ABSTRACT: In this qualitative exploratory study the heuristic research method was used to define and explore spiritual resonance as applied to psychotherapy. Twelve exemplary psychotherapists were recruited: 6 engaged in a single interview and 6 engaged in a three-stage process of group and individual semi-structured interviews. Data from the interview transcripts were analyzed using qualitative content analysis. Results indicated that any subtle shifts in therapists’ and clients’ shared energy field may be perceived by therapists using intuitive tracking skills to sense resonance with clients to finer vibrations of expanded awareness. Spiritual resonance was further defined as vibrational patterns of greater cosmic wholeness experienced through soul awareness; inclusive of all other forms of resonance; not component based; and transmitted multi-directionally in the energy field between therapist, client, Divine source, and Earth. Client transformation ranged from symptom alleviation to profound emotional, physical, and spiritual development, changing their world view and perception of themselves.

A variety of cultural spiritual practices throughout the world’s spiritual traditions have included the use of an energy force originating from what might be referred to as Spirit. The teachings and use of these spiritual energies are understood differently within each tradition and cultural context. Generally, spiritual energy called upon and received by a skilled practitioner has been the source of healing and spiritual awakening for eons, oftentimes transmitted from a master to initiate, disciples, or persons suffering from dis-ease. Specific to traditions within varying cultural groups, there are usually spiritual masters of some kind who are known and recognized by the community. Among these spiritual masters are indigenous shamans and healers, Hindu gurus of India, Qi-gong masters and Taoist priests of China, to name a few.

I am very grateful to all who have contributed to my personal, spiritual, and professional growth and development within which spiritual resonance has become a core component. As this article is based on my dissertation research, I would like to acknowledge my dissertation chairperson, Rosemarie Anderson. She had provided the opportunity for me to take a subject close to my heart into a more public arena through this research project. I am very grateful for the opportunity to have benefited from her outstanding qualities as a researcher, a teacher, and a role model. Judith Blackstone, my second committee member, had been instrumental in bridging Eastern and Western psychology into a psychotherapeutic model. Her efforts had set the groundwork for the recognition of concepts essential to my study and she supportively contributed to the expansion of my thinking about my process. Annette Deyhle, my third committee member, brought just the right balance into my committee with her background in the natural sciences and shamanic training. Her understanding of spiritual resonance through her work on the Global Coherence Initiative with the HeartMath Institute, added a scientific edge to the experiential nature of my study.

I am grateful to my participants who were willing to articulate an experience that is beyond words, and to reveal themselves in the process. Their desire to be heard, to be understood, and to contribute to the field of transpersonal psychology was touching and heartfelt.

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retaining the cultural and religious context in which the traditions originated, many of these practices have nonetheless made their way into the Western world. The healing and transcendent capabilities of these practices are being taught to Western individuals who have felt the call to be healers and spiritual teachers. I was among the called, and have incorporated those healing and transcendent techniques into my psychotherapy practice. However, describing what I do, and its effect, has been a challenge.

The loss of cultural and religious context for interpreting the effects of spiritual practices poses many difficulties, especially for scholarship. Therefore, this study was exploratory in nature. I hoped to collect data that might increase the understanding of the topic of inquiry; the phenomenon of an energetic interaction between practitioner and client that I refer to as spiritual resonance. Because the English language lacks the terms to describe experiences based in common spiritual traditions, data were collected via self-reporting of the participants’ experiences. I designed this study in order to explore spiritual resonance among psychotherapists who self-report instances of this phenomenon between them and their clients, the therapist’s range of experiences, and the impact of the psychotherapy on their clients. In addition, I investigated the clinician as the potential activator of a shared resonant field with the client.

One clarification of this field has come from Laszlo (2009), a systems theorist who has also written books accessible to the mass populace. He endorses the theory that there is a universal interconnecting field, suggesting that this field has been accessed by shamans and mystics throughout the ages. He described this field as a biofield that extends beyond the body and into the environment, transcending time and space, holding memory, and influencing evolution. “Through quantum effects, cells create a coherent field of information throughout the body. This ‘biofield’ supplements the ordinary flow of information with the multidimensional quasi-instant information needed to ensure the coordinated functioning of the whole organism” (Laszlo, 2009, p. 246). My supposition that this is the field in which spiritual resonance occurs.

The term, spiritual resonance, is not common to psychology and is absent in the literature related to psychological research. The term resonance is used in the natural sciences of physics, biology, and neuroscience and is referred to in psychology with a variety of names such as sympathetic resonance, emotional resonance, embodied resonance, and emotional attunement. Anderson (2000) was the first to present the concept of sympathetic resonance within the context of transpersonal research giving the analogy that when a cello string is played on one side of the room, the same string of a cello on the opposite side of the room will begin to vibrate, producing a sound in resonance with the original string. As one strikes a musical note from a distance, the vibration travels. “The resonance communicates and connects directly and immediately without intermediaries (except for air and space)” (Anderson, 2000, p. 33). This is the principle of resonance.

Kossak (2008), in his exploration of attunement through rhythmic improvisation, defined the concept of sympathetic resonance as “a vibratory
phenomenon produced by reflective merging created when energy (pulsation) moves between two or more bodies” (p. 37). Through mindful inquiry, Nagata (2002) explored the deep embodied experience of being in resonance with another individual in a multicultural interaction. She defined embodied resonance as “the bodymind’s experience of energetic vibration from both internal and external sources” (p. ii). Therefore, when two or more come together, a sympathetic resonance develops that becomes interpersonal. There is a shared experience of the same emotional vibration that becomes intensified as they resonate together.

When this study began, I initially defined spiritual resonance as harmonizing and aligning with the frequency of the energy pattern of expanded consciousness, beyond ego identification, in the attunement between therapist and client. This initial definition came out of my personal clinical experience as a felt sense of deep connection to a Divine force emerging during psychotherapy sessions. Daniel Siegel (2010), unrelated to this author, noted that “attuning to ourselves within mindful states, we have the observing and experiencing self in resonance” (p. 56). This alignment fosters an expanded awareness that, for the purposes of this study, represents a nonspecific state of consciousness in which boundaries diffuse, ego identification is diminished, and a cosmic interconnectedness to all things can be experienced. This term is not reflective of the stages of consciousness depicted through a particular spiritual tradition or lineage. This term merely presents a language that can be used to indicate the existence of an attainable level of consciousness that is transpersonal, beyond the egoic mind.

Because of the observations of Anderson (2000), Kossak (2008), Laszlo (2009), Nagata (2002), and Siegel (2010), one may reason that in the psychotherapy session an energetic joining between therapist and client can exist. This energetic joining fosters the expanded awareness that changes the resonance within the shared field. This changed resonance may lead to greater growth and transformation for both client and psychotherapist. Blackstone (2006) emphasized the role of relationship, within the context of a transpersonal model, between psychotherapist and client in creating a healing field within which the psychotherapist can put aside strategies and experience and respond to the experience of each moment. Within a clinical context, as investigated by Blackstone, there is an immediate knowing of emotional qualities from therapist to client within a therapeutic container. Blackstone’s exploration of the transsubjective field (an unfragmented nondual relational field) within the clinical setting supports the understanding of the healing effects achieved within a shared environment. Blackstone wrote from a mindful Buddhist perspective that “nondual consciousness is experienced as the basis of contact, the most intimate contact one could have with oneself and others” (p. 30).

Siegel (2010) emphasized the importance of being mindful. He addressed the role of mindfulness within the psychotherapeutic container, pointing out that in the safety of the experience a mindful presence develops where there is a flow of movement from two sides of reality. He referred to a process that he called mindsight, describing how individuals internally sense and shape energy and the
flow of information. According to Siegel, focused presence allows individuals to move from probable action, to a peak of activation within which individuals have a freedom of choice. This peak of activation leads to a range of unexplored possibility as awareness shifts from the internal to the external world. Attaining this stage of focus may create an environment in which peak experiences are reached.

In this focused environment, the client has an opportunity to view his or her emotional experiences and traumas from a larger spiritual context, and from a range of awareness that fosters compassion, self-acceptance, and an ability to potentially observe oneself from an expanded range of consciousness. An intention to resonate with this vibrational energy pattern may be invited by the psychotherapist and the client within the clinical container.

**Method**

The foundation of this qualitative study was built on personal and transpersonal elements; therefore, I chose to use heuristic method. Moustakas (1990) related that the heuristic process is a way of “creating a story that portrays the qualities, meanings, and essences of universally unique experiences” (p. 13). Therefore, the method fit well with my unique intent for this research to fluidly move from an egoic frame of reference to a range of expanded states of awareness during each phase of the study, creating a synthesis of experience for myself and the participants. Tart’s (1993) criticism of studies of altered states was that they are viewed through the perception of the egoic state of awareness, and that research has not been state specific. Studies utilizing a heuristic method support the process of synthesizing the data from egoic and expanded states of awareness. Moustakas (1990) described how the heuristic researcher does not look for cause and effect as in a traditional paradigm. Rather, the method provides an illumination of a process shared by firsthand accounts of participants who have an understanding of a meaningful phenomenon as a result of deep personal experience and an internal frame of reference. Six phases of the heuristic research process were utilized as described by Moustakas (1990): “Initial engagement, immersion into the topic and question, incubation, illumination, explication, and culmination of the research in a creative synthesis” (p. 27). Skills of alternative ways of knowing (Braud & Anderson, 1998), such as direct knowing, intuition, inner hearing and seeing, and bodily sensations, provided valid ways of understanding the topic of this study from multidimensional perspectives. My own experience of shamanic journeying was a helpful skill to access alternative ways of knowing. Through a meditative state the shaman consciously journeys into the sacred space of nonordinary reality awakening intuitive skills of inner vision, hearing, knowing, and bodily senses to retrieve an ancient body of knowledge from the world of Spirit (Harner, 1980; Villoldo, 2000; Villoldo & Krippner, 1987). The shaman then brings this knowledge back into the ordinary material world for teaching and healing.

Because of the design of this study, I explored not only the multidimensional process of the practitioner, but the participants’ perceptions and observations.
of the relationship of their experience to their clients’ process of transformation. Through this study I attempted to define a new term, spiritual resonance, within a clinical application using skills which integrated alternative ways of knowing with the ability to fluidly and subtly shift awareness. Therapists were sought who had cultivated the skills of perceiving thoughts of the egoic mind and sensory and intuitive experiences of expanded awareness through their own spiritual practice. (Selection criteria and process are discussed in the next section.) Welwood (2003) referred to this subtle shift in awareness as double vision, creating a balance of perception between the freedom of transcendent truth and the limitations of the immanent truth of the human domain. These skills of double vision allow the therapist to provide a way of maintaining the resonance of expanded awareness based in spiritual consciousness, and ground it with egoic thought within what Blackstone (2006) identified as the shared transsubjective field.

Participants

Psychotherapists licensed or certified by their state education department in the disciplines of psychology, social work, marriage and family therapy, mental health counseling, and clinical nursing were considered for participation. The number of participants from each discipline was not predetermined. Age, sex, and ethnicity were not factors for recruitment consideration. Letters of invitation were offered to transpersonal psychotherapists with whom I was already acquainted, knowing they met the criteria for the study. Additional recommendations and volunteers were solicited from other psychotherapists as well as meditation teachers and health care practitioners. Recruitment was accomplished via a letter of introduction that was mailed to potential participants. The letter provided an overview of the research and invited the potential participants to volunteer to join the study. All interested potential participants were prescreened via a telephone conversation. Those considered for participation must have indicated they experienced fluid perceptual shifts from egoic to expanded awareness in psychotherapeutic sessions and related to the term, spiritual resonance, based on their personal experience in their clinical work.

In order to determine whether the potential participants had the personal qualities of a transpersonal therapist, further qualification was determined by their scores on Butlein’s (2006) Nondual Embodiment Thematic Inventory (NETI). The NETI is a 20-item non-standardized Likert scale assessment of qualities of spiritual awakening. NETI data were not analyzed or saved, and were used only as an adjunct to the guidelines for qualification of participation in the study. All psychotherapists who met the initial criteria for inclusion in this study were willing to take the assessment.

Initially 16 psychotherapists were invited to join the study from which 12 were chosen to participate. These 12 exemplary licensed psychotherapists (three men and nine women ranging in age from 49 to 71 years) were recruited because they met the criteria for participation, were accessible for the study, and
accepted the invitation. This sample included seven licensed clinical social workers, three clinical nurse specialists, and two marriage and family counselors from New York, New Jersey, Colorado, and California. One of the participants was Asian and the remaining eleven were Caucasian, with varying cultural backgrounds. The participants had various spiritual backgrounds such as Buddhism, Shamanism, Catholicism, Judaism, Yoga, Western Kabbalistic mystery schools, Reiki, and other spiritual healing programs based in Eastern wisdom. Clinical approaches varied including Eye Movement Desensitization and Reprocessing (EMDR), hypnotherapy, imagery, psycho-synthesis, meditation technique, and Tai Chi. Participants were not compensated for their participation. The demographic information for the participants is displayed in Table 1 and Table 2. They are divided into two groups as described in the design in the next section. All of the participants were given the opportunity to choose a pseudonym for purposes of confidentiality. For those who did not have a preference, I provided them with a pseudonym.

TABLE 1
Demographic Information for Participants in the Three Stage Interview Process

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Profession</th>
<th>Years in practice</th>
<th>Spiritual preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marissa</td>
<td>63</td>
<td>Female</td>
<td>Caucasian</td>
<td>Licensed Clinical Social Worker</td>
<td>27</td>
<td>Yoga, Kabbalah</td>
</tr>
<tr>
<td>Joe</td>
<td>62</td>
<td>Male</td>
<td>Caucasian</td>
<td>Licensed Clinical Nurse Specialist</td>
<td>39</td>
<td>Belief in Higher Power</td>
</tr>
<tr>
<td>Mary</td>
<td>59</td>
<td>Female</td>
<td>Caucasian</td>
<td>Licensed Clinical Nurse Specialist</td>
<td>32</td>
<td>Belief in Higher Power</td>
</tr>
<tr>
<td>Leya</td>
<td>71</td>
<td>Female</td>
<td>Caucasian</td>
<td>Licensed Clinical Social Worker</td>
<td>25</td>
<td>Creative Force</td>
</tr>
<tr>
<td>Wu Wei</td>
<td>68</td>
<td>Male</td>
<td>Caucasian</td>
<td>Licensed Clinical Social Worker</td>
<td>15</td>
<td>Buddhism, Sufism</td>
</tr>
<tr>
<td>Robin</td>
<td>58</td>
<td>Female</td>
<td>Caucasian</td>
<td>Licensed Clinical Social Worker</td>
<td>30</td>
<td>Shamanism, Mysticism</td>
</tr>
</tbody>
</table>

TABLE 2
Demographic Information for Participants in Single Interview Process

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Profession</th>
<th>Years in practice</th>
<th>Spiritual preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patricia</td>
<td>69</td>
<td>Female</td>
<td>Caucasian</td>
<td>Licensed Clinical Social Worker</td>
<td>10</td>
<td>Catholic, Eucharistic minister</td>
</tr>
<tr>
<td>Susan</td>
<td>59</td>
<td>Female</td>
<td>Caucasian</td>
<td>Licensed Clinical Social Worker</td>
<td>28</td>
<td>Buddhism</td>
</tr>
<tr>
<td>Angel</td>
<td>76</td>
<td>Female</td>
<td>Caucasian</td>
<td>Licensed Clinical Social Worker</td>
<td>30</td>
<td>Catholic</td>
</tr>
<tr>
<td>Anne</td>
<td>59</td>
<td>Female</td>
<td>Caucasian</td>
<td>Licensed Clinical Social Worker</td>
<td>30</td>
<td>Yoga, belief in Higher Power</td>
</tr>
<tr>
<td>Peter</td>
<td>50</td>
<td>Male</td>
<td>Asian</td>
<td>Licensed Marriage And Family Counselor</td>
<td>25</td>
<td>Eastern wisdom</td>
</tr>
<tr>
<td>Flo</td>
<td>49</td>
<td>Female</td>
<td>Caucasian</td>
<td>Registered Marriage And Family Therapist</td>
<td>20</td>
<td>Western mystery school</td>
</tr>
</tbody>
</table>
Design and Procedure

Once recruitment was complete, the 12 participants were divided and assigned to one of two groups. The six participants in the first group received an in-person interview as a group. This initial group process was used to create a focus group experience with semi-structured questions in order to develop consensus around the definition of what was being studied (Mertens, 2005). A second interview was conducted with each of the 6 participants individually, allowing for their story to unfold in face to face dialogue. Then, a final group interview was conducted which allowed the participants to reflect on their own personal and professional growth during the study, and the respective observed changes in their clients.

Each of the six participants in the second group was interviewed once individually. Group interviews were not conducted with the second group. The purpose of this research design was to compare the data from both groups for consistency and validity, and to determine if there were any biases that arose from a group process. In addition, participants from both groups were asked to keep a journal and to draw a picture of their interpretation of spiritual resonance within the context of their therapy session.

Data Analysis

The drawings were collected as data and also analyzed along with the verbal interview. Data analysis was not run on the journal entries. Interviews were transcribed, and the data were analyzed using qualitative content analysis in order to identify emergent themes within individual responses as well as common themes that ran across all the participants’ interview responses.

In heuristic research, the first step in treatment of the data is to gather and organize the data from one participant at a time (Moustakas, 1990); therefore, data were initially processed separately for the individuals within each group to insure that there were no biases due to group format, and then common themes were combined and differences were addressed. Equal weight was given to the importance of the analysis and interpretation of data from each group of participants. The participants involved in the three-stage process provided additional data about their learning experiences in a group setting over the course of their participation in the research project. Themes mentioned by a minimum of 3 participants were included in the list of themes. Themes were grouped and categorized.

RESULTS

The resulting themes were organized for the purpose of greater understanding. However, the themes did not unfold in a linear fashion, and often were so interrelated that they appeared to coexist simultaneously. The themes are organized under four categories: (a) participants’ understanding of spiritual resonance,
which contains three themes; (b) inter-dynamic client therapist experience, which contains 10 themes, (c) client transformation, which contains six themes; and (d) therapist transformation, which contains one theme. These themes add to an evolving definition of spiritual resonance. The categories and each of their themes are displayed in Table 3.

**Participants’ Understanding of Spiritual Resonance**

In the interviews the participants shared their experiences and noted how spiritual resonance begins with the attunement to a Divine force or Presence integrated through ongoing spiritual practice. They described the experience as one of blending the outer world with the inner spiritual world, leading to personal healing and transformation. The higher self, or soul, is present in the process. Anne stated, “Spiritual resonance is related to higher power. There is almost this blending between the outer reality and the inner reality that facilitates a process of transformation.” For Susan, spiritual resonance is related to “the Presence of All That Is.” The attunement was always present within the participants, and influenced all that was around them. It is through the cultivation of the attunement to a Divine spiritual force that the participants integrated a range of higher frequency or spiritual vibration within their energy field. Mary reported, “The spiritual resonance for me, it’s a feeling, it’s a knowing, it’s an energetic connection, it’s what connects every living thing on a vibration or an energy or frequency level.” This became a key factor of what the participants and clients brought into the shared energy field. As they maintained a clear expanded range of spiritual frequency, then their client across the room could choose to resonate with that frequency. Participants reported that spiritual resonance is not component-based, is a central core element to life, and not just healing. It is enveloped in a philosophy of wholeness, and encompasses all other subsets of resonance and healing. According to the participants, as stated by

<table>
<thead>
<tr>
<th>Category</th>
<th># of themes</th>
<th>Themes Within Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants’ understanding of spiritual resonance</td>
<td>3</td>
<td>(a) Attunement to the divine, (b) vibrational resonance, and (c) central core of a philosophy of wholeness</td>
</tr>
<tr>
<td>Inter-dynamic client therapist experience</td>
<td>10</td>
<td>(a) Therapists’ attunement as a doorway to spiritual resonance; (b) internal feedback mechanism using skills of alternative knowing; (c) nonlinear process of assessment and healing; (d) internal focus of attention; (e) transmission of energy; (f) therapist awareness of internal emotions, sensations, and cognitions; (g) detaching from ego; (h) nonattachment to goals, expectations, and outcome; (i) transference and countertransference; and (j) integration of the egoic mind and expanded consciousness as a tool for change</td>
</tr>
<tr>
<td>Client transformation</td>
<td>6</td>
<td>(a) Development of spiritual consciousness, (b) emotional and cognitive healing, (c) physical healing and transformation, (d) improved coping skills, (e) behavioral changes, and (f) vibrational changes</td>
</tr>
<tr>
<td>Therapist transformation</td>
<td>1</td>
<td>Therapist transformation</td>
</tr>
</tbody>
</table>
Robin, “Spiritual resonance is the fabric from which all other healing emerges. It is all inclusive and provides the substance, or vibrational fabric, from which energy healing and nonlocal healing can happen.”

Inter-Dynamic Client Therapist Experience

According to the participants, a blending within the resonant field ultimately creates a unified field between therapist and client. Half of the participants reported experiencing an expansion beyond the body into a large and shared resonant field through meditation and imagery. Flo’s experience is an example:

I invite in “super-consciousness” and ask it to let me be a clear vehicle through which it can work. I set the intention for super-consciousness to be the director or the doer. It is not personal to me. I don’t label or define it. I leave myself open to how ever super-consciousness wants to express through me. The practice that I usually do is that I breathe into the center of my head, and I get that energy center (chakra) lit up, and then I go down to the center in my chest. I do this really quickly. This is all done in the space of about five minutes while the client is meditating. Then I ground it down into my core, which is my navel energy center. Once I bring awareness to all those centers along my spine, then the vertical core in me is resonating and I perceive light along my spine. It’s a continuum of energy that flows and vibrates along the spine. There is a physical tingly that spreads out and fills my whole body, and a great joy overtakes me… You start to resonate with your spiritual core, and then you do something. You find your client energetically. It’s a visceral knowing.

The other half of the participants reported a focused attention taking them deep within the body to a place of stillness and presence, while being aware of a shared resonance. Patricia described her experience as “a focus of attention and concentration without effort.” Both doorways into the experience lead to a heightened sensitivity to subtle shifts in the shared field. The participants and their clients are just being together in the moment.

The participants reported using intuitive skills of alternative ways of knowing such as inner knowing, inner hearing and seeing, and kinesthetic senses in order to monitor subtle shifts in the energy field as their clients process information within the silent space of expanded awareness. The participants use internal cues to determine interventions verbally, nonverbally, and vibrationally based on their clients’ resonance or nonresonance, as the participants maintain a state of centeredness and tranquility.

Participants reported that client assessment and healing blend into one fluid process which appears to be experienced simultaneously in a nonlinear fashion as they flow and evolve with the experience of what is happening in the moment within the shared energy field. According to the participants, they can determine spiritual resonance or nonresonance on the part of their client, and wait for vibrational shifts to determine when to engage the egoic mind. Susan
“Often my eyes are closed and I’m watching them (clients) with my inner senses. I’m not seeing anything physically. It’s an energetic feeling. It’s a sensation that is definitely in my body.” She described the body sensation as “a buildup of intensity, and I can almost register it as an energy vibration.” Peter described his process with clients as one where he is in touch with his own resonance to Spirit, and feels inner tranquility. He intuitively matches this experience against the resonance of his client to assess whether they are in resonance or in non-resonance, then Peter can help name what is happening for the client. The assessment and the actual healing, which takes place as a realignment to spiritual resonance, happens almost simultaneously from Peter’s perspective. Participants agreed that it is within the nonlinear spaces of expanded awareness that the clients’ issues become resolved within the spiritual resonance itself as the participants and their clients attune to one another.

The focus of attention is internal for both therapist and client. Through modalities such as hypnotherapy, imagery, meditation, EMDR, and body movement, the participants can reportedly lead the client into the silent spaces of internal processing realizing the connection to their own essence. Robin reported:

I do EMDR and I have my clients close their eyes while they are processing (listening to music with headphones for bi-lateral stimulation). I’m holding an energy, I’m holding a spiritual frequency in the field and I feel myself in resonance with them. It’s a sensation of blending energetically with their field...I feel expansive, and bright, and light, and at peace. It feels as if I am bathing in a bright light. The way I defined it for myself is that in that range of frequency, they (clients) can start to process from a higher level of consciousness than they could without it...There’s been, in the moment, a transcendent experience that changes them, and they take that with them as they walk out of the door.

According to the participants, they and their clients have a foot in both worlds, that of expanded conscious awareness, and the egoic mind. There is a fluid dance between active mind and passive awareness as both clients and participants may have periods of time where their eyes are closed as they dwell in the internal spaces, meeting in a range of conscious awareness that is continuously unfolding.

Throughout the interview process it became evident that participants with training in spiritually-based energy healing practices such as Shamanic healing, Reiki, and Eastern philosophy energy healing programs reported experiences of directing transmissions of energy to chakra centers, or energy centers, within the client. These energy transmissions from the participants assisted in releasing energy blockages in the clients that were created by trauma and negative belief systems. The release of these blockages established a balance of energy flow within their clients’ fields, and maintained a shared experience that is resonant with the expanded frequencies of spiritual awareness. Heart to heart energy connection was a common reference. Joe creates a heart loop from his
heart to the client’s heart, shining his light on the client as a way of assisting in releasing energy blocks and establishing resonance. Mary related her experience in which she sets the intention for a heart to heart connection:

When my client enters my office, I open to that spiritual, soul connection. I draw on that energy. There’s a feeling around what we call the heart chakra, the center of the sternum, of almost like a quickening. It’s a wonderful feeling. I experience a gentle feeling as if we’re being held by this loving presence. It’s a sensation, an inner knowing, as love opens in me… I feel that I’m in touch with a deeper place. I’m just experiencing the connection, the resonance… Two fields come together and cross over in communication with one another. It’s an absolute co-creation. We are both holding the field together. It’s that energy, that sensation. I can feel it in my body as a validation, a quickening when the client starts to resonate in that space with me.

Other therapists, primarily reporting Buddhist training within the interview process, indicated that transmission is multi-directional, mutual, and happens based on the consciousness that they have established within themselves. They have no intention to send energy. Wu Wei had studied Sufism and Buddhism and believes that the energy is always in him and accessible. He stated, “I just feel the energy. I don’t really have to do anything. It’s just there. I’m just light, and the light shines. I’m present, and they relax.” Participants reported a common belief that they are a vessel or vehicle for spiritual resonance or the channel through which spiritual resonance flows. Ultimately, as spiritual resonance is achieved, the transmission becomes multi-directional for both participant and client, and one unified field emerges.

The most commonly reported feelings of the participants during the sharing of spiritual resonance with their clients were inner peace and spaciousness. The experience of spaciousness was commonly described as a sense of expansion of their energy field, with open and flowing energy. It was a difficult term for participants to quantify. Kinesthetic sensations of lightness, tingling, expansion, flow, or quickening were felt. These different words communicated a common awareness of a flow of energy occurring within their field, which included a bodily component. Some participants reported the tingling or quickening as energy running throughout the body as spiritual truth was recognized within the session. Half of the participants, of Buddhist and Kabbalistic orientations, reported experiences of presence as they dropped deeper into the body. Others described feelings of expansion beyond the body. Participants reported that as the resonance intensifies the experience in the shared field, they may feel joy, bliss, compassion, and unconditional spiritual love. Often these experiences are happening within them at the same time. Judgments and preconceived ideas fall away. The participants expressed being still within a state of not knowing, where deep inner knowing may emerge.

The participants reportedly step out of the egoic mind, and function from the consciousness of the higher self, or soul consciousness. The therapy itself is
detached from linear time and space as intuition and sensory experience guides the process. Marissa explained:

It starts out as a physiological experience. I think that what starts to happen is that I may just feel my heart opening first. You know it’s an energy. It just starts to open my shoulders. It’s almost an automatic response when I sit down and I’m opening up to somebody and I’m listening. That’s exactly what I’m doing. I’m opening my body. I’m opening my heart. I’m opening my shoulders and my spine gets straight and it feels like the energy is moving up my spine up through the top of my head. And what also happens is that in my head there’s a vibration that feels like a spiral, and that’s what happens to me when I meditate. So it may start at the top of my head and comes down, maybe into my third eye, and my whole head feels like it’s spiraling. It feels like a vibrational energy. It makes my eyes twitch and if I again allow it, it’ll come down through my neck, sometimes it will open the neck, which is one of the most exquisite feelings that I have ever experienced. And I feel very peaceful. There’s no effort. It’s receptive. It’s spacious. And so when people talk I’m listening, but I’m listening with my whole body. I’m not necessarily listening to their words.

The participants teach their clients to step back from their egoic perceptions and experience an expanded awareness where they can detach from ego in order for inner wisdom to emerge. As therapists detach from ego, they are also not attached to the goals, expectations, and outcome for the client, according to the participants. The therapy is a moment-to-moment process for the participants that allows their clients to make the choice as to whether or not he or she chooses to be in resonance with expanded spiritual consciousness.

Participants consistently reported that the concepts of transference and countertransference do not apply the same way as within a psychodynamic model. As the therapist detaches from false ego and is nonattached to outcome, the client is taught to do the same. The participants have observed that the silent internal process of therapist and client allows the client’s spiritual wisdom to emerge, and deters the projection onto the therapist as being the idealized or devalued representation of personal family dynamic. The participants reported that this process discourages the codependent role of the therapist needing to fix the client, as spiritual wisdom becomes internal and personal to the client. Participants experienced that transference and countertransference issues emerge if they do not stay balanced and in a state of nonattachment.

Using skills of alternative ways of knowing, on a deep intuitive level the participants continuously sense shifts in the field through their internal feedback mechanisms. As the energy within the field intensifies, peaks, and harmonizes, the participants reported that they can sense when to stop the internal processing and bring the client’s awareness back to the egoic mind in order to understand and integrate their process. According to Joe, it is important to engage the egoic mind after the vibrational shift, and not before. He uses his intuitive knowing, inner vision, and kinesthetic senses to determine
the vibrational shift and then initiates dialogue. This process helps the client to ground and integrate his or her internal process, observing what had emerged from inherent spiritual wisdom. According to participants, this process leads to a leap in awareness, as well as emotional, cognitive, and behavioral changes.

**Client Transformation**

Participants reported that their clients show developmental changes indicating that spiritual consciousness is developing as they *wake up* and observe themselves from a larger spiritual context, begin to read spiritual books, attend meditation or Yoga classes, and become aware of what they termed as their higher power or higher self. The terms *higher self*, *higher power*, and *higher consciousness* had been used interchangeably by participants of this study without a definition based in any particular spiritual tradition. However, they were referring to a part of themselves that experiences a connection to a Divine force through an expanded level of consciousness, outside of their egoic state of consciousness. Some defined it as soul consciousness. According to the participants, some of their clients reported that their true parent is God, and let go of their attachment to their anger towards their family of origin. Their frame of reference about their place in the world and their identity became related to their spiritual essence. Flo’s client expressed great joy to her as he learned to just *be* in another way through a nonlinear process that created a leap of consciousness and awareness. It was through this observed leap in consciousness that transformation unfolded. Wu Wei stated, “As I connect to my essence, the client connects to his.”

Participants commonly observed and heard their clients report that they begin to feel safe and at peace within the session, and then begin to integrate that feeling within themselves, experiencing these emotions outside of the session. Other emotions such as trust, faith, love, joy, forgiveness of self and others emerged. Anxiety, fear, and depression were alleviated. Participants reported that their clients gave up future thinking and the fear attached to it. Their minds quiet and their self-judgments subsided as their self-esteem improved. Flo reported that her client learned to “differentiate when he was getting caught in his habitual thinking and then find that place of spiritual resonance within himself.” This ability to become the observer, self-aware of old patterns, helps the client to make different choices based in knowing the experience of peace, tranquility, and joy. According to the participants, this cognitive and emotional shift allowed their clients to become observers of their beliefs and thought processes from a place of expanded consciousness and spiritual wisdom.

Subtle body changes such as relaxation, alleviation of stress and pain, posture change, and breathing pattern changes were noticed by the participants and their clients within the session as spiritual resonance was shared. These changes became permanent over time. More dramatic physical changes occurred that surprised the client and the medical community such as with Angel’s client who began to walk with a cane after being paraplegic. According to the
participants, as clients observed themselves from a level of spiritual awareness they developed new tools to function more effectively in their world, improving their quality of life.

Participants observed that their clients opened their hearts more to those around them and reached out in ways that differed from the ways they connected in the past. Clients began to set clearer boundaries in their world and disengaged from dysfunctional family patterns. Old habits were given up, such as drug or alcohol use, and were replaced by spiritual practice.

The participants reported that their ability to sense subtle shifts within the energy field allows them to notice the vibrational changes in the client. These vibrational changes sensed in the client accompany changes in emotions, beliefs, and evolving spiritual consciousness. Flo reported that she would see the illumination in the energy field of her client who lit up vibrationally as he reflected on the joy of his inner experience. The participants have experienced their clients as being spacious, luminescent, bright, radiant, etc. The participants’ observations are not necessarily accompanied by external cues. Clients reported to their therapists that as their inner light became brighter, it was noticed by others.

**Therapist Transformation**

According to the participants, spiritual resonance is a mutual process of transformation. Joe recognized his own transformation when he reported, “When I’m in that higher place I’m right there for them. But afterwards I might recognize I could sense a part of me receiving that same love and healing.” Mary reported, “When their light goes on, it’s always on, but as it brightens and you see that, through however you see it, through their movement, through their eyes, through their expression, through their words, your light automatically starts to brighten.” Participants reported feelings of joy and gratitude for being a vessel for this higher range of consciousness, which is brought into their work as their own spiritual development continually unfolds. Leya expressed, “I’m grateful to be aware of Spirit in my life, and that I’m part of it. It’s a beautiful thing. When I treat people, that gratitude spills over. It becomes easier to treat people. It’s such a natural process.”

**DISCUSSION**

The findings of the study provided answers to the three research questions looking for the range of therapists’ experiences, the ways therapists activate the energetic field in the therapy session, and the impact of the sessions on the clients. The transpersonal qualities of the therapist who participated in the study were highlighted during the research and are briefly discussed. This section ends with a more expanded definition of spiritual resonance that developed as a result of the research.
Therapists’ Ranges of Experiences

By engaging in this exploration, the participants were required to search within themselves in order to find their personal meaning of spiritual resonance based in their deep experience of this phenomenon. The participants commonly related to the framework of spiritual attunement, which was vibrational in nature. Their internal sensing of vibration within the field appeared to be a deep intuitive knowing and sensory experience of what has been scientifically explored and explained by Tiller (1997), McCraty (2003), and Siegel (2010). In their psychotherapy practices, the participants utilized their skills of alternative ways of knowing through their intuitive internal cues, creating an innate sense of perceiving vibration. Their frame of reference was what they referred to as their higher power, or soul consciousness. It is within this range of vibration that they experienced transcendent experiences reflective of an expanded awareness of soul consciousness. In this state, ego identification diminished, boundaries diffused, and consciousness became expanded within an experience of focused attention, inner peace, cosmic connection, and joy.

The majority of participants related somatic and visual events that anchored the experience, as a balance to the purely intuitive knowing. Similar to the focusing techniques of Gendlin (1996) and the skills of mindsight, described by Siegel (2010), an internal focus of deep intuition, inner knowing, inner vision, kinesthetic and proprioceptive sensation take the therapist into an expanded state of awareness. Half of the participants described an expanded state of awareness related to focused attention without effort, experiencing Presence as all there is, reflecting a Buddhist orientation. Others reported a sense of expansion beyond the body, connecting and blending into all that is around them. However, either experience was accompanied with spaciousness, deep inner peace, physical relaxation, deep and slow breathing, and experiences of energy running through the body identified by tingling sensations. These sensations were interpreted as acknowledgement of emerging deep inner truth. A common theme was the experience of the body illuminating with light, as constricted boundaries and awareness of body weight dissolved. The focus is in the body and not outside of the body. Gendlin’s (1996) work addressed key components of the therapist and client experience as it was described by the participants. Gendlin wrote that when a deep felt sense emerges from within the body, it is experienced as an intricate whole, and changes the entire constellation of experience. He believed that the experience borders between the conscious and unconscious. However, the therapists’ descriptions of their experiences with their clients add an additional element beyond Gendlin’s model. Participants described body consciousness as not only holding open a doorway for conscious and unconscious material to emerge, but for experiences of expanded awareness to be known. This point of convergence between the conscious, unconscious, and expanded conscious awareness is where psychological healing and spiritual development can unfold side by side. This expanded awareness, described by many participants as soul consciousness, resonates within the shared transsubjective field. The presence of spiritual resonance brings a transcendent quality to the experience within the shared
field, which has the potential to dramatically shift experiences of emotion and cognition.

McCraty and Childre (2010) offered a neurobiological explanation of participants’ reported experiences of resonance, described as a flow of shared energy based in a centered state of inner peace and loving spiritual attunement. The authors stated, “When coherence is increased in a system that is coupled to other systems, it can pull the other systems into increased synchronization and more efficient function” (p. 11). Participants’ reporting of inner peace, joy, unconditional love, spaciousness, empathy, and compassion are consistent with qualities of transpersonal therapists as described by Butlein (2006) and Phelon (2001). Blackstone (2006) suggested that “the love that they experience within their own body resonates with the love in the other person’s body. The mutual stimulation of this resonance is healing in itself” (p. 36). The participants were all able to sense harmony in the field as their clients attune to spiritual resonance. The harmony and flow of energy are determining factors in the therapist’s assessment of spiritual resonance. Intuitive knowing, inner vision, and kinesthetic sensations such as lightness, tingling, expansion, relaxation, steady deep breathing, flow, or quickening may be used as internal feedback mechanisms. The integration of intuitive knowing with an immediate experience of sensation provides the therapist with the internal feedback mechanisms to assess resonance within the shared field.

These internal feedback mechanisms are consistent with the skills of mindsight as described by Siegel (2010). This internal step-by-step tracking of the client, as the therapist stays present, helps the client “free up the drive for integration” (Siegel, 2010, p. 149). Siegel stated, “This is the way a solitary system expands its complexity by dyadic states of awareness that promote more highly integrated configurations” (p. 149). Siegel’s understanding, based in interpersonal neurobiology, takes the Buddhist skills of mindfulness and mindsight into the psychotherapeutic container. He provided scientific meaning to the participants’ experience of moving with the client from an egoic perception, to one of expanded awareness where boundaries diffuse and integration is enhanced.

The 12 participants in this preliminary study experienced themselves as opening to the energy of spiritual resonance within the session, and vibrationally inviting the client to share that coherent resonant field. Half of the participants believed that they radiate this frequency and the client can choose to resonate or not. The other half of the participants use skills of nonlocal energy healing to transmit energy from heart-to-heart, or to intentionally work with the client’s energetic system—the chakra system—from a distance, establishing a balance and greater flow of energy between them and the client. These techniques of energy healing, although from a different reference point, are compatible with the study of McCraty et al. (1998) where they found that the electromagnetic signals of the heart are the strongest signals emanating from the body. The heart-to-heart connection leads to greater coherence of internal systems, and resonance between individuals.
The participants found that this vibrational field becomes one expansive field of radiant light where the transmission of spiritual radiance, whether intentional or not, ultimately becomes multi-directional, corroborating Blackstone’s (2006) theoretical model. Blackstone (2006) reported that in her experience transmission of energy is multi-directional between therapist and client. The participants indicated that psychotherapists may choose to integrate the skills of inner vision, inner knowing, nonlocal healing techniques, imagery, and meditation into the therapeutic process within this shared field of multi-directional energy flow.

### Activating the Field

In deeper exploration, each participant believed that the attunement to a Divine cosmic force is always within them, and they bring this force with them wherever they go. Although the client also has a range of vibration that is emanating within the field, more often than not the client has not done the degree of spiritual or personal work as the psychotherapist. Therefore, the client’s range of frequency may not be as refined. For example, a client who is angry and depressed can have a resonance to energy that is tangibly denser than the energy of spiritual resonance. Both therapist and client bring a range of energy, which contributes to the experience of this dynamic ever changing field. However, if in the session the therapist is centered and balanced, then he or she is able to maintain a range of vibrational frequency, with which the client may or may not choose to resonate.

### Observed Client Transformation

The participants in this study reported that the responses of clients within their therapy sessions seemed to indicate potential for nonlinear leaps in conscious awareness and developmental strides. Many clients learned to move fluidly from egoic awareness to an expanded range of consciousness with diffused ego identification. This is very different from a psychodynamic framework where the goal is to teach the client to develop an observing ego from which point the client’s maladaptive behavior and belief systems could become ego-dystonic. In so doing, the client becomes aware and uncomfortable with the old patterns that had been woven into his or her personality structure. Within a transpersonal model, the context shifts from ego identification to a more expanded transpersonal frame of reference. In this transpersonal frame of reference the client can explore the transpersonal domain and dis-identify with the ego (Vaughan, 1993).

Participants consistently reported experiences with clients who were learning to observe themselves from the perspective of what many of them termed to be a higher consciousness within an experience of expanded awareness. This term was not connected to a particular spiritual tradition, but was used to explain their connection to a part of themselves that felt connected and guided by a Divine force. Other clients did not necessarily report connection to a Divine
cosmic force, but their attachment to their ego identity began to deconstruct as they were held in the loving space of spiritual resonance, without the therapist’s attachment to judgment or outcome. This observation is consistent with reports of how other psychotherapists have seen their clients transform within a framework that they refer to as a nondual therapy approach (Blackstone, 2006; Krystal, 2003). This transformational process was observed by therapists that actively introduced meditation technique, and those that only provided silent space within a shared field of spiritual resonance.

Participants reported that the context of many of the clients’ personal issues were changing within the sessions to reflect greater spiritual awareness. Depression and anxiety lifted as they began to feel safe, peaceful, joyful, and forgiving of themselves and others. Future thinking, which was fear-based, was diminished as the clients learned to stay focused in the moment. Blackstone (2006), Helen, Shákel, and Kimberley (2007), and Phelon (2001) all reported that the healing presence of the therapist is an essential factor in the clients’ ability to feel safe and self-accepting. However, the current study offers the additional variable of spiritual resonance as an ingredient for transformation.

As pointed out in the results, the participants noted that their clients reported evidence they were developing spiritual consciousness as they attended meditation and Yoga classes, read spiritual books, and positively changed their relationships with their family and friends. Patricia reported, “The client feels inner guidance to pursue spiritual books or classes. Spiritual life blossoms. The client integrates spiritual principles. There is self-acceptance, joy, spiritual emergence, flow.” Study participants revealed that their clients reported setting clearer boundaries in their world, while their internal boundaries became more diffuse and open to their own spiritual attunement. Their frame of reference became related to their spiritual essence over time, recognizing that this resonance was within them. This was evident with one participant’s client who naturally created a healthy and loving interaction with his daughter as he opened to the essence of love within himself.

Some clients had dramatic peak experiences during the session, while others had dramatic healings occur over time. For two study participants, their clients went through significant physical transformation, beyond what the medical community could create or understand. Another participant’s client transformed her perception of the meaning of her accident and death of her boyfriend through a peak experience within the session. As some clients reported a sudden awareness of their connection to a Divine force within the session, their belief systems changed in that moment. Although clients may regress, evidence has shown that once they have had an experience that is peaceful, joyful, and expansive, they can return to that experience, which they had not previously known. Wilber (2000) stated:

In the archeology of the Self, deep within the persona lies the transpersonal, which takes you far beyond the personal: always within and beyond. Experienced previously only in peak experiences, or as a back-ground intuition of immortality, wonder, and grace, the soul begins to emerge more

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permanently in consciousness. Not yet infinite and all-embracing, no longer merely personal and mortal, the soul is the great intermediate conveyor between pure Spirit and individual self. (p. 106)

This integration as described by Wilber (2000) does not occur over night; however, participants have reported this integration unfolding during the process of treatment. As the client’s energy field blended together with the therapist’s in the deep connection of spiritual resonance, the client ultimately learned to be separate and whole, recognizing that the spiritual wisdom of the healer lies within. The range of spiritual resonance appeared to be integrated vibrationally within the client. Participants noted that their clients began to integrate a more expansive and transpersonal awareness of themselves and their issues as they showed evidence of replacing old addictive patterns with meditation and spiritual practice. The clients reported that the intermediary became their higher self or their soul, corroborating with Wilber’s point of view.

Siegel (2007) supposed that one explanation for this level of complex integration within the client may have to do with the mirror neurons within the brain. While there are not definitive neural correlates at this time to attunement and resonance, mirror neurons may offer a new pathway in the understanding of attunement. Mirror neurons allow one individual to mirror and integrate the behavior of another as his or her own. This theory of attunement through the activation of mirror neurons has been substantiated in terms of how outer world behavior is mirrored, but Siegel thought that attunement to internal states may activate the mirror neuron system as well. This may be evidenced as the participants stayed centered in spiritual resonance. Their internal feedback mechanisms helped them to track ongoing transformation as they tuned in to the client’s vibrational field, paying attention to the resonance or non-resonance between the two of them, as clients learned to experience attunement within themselves. Siegel (2010) thought this step-by-step joining with the client in the moment, without expectation or attachment to outcome, leads to greater and more complex levels of integration. Siegel described that the combination of mindfulness, brain function, and relationship creates triception (triangle of well-being). He stated:

Triception is the way we perceive the flow of energy and information in the triangle of well-being. We perceive this flow as it moves through the nervous system (brain as mechanism of flow), as it is monitored and modified (mind as regulation), and as it is communicated among people (relationships as sharing). As this is a triangle of not just energy and information flow, but of well-being, triception is the way we perceive our states of integration and then move the system from chaos and/or rigidity toward the harmony of integrative flow. This triangle is of an integrated brain, empathic relationships, and a coherent, resilient mind. (Siegel, 2010, p. 122)

The author reported that the encouragement of the client to stay with his or her internal process provides validation for the client and acceptance of this

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moment-to-moment flow of energy and information. Siegel’s finding was consistently corroborated by the participants’ experiences as reported in the current study. As the therapist is present for the client in the moment without expectation or ego involvement, the space is created for the client’s own spiritual wisdom to emerge. The question arises of how the therapist’s ability to maintain spiritual resonance may influence higher brain integration and functioning within the framework of triception.

The participants observed that their clients felt safe and at ease in the process, and their resistance and body tension faded. The feeling of safety helps the client to relax into silent reflection bathed in the frequency of shared spiritual resonance. This process allows for the emergence of a deep inner wisdom and understanding to integrate within the client’s consciousness. There is potential for the client’s new understanding of his or her issue and identity in the world to come from an experience of integrated wholeness and cosmic connection, which cannot be analytically reduced to the sum of its parts.

**Transpersonal Psychotherapists**

The skills of the participants were consistent with Butlein’s (2006) definition of the *awakened therapist*, a therapist who lives a transpersonal life, rather than just exhibits the qualities of a transpersonal therapist. Half of the participants reported fluidly moving from egoic awareness to expanded awareness within a meditative state, indicative of Butlein’s awakened therapist and the double vision as described by Welwood (2003). At times, the participants experienced a range of levels of awareness simultaneously, having a foot in both worlds all at once. The other half of the participants described a focused presence that was based in an expanded awareness, but they did not think their experiences were that of a meditative state. Presence is all there is in those moments for them, as in Buddhist practice. All participants felt that this model of psychotherapy was a moment-to-moment practice, without expectation, and without ego attachment.

Although the participants could not accurately evaluate their state of consciousness, they all knew that their work was being done in an experience of expanded awareness, beyond egoic thought. The participants’ experiences were consistent with Blackstone’s (2006) transpersonal clinical framework. Her explanation of working within an experience of what she referred to as nondual realization, all inclusive of egoic thinking as well as expansive awareness of a unified whole, provides common ground and perhaps a context for the focus of awareness of the participants. The flow of information within a relaxed and focused presence, without interruption, contained in the shared transsubjective field, holds meaning for this study. The focus on the impact of spiritual resonance within the psychotherapeutic container from experiential accounts may add another dimension to the field of transpersonal psychotherapy as further research is implemented based on this preliminary study.
Spiritual Resonance

Through the findings of this exploratory study, the definition of spiritual resonance expanded as follows: Spiritual resonance is described to be a vibrational pattern of greater cosmic wholeness, which is experienced as being accessed by soul awareness. Spiritual resonance is a central core of life, and not just healing. This type of resonance is the vibrational fabric from which healing and life emerge, and is not component based. Spiritual resonance is inclusive of all other forms of resonance. Spiritual resonance is perceived as a gift to the receiver who is consciously aware of the experience, but the potential for realization is present in all of us. Spiritual resonance is realized through an experience of expanded awareness, usually brought about through spiritual practice, and is nonlinear in nature transcending time and space. In the experience of spiritual resonance, the therapist and client may become transmitters of this range of energy within the therapy session, and contribute to the mutually created and shared energy field. Within the vibrational range of spiritual resonance, the client has the choice to resonate with that range of frequency, dis-identifying with ego, changing perception, and transforming within the unified experience of cosmic wholeness. Ultimately, the transmission of spiritual resonance is multi-directional between therapist, client, a Divine cosmic source, and Earth.

The experience of the expanded awareness of soul consciousness creates the frame of reference for spiritual resonance. The deep internal process of intuition, inner knowing, sensory experience, or listening to the whispers of the soul, as described by Wilber (2000), provides a spiritual context for the experience of the therapist. Khan (1994) wrote that as one turns within and listens to the cosmos, a vibration can be found inside each individual that is resonant with what is being picked up from the spheres of the universe. These cosmic spheres are vibrationally finer than the everyday earthly world of our egoic perceptions. Since there are many types of resonance, this perception of cosmic connection provides an important context within which to understand the experience of spiritual resonance, as explored in this study.

All of the participants in this study had a doorway into a deeper intuitive part of themselves that fostered their cultivation of spiritual consciousness. One doorway into the experience was steeped in a deep internal intuitive and bodily knowing with an experience of expansion. This knowing exists as the vertical core running through the body. From a spiritual frame of reference, this is the channel within which subtle energy runs from the base of the spine through the crown chakra above the head (Blackstone, 2006). This subtle energy, often referred to in Hindu terms as *Kundalini*, moves along this vertical core, which awakens us to fundamental consciousness based in an experience of expanded awareness (Blackstone, 2006). It is activated through imagery and meditation, with sensations of tingling energy running up the spine and throughout the body. Spaciousness and expansion beyond the limits of the physical body were common reports. A second doorway was described by therapists where they dropped deeper into the body, to a place of silence, peace, and presence.
Spaciousness and expansiveness permeated their senses, and their hearts opened.

These doorways lead to the deeper intuitive knowing. As one participant pointed out, the intuition is not everyday intuition. This intuition, based on cosmic spiritual connection, is intuition with a big “I,” and perceived as direct connection to a Divine source. The participants experienced this intuition as a gift and commonly reported that he or she is a vehicle or vessel for the expression of spiritual resonance. The experience and perception of this framework contributed to the participants’ perceptions that spiritual resonance is the central core of a philosophy of wholeness, is not component-based, is nonlinear in nature, and is the fabric between the spaces from which all healing and life emerge. This description of understanding of the phenomenon reflects a deep personal and experiential inner knowing of what has been described as the energy field.

These energy fields connect the present to the past. The phenomenon may be likened to sensing the interconnecting morphogenic field as described by Wilber (2000), from which development of consciousness unfolds. Sheldrake (2009) described that we enter into the morphogenic field. This field is an organizing field of biology, behavior, social systems, and consciousness. Sheldrake supposed that one may at times enter into different morphic fields. Doing so would account for the experience of egoic consciousness versus a consciousness related to expanded awareness. Even though this experience is associated with body and brain function, it is not synonymous with the self. The consciousness of self maintains awareness of external environment and body perception, but interacts with morphogenic fields where subjective experience “is not directly concerned with the present environment or with immediate action—for example, in dreams, reveries, or discursive thinking—need not necessarily bear any particular close relationship to the energetic and formative causes acting on the brain” (Sheldrake, 2009, p. 195).

In the study, participants had frequently referred to their higher self, or higher power as the part of them that is present in the experience of spiritual resonance. Sheldrake (2009) supposed that if one approaches morphogenetic fields from a metaphysical perspective, as Wilber (2000) has, and if there is a hierarchy of conscious selves that exist which are immanent in nature, it is then possible the higher self may express itself through the human consciousness. Under the right circumstance, such as in meditation, one can enter into this morphic resonance and feel embraced by this higher part of themselves within a transcendent experience of being one with nature and the cosmos. The question of hierarchical development has been continually debated from different perspectives by Wilber (2000), Grof (1993), and Washburn (1998). However, the language of the participants in this study was hierarchical in nature, but the therapeutic interventions, experienced within multiple levels of awareness, were nonlinear, and at times reported as being transcendent in nature.

Valle and Mohs (1998) made a clear distinction between transpersonal and transcendent awareness. They defined transpersonal as “any experience that is
transegoic” (p. 99), while transcendent “refers to a completely sovereign or soul awareness without the slightest inclination to define itself as anything outside itself” (p. 99). They suggested, “this distinction between transpersonal and transcendent may lead to the emergence of a fifth force or more purely spiritual psychology” (p. 99). It is questionable whether the participants and their clients were experiencing transcendent states as described by Valle and Mohs, since there was not a clear and agreed upon definitions of terms. However, the results of this exploratory study may be an initial attempt to support the premise that we are closer to recognizing a previously unexplored element of spiritual psychology, with direct applications to psychotherapy.

LIMITATIONS OF THE STUDY

The choice of participants was limited by my ability to identify those psychotherapists who may have been appropriate for the study from a small group of potential candidates. Due to the intimate face-to-face conversational nature of the study, the limitation of location was a factor. Group participants needed to be in geographic proximity to one another. As a result, issues of gender, age, and length of clinical experience were not the focus. However, recruitment outcomes showed that it was the more clinically experienced practitioner that had developed the skill of integrating spiritual resonance into the therapeutic process. Therefore, the age range of the participants did not include younger therapists with less clinical experience. The location factor also influenced the lack of racial and cultural diversity of the participants.

The participants did not share a consistent language for their experience, and used terms that have evolved from their personal experience. As a result, terms were used that were not consistent with the meaning given to them by the traditions from which they originated. This factor had been addressed throughout the study. Interpretive skills were used to find common meaning among the participants of varying clinical and spiritual orientations.

Qualitative research does not demonstrate causality, but describes the experiences as reported by the participants. The definition of spiritual resonance and the supporting experiences are based in the subjective views and interpretations of the participants’ experiences. While this process provides a deeper understanding of human experience and the relationship to transpersonal interpersonal interaction, conclusions of causality cannot be made.

A limitation of the study is that the report of client transformation was based on the subjective view of the practitioner in his or her observation of the client. For ethical reasons of confidentiality and client protection, it was not appropriate to interview the clients themselves. In a clinical setting a continuous assessment of the client’s experience, growth, treatment goals, and interventions are being made by the practitioner. The reports of client transformation in this study were dependent upon a clear assessment by a competent practitioner.
This exploratory study attempted to create a common language and understanding of the experience of spiritual resonance. Because the language and definitions used by the participants in this study were generally defined based on personal experience, and although meanings were similar, the language was not consistent. In the continued investigation of this subject, more research would be helpful to explore the experience of spiritual resonance with groups of therapists who have been formally trained in one particular spiritual tradition with a common language that clearly defines an experience of consciousness and a perception of divinity from a common frame of reference. For example, Buddhist psychotherapists may relate differently to the experience, definition, and role of spiritual resonance in psychotherapy compared to psychotherapists with Shamanic training or Hindu Yoga training. The addition of racial and cultural diversity to future study may influence the language as well as the results.

The three stage process of participant interviews, which included two group interviews, appeared to be rewarding for all involved. In further study of the subject, researchers may choose to use a similar three stage design. The themes that emerged were common and consistent with the comparison group, which were interviewed in one single individual interview. The combination of group process with the individual interview proved to be effective and growth producing for the entire group. I witnessed how the heuristic research process paralleled the subject that was being studied.

Further transpersonal research projects might be developed, testing the effectiveness of transpersonal training programs for therapists who choose to develop the skills necessary in bringing awareness to this range of frequency within the psychotherapy session. Research studies can also be developed to explore the role of consciousness in the effective transmission and receiving of information in nonlocal healing, recognizing the participants’ ability to invite in spiritual resonance as a possible variable in the outcome.

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