grounded theory techniques provided by Strauss and Corbin (1990). The complexity of this research's topic, which explores different dimensions of experience and their integration, requires flexibility in order to address the research questions in a more multivalent way. Charmaz (2006) states, "I emphasize flexible guidelines, not methodological rules, recipes, and requirements" (p. 9). She also invites integration of grounded theory with other research designs: "Grounded theory methods can complement other approaches to qualitative data analysis, rather than stand in opposition to them" (p. 9). The current study creates such integration between grounded theory and integral inquiry.

Second, Charmaz's (2006) application of grounded theory calls into question the traditional positivist nature of the research method. She does not minimize the role of the researcher, and describes it as being of great importance, because the theoretical results are based on the researcher's views, values, decisions, and preferences. Charmaz sees grounded theory as suggestive, incomplete, and inconclusive. This study does not offer a positivist theory about the integration of somatic and transpersonal psychology within psychotherapy, but looks at this integration through the lens of specific practitioners as well as my

viewpoint. The conducted theory (see Chapter 5: Discussion) might reflect specific experiences and practices that do not necessarily include all of the practices and experiences of this integration.

Finally, Charmaz (2006) also advocates for a social perspective that includes multiple realities, multiple worldviews, and social action, as well as power dynamics, values, beliefs, feelings, and assumptions. In the current study, the intention was to maintain awareness of the power dynamics and differences between therapist and client and the related findings were included in the Results chapter.

Integral Inquiry

This study applies integral inquiry as a guiding principle (Braud, 1998). Integral inquiry (Braud, 1998) is a research approach rooted in an intention to be as inclusive as possible. The complementary approach of breadth and depth of the method enables this study to include the wisdom and applications of different research designs, alternative theories, and multiple ways of knowing, interconnectedness, and story-telling. It also views the researcher as an inseparable part of the study.

This approach includes thinking, theorization, conceptualization, as well as rich and deep descriptions of experiences in its data. As Braud (1998) suggests, integral inquiry includes wisdom gained from different research approaches, and creates an opportunity to expand and extend the research and its practical applications so we can have a more comprehensive understanding of human experience.

Integral inquiry (Braud, 1998) is especially appropriate for the complex and multidimensional nature of the current study's research. This study explored a wide variety of psychotherapeutic elements, ranging from theories and concepts to emotions and feelings, to body sensations, and to spiritual experiences. Therefore, it was important to gather different kinds of data that emerged from the research, as well as to integrate elements from different research methods. In this way, the research has a greater chance of addressing the breadth and depth of the subject matter.

Consequently, in this research, answers of a phenomenological nature provided by the participants were welcomed. The participants were invited to share not only what they thought but also what they felt, sensed, and imagined. The intention was to understand the fullness of the participant's experience, and to learn about different layers of their experiences, beyond their thoughts and ideas.

Additionally, the interview questions invited stories in a manner similar to that of narrative research. Braud (1998) presents storytelling in an interview as a way to create learning, healing, and transformation for both researchers and participants, as well as a way to enrich the research itself. Accordingly, participants were specifically invited to share stories, and give narrative descriptions of lived experiences from the therapeutic process with their clients. The intention was to capture the detailed stories of the practitioners' experience in the context of constructive grounded theory research questions. The rationale for

including stories was based on the wish to gather data about the lived experience of the practitioners and not only from reflections and reports.

In keeping with integral inquiry approach to data sources (Braud, 1998), the data also includes alternative ways of knowing, spiritual experiences, and nonordinary states. This research respects the wisdom of these nonordinary states and ways of being, and included them as an integral part of the data. Hopefully, the inclusion of this type of data emphasizes its wisdom and invites it to be part of the discourse. The study was not limited only to data generated within the traditional discipline of psychology. The intention was to create a full and rich description of the topic. Accordingly, alternative ways of knowing relative to the research topic were included as integral parts of the data (Braud, 1998). For example, the research remained open to data from the arts, dreams, body-knowing and intuition, and various spiritual and wisdom traditions.

Integral inquiry allows for a heuristic perspective which encourages the researcher to take an active role in the study (Braud, 1998). Thus, I did not hold myself in a separate and objective role and my personal experiences (that were written in a journal) were part of the data analysis process.

Furthermore, integral inquiry views the participants as contributors to the analysis; inviting them to take an active part in the coding process and to share their opinions on the subject (Braud, 1998). Each participant received the propositions, a summary of the axial coding process of his or her own interview describing the characteristics of the integrative work they offered, according to the analysis. Then, in a second interview (conducted by phone, Skype, or email)

the participants had the opportunity to respond, add to, or correct the summary. The second interview also served as a validity check.

Procedures

In order to study the goal of this research, the design follows Charmaz (2006) and the leads of the research questions. The primary research question for this grounded theory research was “What are the characteristics of the integration of somatic, transpersonal, and Western psychotherapeutic processes?”. The secondary research question asked “Do the lived experiences of the participating therapists reveal an overarching theory that may describe the integration of somatic, transpersonal and Western psychology in the context of the process of psychotherapy?”

The following section describes the nuts-and-bolts procedures of conducting the study itself. It covers the current study’s participant recruitment process, inclusion/exclusion criteria, contact and screening/selection process, interview process, data analysis, and validity measures.

Recruitment

This study employed purposeful sampling as a way to select information-rich cases for the study of the phenomena under focus (Creswell, 2007).

Interviewees were chosen after preliminary research of practitioners in the field of transpersonal and somatic psychotherapy in the Bay Area. Leaders in this field were contacted as this research is situated in an emerging field led by pioneers who experiment integrating transpersonal and somatic psychotherapy. Twenty people were contacted by emails or phone and eleven responded. The candidates

were asked by emails or phone about the criteria for the study, and then eight were chosen according to whether they meet the study criteria.

Inclusion Criteria

The participants in the current study consisted of eight experienced and licensed psychotherapists trained in somatic and transpersonal work who integrate these areas of expertise in their work with clients. The study was not designed to demonstrate or illuminate gender differences. Participants included two men and six women. Additionally, the participants' cultural–ethnic backgrounds were not central to this study and this research did not intend to provide insights into cultural specifics; rather, it aimed to create a general model.

Participants were 35 years old or older. The assumption was that participants of this age range have enough relevant life experience and maturity. They were required to be licensed MFTs or clinical psychologists with at least 10 years of experience, trained in somatic psychotherapy and in a transpersonal modality (with a minimum of 50 training hours per modality). They were also required to have been actively engaged in a personal transpersonal–somatic practice for a period of at least 10 years. For purposes of the current study, transpersonal–somatic practice is defined as any form of meditation or body–mind practice derived from an Eastern school of knowledge that supports self-realization and personal awakening. The transpersonal–somatic practice criterion related to the exploration of the potential characteristics of integration between somatic, transpersonal, and Western psychology (i.e., the first research question), as it helped investigate the connection between the participants' personal spiritual

and somatic practices and their integration of the somatic and transpersonal fields within their psychotherapeutic practice.

Additionally, qualified participants had to have been engaged in a weekly psychotherapeutic process for a minimum of 100 hours at some point in their past. This criterion also related to the first research question, which invites an exploration of the possible link between the participants' personal psychotherapeutic process and integrative therapy they offer. The final criterion was that participants had to be willing to participate in the research as it was designed.

In setting these criteria, the intention was to choose mature, experienced and licensed psychotherapists who bring psychological, spiritual, and somatic inquiries to their own personal practice as well as to their work with clients. The deliberate criteria enabled the emergence of meaningful and important data about the integration of somatic and transpersonal elements in psychotherapy.

Screening

As part of the screening process the participants were asked to answer a questionnaire (Appendix A) about the nature of their personal and professional practices. The questionnaire was answered over the phone or by email. The intention was to make sure the chosen participants held somatic and transpersonal inquiry as part of the psychological work with their clients as well as in their own personal practices. The criteria by which participants were chosen was set in accordance with the definitions of somatics and transpersonal psychology presented in the Definition of Terms section.

Then, each participant received a letter describing the criteria for inclusion in the study (Appendix A) and the purpose of the study (Appendix B). Participant consent was confirmed by signing the Participant Informed Consent Form (Appendix C), and the Bill of Rights of Participants in Psychological Research (Appendix D).

After the screening process, and in preparation for the primary interview, each participant was invited to a dialogue (by phone). The purpose of this dialogue was to create a relationship between myself and the prospective participant in the intention of co-creating a sacred space and honoring the coming exploration. Accordingly, this dialogue provided an opportunity to discuss the ways to create the sacred space together.

Interviews

After the dialogue, a 2-hour, one-on-one, face-to-face, tape-recorded interview was conducted with each participant. The individual, semistructured interviews engaged participants using open-ended questions related to the area of exploration. As Smith (1995) states, the semistructured interview offers the opportunity to build rapport with the participants, is flexible, leaves space to probe interesting areas that arise, and follows the respondent's interests or concerns, thus producing richer data. All of the tape-recorded interviews were transcribed in their entirety. Data analysis began only after all the initial primary interviews were completed.

After the summary of the axial coding process of the participant's interview had earlier been provided, a follow up interview with each person was

conducted by a phone/Skype or by email correspondence (when a one-on-one interview was not possible). A second interview was the verification meeting, held in order to validate the initial phase of the data analysis. It was also conducted in order to hold the participants as contributors, and to allow them an opportunity to reflect on the finding and interpretation of their words, adding or clarifying data as desired. Creswell (2007) claims that this follow-up process offers a confirmation of the data, and supports the validity and accuracy of the research. Additionally, the second interview was part of the theoretical sampling process.

Interview Questions

The interview questions were born out of the research questions, grounded theory, and integral inquiry, and invited information regarding the integration of mind, body, and spirit in psychotherapy. The interview questions were as follows (Appendix E):

1. Please talk about the way spiritual elements show up or participate in the psychotherapeutic process.
2. Please talk about the way the body participates in the psychotherapeutic process.
3. What theoretical psychological perspectives guide your psychotherapeutic work with clients (schools, training, etc).
4. What theoretical models connected with the integration of body and spirit in your therapeutic work do you hold?

5. What does the integration of body and spirit look like in your psychotherapy work with clients?
6. Tell me a story about a time when this integration happened in the course of therapy.
7. Please tell me about community in relation to the integration.
8. Please tell me about nature in relation to the integration.
9. What are the challenges you encounter in the integrative work with clients.
10. Please tell me what led you to be a psychotherapist who offers integrative psychotherapeutic work to clients.
11. What else would you like to add before we end?

Questions 1 through 3 invite knowledge about the way spirituality (Question 1), body (Question 2) and their psychological theories (Question 3) take part in the psychotherapeutic process. Question 4 looks at the philosophical orientation and theoretical guiding map the therapist holds; in other words, the map that influences and inspires his or her general orientation and practical integration. Question 5 asks for a general description of the integration and its main characteristics, while Question 6—inspired by narrative research design asks for a specific story that demonstrates, describes, and concretizes the integration.

Question 7 and 8 inquire how community and nature (respectively) play a role in the integration. Question 9 looks at the challenges of the integration, and Question 10 deals with how the personal psycho–spiritual–somatic journey of the psychotherapist connects to the integration she or he offers to clients. The last

question is an invitation for the participants to add what they want in order to end the interview.

Role of the Researcher

Charmaz (2006) emphasizes the role of the researcher, much like Braud (1998) does. According to Charmaz (2006), both data and analysis will inevitably be a co-creation of participants and the researcher. Therefore, Charmaz highlights the importance of the researcher being aware of her own subjective prism, which is derived from her specific personal history, background and social characteristics.

Behar (1996) points out that the separation between observer and what is being observed is not really possible, and that in order to understand what one explores, one must include the observer. This is reflected in this study, in my motivation for choosing this research topic that is connected with my life story and profession. Like the current study's participants, I am a licensed psychotherapist who offers clients an integration of transpersonal and somatic psychotherapy. Additionally, I have a spiritual practice that holds body and mind as its cornerstones.

Riessman (1993) too claims that the researcher's experience is an integral part of the interpretation, and can illuminate the importance and advantages of the research. Hill-Collins (1991) states that the researcher is a guide for the readers' experience, and that they are exposed to the research through the researcher's experience.

While following these rationales (Behar, 1996; Charmaz, 2006; Hill-Collins, 1991; Riessman, 1993), I aimed to balance personal perspectives with the participants' data gathering and analysis. Accordingly an awareness of my own personal and professional background was held throughout the different stages of the study: data gathering, analysis and writing of the thesis.

Accordingly, as part of the current study's analysis process, I kept a journal in relation to each interview, documenting my experiences and responses. The documentation process supported a separation between the data gathered from the participants and data that originated from my response to the research. It helped not to get in the way of the participants data and to stay as neutral as possible, supporting the validity of the study. For example, in the process of finding common themes in the interviews, special attention was given to verifying that categories discovered were not a result of my own prism.

Additionally, this study includes writings about my background (see Chapter 1: Introduction and Chapter 5: Discussion), preventing an artificial or hidden separation between the data and myself. Hopefully, this inclusion illuminated and contributed to the study, and hopefully guides the reader in a transparent way. The process of reflectivity, as well as the writing of the journal, stand at the core of the personal statement located in the discussion of this study.

Data Analysis

The data analysis procedure followed the essential steps offered by Charmaz (2006), also integrating Strauss and Corbin's (1990) axial coding process. Braud's (1998) integral inquiry was used throughout the analysis, which

allowed the analysis process to include different kinds of data, to integrate elements from different research designs and to include transpersonal knowledge and experiences as part of the data.

The main analysis steps were based on a coding process that included initial coding, followed by focused coding and axial coding. Coding was the foundation of the data analysis; it was the process of categorizing segments of data with a label, one that both summarizes and accounts for each piece of data (Charmaz, 2006). Throughout the coding process the following questions in relationship to the data in each interview were asked: “What processes are at issue here? How do these processes develop? How do the research participants act while involved in this process? When, why and how does the process change and what are the consequences of the process?” (Charmaz, 2006, p. 51).

The first step of the data analysis, after transcribing the interviews, was initial coding (Charmaz, 2006). Initial coding included studying fragments of data, words, lines, segments, incidents and “in vivo codes” (Charmaz, 2006, p. 55) as they showed up in the interviews. It was the initial step of the coding process: the transcripts of the interviews were read line by line and the meaning, action or statements of each segment of data were written in a in a short simple and precise manner in the right column of a table. At this stage, rather than being used to create categories, codes remained strongly grounded in the data.

The second major phase of coding was focused coding (Charmaz, 2006). Focused coding included going over the original transcripts again, together with the initial codes. In this stage what appeared to be the most significant, repetitive,

useful and important themes of the initial codes was searched for. Initial codes located in different parts of the interview, but pertaining to a certain theme, were compared with one another, categorized and synthesized under a focused code. This focused code was related to a larger fragment of data and created a category.

This stage required analytic categorization and decisions concerning which initial codes might be categorized together under a focused code. Focused codes were written in the left column of the table.

Next, the focused codes were refined by an additional round of comparisons, this time comparing not only initial codes to each other but also initial codes to focused codes. This process contributed to the distillation and accuracy of the focused codes and the formulated categories (Charmaz, 2006). As a result of this process the focused codes in the left side of the table were revised.

Throughout the focused coding stage, memos were used to create and refine conceptual categories (Charmaz, 2006). While examining both sides of the table (initial and focused codes), memos were written about the connections between initial codes and focused codes and between focused codes and other focused codes. These connections were used to build categories and subcategories comprised of the codes in the table and also to develop the emerging characteristics of each category.

The next step of the analysis was axial coding (Strauss & Corbin, 1990), in which the different categories were put back together in new ways by making connections between categories and subcategories and understanding the relationships and the links between them. The purpose of this stage was to sort,

synthesize and organize large amounts of data in a new way (Creswell, 2007). It was used to specify properties, relate categories to subcategories, and create dimensions of categories (Strauss & Corbin, 1990). Here, the dense texture of relationships within a category was built, and major new categories began to take shape, this time in the axial level.

At this point, the central phenomenon (the integration of somatic and transpersonal psychotherapy) was identified. The content of the following axial coding categories emerged: causal conditions, strategies, context, intervening conditions and consequences of the integration of somatic and transpersonal psychotherapy (Strauss & Corbin, 1990).

Axial coding was conducted by exploring the former steps of the coding process (initial and focused coding) that were carried out for each interview. Each category and subcategory of the focused coding was reexamined and was connected to one of the axial coding categories. Focused coding's categories and subcategories were written under each axial coding category.

Then, the axial coding categories from all interviews were compared and an axial coding table was created (see Chapter 4: Results). Additional memos were written about these axial coding categories and the connections between these categories.

Next, theoretical coding was employed to explore the way in which the codes related to each other as hypotheses (Charmaz, 2006). This was a sophisticated level of coding data: While focused coding specified possible

relationships between categories, and axial coding was written in a form of a table, theoretical coding birthed an analytical story.

Through looking at the axial coding categories of each interview, an analytical story was written based on the data of each participant (Charmaz, 2006). Then, theoretical sampling was employed to collect more data for specific categories, as prescribed by Charmaz (2006) in the second interview. The data from the second interviews was integrated through a similar process of initial and focused coding. Then it was connected to the already existing axial coding of each interview and to the axial coding table and memos.

After writing all eight stories, conducting and integrating data from second interviews, the updated axial coding table and the axial coding memos were read again and the process of writing it as a theoretical story began. This story was based on detailing the content of each axial coding category in relationship to the core phenomena and to each other. Adopted categories and refined concepts as well as integrated memos, were integrated into the theoretical story and finally, a first draft of the grounded theory and the model was proposed.

Validity

Because the current study used interviews as the main data-gathering tool, one potential limitation that needed to be addressed was the connection between the categories, themes and codes with the actual content of the interviews. In order to answer this concern, the study used five questions offered by Polkinghorne (1998) and Creswell (2007):

- Did the interviewer influence the content of the participant's description in such a way that the description did not truly reflect the participant's actual experience?
- Was the transcription accurate, and did it convey the meaning of the oral presentation in the interview?
- In the analysis of the transcriptions, were there conclusions other than those offered by the researcher that could have been surmised? Did the researcher identify these alternatives?
- Was it possible to go from the general structural description to the transcriptions, and to account for the specific contents and connections in the original examples of the experience?
- Was the structural description situation-specific, or did it hold true in other situations? (Polkinghorne, 1989, p. 57; see also Creswell, 2007)

Two steps were taken in order to address these questions and to increase the validity of the research. First, a second interview or correspondence exchange with each participant was conducted for the purposes of verification and theoretical sampling (Charmaz, 2006). The participants received a summary of the axial coding categories and were invited to give their feedback about its accuracy. This feedback helped verifying that the axial coding categories reflected actual participants' experience.

Second, as my personal and professional background in this subject area involved assumptions and expectations that may have been brought into the research, I wrote my personal and professional experience, as well as my assumptions, beliefs, and expectations in a journal, after each interview. Then, after the focused coding stage I compared the journal to the findings and in places of similarity went back to the transcripts and the initial codes to make sure they were faithful to the original participant's data. This helped me distinguish my own internal material from that of my interviewees. Finally, as the analysis itself is based upon a zigzag process of going back and forth from the codes to the

transcripts, the emerging data was again and again checked in its relationship to the original words of the participants.

That being said, due to the complexity and subjectivity of this study and despite these described efforts, results should be held in a nonpositivist critical eye. This eye beholds the possibility that these results are a possible reflection of complex and multidimensional phenomenon rather than as a nonflexible truth.

CHAPTER 4: RESULTS

This chapter presents a detailed report of the data gathered from the interview questions, collected from transcribed interviews in accordance with the grounded theory methodology outlined in the previous chapter. The data is organized into four main sections. The first section provides an overview of the main characteristics of the integration of somatic, transpersonal, and Western psychology as revealed in the interviews. The second section describes the therapist variables such as background, approach to therapy and challenges. The third section describes the characteristics of the therapeutic process (Mindfulness, Embodiment, and Organicity), and the last section describes the results of integrative work. Each section includes categories and subcategories that help classify, elucidate, and explain the density and complexity of the findings.

Overview of the Integration

The current study attempts to describe the integration of somatic, transpersonal and Western psychology in the context of psychotherapy. The data suggests that such integration is based on therapeutic inquiry, exploration, and learning of psychological, somatic and spiritual realms.

The data implies that integration occurs in two parallel and interconnected ways. First, the cornerstone of integration lies in a mindful connection of both therapist and client with their inner experience. This inner experience is characterized by somatic, psychological, and spiritual qualities, indicating its multidimensional nature. The second way that integration manifests in the

somatic, psychological, or spiritual content and issues explored during therapeutic exploration.

The Multidimensional Nature of Inner Experience

The interview data shows that no matter what kind of content, subject, or issue explored, the therapeutic process is characterized by a relationship with the integrative nature of human inner experience. This integrative process depends on an aware connection with the multidimensional nature of one's inner experience while exploring an issue. A conscious, mindful connection constitutes the cornerstone of integration and relates both to the therapist and the client's awareness of this connection. In this section, interview responses regarding therapist and client awareness of inner experience were reported, and then described the multidimensional nature of inner experience. The data is described through the somatic and spiritual lenses, while not separately presenting the psychological aspects (thoughts, images and emotions) of the multidimensional nature of the inner experience. The reason is that the description of the psychological aspect is clearly inseparable from, and imbedded in, the descriptions of the somatic and spiritual aspects.

Description of the Multidimensional Nature of Inner Experience

The participants describe the inner experience as one that contains different categories such as thoughts, images, emotions, body energies, and body sensations. The data from each of the participants suggests that these categories are all present simultaneously in the here-and-now and are deeply connected to each other, creating and influencing each other's characteristics. The presence of

multiple elements as revealed by the participants allows me to define the inner experience as multidimensional, characterized by psychological (thoughts, images and emotions), somatic (body energies and sensations) and spiritual (essential qualities, connection to the divine, a sense of presence) categories of experience.

Heather described how the different categories or dimensions of inner experience always exist together: “I’m always referencing thought with emotion with sensation” (p. 6). She said, “The emotion, thought, sensation . . . always living all of those three, all of the time” (p. 15).

Alynn discussed her integrative process as a client when participating in a workshop in the woods, during which she sat inside a burned redwood tree. She had an image of being in the womb again, and she was crying, mourning her mother’s recent death. While feeling her sadness and grief, she simultaneously felt sexual energies in her body and a spiritual connection to the earth. She was aware of the different dimensions of her inner experience: images (the womb), emotions (sadness and grief), body sensations, energies (sexual energies), and spiritual connectedness. All were present at the same moment.

Data collected from all participants suggests that integration happens when the therapist is aware of her own inner experience and its multidimensional nature, as well as when she witnesses the client’s multidimensional inner experience—even if the client herself is not aware of it. Additionally, it can be seen that integration manifests in a meaningful process during which the client becomes connected and aware of the multidimensional nature of her internal experience in the moment. In the following two sections, more data is provided,

which reinforces the significance of the therapist's and the client's awareness toward this inner experience.

The therapist's awareness of the multidimensional nature of inner experience. When the participants are present with the client in the room, they are aware and mindful of the characteristics of both their own and their client's inner experiences. All participants mentioned using this mindfulness to hold the parallel and interconnected existence of thoughts, images, emotions, body energy, and sensations in the present moment (see in particular Tracking the Clients Through Mindfulness to the Therapist's Inner Experience and Tracking the Client's Inner Experience in this chapter).

Although the therapist may be aware of the multidimensional and interconnected nature of inner experience, the content of inquiry may be purely psychological, somatic, or spiritual. In fact, the client herself may not become aware of her inner experience. The reason a client may remain unaware is because most participants adapt to their clients' needs: the therapist might not engage in integrative experiential work until the client is ready (Heather, Erica, & Brit), choosing instead to offer talk therapy. This adaptation relates to the general characteristics of the therapist's attitude, which is described later in this chapter (see Therapist's Attitude).

Erica explained that she sometimes does not turn to integrative work "because it totally depends on the person" (p. 2), while Brit shared how she once adapted her work to an analytic process because that was the specific need and capability of her client:

the way her personality was and where she needed me to be with her, she needed me to be with her in such a specific way that really it didn't matter how integrative I can be. I needed to be very, you know, in a way psychodynamically, analytically oriented. (p. 14)

However, although integrative experiential work is not the initial mode of therapy for the client, the participant data shows that when the therapist works according to the client's needs, talk therapy may function as preparation for integrative experiential work. Erica, for example, reported an instance in which she supported a client's leaving. In this case, she views the departure as a positive step that eventually brought about an opening and an ability to work in an integrative way:

So I saw her for about two years. She went away for a year, and she's been back now for the last three months and really, it's so beautiful, because she's—it's like she needed to metabolize some of it. And she came back, and with so much more ability to access her experience, her body, and beyond, but her [previous therapeutic] journey was very much doing [the] kind of [work that might take place] if you went to a non transpersonal therapist. (p. 8)

The client's awareness of the multidimensional nature of inner experience. According to all participants in the current study, integrative work takes place in the present moment, with the therapist in the room, when the client is mindful of her inner experience. In these moments, the client enters into deeper realms of experience that reveal its multidimensional nature, and becomes aware of and connected with the different categories of inner experience in the moment: thoughts, emotions, energy, and body-sensations. In that present moment, the client is also aware of the parallel existence of different layers of inner experience (psychological, somatic, and spiritual).

Body as part of the multidimensional nature. When discussing the multidimensional nature of inner experience, four participants specifically described the body and its somatic experience of sensations and energy. Their explanations reveal two perspectives in viewing the body: the first sees the body as an instrumental sensing tool (Alynn, Brit, Cerem, & Daniel), while the second emphasizes information that can be found in the body as characteristics of inner experience, such as body sensations and energy (all participants).

Daniel provided an eloquent example of the first viewpoint. He holds the body as a remarkable and intelligent tool that can sense the multidimensionality of experience, and compares the body to a musical instrument: “So, I’m in awe of the body, of the wisdom of the body. The body is not what we think it is, it’s so much more, it’s so much more than our physical systems and structure and function” (p. 13). Daniel continued to describe it from a subjective standpoint, primarily based in sensation:

It’s just an awesome instrument, and it’s like a musical instrument, that’s how I think of it . . . when a beginner picks up an instrument it sounds awful because they don’t know how to play it, and it may be out of tune, but once tuned and once understood . . . it becomes a remarkable expression of beauty and of insight as well. (p. 13)

All participants share the second perspective, describing body energy, body blocks, and body sensations as part of what exists in the present moment in the multidimensional experience. From this perspective, the body phenomenon is not perceived as a means to knowledge, but as knowledge itself. Brit views the body as the source of knowledge in terms of the energy or blocks she discovers through therapy: “I bring that in with clients—it might be through the breath or

guided kind of somatic awareness, sensory awareness, practice through the body, it might be tracking energy flows and or blocks” (p. 2).

The general connection between somatic and psychological material.

Interview responses indicate a strong connection between different categories of experience. Mindfulness of one category, as well as staying connected to it, brings awareness of other categories. In particular, participants revealed a strong connection between psychological material and somatic experience by describing them as interconnected: When somatic experience is present, psychological material emerges, and vice versa. The participants’ responses exemplify how psychological and somatic materials show up simultaneously in inner experience, influencing and co-creating each other.

Faith described the body as a “living body” that is never just static. She emphasized the importance of engaging psychological wounds in the process of embodiment, the process of becoming fully in the body:

We’ve either never really incarnated fully because of early trauma or [because of] limited consciousness on the part of the body and field and our family of origin, or in our community. So that we’re here physically, but we’re not really present. (p. 5)

She also offered an explanation as to why embodiment is not the default setting:

how we were embodied as infants . . . through not being supported enough around particular kinds of developmental hurdles, or getting traumatized...within the family or the culture, or through wars or natural disasters, or any number of things—we’ve become separated from ourselves, and need to find our way back home to the body and a more whole sense of self. (p. 5)

Daniel talked about sensing posture, breath, areas of tension and armoring, subtle energies that are intimately related to thoughts and feelings, and about noticing

“layers of energy body and energy centers that correspond with particular psychological issues” (p. 6).

Erica told a story in which her client became anxious and talked about her father. As she became mindful and noticed her inner experience, she somatically felt as if her father were grabbing her heart with his hand, “pulling it down and sinking it into her belly and disappearing” (p. 8). The client stayed with the grabbing experience, and a psychological change occurred in the client as the hand disappears: “she cries and the dissolving opens her up” (p. 8).

Georgia shared a moment in which a strong somatic experience of body contractions showed up in the presence of a deep emotional experience of shame and guilt:

She was just horrified, she was so guilt ridden . . . thought it was the end of the world; I mean, she started wailing. Like, I’ve never heard anybody cry like this. Well, what I noticed was that she was bowled over and I asked her—I thought it would be better if she lay down, she was crying, and so I stretched her out on the ground . . . I wanted her to keep crying . . . we were here to support her and [wanted her] to let herself just experience what she was experiencing, and what I noticed is that it looked as though she was giving birth. She would go into these tremendous contractions and just wail, and then would kind of collapse and re-organize herself . . . She went into what would’ve been a position to give birth: legs were up, her husband was there, and she let out this blood-curdling scream and basically gave birth to herself. And then she was quiet, exhausted, and she just came out of it a new person. She had herself. (p. 7)

Four interviewees mention a connection between psychological voices and the body or a link between an emotion and body energy (Cerem, Daniel, Faith, & Erica). The descriptions reveal the participants’ views that these are different manifestations of the same phenomena. Daniel regards the body as a sensing and feeling tool “because the energetic dimension of experience is intimately related

to thoughts and feelings, so whatever narrative the client is engaged in and whatever emotions they are having is also registering energetically” (p. 2).

Another particular implication of the psycho–somatic connection appears as emotional experience that evokes an insight or meaning. This experience “would maybe be physical or emotional, and it may go into the (psychological) meaning and typically it does if we stay with it have connections to like ‘Oh right, this reminds me of my dad and whatever’” (Erica, p. 7).

Spirit as part of the multidimensional nature. Participants believe spirit is also deeply connected to and represented by elements of the inner experience. However, some participants describe it as related to an experience of essential qualities (Alynn, Daniel, & Erica), while others see it as a part of one’s self that can be revealed and accessed (Erica, Alynn, & Daniel), and still others mention spirit in terms of being fully present (Daniel, Faith, & Alynn) or being connected to oneness, or define it as a bigger force that exists (Faith, Cerem, & Heather). Participants also placed spirit in relationship to a particular inner experience created when other categories of inner experience (such as emotions or physical body) are characterized in a specific way (Daniel, Georgia, & Faith). Interestingly, several different descriptions of the role of spirit can be found in a single interview.

Daniel, Erica, and Georgia discussed spirit as a connection to essential qualities, specifically mentioning pure awareness, aliveness, groundedness, and spaciousness or divinity. Both Daniel and Georgia illustrate these qualities as characteristic of an experience of authentic self. Georgia stated, “The more

authentic your experiences are of yourself, the more you're open to existential areas, and it's in those more existential realms that whatever you consider divine enters" (p. 2).

Other participants described a spiritual inner part of one's self. Erica sees this part as one's true nature:

The transpersonal to me is about being able to uncover and cultivate the part of them that's really them, their essence, their true nature. And so if I am blessed enough, lucky enough because of my own work and because of grace to be able to be in touch with true nature, then I feel like it's my responsibility, and I want to reflect true nature in them whenever I see it, however I see it. So a big part of what I'm doing is recognizing something in someone and shining light on it, helping them to see that and then feel that. So it's first saying it with words, and then helping them kind of embody that more. (p. 4)

Alynn talked about a spiritual dimension of self-acceptance that she believes is one's essential self:

I would say that so much of my work is about helping them find the place of—where we call it “I’m OK.” And it actually is spiritual work because its connecting to some—ultimately, I really think what that is, is connecting with their essential Self, capital “S.” So, I do whatever I can to help clients find that direct experience. (p. 11)

Faith sees spirit as being fully present in the room in the form of a presence, one that goes beyond the individual to a bigger sense of love and aliveness:

So I try to really hold to the possibility of spirit being a full presence in the room, and I think spirit feels the invitation, if you will, and I track it in [the client's] dreaming. I track it in their body, the movement of breath, and a sense of spaciousness, the sense of [what is] sometimes like a crackling aliveness between us in the room or when my nervous system starts to shimmer. Or when I just feel a quality of melting and a sense of love permeating the room. Sometimes I get a really sweet taste in my mouth like honey, or everything seems brighter, like the color of their clothing or the clarity of their eyes, or the music in their speech. It's like the living body comes more into presence. (p. 10)

Alynn shared a similar experience facilitated by mindfulness and embodiment:

so how I work with clients is in mindfulness, and I find it is a spiritual experience to be embodied, and when people are embodied they are connected. I find this for myself; my clients are connected to something more essential, to something both more precise and broad if that makes sense. It's like connecting with that direct experience opens up into everything. (p. 5)

Lastly, some participants described spirit as a nonduality (Daniel), a sense of oneness with all life (Faith), or as a bigger force, as Heather does in the following:

I think part of it is coming back to the very early—just being a human being, and living on earth, and knowing that everything is so much bigger than any of us can even begin to understand. And yet we're all trying so hard to see. (p. 14)

Cerem, for his part, emphasized the presence of

being or pure consciousness, which is the source of all our all our mental activity and all our awareness, and most people are not in touch with this level in them that its beyond thinking, its awareness beyond thinking, and most people are not in touch with that part of themselves. (p. 7)

The connection between spirit, the somatic, and psychology. In

addition to the bridge revealed between the body and psychological dimensions, there appears to be an immediate connection between the somatic, the body, and spiritual experiences. All participants experience body and spirit as unseparated, deeply connected, and as creating each other to some degree. Many of them hold a philosophical perspective that challenges the separation of body and spirit.

Alynn said, “When I say somatic I mean spiritual, and also when I say spiritual I mean somatic” (p. 5). Faith articulated, “we can reconcile ourselves to the mysterious truth that the spirit is the living body seen from within and the body the outer manifestation of the living spirit, the two being really one” (p. 4).

Daniel emphasized the unseparateness of body and spirit, claiming that his understanding is based on experiential knowledge:

Actually my understanding of spirituality is not separate from anything that happens I used to think of spirit as something separate from body and mind and the world and I just—I don't experience it that way anymore, I don't think about it that way and I don't experience it [that way], so everything that's happening is from a more or less, consciously or unconsciously, an expression of spirit . . . I don't think in terms of integration of spirit with the body: for me the whole notion of integration is based on an idea of separation, and I used to believe that I used to be interested in how spirituality integrates with psychology or integrates with the body, and that whole question just dissolved—and so I saw that they were not separate. The only thing that separates them is the mind. (p. 6)

The spiritual and somatic connection in inner experience. The

participants report that in inner experience, specific somatic elements allow the emergence of spiritual qualities (Alynn, Daniel, Cerem, & Faith) and experiences, and vice versa. A meaningful spiritual experience is strongly influenced by somatic experience. Alynn referred to the somatic element of spiritual experiences by saying: “it's almost always through the body, it's through the subtle, like the nervous system. It comes when the nervous system settles, when the muscles relax, almost always, they almost never find that in contraction” (p. 11).

Daniel sees the body as an expression of spirit:

The body has a natural sense of the truth of essential qualities, and that can manifest in different categories. One can be in a sense of spaciousness, so the body feels both spacious and, paradoxically to the mind, grounded. There's this sense of being deeply grounded in the spaciousness in and through the body. I may even feel in more expansive states that the physical body is contained within a great space as well. It also can appear that sense of the truth can appear as a sense of what I call verticality or alignment. That is when people are really getting in touch with their truth, it sits them upright—they sit up, their posture changes, and internally there's a feeling of a current that runs along a central channel that has a quality of both alignment and aliveness. So a sense of being in touch with

the core, that's the kind of language that people will [use with] you and to be in touch with a kind of life force or life current that is greater than the individual body–mind and yet suffices the individual body–mind. There can be a sense when people are in touch with their truth, a sense of groundedness as well, and—again—that has that sense of spacious solidity to the body and a feeling of intimate connection with the ground, and the ground is multidimensional. (p. 3)

The psycho–somatic wound as a gateway to spirit. Another perspective presented by four of the participants (Alynn, Cerem, Faith, & Daniel) views psycho–somatic wounds as gateways to the spirit. From this perspective, staying mindful of the experience of a wound (e.g., a psychological wound manifesting in somatic contraction) and taking the time to explore it, may create a movement toward cultivating spiritual qualities or a spiritual experience. Alynn described her deep grief that caused her to feel held by nature and spirit, while Georgia talked about a client who sobbed deeply with pain, but gained the experience of giving birth to herself. Daniel remarked,

The body can be a gateway, very often. One of the interesting things is, of course, when we have psychological issues, reactive feelings, very entrenched negative beliefs, there's a feeling of contraction somatically. And if one actually—if attention moves more intimately in contact with that contraction and actually into the very center of it, it becomes a portal to openness and to essential qualities, so in that sense the body is very much a gateway even in its most contracted state. At the same time there are areas of the body that are more open and relaxed and those are more obvious and more easily accessible portals to that same sense of space and central quality, because the body is an expression and not separate from spirit in my perspective. The sensing capacity of the body is much closer to the truth, generally speaking, than conceptual process. Thinking is more abstract and remote from the direct sensing of the body and particularly the subtle sensing of the body. (p. 4)

He continued his train of thought, saying:

the body is such an exquisite sensing instrument both for essence and for suffering, so when the body is suffering, which comes as contraction, I really take it as a wake-up call. In other words, it's an invitation to use that contraction as a portal to discover what's essential, and in that way our

suffering becomes a pointer to our liberation, and so in this sense it's a very embodied approach. So realization of spirit is not about transcendence, (not) about going up and out or going anywhere else, but it's about unveiling what's untrue and discovering what is most true. (p. 12)

In addition, some participants view spiritual energies as a support system while working with psychological wounds (Alynn, Cerem, Georgia, & Daniel).

Faith portrayed the body as a vessel that needs to be strong enough to hold transpersonal energies:

I think all the ego work we do, all the object relations work we do, all the somatic work that helps people develop a body ego, as Freud called it, that's strong enough and flexible enough is essential, because we're working on the vessel through which the transpersonal energy is channeled. So if the vessel has too many cracks in it, or places where breath can't move freely, then people stop the movement of life energy. (p. 11)

Spirit and relationship. Participants detailed another aspect of spirit with regard to relationship. Here, the connection between therapist and client may be experienced as potentially nonseparate (Faith, Daniel, & Cerem). Daniel talked about the connectivity of spirit:

it can also appear by what we might just call presence, which is the sense of being, I would say, that's shared. Like when copresencing or comeditation—or you can call it many things—being together, where one knows oneself as not being separate, so there's the shared unitive field even as there's a full acknowledgement of individuation and separate body-minds and experiences. So, it's like a sense of a shared ground that is intuitive even as there is differentiation. (p. 6)

Cerem gave an example of the experience of expanded consciousness becoming present through the relationship:

We can sit in front of each other, and look in each other eyes and breathe together, even holding hands, and let the client ask, "What do you feel in your body when you look at me?" Don't take your eyes off me, stay looking at me. and we can look at each other for 20 minutes or 30 minutes and he is reporting what's happening in his body, what's happening to him

emotionally, and what happens really is this expansion. And of course you really do [know] when the client is ready for this, the expansion of consciousness: [we] suddenly see [that] we are reflecting each other, who we are, that he's part of me and I'm part of him. It's really about his transcending his body and experiencing nonlocalized consciousness. (p. 7)

The Content/Subjects of Exploration

Generally, the interview data shows that the subjects presented and explored in therapy are related to somatic, psychological, or spiritual materials. The participants described how their clients bring up issues they are curious about; these issues, in turn, may be connected to one area of integration (the somatic, the psychological, or the spiritual). For example, psychological issues are prevalent in all interview transcripts, that suggests that they are usually the clients' main concern (which is often regarding relationships). Alynn reported experiencing a deep grieving process after her mother's death, Georgia discussed a client's work around shame and guilt, and Cerem explored father issues with his group. Other content raised by clients, such as breathing issues or women's cycle imbalances (Brit), relate to the somatic realm. Still more questions focus on the clients' spiritual life: Daniel reported existential-spiritual questions, while Brit and Faith described client concerns about relationship with the divine.

However, it is occasionally difficult to file content under a single specific realm. Daniel, for example, talked about a client who has a hard time with her son, but it slowly emerged that her struggle included a concern that identity was dissolving. In another example, Brit discussed how the issue of self-hate relates to feeling separated from the divine.

The data shows that participants were open and curious about whatever kinds of issue the client brought, inviting and allowing somatic, psychological, or

spiritual questions and material to be part of therapeutic discourse. Additionally, participants shed light on aspects of different realms about which their clients were unaware. In some cases when the client presented a psychological issue, the therapist pointed to spiritual questions or somatic challenges that also appeared in the client's presentation. This approach appears in the previous example offered by Daniel, who listened to his client talking about a difficulty she has in her relationship with her son, and pointed out that she also had a spiritual challenge of a dissolving sense of self.

That being said, it is clear from the interviews that the client is the one who chooses what material he or she wishes to work with and the therapist mostly follows her lead. Integrative work allows and invites exploration of content from areas related to the client's psychological, somatic, and spiritual context, challenges, or interests.

The data also reveals, however, that the most common subject explored in therapeutic work is human relationship. Participants mentioned relationship in all interviews as an important part of their therapeutic work with clients. As Alynn stated, "My work is often about helping people be more truthful about what they want and need, [what] their experience [is], and how to bring that into relationship" (p. 13).

The participants were not asked specifically which materials or subjects are most often explored in therapy, but the examples they cited described relationship issues. All responses implied that the client chose to bring these issues to therapy; therefore, it would appear that one of the main intentions in

therapeutic work is to learn how to create and be in a healthy relationship.

Furthermore, the transcripts show that most participants hold a broad idea of relationship, seeing it as inclusive of relationship with community (Brit, Cerem, Daniel, Erica, Faith, Georgia, & Heather) and the environment (Alynn, Brit, Cerem, Daniel, Faith, & Georgia).

Faith's explanation of why she places emphasis on witnessing her clients' practice of Authentic Movement represents the importance of relationship.

That's why witnessing is so important, because people always say "Can't I just do authentic movement by myself?" and I say "Absolutely," but I don't think we go as deeply into the unconscious and we don't bring it to the realm of human relationship. Imagined figures yes, body focusing yes, all that yes—but relationship gets left out, and also ways to root and ground and further embody spiritual experience in the presence of another. I think that's important . . . I really appreciate deep monks and priests and rabbis and people who live in caves or go off and do Gnostic. I think they're doing—really doing their part for the world in a very deeply introverted path, but I also think others need to do the path of relationship, and that somehow we need all that. (p. 15)

Cerem, Faith, and Heather mentioned making direct inquiries about the characteristics of relationships in the client's life in order to access and develop related information:

Literally when I'm learning about my client I'm doing soft research in the background, an assessment, kind of, that includes what their relationship to community is, how their relationships are, how many do they have with what kinds of people, what are their support systems, do they tend to reach out, do they tend to wait for other people to find them. Are they part of a spiritual community or bodywork community, or academic community, or do they spend a lot of time in nature, or with sports or dance. (Faith, p. 16)

In addition to talking about the prominence of relationship as a client concern, the participants described two main ways in which the client learns about relationship. The first one is through mentoring, and the other is through exploring the therapeutic relationship that is present in the moment in the room.

Learning about relationship through mentoring. Some participants use mentoring to teach their clients how to be in relationship by helping them understand the characteristics of relationships. Cerem provided one example of this process:

So, community is a very healthy and important element of our life as human beings. Most people don't have enough of a communal connection that they need, so part of my work with people is to enhance their relationship with community, either with friends, how to make friendship, how to be in a friendship, how to be in a partnership—most people are very confused about what friendship is. I talk about four elements that have to be in friendship and most people don't have a clue about all this stuff. I talk about love, which is the most basic stuff, it's caring for the other. (p. 9)

Learning about relationship through mindful study of the relationship in the room. Relationship can be learned about in its psychological aspects or spiritual aspects. This learning is brought about through mindful study of the therapist–client relationship as it shows up in the moment, in the therapy room.

Psychological learning. Most participants use the live therapeutic relationship in the room in order to study the way in which a client brings herself to relationship and how she experiences relationship. This exploration, likewise, creates an opportunity to mindfully experience a healthy experience (Alynn, Brit, Cerem, Erica, Faith, Georgia, & Heather). As such, it seems that the starting point for this work is to create an experience of feeling safe in the relationship with the therapist (Alynn, Brit, Daniel, Erica, Faith, Georgia, & Heather), from which point an exploration of different psychological issues can be offered.

Faith, for example, told a story about a client who hid behind the sofa, revealing herself only after a few months of therapy. Together, over a period of a few months, they explored the experience of hiding, taking time, and eventually

emerging. In the excerpt that follows, she describes the moment of her client's emergence showing up as an opportunity for a new experience in relationship:

And I said, "How do you feel?" And she said, "I feel more whole, I feel more present, in a simple kind of way." And I said, "I really see you and I really feel your presence and I really feel my presence here with you," so she felt more possible as a person in her life, much more embodied, and then relationship became possible. Genuine relationship is not the early object relations that she knew about, that she'd internalized in every cell of her body in terms of how to be. (p. 6)

Some of this live exploration takes place in relationships between members of a group led by the therapist. Cerem described leading a men's sweat-lodge during which father issues appeared. Georgia shared a client's deep process of transformation that took place when she took another group member's cookie and experienced the ensuing difficulty of shame and guilt.

Spiritual learning. It seems that relationship inquiries conducted through the client-therapist psychotherapeutic relationship raise not only psychological but also spiritual content (Brit, Cerem, Faith, & Daniel). The main way in which spiritual material surfaces is through an experience of oneness between therapist and client (Brit, Cerem, Daniel, & Faith).

Suddenly [we] see [that] we are reflecting each other, who we are, that he's part of me and I'm part of him. It's really about his transcending his body and experiencing nonlocalized consciousness. So, this is spirituality experienced through the body, through the eyes, through holding hands, through moving energy together, through breathing. (Cerem, p. 7)

Daniel talked about a shared ground where both differentiation and unity exist and emptiness is experienced:

the sense of being, I would say, that's shared. Like when copresencing or comeditation—or you can call it many things—being together, where one knows oneself as not being separate, so there's the shared unitive field even as there's a full acknowledgement of individuation and separate

body–minds and experiences. So, it’s like a sense of a shared ground that is intuitive even as there is differentiation. (p. 7)

Faith described her experience of some of the qualities of this shared, unified field:

So, there’s a kind of . . . practicing presence, if you will, that involves the breath, a quality of opening, of stillness, relatively, not frozen or held, but it has this sort of timeless quality, and [it’s] a little bit timeless, spaceless . . . people are experiencing sacred kinds of things, where one can feel there is no difference between you and me. It’s not that the boundaries are sloppy, but that there’s a connection, a deeper level of resonance, a kind of music that we’re participating in together or warm body in field. It’s like the presence of the creator is here with us. (p. 13)

To conclude, an overview of the integration process shows two main characteristics. The first is a mindful connection to the multidimensional nature of the inner experience, and the second relates to the exploration content. Room for psychological, somatic, and spiritual aspects, as well as the interconnectedness between them, is essential to both characteristics. A main attribute of the content explored is the theme of relationship, a theme that brings about psychological and spiritual learning.

The Therapist Variables

This section presents descriptions of the personal and professional psycho–spiritual–somatic journey of the therapist as well as the attitude she holds toward the client throughout the psychotherapeutic process. All of these elements serve as causal conditions for integration as they create the psychotherapeutic container and professional tools which allow integration to happen. The data also describes the role of the therapist as a mentor (strategy) and the challenges that appear for her (intervening conditions).

Participants' Personal and Professional Backgrounds

All selected participants went through their own personal psychotherapeutic process, exploring somatic, psychological, and spiritual dimensions. Most participants started the process of inner exploration in their 20s, while Georgia and Heather started after getting divorced in their 30s.

Each participant mentioned exploring psychological, somatic and spiritual content throughout her or his journey, and their processes were based on somatic, psychological, and spiritual practices and ways of knowing. Faith summarized her process as follows:

So, I think the skills that I've learned—from various psychotherapeutic models, different kinds of somatic practices, time in nature, my own spiritual practices over time as they've evolved—allow me to bring more of myself to the possibility of being present to spirit in my own body.
(p. 12)

Some participants were drawn to this process out of a need to heal psychological challenges such as panic attacks, anorexia, or depression (Alynn, Brit, Cerem, Erica, Georgia, & Heather). Others explained that their entry point was related to spiritual curiosity (Brit, Cerem, Erica, & Daniel). To offer one example, Heather discussed her motivation for beginning her exploration by stating, "I just wanted to feel OK" (p. 22). Daniel, on the other hand, feels that his main motivation was spiritual:

I've been very interested in, I guess, what we could most broadly call "the truth," what's really true. I didn't frame it initially that way, I was more interested in depth, kind of getting to go more deeply into things, getting to know the self, I guess, and then as the questions and investigation deepened, I began to understand that I really wanted to know what is the nature of reality, what is really true about this human experience. (p. 19)

In addition, most participants mentioned meaningful teachers or therapists who guided their process (Alynn, Brit, Cerem, Erica, Faith, & Heather):

I can say that what led me here, the biggest thing that led me here—and I'm so grateful to her—was that 10-year therapist that I had. I mean, I would never have done this if I hadn't gotten all the healing that I got in that relationship, and if she hadn't been so talked into true nature herself, so she could actually mirror that to me and embody that for me. (Erica, p. 17)

From their deep personal process, the participants embarked on a professional learning journey based on rich, ongoing training that includes anywhere from 6 to 15 psychological theoretical orientations, somatic trainings, and spiritual learning programs (Alynn, Brit, Cerem, Daniel, Erica, Faith, Georgia, & Heather). Their professional training includes academic programs (e.g., clinical or counseling psychology programs), certification programs (such as Jungian therapy, Hakomi therapy, Focusing, Gestalt), and somatic/spiritual growth programs (e.g., yoga, tai chi, Ridhwan School). Some participants also discussed meaningful teachers (Alynn & Faith) and learning from influential reading material (Alynn, Cerem, Heather, Daniel, & Faith). Their responses reveal that their personal inquiries are connected and related to their professional schooling, as many of their trainings not only include but are based on a deep process of self-inquiry, which may take a somatic, psychological, or spiritual emphasis.

Brit talked about the variety and richness of her tools:

Well, I tend to bring more depth psychological approach to my work. Of course, I'm very integrative. There are times where I'll bring in cognitive behavioral or systems theory, but primarily my interest is in the psychodynamic attachment, development, which also includes the Jungian as a depth psychological psychotherapeutic framework. I'm interested in that which really takes us beyond what we know about ourselves, and I think that's what I really like about the depth approaches. (p. 2)

Cerem described how he uses the different lenses acquired during his professional journey to meet his client's needs:

Of course, I use everything that works. So, when I sit with my clients and the client explains different behavior, I can explain different behavior, or this comes from borderline behavior, or this is an attachment problem, or this is developmental . . . I can help with the thoughts going in my head . . . I mix all of this according to what the client needs. (p. 1)

Alynn also uses different perspectives from different trainings in her work:

I do talk to colleagues and talk to people from different theoretical orientations, and I often feel this sense of "Oh right, yes, that's in me." So, I guess I can talk about what I've been influenced by . . . I am influenced by psychodynamic developmental work, object relations. I did work with an analytic consultant for quite a long time, and it's not that I'm well versed in [a] particular theorist, but I do seem to see people and their experience through lenses that are very present in theoretical work. I also draw on—I really have done all kinds of training. (p. 1)

Therapist's Attitude

This section discusses the therapists' attitude and its main characteristics. These characteristics include love, acceptance and respect toward the client and her process, as well as trust in their clients' healing potential and the unfolding of their process. Another characteristic is to define the therapist's role as one that includes client mentoring. At the end of this section, challenges the therapists experience in their work are presented.

Love, respect, and acceptance. According to the interviews, the attitude of the therapist toward the client seems to be based on a deep respect for and acceptance of the client's inner experience, rhythm, and needs. All participants link this respect and acceptance with love and compassion; most mentioned love or compassion as being present for them as they work with clients, and as meaningful components of their work.

Brit, Daniel, Faith, and Heather connected their loving approach with their spiritual practices, with half reporting a somatic change that accompanies this approach (Faith & Daniel). Cerem specifically talked about what love means to him, and how it relates to accepting someone as he is:

I talk about love, which is the most basic stuff, it's caring for the other. It's not just a stranger that you don't care about, but someone that you know and care [for] and love, and in order to love someone you have to know them; in order to love yourself, you have to know yourself. You need to know them, you need to appreciate the complexity of who they are, and you have to accept [audio unclear]—this is what love is made of. (p. 9)

Brit connected the attitude of acceptance is connected to a Buddhist influence:

there's also a practice really holding a wide-open frame for all of it, you know, without any judgment. So, in the very Buddhist way of practicing wisdom and compassion, you know that there is the suffering . . . it's both real and not real and—practicing great compassion for all of it, all the layers, all the courage that it takes to challenge them and let go of them, so that we can come into a greater degree of spaciousness of truth and love in ourselves. (p. 4)

She continued, emphasizing love as an important part of her work and tying it into acceptance and her spiritual practice:

I say the biggest piece for me in spiritual practices is not just compassion but love. They're related, but not necessarily the same thing, and so I love my clients And I help them to love themselves, especially love the layers they hate, [that] they've somehow learned to hate . . . we all have this within ourselves. We all have, from our separation from the one, a certain conditioning that says it must be because there's something wrong with me. (p. 5)

Heather referred to her humanistic, nonjudgmental approach, which connects to spirituality:

It's just a sense that, you know, you're a person with your life. I'm a person with my life . . . in that there is no hierarchy there. So, there's a real knowing and inviting [of] people into their human experience, and that to me is humanistic, it's nonjudgmental. It's also Buddhist, but there's a

whole orientation that I think I got mostly from my father . . . that is about the common humanity of all of our experience. (p. 4)

Faith described a sense of respect from which she holds and accepts different wounded parts of her clients. She sees this attitude as related to spirituality:

Open to receiving it [wounded part of the client], or giving space to that quality being in the other person. I think there are many elements that seem to help it. Many of them [these elements] we described as being essential to psychotherapy, but I think they're also essential to spiritual incarnating, let's say. So, a sense of a safe container, in terms of the frame—you know, the time, the quality of feeling or warmth in the room, the sense of respect for the other person for everything they've struggled with in their courage and coming, so in a way, it's giving due to the quivering ego, the quivering self—part of the self that has struggled so much and so hard that intuitively a greater sense of being, intuitively the capacity for other states of consciousness or wholeness, and wants a fuller richer life that has less pain. (p. 9)

Faith shared more, talking about her spiritual practice of being fully present in the room as a way to surrender to an experience of deep love. She also described somatic changes that accompany this experience.

I try to really hold to the possibility of spirit being a full presence in the room, and I think spirit feels the invitation, if you will, and I track it in their dreaming, I track it in their body, the movement of breath and a sense of spaciousness, the sense of sometimes like a crackling aliveness between us in the room, or when my nervous system starts to shimmer, or when I just feel a quality of melting and a sense of love, you know, permeating the room. Sometimes I get a really sweet taste in my mouth like honey, there are all these different . . . or everything seems brighter, like the color of their clothing, or the clarity of their eyes, or the music in their speech. It's like the living body comes more into presence. (p. 9)

Daniel believes love and the opening of the heart actually create a somatic change that generates a sense of wholeness and a connection to the spiritual experience of essence:

The heart, for instance, concerns itself with the capacity to love and to feel loved with compassion with kindness, generosity, and the more the heart

opens it, seems to open more deeply. There's a greater interiority, and at some point the actual back of the heart will open. And then one feels that the heart is a portal for universal energies as well, and one feels oneself as a kind of servant to wholeness—I would say a more universal and unconditional love tends to move through the system. So that would be an example of how these layers are released, and seen through them, one becomes more transparent, more of a vehicle or an essence to be expressed. (p. 12)

Trust in the person's core and in the unfolding process. As part of their attitude toward the client and her process, participants mention a deep trust in the client's potential, her core, and in the unfolding healing process, which they see as a cornerstone of their work.

First, the participants note a differentiation between the client's wounds and symptoms and the client's core, potential, or wholeness (Daniel, Brit, & Alynn). All participants exemplify their trust in the latter, no matter what wounds or symptoms are present. Brit, for example, emphasized her trust in the client's potential, believing that no matter what her core symptoms or story, she is healthy.

My spiritual practice gives me faith that that's [client's symptoms] not the deepest thing there is. I am never convinced by that story . . . There is something, there's something more at the core of this person and the possibility for their finding that and manifesting that in their life more fully. (p. 5)

She elaborated further about how she connects with what she experiences as her client's potential:

Usually in the first session I get an initial flash of the image—the healing, the center, and all the layers around it—and I will name for them what I see, and their beauty and their brilliance inside, so that they understand that I see their pain and I also see their beauty, their wholeness, and their gifts in the degree that I've been able to witness them in the first session. I try to really offer that at the very beginning, but then of course the journey can be so much more complex than that and it can take so much longer. (p. 5)

Daniel mentioned the layers of armoring that protect the essential level of authentic self:

There's a movement to protect what is essential, a shielding or a shutting-down energetically. An armoring, if you will, this little armoring...there are many layers of this. And as these layers or veils are penetrated and released through felt sensing and insight, one gets to more and more essential levels of what feels more and more authentic itself. (p. 12)

Second, the interview transcripts reveal that the therapists' trust in the process is strongly linked to faith in the existence of a natural process of unfolding. A trust in the healing process enables one to be with the unknown and stay with the present inner experience. Heather describes her attitude as one of "Not needing to know. 'Cause that's where the trusting the process comes from. 'Cause I've seen it work in ways that I could never direct. And it keeps it fresh for me" (p. 10).

Georgia echoed Heather's sentiment in her description of a process in which her client went through a deep emotional and somatic experience, reflecting her ability to trust in the process, be with the unknown, and allow the present inner experience to be:

She gave birth to herself, and I mean, part of what was my skill—I wasn't afraid of what was happening to her, I wanted her to feel secure in what she was doing and allow the experience to develop. But I had no idea—you know, when you are working at an impasse, you have no idea what's going to happen, and she just came through it like a trooper . . . I think that's the most dramatic transformative client experience that I remember. (p. 7)

Daniel mentioned that his trust in the process helps him stay grounded: "I feel trust in that, so that I don't tend to get shaken by that person's symptoms."

Trusting resistance and defenses. The attitude of acceptance and trust also falls into place when the client's defensive or resisting parts are hard to

contain. In this context, most participants mentioned how their work depends on and is designed according to the client's needs (Brit, Cerem, Daniel, Erica, Faith, Georgia, & Heather). In terms of practice, specifically, therapists do not try to ignore or break a defense but listen to it, stay with it, and explore it without judgment.

Faith referred to respecting defenses and the client's need for respect:

I'm very respectful around defenses, around the way the body has constructed itself, and I just try to provide enough—can I say I think kindness is important, a sense of understanding, of warmth, of interest? They also need to know that you hold them in deep regard and that they have their own authority, and that you're gonna go at their pace. (p. 9)

The participants' responses suggest that supporting defenses actually allows for a process of working through them. Daniel, for example, sees these “negative” parts as a portal for opening and transformation:

So this way of going into the worst fear and the deepest contraction, titrating it so people aren't re-traumatized and overwhelmed, making sure that people are resourced both internally and in terms of therapeutic relationship so that they're not overwhelmed...but given sufficient resources and resilience, then the invitation is actually to be intimate with the very core of what the experience is, no matter how apparently unbearable or overwhelming it would be. And inevitably that leads to a release, an opening, although it may take time. (p. 12)

Heather gave an example of an instance in which she respected and made space for her client's defense, and it became a gateway for her vulnerability:

Her caution was something that I deeply respected and she deeply protected, so even if I hadn't respected it, she was at the gate. And then also, just in the last few months after two-and-a-half years—after three years really—I could see her vulnerability emerging more (p. 16)

Erica, too, talked about a process in which she supported a client leaving. Erica sees her leaving as a positive step that eventually brought about an opening:

So I saw her for about two years. She went away for a year, and she's back now for the last three months and it really, it's so beautiful, because she's—it's like she needed to metabolize some of it. And she came back . . . with so much more ability to access her experience, her body and beyond . . . so her journey was very much . . . [as if] you went to a nontranspersonal therapist. (p. 8)

According to the participants' responses, part of respecting the client's needs sometimes means not offering a process toward experiential integration (mindfulness, embodiment, etc.) but working only in a way that works for the client (i.e., only talking and analyzing). Erica explained that she sometimes does not turn to experiential integrative work "because it totally depends on the person" (p. 2). Brit expressed a similar approach in her discussion:

the way her personality was and where she needed me to be with her—she needed me to be with her in such a specific way that really it didn't matter how integrative I can be. I needed to be very, you know, in a way psychodynamically, analytically oriented to come back. So the more open a person is, the more of all of this they can take in and begin to integrate, because they understand this to be how they are. All of these elements are how we all are, but the more closed a person [is], the more wounded a person is, the less they can really tolerate that extra stuff because it's just not fitting where they need to go. In that sense, real grounded psychotherapy training is essential. (p. 14)

The Therapist as Mentor

Mentoring is also part of the therapist's attitude and approach, and most participants also perceive themselves as mentors for their clients (Alynn, Brit, Cerem, Daniel, Erica, Faith, & Heather). Mentoring for these therapists means they actually teach their clients and give behavioral guidelines. Cerem presented his rationale for mentoring:

Many times, I do an interpretation that is not totally psychotherapeutically correct in the Western tradition. For example, I have given my client(s) advice many times. I think it's kind of ridiculous to let the client find the wheel, invent the wheel, or reinvent the wheel when I can say, "Hey, there is a wheel." I will give advice to clients if I think that the client is going to

make a stupid mistake that will cost them a lot, or I will tell them “Don’t do it.” I can clearly be an authority, do coaching work with clients—if a client needs coaching, I’ll give him coaching. If he needs mentoring, I’ll be a mentor. If he needs a teacher, I’ll be the teacher. So, I see what the client needs, I don’t keep [audio unclear]. I share my expressions of life when it’s appropriate. (p. 2)

Mentoring takes place in all three areas of integration: spirituality, somatic experience, and psychology. In the realm of spirituality, participants primarily teach mindfulness, guiding their clients toward mindfulness inside and outside the therapy room (Alynn, Cerem, Daniel, Faith, Georgia, & Heather). Some also share spiritual knowledge about the nature of reality with their clients (Daniel, Faith, & Cerem).

Somatic mentoring by participants (Alynn, Cerem, Georgia, & Brit) involves inquiries about the physical body (e.g., the client’s diet, nutrition, exercise levels). The participants generally lead them toward creating balance in this area of their lives. Alynn’s example of this guidance follows:

I certainly check in with clients in the same way; I check in about physical stuff, you know—how they’re taking care of their body, are they getting enough exercise? And I’ll—we talk about food. You know, I really talk about the practical. I’m very integrative in that way. (p. 14)

Participants mentor their clients psychologically on topics such as relationships, boundaries, and self-care. Cerem stated that he teaches his clients about love, friendship, and relationship, in addition to community and service: “I teach people about responsibility for others, so when people are ready, I will support, suggest and encourage them to do service work to extend themselves beyond their comfort zone to the community, to others” (p. 8).

The Therapist's Challenges

Participants were asked directly about the challenges they experience in their work. Some said (Daniel & Erica) that they do not feel challenged. Daniel replied, “I don’t feel challenged, I feel blessed. I feel lucky to be able to do this—kind of amazed that I can be paid and make a living [as a therapist]” (p. 18). Erica responded by saying,

Do you want to prompt me because I just can’t think of . . . my community is so rich . . . I’ve been very lucky . . . I don’t feel a lot of challenges in my work. I feel very fulfilled, very fulfilled, and have since I started. It’s just felt like I can’t believe that I make money to do this, you know? (p. 14)

Brit and Cerem talked about the challenges caused by not being part of the conventional psychology field. Both participants mentioned a sense of isolation, or experiencing difficulty in feeling like they are part of the larger, traditional psychotherapist community. They also discussed the challenges of having different psychotherapeutic boundaries from those used in traditional psychotherapies. Their boundaries are broader and more flexible than those usually upheld in psychology, and the larger community does not always perceive these widened boundaries as professional.

Participants view the integrative psychotherapeutic process between therapist and client as a source of challenges as well. Alynn referred to the tension she feels between experiential therapy and talk therapy, because clients tend to go into talk mode during sessions. Brit shared her personal trials in the context of the therapeutic process itself, in her difficulties in staying open and consistently trusting the unfolding process. In the example below, Faith describes

the frustration stemming from clients' forgetfulness of meaningful learning from previous sessions:

So forgetting, repression, splitting, devaluing important experiences that have happened . . . you know, [the] wounded ego likes what I call the terrible familiars. It likes to stay the same because it's comforting, even though it can be horrible, but it feels safer than the unknown. And I don't blame them, we all have this, you know. (p. 19)

In another example, Georgia discussed the difficult obligation to be real and authentic when doing such therapeutic work:

You have to be it. That takes integrity. It takes the willingness to risk. It takes living with stepping out of the box of your conditioning, being willing to do that. You have to walk the walk or you're not real. So much of this therapy in the relationship is how do you become authentic and real, and if your reality doesn't include the things that you are teaching, then you're a phony. Then you're teaching people to do things that you don't have the courage to do yourself. (p. 9)

The Characteristics of the Psychotherapeutic Process

This section investigates the building blocks of the integral psychotherapeutic process by providing the participants' descriptions of the subcategories of mindfulness, embodiment, and organicity as characteristics that enable the process itself. Mindfulness includes the therapist's mindfulness of her own inner experience as well as that of the client: the former serves as a tool for creating a container in the present moment and as way to track the client's experience. This subcategory includes data about mirroring and contacting clients' inner experiences, in addition to guiding them toward mindfulness. The second subcategory, embodiment, reflects maintaining mindfulness and an aware connection with elements of inner experience. Organicity, the third subcategory, refers to a natural process of unfolding inner experience that holds transformative potential.

Mindfulness

The cultivation of mindfulness in the therapeutic process appeared in all interview transcripts. Participants made this cultivation manifest with awareness of their own inner experience, their clients' inner experience, and the relationship between the two experiences. According to the participants in the current study, the presence of mindfulness allows for and creates the connection to the rich and multidimensional nature of the inner experiences. The data suggests that mindfulness is the cornerstone of the integrative process, because it functions as the starting point of the integrative experience.

Defining the term *mindfulness*. Some participants specifically use the term *mindfulness* (e.g., Alynn, p. 5), while others use terms such as *awareness* or *attunement* (Daniel, p. 3), *paying attention*, *witnessing* (Faith, p. 15), *recognizing* (Erica, p. 4) or *somatic awareness* (Heather, p. 6). All of the terms, however, connote nonjudgmental witnessing of an experience in the moment.

Faith referred to working in a dyad and witnessing her and her client's inner and outer experiences (movements, facial expressions, etc.). Erica described this mindful moment as a "gateway to whatever's present" (p. 6) and talked about the mind as a tool for recognizing what is. In the quote below, Erica elaborates upon a mindful process relative to an inner experience of slackness:

so what—in this moment, in my body, in my experience, in my mind, in my emotional realm, is getting me stuck. Where am I, what am I feeling right now, we don't try to go past that. We try and be right with that . . . I feel rage, okay, so then we be with the rage. You don't have to not be in rage, you just be with the rage, being with wherever it is and [where] that comes from. (p. 5)

Daniel specifically mentioned that he does not connect to the term *mindfulness* as it implies a separation between a witness and an object being witnessed. He refers to

the phenomena of presence, which is awareness aware of itself or being aware of itself. When it's in the foreground of awareness, it has the effect of inviting itself in the apparent other, so it brings presence for ground in the other. And that sense of presence—which has an aliveness and a sense of space, I would say—is experienced by clients both as holding, a sense of containing, but also an invitation to release and open and let go. And so it invites a kind of natural intimacy with experience including, you know, body sensing. (p. 4)

Mindfulness with regard to the therapist's inner experience. Most of the participating therapists' starting point in therapy is mindfulness with regard to their own inner experience. They describe the connection to one's self and to the multidimensional nature of inner experience as a grounded experience from which the therapist creates the therapeutic container (Brit, Daniel, Erica, Faith, Georgia, & Heather). This practice of mindfulness, however, is not just a starting point: it continues throughout the session and the process.

Brit, for example, believes her awareness is the cornerstone of her work: "I begin my work before I see my first client of the day, with prayer. And I ground myself, certainly, before I sit with a client in a meditative state . . . I practice throughout my sessions . . . mindful awareness" (p. 3). Similarly, Heather mentioned a process called "whole body focusing" (p. 6), saying that this is how she becomes mindful of her all inner experience.

Faith eloquently described the cultivation experience:

So there's this sense of deepening, of allowing myself to become as present as I can in any given moment . . . It's as if I'm getting ready to both more fully and deeply contain their experience and hold them, psyche soma spirit. I'm preparing my own container, if you will, by working on

myself somatically in the moment, and it welcomes more breath inside of me. So, there's a kind of . . . practicing presence, if you will, that involves the breath, a quality of opening, of stillness, relatively—not frozen or held—but it has this sort of timeless quality, and [it's] a little bit timeless, spaceless. (p. 13)

Tracking the clients through mindfulness to the therapist's inner

experience. Other than creating the therapeutic container, the therapist's mindfulness in terms of his or her inner experience also creates a useful tracking tool. By tracking their own inner experience, therapists are able to obtain information regarding the client's inner experience. This tracking allows the therapist to be aware of such phenomena as the client's emotions, feelings, body sensations, and energy.

Erica sees her own body-awareness as “a tool of intuition” (p. 2), while Daniel claimed that “I can, to a fairly high degree of accuracy, track what the energetic unfolding is” (p. 3). In addition, Brit described the ways in which her own body awareness gives her info about her client's bodily experience:

I come with an open body and I feel it, and that will direct my inquiry with my client. So I might find myself feeling like I'm not breathing very well, and I notice that, and then that will cue me to watch their breathing. And then I can bring that into an inquiry around “What do you notice in your breath as we speak about this?” Or I might feel a certain tightness, constriction, or openings in some places, so really my own body awareness guides me . . . bringing that inquiry into whatever it is that we're working with in that person. So if I find if I am not cultivating my relationship with my body very well, I can miss all of that. (p. 2)

Heather reported that her mindfulness leads to a mindful awareness of all categories of the client's inner experience:

it's like really inviting all of those . . . with mindfulness . . . I mean it's all about awareness . . . I'm really just allowing different levels of my awareness and consciousness to come up. And when I'm attuned and especially working with someone about something that's important . . . for

someone who's not somatically oriented, I'm still doing my somatic awareness. (p. 6)

Tracking the client's inner experience. In addition to being mindful of their own experiences, all participant responses reflect a direct mindfulness of the client's inner experience which allows them to track it and gather information about its characteristics. Faith emphasized the role of witnessing in the Authentic Movement practice she uses with her clients by describing how she tracks her client's somatic cues: "I'm intuitively tracking, I think, dark parts of the body that don't feel inhabited" (p. 8).

In a similar manner, Georgia shared an example in which she tracked her client's inner experience as she sobbed deeply, feeling shame and guilt, before undergoing a deep transformation into a softer and more open experience of herself. Cerem talked about witnessing his client becoming more and more centered as he works with yoga positions, noticing their impact on his psychological state. These examples reveal that the therapist is tracking the client's body sensations, gestures, feelings, emotions and behavior—the elements of their inner experience.

Mirroring and contact. No matter how they gain information about the client's inner experience (either by tracking their own inner experience or by directly tracking the client's inner experience), most participants mirror what they track back to the client (Alynn, Brit, Daniel, Erica, Faith, & Heather). This process allows the client to become aware of what was mirrored and check its accuracy.

So, a big part of what I'm doing is recognizing in someone something and shining light on it, helping them see that and then feel that, so it's first

saying it with words, and then helping them kind of embody that more.
(Erica, p. 4)

But someone's just like kind of fading away and there's something that feels like they're in that vortex, like in that space, then I may just suggest, "Okay, you know, I'm just feeling this kind of kind of fading happening."
(Heather, p. 7)

Faith mentioned mirroring in her practice as well: "When I ask their permission to reflect that back, what their body is doing, I say 'I find myself aware of your foot moving or your something, is it okay if I speak about that?'" (p. 7).

Daniel's words beautifully describe the process of personal mindfulness, tracking the client's inner experience, and mirroring that experience to the client:

I fall into an energetic attunement with my client. So I can, to a fairly high degree of accuracy, track what the energetic unfolding is, and that informs my interventions in both subtle and not-so-subtle ways. Sometimes, by just noting something has particular importance, I'll just slow down and say "Let's explore that," or "That sounds really important, can we . . . " You know, just reflecting in a way as I can sense or finding a way of naming the feeling in . . . a degree [of] the amplitude, the intensity of the feeling as well. And so it comes in in terms of mirroring, and it can also come in terms of inviting clients to pay more attention to their body in general, and sometimes more specifically to an area, by questioning, "Where in your body do you feel that?" Or sometimes I may disclose "I'm feeling a lot here in my heart as I listen to you, I wonder if anything is happening there for you?", but not insisting that it be . . . in other words, it's posed as a question, not as an assertion. And I always take the client's lead in terms of what their actual experience is, because I don't assume that I'm always accurately following what that may be. (p. 3)

Client's mindfulness of her inner experience. The participants describe a process in which they teach and invite clients to become mindful and be in contact with some of the characteristics of their inner experiences that are present in the moment.

It's an art to meet people right where they are to begin with, and to encourage them to be more and more intimate with their experience. And that means to sense their sensations, and feel their feelings, and to question all their beliefs, and also to intuit the underlying awareness that holds all

those categories of experience. So to be intimate with those, all of those dimensions of experience, in and of itself, will bring them eventually to this understanding of nonseparateness. (Daniel, p. 7)

All participants in the current study mentioned how they teach clients to become mindful, and most of them view this mindfulness as the starting point for body awareness. For example, Heather reported guiding her client by directing her to notice physical awareness by saying, “So can you now feel the bottom of your right foot on the floor? So just [the] contact of your back against the couch, your leg on your leg” (p. 14). Brit stated that she asks questions such as “What did you notice in your breath as we speak about it?” (p. 2).

Other participants relate to other categories of experience, such as thoughts or emotions, as a starting point for mindfulness. Daniel, for example, maintains that he always references thought with emotion and sensation, asking his clients “How it is like for you to say that?” (p. 6) when the client speaks about something. He invites clients to look inward and notice what is present in their inner experience as they talk with him.

Mindfulness with regard to the relationship. The participants also report being mindful of the psychotherapeutic relationship present in the room. This topic is discussed in the first section of the present chapter as part of the description of integration itself.

Embodiment

In the interviews, participants described a process of embodiment that emerges as mindfulness deepens. Embodiment is created by staying for some time in an aware, mindful connection with elements of inner experience.

Maintaining mindfulness allows a process of deepening into the body and getting

in touch with more details about the observed elements of inner experience.

According to the participants, that extended sojourn in inner experience enables a deep connection to what *is* (i.e., a specific element or category of the inner experience), creating an ability to notice it from a deeper perspective. As a result, the client becomes more and more present to what is.

Participants initially invite the client to become mindful, and then invite her to take her time and stay with what is present (Alynn, Brit, Daniel, Erica, Faith, Georgia, & Heather). Hence, the existence of embodiment depends on the presence of mindfulness.

to actually guide someone, to actually talk about it: What do you notice in your body? What do you notice in your throat right now? Their chest is getting all splotchy and red, and you wonder what they're holding, and then all the way into doing really really guided stuff, like closing your eyes and being in the body for an hour . . . you know, with clients who are more capable or interested. And so we'll spend most of the session following whatever sensations or visuals or emotions that come up connected with those things in the body, and let the body tell us a story. (Erica, p. 2)

Erica continued, describing her method of guidance:

Find a gateway to whatever's present and then check out with them, "Is that true?" and "What is that?" "Yeah, I feel—I just feel this pressure in my chest." "Okay, let's stay with that. Let's really sense what that pressure is. I'm here with you." And [to] just be with that . . . guiding the person toward that and actually recognizing. So using the mind to recognize what this is and using the body. So the somatic is very—it's always in the body in some way, and recognizing as they stay with it what comes up and what associations [are there], so it's most of the time. (p. 6)

Organicity

All participants report that when clients become mindful and stay embodied, a natural process of movement and change begins to unfold. Slowly, new information emerges and the client becomes conscious of it (sensations,

emotions, memories, impulses and so on). Some participants call this force or movement “organicity” (Alynn, p. 2; Brit, p. 3), while others call it “the stream of experience that unfolds” (Daniel, p. 3), or “the unfolding of the experience” (Heather, p. 11).

While embodiment is a process concerned with deepening into what is, organicity refers to an unfolding process that reveals new information. Participants report that as clients become mindful and then deeply embodied, this unfolding process of inner experience emerges and exposes information that was not present before.

Daniel related to organicity by encouraging attunement to the unfolding process:

if the therapist is attuned to that [the field of experience], he or she can track that in the sense that’s where attention is being drawn, and what’s wanting to be attended to, and what’s wanting to be liberated and expressed. And likewise with clients, as they learn to attune with their bodies and sense, they can also track the unfolding experience. (p. 2)

Georgia shared a story about her client that demonstrates how by being mindful and staying with deep emotions such as shame and guilt, a process of unfolding can emerge. In Georgia’s experience, the client started a deep cry, and by allowing the cry to be there, the body began to participate in the process. Strong contractions appeared together with considerable energy, followed by waves of pain and the client moving her body into a birth position.

Erica, too, described a situation in which her client unfolded as she felt anxiety. The client became mindful, stayed with the feeling, and an image of a grabbing hand came to mind. Staying with those elements also brought specific body sensations, and as she stayed with them, weeping arose.

In addition, interview data suggests that organicity facilitates a transformative process. All participants in the current study described this force in their examples and stories as a medium of change and transformation that emerges as one stays mindful and embodies one's inner experience. This transformative process occurs in the context of what I term "the multidimensional nature of experience," which means that psychological material such as thoughts, emotions and memories, bodily phenomena, and spiritual elements may all be present.

Daniel described a deep transformative process in which he and his clients stayed aware of different categories of their inner experience:

I was sitting with him and there was also something so touching . . . his step-mother was so insecure that she was demanding that he love her as he loved his own mother. And he would try to force himself to do so and he couldn't, but the truth that came out of the session was that he didn't love his step-mother as he did his mother, and there was something very liberating about that. It's like something released from the heart center because it was in tune with the truth, a deep truth, an early truth of his authentic love, and what was false . . . acknowledging that was very liberating in the heart. And it's like the truth does set us free, even when it's painful and initially destabilizing. Ultimately it's profoundly grounding and opening, and the body responds accordingly. (p. 12)

Brit discussed an example in which by being aware of inner experience, a client engaged a movement of energy rising through different centers. This movement released somatic blocks and triggered a process of change in the client's mental and emotional realms, as well as in his sense of identity:

We soften a block in the belly and we find there a whole upwelling that starts to happen . . . blocks move to the heart...to the throat, and it just keeps rising up through the chakras The negative experience changes, the mental framework changes, the emotional pattern changes, and the sense of identity that a person carries with them can begin to change. (p. 8)

Another example of this unfolding process comes from Faith, who witnessed her own experience as well as that of her client, who hid behind the sofa in the room for many sessions:

at some point after several months her foot stuck out...And gradually the rest of her body emerged from behind the sofa, and I could really see her and really feel her, and finally we were sitting just across from each other . . . and she said “Thank you for your patience . . . I’ve always felt rushed. I’ve lived my life according to what other people want from me . . . I needed the time”” And I said “How do you feel?” and she said “I feel more whole. I feel more present, in a simple kind of way.” (p. 5)

In another example, a participant details the unfolding therapeutic process of a client who felt deeply shaken during a session. As the two stayed mindful of her inner experience of feeling shaken, a transformation occurred.

She said “Yes, all these people that I thought I knew, I’m realizing that I have all these ideals of them” and I said, “How do you feel in your body?” She said “Well yeah, I feel very shaky down there,” so I invited her just to pay attention to that. After a minute or two of being quiet, I could feel release here, sitting with her. Something kind of let go, and there was this sense of ground and a flow of energy, and she opened her eyes and said, “I’m in the current, I feel like I’m in the life current, I’m standing on my own now” . . . her eyes got clearer, her breath relaxed, her body shifted so that her feet were on the ground, her voice dropped to a deeper tone, and she felt this inner sense of aliveness and current. (p. 10)

The unfolding nature of organicity is connected to the therapist’s attitude, as I discuss in the second section of this chapter. The trust participants have in the healing potential of the process is directly related to observing and experiencing organicity and its unfolding toward transformation.

The Consequences of Integrative Work

The therapists’ responses show that the outcomes and fruits of integrative psychotherapeutic work appear on three levels; thus, there are somatic,

psychological and spiritual benefits for the client. Therefore, the outcome of the integration is also integrative.

Although all participants described somatic results as a transformative positive change in the client's awareness of body sensations and energies, some therapists specifically noted a reduction of physical imbalance and symptoms (Brit, Cerem, & Faith) or a softening of body armoring (Daniel, Faith, & Cerem), in addition to a general experience of embodiment (i.e., being present in one's body; all participants [Alynn–Heather] reported this experience).

According to interviewees in the current study, spiritual benefits include finding meaning, establishing relationship with the sacred (Alynn–Heather), getting in touch with nondual underlying awareness (Daniel) or oneness (Brit, Cerem, & Faith), and sensing wholeness (Faith). Participants also describe establishing a meaningful relationship with nature in relation to spirituality (Alynn, Brit, Faith, Cerem, Georgia, & Heather).

Participants also spoke of transformative changes in the psychological realm in terms of external and internal change. External change appears as changes in the client's external reality; for example, meaningful manifestations of life goals (Alynn Georgia, & Erica) and learning to create and maintain healthy relationships (Brit, Cerem, Daniel, & Faith). Internal change refers to a change in the internal experience, and all participants described a development of a new, mindful awareness of internal experience and its characteristics.

In addition, the interview data shows positive transformation of old, limiting beliefs and behaviors into new healthy ones (Alynn–Heather), an aware

connection with emotions (Heather & Georgia), anxiety reduction (Alynn & Brit), the healing of trauma wounds (Alynn, Daniel, & Georgia), a process of individuation (Alynn, Georgia, & Brit), a sense of empowerment and satisfaction (Alynn, Erica, Heather, & Georgia), a sense of connection with one's authentic self (Daniel, Heather, Georgia, & Brit), and a balanced and positive inner state (Brit, Cerem, Daniel, Erica, Faith, & Georgia).

Finally, participants described outcomes in the context of community and nature. These results pertain to the current study's first research question, aimed at exploring the role of community and nature in integrative psychotherapeutic work. Data was gathered illuminating these outcomes from the interview responses as a whole, but specifically from Questions 7 and 8 (see Appendix E).

According to participant responses (see Content/Subjects of Exploration), the content explored in the integrative work is often linked to the issue of relationship. Most participants in the current study see relationship in a broader sense that includes community and environment, nature, and planet (Alynn, Brit, Cerem, Daniel, Faith, & Georgia). This broader perspective views the individual as part of and interconnected with her external environment (including community and nature). The data shows that meaningful relationships with community and nature are outcomes of integrative work.

Relationship With Community

Integrative psychotherapeutic work allows community to be a meaningful resource in the client's life, as well as a place in which she can be of service. In community, clients learn to be both a receiver and a giver.

Definition of community. The participants define community in different ways (e.g., groups in life, society, group work, training group, nature, and Earth), but all definitions are based on being in relationship with an other (or others) in a collective context. In one example, Cerem described community as different people in our lives with whom we as humans are connected:

I encourage them to create communities for themselves. And we don't have only one community: we have community in the place where we work, we have community with our extended family, we have community with our neighborhood, we have community with our friends. It's okay that we have all that. (p. 10)

Daniel also referenced the different layers of community in our lives:

It's interesting when we look at the word community—what we're referring to, because there are as many levels of community and types of community as there are relationships individually and collectively. The core of the word community is to commune, which is to share, fundamental sharing, and I think when we attune with the essence or ground of who we really are, there is a sense of communing or communality with all of life so that it naturally transposes to relationships. (p. 13)

Some participants relate to psychotherapeutic group work as psychotherapeutic communal work, where the group constitutes the community (Cerem, Erica, Faith, & Georgia). Others consider a training group as a meaningful community (Erica, Georgia, & Heather).

Brit, for example, regards the groups she leads as a temporary community:

I do in the wilderness rites of passage work, and I always do those in groups. And those groups could be anywhere from four people to eight people usually—that's usually what it is—and that becomes our community for that time. Whether it's for a day, or a series over time, or the full-length women's vision fast work that I do yearly where we live together for 11 days except that they have . . . solo time of four days and four nights. (p. 10)

Community as a resource. According to participant responses, one result of the integrative process is that community appears to become an important part of one's life. From this perspective, community constitutes a meaningful resource; and as such, learning to rely on community as a resource and learning to be in community are significant subjects of psychotherapeutic inquiry.

Georgia, for example, claimed that some psychotherapeutic work cannot be done without a group presence:

Everybody has stuck places. So we're always working with how people are struggling with themselves, but it's in the group . . . especially if we're on a weekend retreat, when we have time, you can take an hour or hour and a half to work with a person and the group. And its at that impasse level that changes happen, possible changes, but I don't think we can do it without the group. (p. 8)

Likewise, Brit talked about collective wounds that can be healed only through collective work:

The collective wounds, the collective injuries that we all participate in, that we all suffer from, and how we can find, cultivate the strength to go out there and bring a different vision. We need the support to be able to do that. We need the support of others to be able to do that. It's not to be done alone. (p. 12)

Cerem emphasized the importance of community in supporting the individual, both by providing basic social services as well as offering sharing and attunement to psychological processes:

I know the point that was coming to me, which is how important community can be for supporting this greater attunement and interior unfolding. And that can be true both in terms of a community that provides basic support services for its members and opportunities for them to have good health. And go to therapy, you know, or have decent jobs so they have some energy and attention left for self-care. That's in the broader sense. But also community is important when people begin to orient what I would call [a] more essential sense of self . . . if there are kindred spirits with whom they can share their experience that can help refine and accelerate that process. (p. 14)

Interview transcripts reveal that participants view community as a resource for psychological and spiritual processes. One important contribution in this category is the psychological learning and growth that is generated from being in a community. Cerem discussed the community's role in building the ability to be intimate, to care, and to share:

I would say—so the sense of intimacy, the sense of sharing, the sense of caring, of being supportive and interested in others and their unfolding just seems like a natural expression of that. And so that's kind of a general comment that I would say [builds] authentic relationship, and therefore authentic community arises out of authentic relationship with self. (p. 13)

Brit emphasized the psychological significance of witnessing and being witnessed, and described how psychotherapeutic work in a community operates differently from working alone with a therapist:

But that particular model is so profound in terms of people sharing so deeply the essence of what they're working with, what they've come to the edge of their life, what they're wanting to let go of, what they're stepping in towards. We work with them very, very deeply, and each person is witnessed in the group . . . the psychological aspect of things. They come back and they share their story with the group, and we, the guides, will mirror, ceremonially mirror the story and empower the person. And in what I've described before, when really seeing into the essence of things, this is where we practice seeing and reflecting and validating for that person. So this becomes so important, you know, that we're witnessed and that we witness others. Certainly the psychotherapy practice . . . can feel so solitary. And its beautiful in that way, there's an intimate privacy that we can drop into places that we might not drop into if there are others witnessing us. The value of being witnessed deeply and witnessed on an intense journey of transformation and change . . . we then remember that who we are becoming has been seen and therefore is real. (p. 11)

A second contribution of community that emerges in all of the interviews is its support for the spiritual process. Faith discussed movement work she does with groups (inspired by African tribal ceremonies):

So when people go deep enough, for me that too is spirituality. They connect with something primordial from the beginning of time that's human, that's transhuman, trans-species, it's the heartbeat of all living beings, it's the heartbeat of the planet. And they, as you say, they become more in the blood. There's a timeless quality. It's trans-culture, it's trans-species, and I feel extremely present, young, ancient, timeless, ageless Yes, the meaning that they have connected to something that has been going on since the beginning of history. (p. 15)

She continues, saying that this spiritual experience also yields psychological fruit:

They're not alone. It's a powerful feeling. It gives them a sense of—they don't feel alienated. [They feel] more connected, stronger, more in the blood and the bones, they've been through it with you. And so they begin to experience it with another human being, instead of shyly in the living room—which is a great place to start, but it has to get humanized. It has to come into their role of their object relations as part of their integration. (p. 15)

Service—Giving to community. A second outcome of integrative work is service, or giving to community. Most participants feel that individuals have a responsibility to others, which leads them to contribute to the larger community around them (Brit, Cerem, Daniel, Faith, Georgia, & Heather). One way in which this approach is made manifest is in their encouragement of a client, when he or she is ready, to participate more in their larger community: “I teach people about responsibility for others, so when people are ready, I will support, suggest and encourage them to do service work to extend themselves beyond their comfort zone to the community, to others” (Cerem, p. 10).

However, participants also reported that their client's participation in or their wish to serve the larger community usually arises naturally, as a result of integrative psychotherapeutic work (Brit, Cerem, Daniel, Faith, & Heather).

I see people become more engaged in their relationships, engaged in their lives. They feel more a sense of flow and enjoyment, and they participate more. Whether they become political activists or not I don't know—it seems to depend on the individual and their inclination. It doesn't

necessarily move in that direction, in terms of championing a cause, but definitely it feels like . . . rather than withdrawing or renouncing a movement, it's more toward participating and engaging. (Daniel, p. 14)

Georgia described a natural need to give back at the end of the process as well.

See, I think the end product of therapy—when you've done your work and you're getting on with your life—then the final stage is giving back to the world. And Otto Rank was the person who wrote about that, he was Freud's . . . he said that creativity was the flower of psychotherapy. I think when a lot of people, you know, when they've done their work and they're ready to go on with their lives, they just naturally have a need to give back. We have a lot of people involved in a lot of spiritual practices that invite participation in the world. (p. 8)

Throughout the interviews, participants in the current study gave examples of clients doing service work. Brit, for example, mentioned a client who started a group who sing to people close to death:

I have a client who's—when I began working with her, was very withdrawn, who would spend a lot of time with herself, and now she's gotten involved with a group that sings for people who are close to death. And yeah, she is involved more with the musical community, she's made more friends, she's also, in her work, assumed more authority. (p. 14)

Erica stated that many of her clients change careers: “They feel like ‘I need to change careers because this career is so meaningless’” (p. 11), and shared a story about a corporate lawyer who founded a firm that integrated law and mindfulness.

Participants offered different reasons for this natural wish to be in service at the end of therapy. Faith described the process from the perspective of the client and offered an understanding of how it evolves:

Once people feel fuller and more whole, there's usually a quality of gratitude and enoughness: “I might not have everything, I might still be in need in this situation or that situation, but so what? I have enough and that's fair. I'm more contained, I can look after myself . . . I'm more trustworthy with my own unconscious, with my own behavior, with my own feelings. I can titrate, I can self-modulate, I can do all those things we talked about—and now I feel I can afford to be more generous.” (p. 14)

She continued to describe the movement toward service from the perspective of psychological development as well as from the spiritual perspective of Buddhism, with particular emphasis on the search for meaning in life:

Erik Erickson and some of those beautiful developmental psychologists talked about generativity as one of the last stages in adult life where we give back, or in Buddhism, you return until all sentient beings have been saved . . . it's organic. You think "Life is short, and I've learned these things, and if they'll be of help to someone or in the community, I'd like to be of service" Everyone has a contribution to make, and so I think depth integrative healing work helps us also recognize who we are . . . and therefore what do I have to offer the world". (p. 17)

Brit stated that clients (a) are inspired by the work, and (b) go through a process of becoming fully initiated adults. Both actions bring them to a place where they feel they can give back to the community that which they received from their own process:

People can feel so inspired that they want to bring that to their people and to their communities . . . what's a very important element of that work is that we don't just do that for ourselves The ripples . . . part of being a fully initiated adult man or woman is that we carry the gifts that we found through our deep difficult soul work. We carry them for our people, we don't keep them for ourselves, this is [an] ancient practice of how we keep our communities alive is by bringing the wisdom that we find through our heart and the work. (p. 11)

Daniel sees a cycle between inner individual work and the community:

It's a cycle, each supports the other as we deepen in ourself. We are more available to others, as we're more available to others, we deepen in ourself and support the mutual depending and opening of one another. So I think, you know, the essence of community is sharing. (p. 14)

Some participants (Faith, Erica, & Cerem) see integrative work itself as a contribution to society, claiming that the work reminds us of a forgotten knowledge that we all need in order to heal our collective wounds.

The culture has forgotten a lot about this essential integration, how important all these dimensions are. And so I think part of our work

together now, in this culture, is to continue to rebuild community, to continue to provide places where people can heal on a lot of different levels, and can practice these things together, and learn about what promotes integration. A lot of the old wisdom ways are forgotten or nearly, and people don't value them And because so much of it has been forgotten or disregarded, people don't recognize how important it is. They don't know what to make of it. (Faith, p. 19)

Relationship to Nature

Many participants view community in a broader sense, one that includes the environment, nature, and the planet (Alynn, Brit, Cerem, Daniel, Faith, & Georgia). This perspective reflects an idea that the individual is part of and interconnected with an external environment, including nature. Most interviewees incorporate nature into their work with clients, either by doing group work in nature (Brit, Cerem, & Georgia), referring them to other practitioners who do nature work (Alynn, Cerem, & Georgia), or by imagining nature during therapy work (Alynn, Brit, & Erica).

What spiritual traditions offer, among other things, it helps us relate to larger bodies . . . to community, to a sense of being one world . . . as a whole planet, to all living life forms . . . our animal cousins, the plant world, and the mineral world. You know, all of those things that shamanism is quite eloquent about since the beginning of time, much of which we've lost our sense of connection with. (Faith, p. 9)

Cerem argued that individuals are part of nature, highlighting a strong interconnectedness between them: "We learn about nature, that we have to take care of nature because we are part of it, and if we don't take care of nature, we will destroy ourselves" (p. 11).

The interview data shows that through psychotherapeutic work, clients may realize their connection with nature and experience interconnectedness.

Faith, for example, mentioned leading a group into nature and inviting her client to connect with a place in nature from childhood:

And a lot of times they've forgotten, but if you invite them, they remember. I might've done this with your group, and a lot of times they weep because they start to feel more whole or connected. Sometimes they weep because there's a parking lot where there used to be a field. (p. 19)

According to participants, clients who experience interconnectedness with nature also see an emergence of an attitude of responsibility toward others that includes a sense of obligation to environment and nature (Alynn, Brit, Cerem, Daniel, Faith, & Georgia). Cerem explained this sense of responsibility:

Part of the work [that happens] when people start to wake up is to realize that they have a responsibility to nature, that they have to protect nature from our own craziness, pollution, and destruction. So instead of being just takers and abusers of nature, they become protectors of nature. And that affects tremendously their psyche and how they start to take care of themselves. Because they are part of nature, they have to take care of themselves if they want to take care of nature, of the dolphins or the redwoods. They have to take care of the human species too, and of themselves as individuals. (p. 11)

Interview responses, then, reveal that a connection with nature in integrative work not only fosters a sense of responsibility, but also plays an important, three-dimensional role in the healing process in the psychological, spiritual, and somatic realms.

The participants' remarks demonstrate how the psychological process is supported by a connection with nature. Alynn's description shows how her connection with the redwoods helped her through a meaningful experience of grief:

I went and found redwoods that had burned out wombs and I went inside of them—surprise! And it was incredibly spiritual for me, psychological and somatic and very integrative. It was so important. I would sit and cry . . . I don't know what I would have done without the redwoods. I

needed the physical, and they're very alive to me—the earth, and that womb, and that's so amazing. I spent a lot of time up in a retreat center in the Valley. (p. 14)

Cerem stressed the importance of nature in healing psychological symptoms and creating inner balance:

We come from the big mother of the planet, of nature. In the last hundred years most humanity moved out of nature into cities . . . there's different energy there. And we need this energy, because it's how we evolved in the last 8 million years or really [audio unclear] billion years of life. We were inside a natural environment, not a manmade environment, and we miss it. And its imbalance and depression or paranoia or disconnection or confusion—all these big ailments of Western culture and psychology, [we] try to deal with them, but if they don't . . . bring nature into the picture. (p. 8)

Later in his interview, he talked specifically about the link between nature and the psychological process:

So many people do not know how to take care of themselves, but by watching plants and taking care of plants, [they think,] “maybe I have to do the same with myself.” They look at nature and the seasons . . . the death and rebirth of the plants, and [say] “Okay, so this is same with me. I go through the same process. I'm part of nature. I'm under the same rules of nature” We learn from nature that we have to take care of nature because we are part of it, and if we don't take care of nature, we will destroy ourselves. (p. 11)

Heather offered the idea that a connection with nature nurtures people:

So, nature, just from my childhood on—you know, that was part of my escape. So, how I bring it into therapy is—and it's kind of a hopeful stretch, sometimes—but people are depressed, they're highly anxious . . . I really talk with them about what are your favorite places to walk, when do you walk, is there any place that you go out and just sit, and how do you experience nature . . . it's more like a nurturing and beyond self-supportive experience. (p. 20)

Georgia highlighted the way nature teaches us as human beings how to take care of ourselves:

Gestalt is about me and the world I live in. If all I have is my tree outside to inspire me or my little backyard . . . I think when we take our group into

the Santa Cruz mountains for retreats, we take them to a beautiful setting, and everyone feels restored by that. It's just part of the whole; you can't not have a reaction to nature. It certainly doesn't inform us on a day-to-day basis, but when you look at how do you take care of yourself, how do you replenish yourself, and how do you take care of yourself in this field, you know, having a spiritual life and having a life in nature seem to be two of the ways that you can take care of yourself. (p. 9)

Cerem also sees nature as a teacher about the nature of life as well as our nature as people:

You have to be in nature for few hours, at least. I take them to worship in nature, I encourage them to have plants in the house. You'd be surprised how many people don't even have living plants, how many people never put a seed in the ground and took care of it while it was growing, how many people never grew anything that they could eat afterward: a radish, a carrot, or parsley. It's a very important experience for us; it teaches us even how to watch how the thing is growing, how [it] becomes a plant and gives fruits, and how we eat it. It's a cycle of life. You learn something on a very deep level of the psyche, the cycle of life, of birth and death, of the seasons, of the changes. (p. 11)

Nature also influences spiritual processes, according to several participants in the current study. Alynn, Brit, Cerem, Daniel, Faith, and Georgia mentioned their own experience of spirit in nature. For Faith, nature is "a place where the gods live for me, since I was a child" (p. 12). Similarly, Heather shared the following:

We lived on Redwood Road, and so there's a little creek nearby. You know, [a] 5-minute walk. And there were willow trees with low branches that I could climb up It became my refuge of finding something else. So the brilliance of the psyche kind of knows of something else, and I found the something else. And my dog Snoopy would wait for me at the bottom of the tree. I would go up and sometimes weave garlands of crowns for myself. And [I didn't] feel too much like a queen or princess at home so it made this strong connection to what I now see as spirit, as a larger world, as something else. (p. 7)

One participant, Brit, sees a strong connection between the physical body and nature:

Part of my understanding in this work is that our evolution has included this split from the feminine, the split from the body and the split from nature, and this brings neurosis, basically. The split—that nature is just another layer beyond the body, there's the body, the personal body, and then there's the big body of the natural world. And so it's just part of the context that I hold . . . how can we feel really at home in this world if we don't feel at home with nature, because that's what we are How can we feel at home in this world if we're not at home in our bodies? (Brit, p. 12)

Brit described a woman she worked with in a group setting in nature, whose cycle gradually became balanced as a result of the process:

So she came to me and she'd been really working a lot on this, to try to return to her own rhythm. We worked experientially every session, deep experiential process, really working with dropping into the womb space and opening up the womb. Just softening what had been a really tightfisted place. And the work on the land was a complete ecofeminist practice . . . being with the body of nature, the great mother, the natural cycles, the organicity of the natural world. This was a four-part group that happened one day a month for four months and we transitioned from fall into winter through this time. Midway through that period of time she bled naturally for the first time ever in her life. (p. 9)

Chapter Summary

To conclude, the participants in this study offered a detailed description of the integration of somatic and transpersonal psychotherapy. This description is based on the participants' shared thoughts, stories, feelings and body experiences in relationship to the integration.

CHAPTER 5: DISCUSSION

This discussion concludes this dissertation study and is divided into several sections. The first section provides an overview of the findings presented in the Results chapter, followed by the model of the integrative work that emerged. The second section discusses the relationship of the findings to the previously researched literature. The third section presents the significance of this study. The fourth section acknowledges the possible limitations of this study. In the final sections, clinical implications and future research are discussed, followed by a concluding personal statement.

Summary of Findings and Resulting Theoretical Model

This section addresses the two research questions by offering a theoretical model describing a possible integration of somatic, transpersonal, and Western psychology in the context of the psychotherapeutic process. The primary research question of this study was “What are the characteristics of the integration of somatic, transpersonal, and Western psychotherapeutic processes?” The secondary research question asked, “Do the lived experiences of the participating therapists reveal an overarching theory that may describe the integration of somatic, transpersonal, and Western psychology in the context of the process of psychotherapy?”

The presented model includes a description of suggested characteristics of this integration (responding to the first research question), revealing a possible overarching theory that describes the integration of the fields (addressing the second research question). The model is based on four coexisting, interconnected,

and parallel central components and the relationships between them. The first component describes two ways in which integration was identified: a mindful awareness of the multidimensional nature of inner experience, and therapeutic exploration of content relating to somatic, transpersonal, and Western psychologies. The second describes the therapist's personal and professional psycho-spiritual-somatic journey, as well as the attitude she holds toward the client. The third describes the process that allows integration to occur, and the fourth describes the outcomes of this work. These four components expand and deepen the existing literature on somatic, transpersonal, and Western psychotherapies, and are the foundation for a suggested working model concerning the actual practice of integrative psychotherapy. These were arrived at and described through axial coding with regard to the core phenomenon.

The following two tables were designed to provide an overview of the codes and categories revealed by the interview data and described in the Results chapter. Table 1 offers an axial coding overview of the data that includes the categories identified around the core phenomenon (the integration): causal conditions (factors that influenced the integration), strategies (the actions taken by the therapist in relationship to integration), contextual and intervening conditions, and consequences of integrative work. These categories appear in the left column. The middle column presents the number of participants that remark on the content presented in the left column, and the right column presents the names of the particular participants.

Table 1

Findings on Integration

Category	No. of participants	Participant name(s)
Causal condition		
Therapist variables		
Personal psychological, somatic, and spiritual process and practices	8	All
Professional training in Western, somatic, and transpersonal psychology	8	All
Therapist's awareness of the multidimensional nature of the inner experience	8	All
Attitude of the therapist		
Love, respect, and acceptance	8	All
As part of a spiritual practice	4	Brit, Daniel, Faith, Heather
Accompanied by somatic changes	2	Daniel, Faith
Trust in the client's healing power and potential	4	Brit, Daniel, Georgia, Heather
Trust and respect for client's resistance and defenses	7	Brit, Cerem, Daniel, Erica, Faith, Georgia, Heather
Strategies or actions		
Learning to be in relationship as a main intention	8	All
The therapist as mentor	7	Alynn, Brit, Cerem, Daniel, Erica, Faith, Heather
Mindful exploration of therapeutic relationship	8	All
The process		
Mindfulness	8	All
Regarding the therapist's inner experience	6	Brit, Daniel, Erica, Faith, Georgia, Heather
Tracking by therapist's mindfulness	5	Brit, Daniel, Heather, Erica,

Category	No. of participants	Participant name(s)
		Faith
Regarding the client's experience	8	All
Mirroring and contact	5	Alynn, Brit, Daniel, Erica, Heather
Guiding the client into mindfulness	8	All
Embodiment—inviting the client to stay mindful	5	Cerem, Daniel, Erica, Faith, Georgia
Following and trusting the flow of the process	8	All
Contextual and intervening conditions that increase integration		
Working in groups in nature	4	Brit, Cerem, Faith, Georgia
Contextual and intervening conditions that may decrease integration		
Regarding the client's process		
Working according to client's need	5	Brit, Daniel, Erica, Heather, Georgia
Experience of tension between talk therapy and experiential therapy	1	Alynn
Forgetting meaningful learning	1	Faith
Challenge of staying with the unknown	1	Brit
Regarding the therapist's process		
Feeling isolated from the larger psychological community	2	Brit, Cerem
Responsibility for doing the same work	1	Georgia
Consequences		
Relationship with the other		
Psychological learning: Being in a healthy relationship	8	All
Spiritual learning	4	Brit, Cerem, Faith, Daniel
Relationship with community		
Community as a resource	8	All
Giving to community	8	All

Category	No. of participants	Participant name(s)
Relationship with nature		
Nature as a resource		
Psychological resource	4	Alynn, Cerem, Heather, Georgia
Spiritual resource	6	Alynn, Brit, Cerem, Daniel, Faith, Georgia
Nurturing nature	6	Alynn, Brit, Cerem, Daniel, Faith, Georgia
Psychological consequences		
Developing awareness	8	All
Changing negative core beliefs about oneself	8	All
Reducing psychological symptoms	8	All
Creating balance or positive inner state	6	Brit, Cerem, Daniel, Erica, Faith, Georgia
Healing trauma	3	Alynn, Daniel, Georgia
Sense of fulfillment	3	Cerem, Daniel, Erica
Learning to participate in healthy relationship	8	All
Ability to love and be loved	4	Brit, Cerem, Daniel, Erica
Connection to authentic self	1	Daniel
Connection to community	7	Alynn, Brit, Cerem, Erica, Faith, Georgia, Heather
Somatic consequences		
Connection to one's body	8	All
Embodiment	8	All
Regulating physical imbalance	3	Brit, Daniel, Faith
Learning to breathe fully	1	Cerem
Softening body armor	3	Daniel, Faith, Cerem
Spiritual consequences		

Category	No. of participants	Participant name(s)
Connection to nature	6	Alynn, Brit, Cerem, Faith, Georgia, Heather
Connection to divine	8	All
Connection to nondual awareness	1	Daniel
Sense of wholeness	1	Faith
Sense of meaning		Alynn, Brit, Cerem, Daniel, Erica, Faith, Heather

Note: Author's table.

Table 2 offers a succinct description of the four sections of the model that emerged from the axial coding process described in Table 1. Table 2 was created from reflection and the re-organization process of the axial coding categories, and resulted in these four sections that serve as the main components of the model.

Table 2

Categories and Subcategories of the Integrative Psychotherapeutic Process

Section	Categories and subcategories
1. The integration of somatic and transpersonal psychology	<p>A. The multidimensional nature of the inner experience</p> <p>Therapist's awareness of the multidimensional nature of the inner experience</p> <p>Client's awareness of the multidimensional nature of the inner experience</p> <p>Body as part of the multidimensional nature of the inner experience</p> <p>The relationship of body and psychology</p> <p>Spirit as part of the multidimensional nature of the inner experience</p> <p>The relationship of spirit and psychology</p> <p>The connection of body and spirit</p> <p>Psychosomatic wound as a gateway to Spirit and relationship</p> <p>B. The content or subjects of exploration</p>

Section	Categories and subcategories
	Somatic, psychological and spiritual material Relationship Learning about relationship through mentoring Learning about relationship through the therapeutic relationship in the room Psychological learning Spiritual learning
2. Therapist's variables	Personal and professional background Therapist's attitude Love, respect, and acceptance Trust in the person Trusting resistance and defenses Therapist as mentor Therapist's challenges
3. The process that allows integration	Mindfulness Mindfulness with regard to the therapist's inner experience Tracking through mindfulness Mirroring and contact Mindfulness with regard to the client's inner experience Embodiment—Staying with the inner experience Organicity—The unfolding nature of the process
4. The consequences of integrative work	Somatic outcomes Spiritual outcomes Psychological outcomes Relationship with community Definition of community Community as a resource Giving to community—Service Relationship with nature Responsibility for nature Nature as resource

Note: Author's table.

The Integration: The Story and the Story Teller

The first main component of the model is related to identifying the core phenomenon: the integration of somatic, transpersonal, and Western psychology in the context of the psychotherapeutic process. Two different but parallel ways of

integration were identified, forming the base of the model. The first is related to mindful awareness of the multidimensional nature of human inner experience. The second suggests a therapeutic exploration of content relating to somatic, transpersonal, and Western psychological fields.

Human inner experience includes diverse categories such as thoughts, emotions, feelings, body sensations, and spiritual qualities. These experiences not only coexist—they are strongly connected, influencing and creating each other. Integrative work is based on both client and therapist being mindful and aware of this multidimensional nature of their inner experience. Thus, inner experience becomes the medium of exploration, the field in which both therapist and client remain in order to explore, inquire, and eventually transform the client's limited experience into a more healthy one (see Chapter 4, The Consequences of Integrative Work).

The content explored depends on the client; it is the client who tells the therapist what she wants to discuss and explore with her. The results of this research show that psychological challenges such as relationships are the most common issues raised by clients in therapy. This exploration of relationship is deeply connected to psychological and spiritual learning. Additionally, somatic and transpersonal issues are explored as part of the therapeutic process: they can be introduced by the client or named as present in the room by the therapist.

Therefore, the integration of somatic, spiritual, and psychological material can occur on two parallel layers of the psychotherapeutic process. While the explored content can be psychological, somatic, or spiritual, the means of

exploration is through the multidimensional inner experience, which holds all three dimensions. The content is the story told by the client, and the experience is the inner field to which this story is connected—the inner experience of the story teller. The story and the story teller are interconnected as the story creates the inner experience and the inner experience creates the story.

The Integrative Therapist Explores, Loves, and Respects

The nature of the integrative therapist is central to this model. Both the therapist's personal and professional background, as well as her attitude toward the client's process, serve as the container of the psychotherapeutic process. The personal and professional psycho-spiritual-somatic journey of the therapist, as well as the attitude she holds toward the client throughout the psychotherapeutic process, create the second main component of the model. These elements also serve as causal conditions for integration as they create the psychotherapeutic container and provide the professional tools (such as tracking and mirroring) that allow integration to take place.

Personal and professional background—To practice and learn. First, the integrative therapist has experience with her own personal psychotherapeutic process and practices in which she explores somatic, psychological, and spiritual dimensions. This self-explorative journey includes an exploration of her own multidimensional inner experience and an examination of the content from these three realms.

A personal experience of inner process in these areas allows the facilitation of integrative processes for clients. In order to be able to recognize

the multidimensional nature of the client's inner experience and work with somatic, spiritual, or psychological material, the therapist needs to know these realms within herself. Moreover, the integrative process lives not only within the client, but also within the relational field and the inner experience of the therapist. For example, one way a therapist can recognize the client's experience is by acknowledging similar qualities within her own experience (see Chapter 4, Tracking the Clients Through Mindfulness of the Therapist's Inner Experience). Therefore, the therapist's familiarity with her own experience and the way in which integration lives in her own inner multidimensional experience are important contributions to her ability to hold an integrative process.

A professional learning journey based on rich, ongoing training that includes psychological theoretical orientations, somatic trainings, and spiritual learning programs is also required to work clinically with the client and hold the integrative process. These rich, professional trainings offer meaningful clinical tools for the therapist (See Chapter 4, The Characteristics of the Psychotherapeutic Process). Such trainings may include academic programs (e.g., clinical or counseling psychology programs), certification programs (such as Jungian therapy, Hakomi therapy, Focusing, Gestalt), and somatic/spiritual growth programs (e.g., yoga, tai chi, Ridhwan School).

The therapist's attitude. The attitude held by the therapist that allows integration is based on love, acceptance, compassion, and respect for the client and her process. This loving approach is nonjudgmental, respectful, and accepting of the different wounded parts of the client, including the client's defenses. This

approach is usually connected to the therapist's spiritual orientation and practice, and may be accompanied by a somatic change in both client and therapist's inner experiences. It is an approach that can generate a connection to the spiritual experience of essence within which there exists a deep sense of wholeness.

Moreover, the integrative psychotherapist profoundly trusts the client's potential, core, and unfolding healing process. She differentiates between the client's wounds and symptoms and the client's core, potential, or wholeness. This trust is strongly linked to faith in the existence of a natural unfolding process.

The attitude of acceptance and trust also falls into place when the client's defensive or resisting parts are present. As a result, integrative work depends on and is designed according to the client's needs. In terms of practice, therapists do not try to ignore or break a defense but listen to it, stay with it, and explore it without judgment.

Another characteristic of the therapist's approach is mentoring, which is an action or a strategy the therapist takes regarding the integration. Mentoring means that the therapist is actually teaching their clients and giving them guidelines. Mentoring may take place in all three areas of integration: spirituality (e.g., teaching mindfulness or conceptualizations of reality's spiritual nature) somatic knowledge (e.g., recommendations about diet, nutrition, or exercises), and psychology (e.g., guidance on relationships, boundaries, and self-care).

Therefore, the integrative therapist is both a follower and a leader. In this dance, the therapist's loving approach and trust in the client plays a big part in balancing the power dynamics of the therapeutic relationship. Every therapist

holds a role of great power: The client brings her vulnerability and her inner world, while the therapist brings her knowledge and expertise. The client's vulnerable wounds, difficulties and intimate world are being explored, while the therapist is seen as the expert on the manner of exploration.

Charmaz (2006) calls for an awareness of the power dynamics of the explored phenomena. This concern is especially great in this research as the therapeutic relationship holds such a power difference between client and therapist. However, the attitude of the integrative therapist can serve as a balancing factor. The therapist's respect for and acceptance of the client's process invites the client to stay empowered and lead the process herself. The client's defenses are being respected, her needs are being addressed, and she is being held by the therapist as the main leader of the therapeutic process.

What to Do? The Integrative Process: Become Mindful, Stay With What Is, and Let the Process Unfold

This section describes the third main component of the model, which is the process that allows integration to occur. This includes strategies and actions utilized by both the client and the therapist. Three building blocks initiated by the therapist are central to the process's facilitation: mindfulness, embodiment, and organicity. These building blocks create and maintain awareness of the integrative nature of who we are as human beings (we are interconnected, and we have multidimensional inner experiences) and allow a powerful process of transformation to happen.

The first building block, mindfulness, includes the therapist's mindfulness of her own inner experience as well as that of the client: the former serves as a tool for creating a container in the present moment and as a way to track the client's experience. Then the therapist mirrors and contacts her clients' inner experiences, in addition to guiding them toward mindfulness. The therapist is also mindful of the present nature of the therapeutic relationship and may contact its characteristics as they show up in the moment.

The second building block is embodiment: maintaining and deepening mindfulness in addition to establishing an aware connection with the elements of inner experience. The therapist invites the client to stay aware of what was discovered through mindfulness and deepen her connection to it, deeply feeling and sensing it. The existence of embodiment depends on the presence of mindfulness.

Organicity, the third step, refers to trusting a natural process of unfolding inner experience with transformative potential (Kurtz, 1990). The process of unfolding depends on the presence of mindfulness and embodiment. Embodiment means staying aware of the characteristics of the inner experience for some time and studying their distinguishing features or qualities: When clients become mindful of the inner experience's characteristics and stay embodied, new information emerges and the client becomes conscious of it (e.g., sensations, emotions, memories, impulses). This flow of embodied information allows transformation to occur.

What Do We Gain From Integrative Work?

The fourth main component of the model relates to the outcomes and fruits of integrative psychotherapeutic work. These appear on three levels: somatic, psychological, and spiritual.

In the somatic realm, a clear outcome is a transformative positive change in the client's awareness of body sensations and energies. This can be seen as a general experience of embodiment (i.e., being present in one's body).

Additionally, a reduction of physical imbalance and symptoms as well as a softening of body armor may take place. Spiritual benefits of integrative work include finding meaning, establishing a relationship with the sacred, getting in touch with nondual underlying awareness or oneness, sensing wholeness, and establishing a meaningful relationship with nature in relation to spirituality.

Transformative changes in the psychological realm take place both internally and externally. This internal change relates to a development of a new, mindful awareness of internal experience and its characteristics. In addition, internal change relates to a positive transformation of old, limiting beliefs and behaviors into new healthy ones, an aware connection with emotions, anxiety reduction, the healing of trauma wounds, a process of individuation, a sense of empowerment and satisfaction, a sense of connection with one's authentic self, and a balanced and positive inner state.

The client's internal change is deeply related and interconnected to external changes that appear as alterations to the client's external reality.

Examples of these external changes include meaningful manifestations of life goals, or learning to create and maintain healthy relationships.

The place where spiritual and psychological outcomes meet—and where internal and external change meet as well—is in the experience of interconnectedness. Through integral work, clients may realize their inner connection to and oneness with others. These “others” are seen in a broader sense, one that includes other people, community, the environment, and nature. The client experiences herself as part of and interconnected with these “others.”

Therefore, the model’s outcomes relate to a healthy and meaningful relationship with other people, community, and nature. As such, integrative work allows community to become a meaningful psychological and spiritual resource in the client’s life; in turn, clients learn to rely on and be part of a community.

Additionally—often at a later stage of therapy—clients wish to serve the community. Clients participation in or their wish to serve the larger community usually arises naturally, as a result of integrative psychotherapeutic work. Typically, clients may want to give back what they received from their own process.

The experience of interconnectedness may include feeling part of and one with nature. The emergence of an attitude of responsibility toward others often includes a sense of obligation to the environment and nature. Created relationships with nature are mutually beneficial, as they include psychological, somatic, and spiritual benefits for the client.

In conclusion, the presented model is based on four coexisting, interconnected, and parallel central components. The first component describes two ways in which integration was identified; the second describes the integrative therapist, while the third describes the process that allows integration to occur. The fourth component describes the outcomes of this work.

Clearly, as Charmaz (2006) suggests, it is impossible to link the components linearly without addressing the multiconnected matrix that is alive and present. Each component is part of the other, influencing and co-creating it. Because the current study's model integrates fields, it also exposes a multidimensional nature similar to that found with regard to human inner experience (the core phenomenon). Therefore, the integration of somatic, transpersonal, and Western psychologies is characterized by the same principles as a human being's inner experience.

Comparison Between Findings and the Research Literature

This section explores the findings of the present research and compares them with existing research literature. Each of the model's four main components was examined in relation to the existing literature. The findings of this study confirm many conclusions found in the related literature. Additionally, some areas reflected in the literature were not covered in the current study's research, whereas in other areas of this study, the findings offer a significant contribution to the literature.

The Core Phenomenon

The core phenomenon of this study was identified as a mindful awareness of the integrative multidimensional nature of human inner experience through an exploration of integrative content in relation to somatic, psychological, and spiritual issues. All participants held both philosophical as well as experiential-based knowledge about the core phenomenon.

Most of the reviewed transpersonal literature is based on a general approach that views humans as multidimensional beings (e.g., Almaas, 1988; Cortright, 2007; Wilber, 2000a). Some of the research literature offers an objective philosophical description of this complexity (Wilber, 2001). The philosophical perspective views humans as having different coexisting parts (such as spiritual, somatic, or psychological parts; see Ferrer, 2002). This approach reflects an outsider's perspective on humans and describes their characteristics.

Some schools, such as Gestalt (Perls, 1966) or Mindfulness Based Cognitive Therapy (Khoury, 2013; Segal et al., 2002), mainly hold an experiential heuristic perspective based on actual experience. These approaches encourage clients to practically know the multidimensional nature of their inner experience, although they do not always name it in such terms.

Most transpersonal authors, however, hold both strong philosophical and experiential views about the inner experience (Almaas, 1988; Cortright, 2007, Ferrer, 2011; Gorman, 2013; Grof, 2012; Murphy, 1993; Prendergast, 2003; Welwood, 2000). As the current study's participant experiences reflect, these approaches invite clients to be in touch with their inner experience and encounter its interconnected, multilayered, and multidimensional nature and structure. This inner structure consists of somatic, psychological, and spiritual dimensions that are interconnected and coexist.

Some of the somatic literature (see Chapter 2, Purely Somatic Approaches) does not place emphasis on the multidimensional nature of the inner experience, but mostly discusses the body as the main means of exploring and

developing physically (Hansen, Price, & Feldman, 2012), psychologically (Rosen, 2003) and, occasionally, spiritually (Rolf, 1989). In comparison with the findings of this study, the purely somatic approach carries the risk of neglecting other dimensions of human existence as well as flattening the complexity of the inner experience.

The current study's findings offer a complex view of the body, in terms of its function as an instrumental sensing tool, as well as a source of specific bodily information found in the inner experience (such as body sensations and body energy). Moreover, the findings suggest a strong interconnectedness between the body and psychological and spiritual realms.

However, some examples of somatic literature, such as those detailing somatic psychology approaches (e.g., Bioenergetics [Lowen, 1958/2006], Hakomi [Fisher, 2011; Kurtz, 1990]) and integrative somatic approaches like Authentic Movement (Whitehouse, 1995), offer a deeper and richer view. This view includes other dimensions, such as the psychological and spiritual realms, as well as a discussion of the connections between them. Therefore, in such literature, the term "body" or "somatic" may in fact reflect the general internal experience and its different layers. Therefore, changing the term "body" to "internal experience" (a phrase that reflects the body's functions as an instrument and a source of information) may be an important step forward. Such a step may allow a deeper understanding of the body's role in one's inner experience and prevent a flattening of the inner experience in terms of body sensation or energy.

The findings of the current study also offer a possible description of interconnectedness between categories of inner experience (thoughts, emotions, body sensations, etc.). As a result, these findings also describe the interconnection between the bodily, psychological, and spiritual realms.

For example, the present study's findings suggest that mindful exploration of somatic sensations allows the client to become aware of psychological material (such as emotion or insight). In addition, the findings suggest that specific somatic elements allow the emergence of spiritual qualities and experiences, and vice versa. Moreover, exploration of psycho-somatic wounds may create a gateway to spiritual experience, and exploration of spiritual experience may be connected to the exploration of relationships. This particular discussion about and descriptions of the specific and detailed way of interconnectedness between the three realms is found only in a few examples of the current literature (e.g., Almaas, 1988; Prendergast, 2003); in this way, the present study offers an expansion of the literature.

With regard to the content of the integration, the findings suggest that the commonly explored issue is that of human relationships and that this exploration holds psychological and spiritual healing. The literature, however, is diverse in regard to the nature of the content: some authors specifically suggest that relationship (as explored content) is fundamental to therapeutic exploration (Kurtz, 2008; Lowen, 1958/2006; Prendergast, 2003; Welwood, 2000; Wheeler, 2002; Wilber, 2000b; Sager, 2013). The centrality of relationship is backed up by the experience of the current study's participants. Other authors, such as those

from transpersonal mindfulness-based cognitive behavioral schools (Segal et al., 2002), or the purely somatic approaches (Rolf, 1989; Rosen, 2003), do not include specific references to the content explored in therapy or relationship in their discussions. Some, such as Grof (2012), discuss specific content that does not necessarily relate to relationships. Grof talks about content that rises through nonordinary states of consciousness, mainly in relation to prenatal or transpersonal issues.

The Therapist

The findings of the present study suggest that the personal and professional background of the therapist and the loving, accepting, and trusting attitude she holds toward clients are essential for the psychotherapeutic process. These two characteristics are actually connected to each other, because the therapist's attitude is also derived from her personal and professional practices and training.

These characteristics can be found in some of the literature. Many authors (e.g., Almaas, 2001; Cortright, 2007; Ferrer, 2003; Grof, 2012; Prendergast, 2003) describe a rich collection of the psycho–somatic–spiritual practices they offer, as well as the psychotherapeutic methods they use as part of their clinical work. The use of these practices and methods implies rich and ongoing personal–professional training. Integral transformative practices are examples of this learning as they are based on cross-trainings and practices (psycho–somatic–spiritual) that serves as a guiding principle for inner work and development (Ferrer, 2003).

Some authors do not discuss the role of the therapist's attitude (e.g., Grof, 2012; Perls; 1966; Wilber, 2000a) while others specifically talk about the loving attitude of the therapist. Prendergast (2003), for example, implies that nondual therapists hold a high degree of maturity and realization of their true nature beyond that of the body–mind. He continues to describe the therapist's attitude as one of clarity, warm acceptance, and unconditional love. Additionally, the practice of mindfulness found in the transpersonal mindfulness-based cognitive behavioral schools is based on nonjudgmental awareness of the inner experience (Williams & Kabat-Zinn, 2011). Other scholars of this group (Kuyken & Feldman, 2011) examine the role of compassion in psychotherapy. Similarly, Kurtz (1990), the founder of Hakomi, describes the therapist's attitude of loving kindness as the cornerstone of the psychotherapeutic healing process. Authentic Movement (Sager, 2008) also emphasizes the role of the witness-therapist and her respectful attitude.

However, a discussion that centralizes the question of who the integral therapist is and that describes the required personal and professional practices was not found in the literature. Similarly, the discussion of the therapist's attitude is not central to transpersonal and somatic literature. A description of the therapist's attitude can be found mostly through discussions of other elements (e.g., a discussion about the use of mindfulness, which includes a description of nonjudgmental attitudes; see Segal et al., 2002).

It is the suggestion of the present study that the therapist's background and approach should play a larger role in theoretical and clinical discourse, thereby

encouraging therapists to develop their own personhood in a way that supports not only their own integral healing and growth process but that of their clients as well.

The Process

As reported earlier, these findings suggest a three-step process based on mindfulness, embodiment, and organicity. This process is practical and constitutes guidelines for integrative work with the client.

Transpersonal literature presents diverse discussion in this regard. Some authors do not offer practical guidelines for integrative work, but primarily discuss related theoretical ideas and concepts (Wilber, 2000a). Other authors do mention general clinical guidelines for actual integrative work, based on working with the client's inner experience in the here and now (Naranjo, 1978; Welwood, 2000) or integrating specific somatic methods based on the same concepts of the current study's finding (e.g., EMDR [Krystal, 2003]; Somatic Experiencing [Lumiere, 2003]).

Other transpersonal authors, such as Almaas (1988), Blackstone (2012), Grof (2012), and Prendergast (2003) describe specific clinical guidelines that resemble the process revealed in the findings of the present study. These guidelines may differ slightly from those of the current findings, but they have many elements in common with the three steps of the process named in this study. To exemplify this point, Krystal (2003), Lumiere (2012) and Blackstone (2012), who are part of the nondual psychotherapy movement, describe in their work awareness of the inner experience as well as a practical invitation for embodiment and trust of the therapist in the unfolding of the process. Grof's (1985) model is

also based on a clear invitation for embodiment and names the existence of an inner intelligence as instrumental in helping the process unfold.

Additionally, some authors do not specifically mention or name all three steps of the process, although they are part of the authors' suggested process. The Mindfulness Based Cognitive therapy schools (Segal et al., 2002) speak about the practice of mindfulness. Prendergast (2003) refers to a transformative process of tracking the client's inner experience and reflecting back its multidimensional characteristics. However, these authors mention the organicity on which the process is based, but it is imbedded in their writings and research and not specifically named.

The somatic literature is also diverse in their specific naming of the three steps. Pure somatic approaches, such as those put forth by Rosen (2003) and Rolf (1989) do not describe the mindful process of embodiment or its significance. However, the somatic psychology approaches of Bioenergetics (Lowen, 1958/2006), Hakomi (Kurtz, 1990), and Authentic Movement (Whitehouse, 1995) emphasize and require embodiment in order to bring about transformation.

Specifically, transpersonal and somatic schools that originated from the humanistic psychology movement, such as Grof's (2012) Holotropic therapy Perls's (1966, 1973) Gestalt, or Kurtz's (1990) Hakomi, share the assumption that the human psyche has an innate natural intelligence that carries the inner process toward healing and growth when provided with the right conditions.

Outcomes of Integrative Work

In the area of the consequences of integrative work, the current study confirms the existing literature and suggests this work has meaningful somatic, psychological, and spiritual benefits for the client. Each of the transpersonal and somatic subgroups has its own emphasis with regard to the outcomes of integrative work. The spiritual tradition based on transpersonal schools presents a spiritual awakening or realization combined with personal psychological change as a possible result of the therapy (Blackstone, 2012; Prendergast, 2003; Welwood, 2000). They also present an outcome of a living relationship with one's inner experience.

The subgroup of spiritually infused psychology schools refers to the outcomes in terms of wholeness and transformative change on all levels of integration (Grof, 2012; Wolfert, 2000). Some of this literature (Grof, 2012; Wheeler, 2002) expands upon and includes the outcome of interconnected experience with others, community, and the planet.

The schools of thought focused on MBCT originally presented only psychological outcomes such as reducing depression or stress (Khoury et al., 2013; Segal et al., 2002) or somatic outcomes, such as reducing chronic pain (Kabat-Zinn, 1982). Recent research expanded the scope of the field to include spirituality, and it discusses results in this realm too (Kabat-Zinn & Davidson, 2012).

Somatic approaches also offer diverse descriptions of the work's results. While pure somatic approaches suggest mostly somatic and psychological

outcomes of the work (mostly releasing physical and emotional holdings; see Rolf, 1989; Feldenkrais, 1990; Rosen, 2003), somatic psychology approaches and integrative somatic approaches mostly describe deep psychological transformation (such as deep transformation of core beliefs about the self and others; see Fisher, 2011; Kurtz, 1990; Lowen, 2004). In these three groups it is harder to find a clear discussion about spiritual transformation, although its existence is implied (Lavie, 2011; Whitehouse, 1995).

The outcomes presented in the subgroup of integral transpersonal psychology schools strongly confirm the findings of the current study. These schools describe psychological, spiritual, and somatic outcomes, and advocate that working on all these levels of consciousness creates multidimensional transformation (Cortright, 2007; Ferrer, 2003; Murphy, 1993; Wilber, 2000a). These schools also suggest that working on one layer influences and increases transformation in parallel layers. Additionally, according to this subgroup of scholars, the results of integrative work include an experience of interconnectedness to others, community and environment (Cortright, 2007; Ferrer, 2003; Murphy, 1993; Wilber, 2000a), similar to what was found in the present study. Leonard and Murphy (1995) and Wilber (2000a) specifically discuss the relationship of the work to the practice of service, integrating a social responsibility perspective into the psychotherapeutic work.

Research Significance and Contribution

This study contributes to a scholarly understanding of the ways in which the integration of transpersonal and somatic elements can occur in psychotherapy.

According to a thorough research review, little academic material has been written about the integration of the transpersonal and the somatic from the therapist's perspective, in a psychotherapeutic context.

The main focus of existing literature on integral psychology is mostly theoretical, offering an organizing, general, theoretical structure (e.g., Cortright, 2007; Wilber, 2000a), while the present study is grounded in and based on therapists' rich description of their psychotherapy practices. This description, gleaned from interviews with professional psychotherapists about their clinical experiences, is the foundation for a working model concerning the practice of integral psychotherapy, which constitutes the outcome of the study.

Additionally, the study contributes specifically to the fields of transpersonal and somatic psychology by offering a new organization of categories in each. These new categories promote understanding and locate the different schools and methods in each field, as well as fostering a deeper understanding of the field as a whole. Furthermore, Chapter 1 presents a new historical review of the somatic psychology field, one that includes two forces not currently jointly described in the somatic literature. The first force is independent somatic movement, the second is generated from within the field of psychology.

The present study may also contribute to our understanding of hands-on psychotherapeutic work. First, the study offers a practical model from which therapists can learn as well as manifest in their work. The first three components of the model can be learned and practiced, and therefore deepen and expand the practice of psychotherapy. Second, the findings of this research provide

meaningful consequences for integrative work (the fourth component of the model). These consequences are shown in somatic, psychological, and spiritual areas that exceed the usual expectations of psychotherapy (psychological development only). These results also go beyond the scope of the individual and contribute to healing processes in larger communities, the environment, and the planet. Considering the difficulties inherent in these large-scale healing processes, the significance of this study may well grow as a result of addressing them.

The present study could also contribute to a greater dialogue in research methods since elements of Braud's (1998) integral inquiry method have been used in a grounded-theory study (Charmaz, 2006). Each method contributes greatly to the model: grounded theory, as the main method, allowed the emergence of a model that is based on therapists' experience in the field; integral inquiry allowed the collected data to include alternative ways of knowing that are not traditionally included within the scope of psychology, such as intuition, body-knowledge, and somatic or spiritual experiences and knowledge. The four components of the model are based on knowledge gleaned from both methods. Hopefully, the study may also have beneficial results for other therapeutic fields in which the integration of somatic and transpersonal elements is relevant (i.e., education, bodywork, spiritual counseling, or yoga).

Delimitations and Limitations of the Study

The current study was limited to an inquiry about participating therapists' experience of integration of transpersonal, somatic and Western psychotherapeutic approaches in their work. The area of exploration in this study

is only part of a much larger phenomenon: the integration of these two fields as they occur for both therapist and client in the psychotherapy room. The current study did not aspire to grasp the entirety of the phenomenon in question. Instead, it allowed for the construction of a theoretical model of the therapists' experiences in relation to psychological, somatic, and transpersonal integration.

The current study contains several limitations. First, the sample size of the study was small (eight participants). Therefore, the results of the study do not necessarily reflect the widest possible range of responses. There could be multiple interpretations of the responses, leading to various results and theories. In addition, the participants share a similar general professional background (of somatic and transpersonal psychology) and are geographically situated in California's Bay Area. Therefore, to some degree, they probably share similar cultural perceptions which, to an extent, is also limiting.

Additionally, the methodology used to carry out this research limits this study for the following reasons: first, this research is qualitative, based on interviews, and does not use empirical measurement of the data. As such it does not offer an objective inventory or conclusion. Using an integral inquiry design increases this limitation, because it may be harder to capture data that relates to spiritual experiences and nonordinary ways of knowing through verbal descriptions. Additionally, the grounded-theory researcher needs to set her own theoretical concepts aside and allow the theory to emerge with minimum subjective influence and personal bias. My experience in and knowledge of the somatic and transpersonal fields may hinder this requirement. Also, grounded

theory and integral inquiry are only two types of qualitative methods and using other methods may reveal different data.

The final limitation is that this research was based on the participants' recollection of their experiences, rather than their immediate experiences. Hence, the research is based on an assumption whereby presented stories reflect actual experiences in the therapy room. This assumption may be further challenged when the reported experiences relate to spiritual or nonordinary experiences that are included as a result of the integral inquiry design used in the current study.

Clinical Implications of the Study

Despite these limitations, this study has meaningful clinical implications for the field of clinical psychology. The outcome of this study, the presented theoretical model, is a clinical model built upon specific clinical implementations. The model can be taken as a whole and offered as having implications for clinical philosophy and practice. Additionally, specific elements from the model can be applied to clinical practice. Both ways may hopefully inspire curious psychotherapists who would like to explore integrative clinical work in greater depth.

The first specific clinical implication relates to increasing therapists' awareness of the existence of the core phenomenon itself. This study shows that the existing integrative nature of human's inner experience stands at the center of the integration of somatic, transpersonal, and Western psychologies. This knowing may greatly expand and deepen the traditional psychotherapeutic process, adding a mindful connection to the inner experience. This knowledge

also challenges somatic psychotherapists and transpersonal psychotherapists to expand their view and offer a more inclusive process that is connected to both realms as part of the inner experience.

A second specific clinical implication relates to the path therapists may need to take in order to offer an integrative psychotherapeutic process. This study describes somatic and transpersonal practices and trainings as possible causal conditions for a personal and professional path conducive to offering an integrative psychotherapeutic practice. Furthermore, awareness of another causal condition—the therapist’s attitude—can also influence therapists by becoming a building block for their work.

A third set of specific clinical implications, which refer to the third component of the model, are the strategies used by the therapist in order to offer integrative work (mindfulness, embodiment and organicity). Knowledge of these strategies, or personal and professional trainings in them, can unlock new approaches for therapists.

Finally, this study challenges the clinical view of the individual as separate from others, community, or the planet. This perspective may expand the traditional view of clinical therapeutic work by inviting the inclusion of experiences of the expanded self and interconnectedness in the psychotherapeutic process. Both may contribute to clients’ processes of healing and growth.

Directions for Future Research

A future study could address the current study’s small sample size limitation by increasing the number of participants. Future studies could also

include participants from different geographic locations in the West as well as elsewhere in the world. Additionally, in order to deepen the exploration of the core phenomenon, future research could be based on interviews with clients. Finally, further study could verify the current findings by integrating a measurements model from quantitative research. Such mixed-method research might give precise expression to the theoretical model offered by the present research.

Concluding Personal Statement

This study taught me to be mindful while researching. The topic invited me not only to be present in my mind, but to actually be mindfully connected to my internal experience while interviewing, coding, analyzing, and writing. Maintaining a distance between myself and the participants, I aimed to recognize, stay connected to, and record my own thoughts, feelings, and body sensations in relation to the data through journaling. While writing about the multidimensional nature of the inner experience, I encountered my own inner experience and distinguished it from the data.

The reflection process also allowed me to deepen the meaning of this research for myself. Living in conflicted Israel, in times of ignorance and violence, I found myself taking refuge and finding hope in the participants' wisdom and the data gathered. I found the emerging codes, categories, and (eventually) the model to be a reminder of the healing path that reduces suffering.

This path invites the human body, psychology, and spirit to be interwoven into one journey of growth, while intertwining experiential interconnectedness, a

healthy and meaningful relationship with others, the larger community, and our planet. I found interconnectedness to be especially important and meaningful in the current period that is characterized by deep alienation from and blindness to our planet. Hopefully this research will help reduce the suffering of individuals, communities, and the earth's environment.

Conclusion

This study examined the way in which the integration of somatic, transpersonal, and Western psychology may manifest in the context of the psychotherapeutic process. This examination resulted in the proposal of a theoretical model describing this possible integration and its characteristics. The model is based on data collected from interviews of eight experienced and licensed psychotherapists trained in somatic and transpersonal work, who integrate these areas of expertise in their clinical work with clients in California's Bay Area.

The individual, semistructured interviews engaged participants using open-ended questions related to the area of exploration. The interviews included questions aimed at contextualizing and understanding integration and its characteristics. The therapists shared their thoughts, images, stories, emotions, and somatic experiences to shed light on clinical psychotherapeutic processes that integrate body, mind, and spirit.

The research method used in this study is grounded theory (Charmaz, 2006), with the guiding principles of integral inquiry (Braud, 1998). One of the objectives of this study was to offer a new methodological format that expands

grounded theory research design by integrating it with principles of integral inquiry.

The data analysis procedure followed the essential steps offered by Charmaz (2006), while integrating the axial coding process as presented in the grounded theory model of Strauss and Corbin (1990). Braud's (1998) integral inquiry was used throughout the analysis, which allowed this study to include applications of different research designs as data, such as participants' phenomenological descriptions, theoretical thoughts, or story-telling. Additionally, integral inquiry allowed the inclusion of participants' alternative ways of knowing as data, such as intuition, body-knowledge, and somatic or spiritual experiences. The intention was to create a grounded theory based on psychotherapists' experiences and their rich descriptions of an integration of body, mind, and spirit in the psychotherapeutic process.

The analysis process was based on a coding process that included initial coding, followed by focused coding and axial coding. Coding was the foundation of the data analysis; it constituted a process of categorizing segments of data with a label, one that both summarized and accounted for each piece of data. Throughout this process, different kinds of codes were compared with one another, categorized, and synthesized (Charmaz, 2006). Additionally, connections between codes were identified and, eventually, as a result of these processes, categories and subcategories were built. These categories and subcategories, as well as the connections between them, created the foundation for the development of a theoretical model.

A theoretical model emerged that addressed both research questions by offering a description of possible characteristics of the integration of somatic and transpersonal psychology in the context of psychotherapeutic process (the first research question), and revealing a possible overarching theory that describes this integration (the second research question).

The model presents a complex multilayered paradigm that supports wholeness and challenges the separation of the practice of clinical psychology from an exploration of body or spirit. It invites transpersonal psychology to include the body in clinical exploration, and it invites somatic psychology to include spiritual exploration. This paradigm encourages people to connect with their own internal experiences, and by doing so, to discover their connection to themselves, others, and our planet. My hope is that this research will point the way toward new possibilities of becoming all that we, as humans, are.

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APPENDIX A: QUESTIONNAIRE FOR PARTICIPANT CRITERIA
(PHONE/SKYPE CONVERSATION)

Name:

Date of Birth:

Are you a licensed MFT or Clinical Psychologist? If so please write your license number and your Academic background (degree, department, school):

For how many years have you been practicing and in what settings?

Do you have a spiritual/ somatic or body–mind practice? If so, can you describe it (please include how long you have been practicing, in what settings and how often).

Are you trained in somatic psychotherapeutic models? If so, what training have you had and how many hours did it entail?

Are you trained in transpersonal psychotherapeutic models? If so, what training have you had and how many hours did it entail?

APPENDIX B: PARTICIPANT/CORESEARCHER INFORMATION

LETTER

Date:

Dear _____

Thank you for your interest in my dissertation research on the integration of somatic and transpersonal psychology within psychotherapy. I value the unique contribution that you can make to my study and am excited about the possibility of your participation. The purpose of this letter is to reiterate some of the things that we have already discussed and to secure your signature on the Consent and Participation Release Form/Confidentiality Statement, which you will find attached.

The main goal of my research is to understand how integration of transpersonal, somatic and Western psychology can take place within psychotherapy. The intention is to create a theory about this integration that will focus on the practice itself and that will be grounded in the experience of the integration among practitioners.

The research methodology I am using is Grounded Theory, integrated with Integral Inquiry, and the data will be collected in interviews with participants telling their own stories. I consider our future work together to be sacred and would like to create a sacred space to conduct the study and enter a realm not ordinarily experienced in research. Through your participation in this study, I hope to gain a greater understanding about the possible integration of body and spirit in the context of psychotherapy.

If you qualify and agree to participate in this research, you will be asked to meet with me for a one to two hour interview. This will be held in a place both of us agree upon. The interview uses predetermined questions; however they encourage open dialogue.

I will share the analysis (emerging themes and categories) of your interview with you, and a second phone/Skype interview of 30-60 minutes will be conducted. The purpose of the second interview is to create an opportunity for you to offer feedback, for clarification, and/or for more data gathering.

I value your participation and thank you for the commitment of time, exploration, energy and effort. I hope that this experience will be mutually enlightening, profound and transformative. I want to thank you for your commitment of time, energy and effort. Please find in this packet all Appendices A, B, C, D, E and F for you information and signatures where required (Appendices C and D). If you have any further questions before

signing the release form, or if any problem arises regarding the date and time of our meeting, I can be reached at [withheld for privacy] or at [withheld for privacy]

Warmly,
Keren Tzarfaty

APPENDIX C: INFORMED CONSENT FOR PARTICIPANT/CORESEARCHERS

Two interviews are used in this study. The first interview will be held in a place agreed on by both the researcher and participant. The participant's main role in this study is to answer the interview questions as honestly and accurately as possible. The participant is free to answer them or not, as she deems appropriate. The research interview will be one to two hours long, depending upon the length of responses given and the level of discussion during the interview. The interview is based on predetermined questions, encouraging a dialogue between researcher and participant. For the purpose of accurate and complete data collection and analysis, the interview will be audio-taped for later transcription. The second interview will last 10-30 minutes and will take place by phone or Skype.

Although no preparation is required for any part of the interview, some time may be spent on self-reflection on this topic, and this may be useful to participants and to the study. Participants will receive a copy of this consent form, explanation of the study, a copy of the Research Participant Bill of Rights, Instructions to Research Participants, Participation Release Agreement and Confidentiality Statement.

Confidentiality is guaranteed within the limits of the law. All data and consent forms, written, audio-taped or transcribed material, will be kept in a locked file cabinet to which only Keren Tsarfaty has access. Your name will not be associated with your answers in any private or public report of the results. All confidential materials will be coded and identified by number only. The coding key will be kept under lock and key in a separate location. All identifying information will be deleted when direct quotes are used in the dissertation. Access to tapes will be limited to the primary researcher, Keren Tsarfaty, and the transcriber only. The transcripts will be shared with the researcher's dissertation chairperson, only if necessary or requested by the chairperson. No identifying information will be included in the dissertation. Your request to omit from the dissertation particular details that you specify to the primary researcher will be honored. Keren Tsarfaty will also provide any additional measure requested with regard to protecting your confidentiality.

While most tapes, transcripts and consent forms will be erased and shredded upon completion of the study, some will be retained for further research (in a locked file cabinet) for a period of up to seven years after completion of the study.

You may choose at any time to withdraw your consent to participate in this study and discontinue your voluntary participation. There is no cost to you for being in the study. There are no guarantees or benefits for being in this study. There is no

penalty for stopping participation in this study. You may however, find the process interesting and thought provoking.

If you have any concerns or unresolved questions about this study or your rights as a participant, I encourage you to speak with me about your concerns. You may also contact the dissertation chairperson for this study Carol Whitfield Ph.D, by calling [withheld for privacy] to discuss such matters. You may also directly or anonymously write to The Chair of the Human Research Review Committee, California Institute of Integral Studies, 1453 Mission St., San Francisco, CA. 94103. Additionally, you may call The Chair of the Human Research Review Committee, at 415.674.5500.

Referrals for one session of low cost counseling if needed:

Helge Michael Osterhold MFT, 2057 Divisadero, San Francisco, CA 94115,
[withheld for privacy]
Gisele Fernandes MFT 3120 Telegraph Ave suite #8, Berkeley, CA 94705,
[withheld for privacy].

I understand that if I have psychological problems as a result of these interviews, I can contact one of the two therapists listed above. By signing below I acknowledge that I have received a copy of this consent form and the Participant Bill of Rights.

I, _____, consent to participate in this study of the integration of Somatic and Transpersonal psychotherapies, conducted by Keren Tsarfaty of the California Institute of Integral Studies. I understand the purpose and nature of this study and am participating voluntarily. I grant permission for the tape-recorded interview data to be used in the process of completing a Ph.D. Degree, including a dissertation and other future publications resulting from this dissertation. I understand that my name and other identifying information will not be used. I have received a copy of this consent form and I understand that my confidentiality will be protected within the limits of the law.

Signature

Date

“I certify that I have explained to the above participant the nature, purpose, and potential benefits associated with participation in this research study, and have answered all questions that have been raised.”

“I have provided the participant with a copy of this signed consent form.”

Signature of Principal Investigator

Date

APPENDIX D: PARTICIPANT BILL OF RIGHTS

As a participant in psychological research, you have the right to:

1. be treated with dignity and respect;
2. be given a clear description of the purpose of the study and what is expected of you as a participant;
3. be told of any benefits or risks to you that can be expected from participating in the study;
4. know the researcher's training and experience;
5. ask any questions you may have about the study;
6. decide to participate or not without any pressure from the researcher;
7. have your privacy protected within the limits of the law;
8. refuse to answer any research question, refuse to participate in any part of the study, or withdraw from the study at any time without any negative effects to you;
9. be given a description of the overall results of the study upon request, and
10. discuss any concerns or file a complaint about the study with the Human Research Committee, California Institute of Integral Studies, 1453 Mission St., San Francisco, CA, 94103.

APPENDIX E: INTERVIEW QUESTIONS

1. Please talk about the way spiritual elements show up or participate in the psychotherapeutic process.
2. Please talk about the way the body participates in the psychotherapeutic process.
3. What theoretical psychological perspectives guide your psychotherapeutic work with clients (schools, training, etc).
4. What theoretical models connected with the integration of body and spirit in your therapeutic work do you hold?
5. What does the integration of body and spirit look like in your psychotherapy work with clients?
6. Tell me a story about a time when this integration happened in the course of therapy.
7. Please tell me about community in relation to the integration.
8. Please tell me about nature in relation to the integration.
9. What are the challenges you encounter in the integrative work with clients.
10. Please tell me what led you to be a psychotherapist who offers integrative psychotherapeutic work to clients.
11. What else you would like to add before we end?