HOW TRANSPERSONAL PSYCHOTHERAPISTS DIFFER FROM OTHER PRACTITIONERS: AN EMPIRICAL STUDY

Michael S. Hutton
_Palo Alto, California_

INTRODUCTION

In the two and one-half decades since the field of transpersonal psychology was first announced (Sutich, 1968), increasing numbers of psychotherapists have applied a variety of therapeutic approaches that are collectively coming to be understood as transpersonal psychotherapy.

Sutich (1980) proposed that transpersonal psychotherapy be defined as therapy which is directly or indirectly concerned with recognition, acceptance, realization and obstacles/barriers to ultimate states. Walsh and Vaughan (1980) stated that transpersonal psychotherapy ... as defined by therapists whose clinical practice includes transpersonal work, is the aspect of therapy that goes beyond ego goals, and bridges psychological and spiritual practice" (p. 161). Hendricks and Weinhold (1982) suggest that: "the transpersonal view also acknowledges the human spiritual quest. Transpersonal therapists accept the human need for growth along spiritual dimensions such as unity, ultimate truth, and direct perception of the divine" (p. 10). Boorstein (1980) noted that transpersonal psychotherapy differs from traditional approaches not so much in method or technique as in orientation and scope. The essence of the therapy is in the attitudes of the therapist. Similarly, Hutton (1988) concluded, "focusing explicitly on the transpersonal elements ... the essence of a therapeutic orientation [is] not so much its methods or techniques but rather the nature of its energy and the quality of love that is manifested" (p. 7).
Scotton (1985) has defined transpersonal psychotherapy as seeking to establish a "conscious and growth-producing link between the patient and the transpersonal experience" (p. 57). This includes an "emphasis on the wholeness, the completion or the fruition which is to be found in the collective, transcendent or the spiritual" (p. 57). It shares with other therapies the belief that psychological symptoms and patterns are amenable to treatment, and with spiritual disciplines the belief that "forces greater than the individual create a natural tendency toward healing and development in every individual, and one can open to these forces and enhance this tendency" (p. 57).

Sylvia Boorstein (1986), noted that the context for transpersonal psychotherapy is subtle and difficult to describe: "... the way in which we [therapists] choose to make responses conveys our attitudes, values, and belief systems to our clients" (p. 123). The conscious introduction on the part of the therapist of a transpersonal framework into the therapeutic interchange can be a significant moment in therapy.

**Confusion Surrounding Transpersonal Psychology**

The lack of a generally agreed upon definition of transpersonal psychotherapy and the wider concept of transpersonal psychology, has provided an opportunity for critics of the field to question it. Ellis (1986) equated transpersonal psychology with fanaticism. In a rejoinder, Frances Vaughan (1987); after identifying a fanatical tone in Ellis' article, disputed his claim that transpersonal psychology supports nonrational beliefs. She noted that transpersonal psychology "is an attempt on the part of psychologists to question unexamined beliefs and assumptions and to investigate and thus gain a better understanding of those elements in the psyche that Ellis perceives to be so threatening" (p. 573). Roger Walsh (1989) noted that in fact many followers of the transpersonal school were interested in saving the planet:

I agree that psychologists have a crucial role to play in ensuring human survival but not if we continue to attack one another out of ignorance and bias and to claim that "my school" is the one true way. Rather, let us do at the psychological level what we are attempting at the international; namely, to set aside traditional boundaries, biases, conflicts, and special interests and welcome for objective appraisal the potential contributions of all schools. Anything less may be tragic for our psychological community and fatal for our planet (p. 339).

How do such therapists make clinical decisions about "transpersonal" interpretations? Sylvia Boorstein (1986) uses transpersonal interpretations to reduce the stress and alleviate the suffering of the client. By introducing a larger perspective, such a framework
allows the client to feel less victimized and trapped, and offers a view of life as an ongoing psychological journey.

Scotton (1985) listed requirements essential to those practicing transpersonal psychotherapy. They include:

1. Openness to the transpersonal dimension, including the belief that contact with transpersonal realms may be transformative and of the greatest healing potential.

2. The ability to sense the presence of, or a report of numinous experience, whether it should appear in a dream, a vision, a synchronous event or a contact with a spiritual teacher.

3. Some knowledge of a variety of spiritual paths.

4. Active pursuit of his/her own spiritual development.

5. Degree of openness about him/herself, his/her own spiritual orientation, and experience.

6. A firm grounding in psychotherapy.

Wittine (1989) brought together five postulates for a transpersonal psychotherapy, which he defined as “an approach to healing/growth based upon the tenets of the perennial philosophy” (Huxley, 1944). These are:

1. Transpersonal psychotherapy is an approach to healing/growth which recognizes the centrality of the Self in the therapeutic process.

2. Transpersonal psychotherapy values wholeness of being and self-realization on all levels of the spectrum of identity-egoic, existential, and transpersonal.

3. Transpersonal psychotherapy is a process of awakening from a lesser to a greater identity.

4. Transpersonal psychotherapy makes use of the healing, restorative nature of subjective awareness and intuition in the process of awakening.

5. In transpersonal psychotherapy the therapeutic relationship is a vehicle for the process of awakening in both client and therapist.

In both Scotton's list (requirement #6) and Wittine's list (tenet #2) are references to ego level concerns, which counter May's (1986)
concern that transpersonal psychology is a psychology "made by throwing out or leaping across (as "trans" literally means) the person" (p. 6). May quotes Gregory Bateson's concern that "I think you are building a psychology without people in it" (p. 6). Vich (1986) also responded to May's (1986) concerns noting that the current transpersonal work began as an extension of modern psychology to include the farther reaches of the human spirit, and thus was an addition to psychological understanding. However, the term "transpersonal" could also be construed to mean moving through the personal, thereby addressing the most difficult aspects of human suffering, as well as the farther reaches of spirit.

Vaughan (1982) describes the transpersonal perspective as:

a metaperspective that attempts to acknowledge and learn from all points of view. It is a perspective that does not seek to impose a new belief system or a new metaphysics, but rather to see the relationships between existing world views in order to envision transformational possibilities. . . . "The integration of ancient wisdom and modern science" describes transpersonal aptly (p. 37).

The connections between spirituality and psychotherapy for professional therapists was studied by Shafranske and Gorsuch (1984). They found that spirituality encompassed a unique, personally meaningful experience for most psychologists which, although positively related to specific forms of religiosity, did not rely on any given form or appearance of religion. Their study followed up on the reports from the American Psychological Association (Malony, 1972) that only 1.1% of the APA members had an interest in religion. Shafranske and Gorsuch found that psychologists as a group were less religious when compared to the general population (Gallup, 1985), which confirmed Ragan, Malony and Beit-Hallahmi (1976). If, however, the concept of religious was broadened to spiritual, psychologists generally perceived spirituality to be relevant to psychotherapy. This was determined by asking the respondents if they perceived spirituality as relevant to their personal life and clinical practice. Shafranske and Gorsuch (1984) defined spirituality as "the courage to look within and to trust. What is seen and what is trusted appears to be a deep sense of belonging, of wholeness, of connectedness and of openness to the infinite" (p. 233). They contended that the extent to which psychotherapists experienced spirituality as relevant in their personal lives directly affected their perception of the relevance of spiritual issues within clinical practice. Further, if transpersonal practitioners have the broadened perspective which includes spiritual dimensions, perhaps they may in fact be better able to handle issues presented by the general public in treatment, especially those related to spiritual matters.
Shafranske and Gorsuch's findings showed a correlation between the belief that "spirituality is important" and the practitioner's psychotherapeutic orientation. For example, they found a strong positive orientation to spirituality for Jungian therapists, and a strong negative relationship to spirituality for behavioral therapists. They also discovered that the psychologist's personal stance toward spirituality was an essential factor in the perception of spirituality as relevant within clinical work. Shafranske and Gorsuch (1984), through their survey, contributed to the understanding of how transpersonal psychotherapy should be developed:

... the majority of psychologists reported that spirituality was personally relevant [although] less than half are affiliated with an organized religion; psychologists who perceive spirituality as relevant to their personal lives are more likely to perceive spirituality as relevant within clinical work; ... and this is related significantly to the psychologist's personal orientation, ... and that spiritual issues are not addressed within the course of training of a clinical psychologist (pp.238-39).

They also found that psychologists were less religious when compared to the general population, but not irreligious or anti-religious. In fact, if the criteria for spirituality are broadened beyond measures of institutional affiliation, sectarian beliefs and practices, the data suggested a higher level of spirituality than had been previously reported (Elkins, Hedstrom, Hughes, Leaf & Saunders, 1988; Ragan et al., 1976). For example, though they found that only 23% of the respondents were committed to a traditional religious affiliation, 33% followed an alternative spiritual path, which totaled 56% who were personally involved in some form of religion or spirituality. Shafranske and Gorsuch theorized that this may mean that many psychologists experience spirituality in a more private manner. Also, the perception of psychologists as non-religious may be based on the relatively small proportion of psychologists affiliated with organized public religious institutions.

The particular religious milieu in which the respondent was raised (Catholic, Jewish, Protestant, etc.) did not produce any significant discrimination between those subjects who report this relevance and those who did not. The data also indicated that little or no dialogue or training concerning religious or spiritual issues occurs in the education of a psychologist.

*Spiritual Experiences*

Especially relevant to this study is Greeley's (1987) research in which he administered a survey on spiritual experiences to 1473
incidence of mystical experience in the general U.S. population

Americans. He found that compared to his original 1973 survey (Greeley, 1974), there were substantial increases in reported spiritual and paranormal experiences. Forty-three percent (43%) reported that they had had an "unusual spiritual experience." The particular question posed by Greeley was utilized in this survey, "Have you ever had the feeling of being close to a powerful spiritual force that seemed to lift you outside of yourself?"

Thomas and Cooper (1980) also utilized the Greeley question with college students, and found that 34% reported that they had had such an experience. They found through open-ended questions that the nature of those experiences varied considerably, and that many might be labelled more accurately as "psychic" or "faith and consolation," which do not necessarily indicate extraordinary or supernatural experience.

In relationship to this issue, the work of Back and Bourque (1970) is also important. In a series of Gallup polls in 1962, 1966 and 1967, there was a progressive increase in affirmative responses to reported mystical experience in a representative D.S. sample. The specific question asked was "Would you say that you have ever had a 'religious or mystical experience'--that is, a moment of sudden religious awakening or insight?" The percentage reporting in the affirmative were 20.5% in 1962, 31.8% in 1966, and 41.2% in 1967, which also reflects an increasing incidence of awareness of spiritual experiences in the population. And, most recently, Kantrowitz (Newsweek, Nov. 28, 1994) reports a poll of the U.S. population which shows 20% of Americans report having a revelation from God in the last year, 13% have seen or sensed the presence of an angel, 58% feel the need to experience spiritual growth, and 33% have had a religious or mystical experience.

Transpersonal Training

Davis and Wright (1987) analyzed the content of undergraduate psychology courses in transpersonal psychology. They found that common themes of consciousness, altered states of consciousness, meditation techniques, the relationship of religion to transpersonal psychology, the spectrum model of consciousness, Buddhist psychology, imagery and visualization, the "new physics," and dreamwork were taught most commonly in these courses.

Scotton (1985) made the first attempt to delineate how the training of transpersonal psychotherapy might differ from more traditional psychotherapies. He offered some guideposts for supervision, which included using lung's model for analysis, where it is essential that both parties (patient and therapist) be changed if the analysis is to be effective, or phrased another way, seeing therapy
as a kind of cooperative growth with both parties changing. Scotton also elucidated issues such as: 1) How do we know whose issue (patient or therapist) is arising, if both are open to change? 2) How do trainers teach a student to assist the patient on a path different from his own? 3) How can the psychotherapist compensate for his own tendency toward either the reductive (tendency to interpret transpersonal issues as regressive or pathological) or the unfolding (tendency to interpret issues in a transpersonal manner) side of the work? 4) How is one to handle the pull to be a guru or spiritual master? 5) How can the transpersonal psychotherapist achieve and maintain acceptance among his colleagues? 6) How does the supervisor point the student toward spiritual growth without dictating the particular path to be taken toward that growth? (pp. 72-74).

**Therapist's Orientation and Personality**

The literature which explores the relationships among psychotherapists' personality, theoretical orientation, attitudes and beliefs has produced a wide variety of results (Mahrer, Sterner, Lawson & Dessaulles, 1986; Neimeyer, 1988; Simonton, Matthew-Simonton & Creighton, 1978; Vandenbos, 1980; Wile, 1984). However, no studies comparing practitioners of different orientations have included transpersonal therapists, and only one study has specifically focused on the spiritual issues and beliefs of therapists (Shafranske & Gorsuch, 1984).

Hurwitz (1986) studied the relationship between the personality types of two different analysts and the analysis process, concluding that 'just as different parents raise different children, different analysts produce different analyses,' indicating that the personality of the analyst does effect the patient. Tremblay, Herron and Schultz (1986) determined a core therapist personality, with separate personality patterns demonstrated for each of three orientations (behavioral, psychodynamic, and humanistic). They also found that the patterns were more overlapping than they were unique.

Norcross and Wogan (1983) surveyed psychotherapists concerning their personal characteristics, training experiences, and predominant professional activities. Differences among the groups in terms of their characteristics, activities, types of clients, and treatment structure appeared to be consistent with the dominant theoretical orientation. Cyr, Lecomte and Bernstein (1982) found a main effect for therapist theoretical orientation (behavioral, psychoanalytic, and phenomenological) on prognosis (assessments of probable client outcomes), diagnosis (anticipation of client need), and process expectancies (anticipated use of directiveness and interpretations). The theoretical orientation appeared to have a
determining attitudes, beliefs, assumptions, and practices  

distinct bearing, therefore, on how a clinician perceives the therapeutic process, which was also noted by Badalamenti (1984).

Spiegel (1983) correlated psychotherapeutic orientation with mainstream values, and found that cultural orientation affects whether a therapist chooses classical Freudian psychoanalysis, interpersonal or nee-Freudian psychoanalysis, or the human potential movement.

Vardy and Kay (1982) found that psychotherapists' personal values and theoretical orientation, notably egalitarianism, expressiveness and directiveness, were significantly related to their initial success in terms of rapport with patients. Other characteristics, such as identification and suggestive powers, were not correlated with initial rapport.

Wogan and Nocross (1985) found that therapy interventions varied as a function of the therapist's orientation, and to a lesser extent as a function of experience, gender and personal therapy.

Strunk (1985) addressed the issue of psychotherapy with a religiously committed patient, and argued that the presence of ideologies in both therapist and client requires greater recognition and explication. Byrne (1983) found Australian clinical psychologists to differentiate along three dimensions of attitude, which were identified as scientist/practitioner (analytical), behavioral (working with behavior), and humanistic (trying to understand the whole person). These attitudes correlated to psychoanalytic, behavioral, and humanistic orientations for these psychologists.

**Current Study**

The purpose of this study is to determine those attitudes, beliefs, assumptions, and practices which transpersonal therapists share and those which distinguish them from other therapists. Specific areas were highlighted: psychotherapeutic orientation; spiritual tradition and practice; spiritual experience; transpersonal training; psychotherapeutic techniques used in practice; spiritual beliefs related to psychotherapy, and personality orientation.

**Subjects**

Five hundred ninety-one (591) surveys were mailed out to the professional members of three San Francisco Bay Area clinical organizations. The three organizations were: The San Francisco Psychoanalytic Institute (234 members), The Association for Behavioral and Cognitive Therapy (210 members), and the Profes-
sional Membership of the Association for Transpersonal Psychology (147 members). The mailings were sent to all members in each organization, so that there would be no sampling error. Each mailing contained a cover letter from the researcher, the survey instrument designed for this study, a SLIP Booklet and Answer Sheet (Singer & Loomis, 1984b), and a return, postage paid envelope. Fourteen (14) responded from the San Francisco Psychoanalytic Institute; thirty-eight (38) responded from the Association for Behavioral and Cognitive Therapy; fifty-two (52) responded from the Association for Transpersonal Psychology.

INSTRUMENTATION

Survey Instrument

The survey instrument (see Appendix) developed and pilot-tested for this study incorporated demographic and descriptive questions as well as psychotherapeutic orientation, spiritual tradition and practice, spiritual experience, transpersonal training, psychotherapeutic techniques used in practice, and spiritual beliefs related to psychotherapy.

Singer-Loomis Inventory of Personality (SLIP)

The SLIP is a 120-item questionnaire which assesses the subject's cognitive mode through a Jungian framework. Developed by June Singer and Mary Loomis (1984a, 1984b), it is a rewriting of the Myers-Briggs Typology Inventory (MBTI), the standard Jungian typology instrument. Its central assumption is that while we have a certain dominant cognitive mode or style, we are composed of all cognitive modes and styles to a greater or lesser degree. The eight cognitive modes of the SLIP can be combined in a myriad of ways, unlike the MBTI which has sixteen discrete modes or types, based on Jung's conception of psychological types (Jung, 1921/1971).

Linear Discriminant Function

The researcher decided to conduct a discriminant analysis to ascertain a set of optimal weights that maximally separate the groups. A linear combination is selected so that the square of the differences of the means, or the centroid of the numbers, is most widely separated. The ratio of the difference of means is maximized, which maximizes the differences between the groups as far as possible. Since in this instance the group membership is known, this method can then be used to predict group membership. Since the transpersonal orientation refers to an attitude, or belief system,
as well as the techniques used and the training involved, it was felt that the linear discriminant function would be the most appropriate in approaching an empirical definition of a transpersonal psychotherapist. In addition, this statistic was utilized to broaden the distinctions with the non-transpersonal approaches, which includes both the psychoanalytic and behavioral/cognitive.

The resulting linear discrimination function describes the group in multi-dimensional space. Said another way, the function is a set of variables, each measured on a sample of items, whose value can be used to allocate correctly items to each population. The analysis processes the variables in a stepwise fashion, such that the first variable selected is the largest discriminator between the groups, and each next variable that adds the most to the separation of the groups is entered into the discriminant function in order.

**Patterns of Effects of Possible Confounding Demographic Variables**

Demographic variables were examined for possible confounds with group membership variable, and three variables were found: sex, age and relational status. Analyses were conducted to determine if they affected the variables of interest. A 2(sex) x 2(relational status) x 3(group) ANCOVA using age as a covariate was conducted separately for each variable of interest. For the purpose of this analysis, two levels of relational status were used. All people living alone (single, divorced or widowed) were treated as one group, and all people living with others (married, remarried, living together) were treated together in a second group. Individuals were collapsed into two groups in this way to prevent cell sizes from becoming too small to permit examination. These analyses were conducted to ascertain if any main effects could be attributable to these confounds.

Virtually no main effects of these confounds were found. A small number of interactions were uncovered. With one exception, these interactions did not involve the main variable of interest, i.e., group. Examination of the means showed that the interactions were uniformly related to the fact that subgroups of the psychoanalytic group (e.g., female psychoanalysts living alone compared to male psychoanalysts living with someone else) were spread over a wider range of means than were subgroups of any other groups. In addition, it should be noted that this group had a very small response (n=14) and thus had a very small cell size which also enhanced the effect of the greater variability of individual scores. Thus, inferences about the psychoanalytic group must be made with caution. There was one effect for age, in that the value for extraverted sensate scale (percentage) became smaller as age increased.
The means and the size of the main effects for group were slightly different in the one-way ANOVAs (the main focus of this paper) than in the more complicated multi-variable ANCOVAs testing for effects of possibly confounding variables. This was primarily due to cases which were lost when the additional variables were added to the analysis. Thus, the influence of confounding factors appeared minor.

RESULTS

Overall the respondents were more likely to be female than male ($X^{2}(2, N=103) = 11.24; p<.004$). Results by gender are reported in Table 1. The psychoanalytic group had a higher mean age than did the other two groups (Table 2), averaging in the 50- to 60-year-old grouping, while the other two averaged 40- to 50-year-olds.

<table>
<thead>
<tr>
<th>TABLE 1</th>
<th>ANALYSIS OF GROUPS BY GENDER*</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP</td>
<td>SEX PSYCHOANALYTIC BEHAVIORAL</td>
</tr>
<tr>
<td></td>
<td>COGNITIVE TRANSPERSONAL TOTAL</td>
</tr>
<tr>
<td>male</td>
<td>11 19 16 46</td>
</tr>
<tr>
<td>female</td>
<td>3   18 36 57</td>
</tr>
<tr>
<td>Total</td>
<td>14 37 52 103</td>
</tr>
</tbody>
</table>

* One respondent did not specify gender

<table>
<thead>
<tr>
<th>TABLE 2</th>
<th>ANALYSIS OF GROUPS BY AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP</td>
<td>AGE PSYCHOANALYTIC BEHAVIORAL</td>
</tr>
<tr>
<td></td>
<td>COGNITIVE TRANSPERSONAL TOTAL</td>
</tr>
<tr>
<td></td>
<td>under 40 0 15 10 25</td>
</tr>
<tr>
<td></td>
<td>40 to 50 5 14 24 43</td>
</tr>
<tr>
<td></td>
<td>50 to 60 3 4 15 22</td>
</tr>
<tr>
<td></td>
<td>over 60 6 5 3 14</td>
</tr>
<tr>
<td>Total</td>
<td>14 38 52 104</td>
</tr>
</tbody>
</table>

Almost all the respondents were Caucasian (99 out of 104; 3 Asian; 1 Hispanic, 1 unknown). There was no significant difference based on income; however, in terms of relational status, while most of the respondents were married (see Table 3), the results of this question also showed intergroup differences which were significant ($X (6, N = 97) = 20.66, p<.003$). Results of this survey, then, could have

*How Transpersonal Psychotherapists Differ from Other Practitioners* 149
been influenced by sex differences or possibly age differences. As described above, ANCOVA analysis showed these not to be significant.

### TABLE 3
**ANALYSIS OF GROUPS BY RELATIONSHIP STATUS**

<table>
<thead>
<tr>
<th>GROUP</th>
<th>RELATIONAL STATUS</th>
<th>PSYCHOANALYTIC</th>
<th>BEHAVIORAL</th>
<th>COGNITIVE</th>
<th>TRANSPERSONAL</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td></td>
<td>8</td>
<td>9</td>
<td></td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>Married</td>
<td></td>
<td>10</td>
<td>19</td>
<td>15</td>
<td></td>
<td>44</td>
</tr>
<tr>
<td>Remarried! Living together</td>
<td></td>
<td>0</td>
<td>7</td>
<td>10</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>Divorced</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>12</td>
<td>35</td>
<td>50</td>
<td></td>
<td>97</td>
</tr>
</tbody>
</table>

### TABLE 4
**ANALYSIS OF GROUPS BY CLINICAL DEGREE**

<table>
<thead>
<tr>
<th>GROUP</th>
<th>CLINICAL DEGREE</th>
<th>PSYCHOANALYTIC</th>
<th>BEHAVIORAL</th>
<th>COGNITIVE</th>
<th>TRANSPERSONAL</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>MA</td>
<td></td>
<td>9</td>
<td>18</td>
<td></td>
<td></td>
<td>28</td>
</tr>
<tr>
<td>Ph.D.</td>
<td></td>
<td>0</td>
<td>20</td>
<td>20</td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>M.D.</td>
<td></td>
<td>11</td>
<td>2</td>
<td>4</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>2</td>
<td>7</td>
<td>9</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>14</td>
<td>38</td>
<td>51</td>
<td></td>
<td>103</td>
</tr>
</tbody>
</table>

In terms of professional training, the groups showed some variability in the levels of clinical training (see Table 4). Between group differences on clinical degree were significant ($\chi^2(6, N = 103) = 48.78, p<.0001$).

### TABLE 5
**ANALYSIS OF GROUPS BY SELF-DEFINITION OF ORIENTATION**

<table>
<thead>
<tr>
<th>GROUP</th>
<th>SELF-DEFINITION</th>
<th>PSYCHOANALYTIC</th>
<th>BEHAVIORAL</th>
<th>COGNITIVE</th>
<th>TRANSPERSONAL</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychodynamic</td>
<td></td>
<td>11</td>
<td>9</td>
<td>14</td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>Behavioral/Cognitive</td>
<td></td>
<td>3</td>
<td>29</td>
<td>3</td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>Humanistic</td>
<td></td>
<td>0</td>
<td>0</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Transpersonal</td>
<td></td>
<td>0</td>
<td>0</td>
<td>JJ</td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>14</td>
<td>38</td>
<td>52</td>
<td></td>
<td>104</td>
</tr>
</tbody>
</table>
Classification of Therapeutic Approach

A series of questions was given to provide the opportunity for the respondents to self-classify their therapeutic orientation, according to the four major forces or orientations within psychotherapy: psychodynamic, behavioral, humanistic, and transpersonal. These data are reported in Table 5.

Respondents were then given the opportunity to further clarify the definition of their orientation by selecting from a list of orientations and using as many approaches as applied. While almost all of the respondents selected from this list of orientations, thirty-eight (38) respondents (36%) used only one answer to further clarify their therapeutic orientation. While no statistical data can be gleaned from these results, the responses most often listed were Freudian, psychodynamic, Jungian, family systems, psychosynthesis, and behavioral.

For those choosing to identify additional psychotherapeutic approaches, there was a broad range of responses. It was significant \( F(1,101)=6.15, \ p<.004 \) that the transpersonal group picked almost three responses (mean = 2.939, S.D.= 2.585), while the psychoanalytic (mean = 1.214, S.D.= 1.626) and the behavioral/cognitive group (mean = 1.395, S.D.= 2.047) selected fewer, between one and two approaches, to further define their orientation.

Spiritual Tradition

In terms of spiritual orientation, subjects were asked about their original faith tradition and current spiritual orientation. For the original faith tradition, or religion, all respondents were from Judea-Christian faith traditions except seven, who reported being raised either Agnostic (4) or Atheistic (3). Table 6 shows the distribution by group.

In terms of current faith tradition most of the respondents had shifted to a new faith and undergone a change of spiritual preference, orientation, or belief. There is an increase among the psychoanalytic group and the behavioral/cognitive group of those responding "Agnostic" and "Atheistic." There is an adoption of the Eastern traditions (Zen, Buddhist) and, especially for the transpersonal group, a move toward less traditional spiritual beliefs (New Age, Shamanic, Goddess worship, etc.) and the mixing or synthesizing of new beliefs which incorporate various traditions. These are not listed separately in the Table 7 because of the variety and numbers involved. Thirteen respondents reported having more than one spiritual tradition currently, and these are included in the table below in the category "more than one" due to the variety and
small number of respondents for each one. There is a majority of "Other" and "More than One" responses among the transpersonal therapists.

### TABLE 6
**ANALYSIS OF GROUPS BY ORIGINAL FAITH TRADITION**

<table>
<thead>
<tr>
<th>GROUP</th>
<th>BEHAVIORAL</th>
<th>RELIGION</th>
<th>PSYCHOANALYTIC</th>
<th>COGNITIVE</th>
<th>TRANSPERSONAL</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agnostic</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atheistic</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baptist</td>
<td>0</td>
<td>O</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catholic</td>
<td>2</td>
<td>8</td>
<td>12</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christian Sclent.</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congregational</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Episcopalian</td>
<td>2</td>
<td>7</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evangelical</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jewish</td>
<td>5</td>
<td>9</td>
<td>7</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lutheran</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mennonite</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methodist</td>
<td>2</td>
<td>6</td>
<td>4</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presbyterian</td>
<td>1</td>
<td>7</td>
<td>3</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Converted&quot;</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>38</td>
<td>52</td>
<td>104</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Converted=born in one faith but raised in another faith

### TABLE 7
**ANALYSIS OF GROUPS BY CURRENT FAITH TRADITION**

<table>
<thead>
<tr>
<th>GROUP</th>
<th>BEHAVIORAL</th>
<th>RELIGION</th>
<th>PSYCHOANALYTIC</th>
<th>COGNITIVE</th>
<th>TRANSPERSONAL</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agnostic</td>
<td>3</td>
<td>8</td>
<td>0</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atheistic</td>
<td>2</td>
<td>6</td>
<td>O</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buddhist</td>
<td>0</td>
<td>3</td>
<td>9</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jewish</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presbyterian</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>11</td>
<td>25</td>
<td>39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than One</td>
<td>0</td>
<td>1</td>
<td>12</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>38</td>
<td>52</td>
<td>104</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Spiritual Practice

The respondents were asked about the amount of spiritual practice in which they participated. The answers were quantified by counting each time a subject performed or attended a particular spiritual practice, such as attending services, praying, meditating, attending a spiritual group, reading spiritual material, etc., and this was ascertained for a period of one year. For example, if a subject meditated daily, she/he was assigned a value of 365 (daily for one year). If the subject went to services weekly, she/he was assigned the value 52 (once each week for one year). If a subject meditated daily and attended services weekly she/he received a value 417 (365 + 52 = 417). Thus a value was derived for each respondent who answered the question, and an average value of "quantified spiritual practice" was found for each group. The transpersonal group had the highest (mean = 857.8, S.D.= 608.1), the behavioral/cognitive group scored in the middle (mean = 243.0, S.D.= 429.4), and the psychoanalytic group averaged the least (mean = 82.3, S.D.= 162.6). For the psychoanalytic group, this can be interpreted to mean that, on the average, each performed one spiritual practice weekly (for example, attending church service), and another every other week (for example, attending a Bible study session, or praying alone). The behavioral/cognitive group, did some spiritual activity two days out of three (usually a visualization or a prayer). The transpersonal group, on the average, did some spiritual activity 2-3 times per day (e.g., meditation, reading a spiritual passage from a text or prayer). Using an ANOVA test and substituting missing values with average values for each group, this showed a significant variation between groups (F(2,101) = 22.36, p<.0001). The transpersonal group therefore reported they participated in significantly more spiritual practice than either other group.

TABLE 8
"Have you ever had the feeling of being close to a powerful spiritual force that seemed to lift you outside of yourself?"

<table>
<thead>
<tr>
<th>GROUP</th>
<th>PSYCHOANALYTIC</th>
<th>BEHAVIORAL</th>
<th>COGNITIVE</th>
<th>TRANSPERSONAL</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>2</td>
<td>16</td>
<td>40</td>
<td>58</td>
<td>103</td>
</tr>
<tr>
<td>Maybe</td>
<td></td>
<td>7</td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>No</td>
<td>11</td>
<td>21</td>
<td>4</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>38</td>
<td>51</td>
<td>103</td>
<td></td>
</tr>
</tbody>
</table>

*One respondent did not reply
**Spiritual Experience**

The survey also sought to discover whether there were differences among these groups in terms of their spiritual experience. While this is difficult to measure, a simple self-report was utilized to determine if the groups differed from each other based on the question addressed to the general population reported in the Greeley (1987) survey. There was a significant difference among the groups ($X^2(4, N=103) = 36.13, p<.001$). The results are shown in Table 8.

**Psychotherapy Techniques**

Each respondent was queried about specific psychotherapy techniques he or she utilized. The analysis focused on seven of the twenty-two techniques with sufficient responses and which yielded statistically significant differences: intuition, relaxation techniques, meditation techniques, visualization with a spiritual focus, visualization with a behavioral focus, dreamwork, and recommending spiritual/religious books.

To sum up the findings from the seven techniques analyzed, the transpersonal group differed from both the other two groups in utilizing meditation techniques with clients, using guided imagery with a spiritual focus, and recommending spiritual books to clients, using these techniques with more clients. The other two groups could not be differentiated on these measures. The behavioral/cognitive group was differentiated in terms of intuition and dreamwork, using these techniques less than the other two groups. The psychoanalytic group was differentiated by using visualization with a behavioral focus less often than the other two groups, and using relaxation techniques less often than the other two groups. It is interesting to note two things here. First, that while often one group differentiates itself from the other two, no technique clearly differentiates all three groups from one another. Two groups are usually similar in their utilization of a technique. Secondly, the transpersonal group is always one of the groups which uses techniques more often, which would apparently indicate a more eclectic utilization of techniques in therapy.

**Transpersonal Training**

The respondents were asked to indicate how much transpersonal training they had received. The answers were classified according to no training ($=0$), some training (less than one month of training $= 1$), or more training (more than one month of training $= 2$). Thus, a
one- or two-day (weekend) workshop would be considered "some" training, a month-long training would be considered "more" training. On this question missing values were substituted with the mean value for the group.

This question yielded significant results \( (F(2,101) = 51.19, p<.0001) \). The transpersonal group (mean = 1.54, S.D.=.75) received significantly more training than the other two groups (psychoanalytic group mean = .14, S.D.=.54; behavioral/cognitive group mean = .26, S.D.=.55). Thus the transpersonal group received between "some" and "more" training. A follow-up question, asking if the respondent had any further training of a spiritual or religious nature which related to clinical work, did not yield enough response for analysis.

Asked about spiritual or religious books which have influenced the psychotherapy practice or views, the transpersonal group listed significantly more books in this category \( (F(2,101) = 32.71, p<.0001) \). The transpersonal group listed 8.12 books (mean = 8.12, S.D.=5.1), while the other two group each listed fewer books (psychoanalytic mean = 1.38, S.D.= 2.36; behavioral/cognitive mean = 1.6, S.D.= 2.48).

It can be concluded that the transpersonal group reported more training in this area, between a weekend and one full month of training on the average, and had been influenced by more spiritual and religious books relating to the practice of psychotherapy than their counterparts. In both measures, the other two groups were not different.

**Spiritual Beliefs Relative to Psychotherapy**

Seven statements related to beliefs about psychotherapy practice were presented to the subjects. This group of questions was aimed at elucidating attitudes of psychotherapists about the spiritual aspects of the psychotherapy practice and beliefs in relation to the practice. Respondents were given choices of Strongly Agree (1), Agree (2), Disagree (3), and Strongly Disagree (4), to each statement. The subjects were not offered a "neutral" possible response, in order to force a decision on the answer. With all except one statement, there are significant differences between groups on all of the statements. Results are shown in Table 9.

The first statement ("Spiritual interests and issues have little or nothing to do with psychotherapy"), had intergroup differences which were significant at the \( p<.000 \) level \( (F(2,101) = 26.63) \) and showed the transpersonal group clearly disagreeing with this state-
ment. The other two groups were not differentiable on this statement.

The second statement (HIn the therapeutic relationship, the process of awakening occurs in the client and the therapist") showed significant differences; however, some respondents indicated that this statement was not clear to them, or that they did not understand it. For the respondents who were able to answer (93) the transpersonal group clearly agreed with the statement while the other groups fell in between agree and disagree. ANOVA tests were significant (F(2,93) = 11.04, p<.0001).

**TABLE 9**

<table>
<thead>
<tr>
<th>BELIEF RELATIVE TO PSYCHOTHERAPY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. BELIEF: “Spiritual interests have little or nothing to do with psychotherapy.”</td>
</tr>
<tr>
<td>GROUP</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>Psychoanalytic</td>
</tr>
<tr>
<td>Behavioral/cognitive</td>
</tr>
<tr>
<td>Transpersonal</td>
</tr>
</tbody>
</table>

where 1 = Strongly Agree
2 Agree
3 = Disagree
4 Strongly Disagree

<table>
<thead>
<tr>
<th>2. BELIEF: “In the therapeutic relationship, the process of awakening occurs in the client and the therapist.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>Psychoanalytic</td>
</tr>
<tr>
<td>Behavioral/cognitive</td>
</tr>
<tr>
<td>Transpersonal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. BELIEF: “A psychotherapist should be open to the spiritual or religious dimension.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>Psychoanalytic</td>
</tr>
<tr>
<td>Behavioral/cognitive</td>
</tr>
<tr>
<td>Transpersonal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. BELIEF: “It is important for the psychotherapist to have a regular spiritual or religious practice.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>Psychoanalytic</td>
</tr>
<tr>
<td>Behavioral/cognitive</td>
</tr>
<tr>
<td>Transpersonal</td>
</tr>
</tbody>
</table>
Table 9 (cont.)

5. BELIEF: “It is important for a psychotherapist to be firmly grounded in the traditional theories of psychotherapy.”

<table>
<thead>
<tr>
<th>GROUP</th>
<th>MEAN</th>
<th>STANDARD DEVIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychoanalytic</td>
<td>1.57</td>
<td>.65</td>
</tr>
<tr>
<td>Behavioral/cognitive</td>
<td>1.78</td>
<td>.90</td>
</tr>
<tr>
<td>Transpersonal</td>
<td>1.56</td>
<td>.72</td>
</tr>
</tbody>
</table>

6. BELIEF: “For a psychotherapist, some knowledge about a variety of spiritual paths is important.”

<table>
<thead>
<tr>
<th>GROUP</th>
<th>MEAN</th>
<th>STANDARD DEVIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychoanalytic</td>
<td>2.50</td>
<td>.86</td>
</tr>
<tr>
<td>Behavioral/cognitive</td>
<td>2.03</td>
<td>.80</td>
</tr>
<tr>
<td>Transpersonal</td>
<td>1.62</td>
<td>.69</td>
</tr>
</tbody>
</table>

7. BELIEF: “I feel that my spiritual/religious orientation affects my clinical practice.”

<table>
<thead>
<tr>
<th>GROUP</th>
<th>MEAN</th>
<th>STANDARD DEVIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychoanalytic</td>
<td>2.64</td>
<td>1.08</td>
</tr>
<tr>
<td>Behavioral/cognitive</td>
<td>2.24</td>
<td>.91</td>
</tr>
<tr>
<td>Transpersonal</td>
<td>1.36</td>
<td>.69</td>
</tr>
</tbody>
</table>

The third statement ("A psychotherapist should be open to the spiritual or religious dimension") showed a significant difference \(F(2,101) = 3.98, p<.02\) in that the transpersonal group was slightly more likely to strongly agree than either the psychoanalytic or behavioral/cognitive group. There was not as clear a differentiation as other questions showed between the transpersonal group and the other two groups; however, the other two groups were not differentiated on this measure.

The fourth statement ("It is important for the psychotherapist to have a regular spiritual or religious practice") was the statement which most strongly distinguished the transpersonal group from the other two groups \(F(2,101) = 31.13, p<.001\). The transpersonal group agreed with this statement, while both the psychoanalytic group and the behavioral/cognitive group disagreed with this statement.

The fifth statement ("It is important for a psychotherapist to be firmly grounded in the traditional theories of psychotherapy") was added as a test to discern if there might be any differentiation between the more "traditional" psychoanalytic and behavioral/cognitive group versus the transpersonal practitioners, who are sometimes viewed as not well versed in the more accepted schools.
of psychology. There was no significant difference between the three groups on this item.

The sixth statement ("For a psychotherapist, some knowledge about a variety of spiritual paths is important") again showed significant differences \( (F(2,101)=8.71, \ p<.0004) \). The transpersonal group most strongly agreed with this statement, the behavioral/cognitive group agreed, and the psychoanalytic group were in between agree and disagree.

Finally, the transpersonal group again was clearly differentiated on the responses to the last statement ("I feel that my spiritual/religious orientation affects my clinical practice"). The transpersonal group strongly agreed with this statement. Both the behavioral/cognitive group and the psychoanalytic group were in between agreement and disagreement on this statement. These results were significant \( (F(2,101)=19.22, \ p<.0001) \).

The six statements which yielded significant results in differentiating the transpersonal group would indicate that this orientation involves a combination of both belief and technique. The transpersonal group disagrees that spiritual interests have little or nothing to do with psychotherapy, agrees that in the therapeutic relationship the process of awakening occurs in both the therapist and the client, believes a therapist should be open to the spiritual or religious dimension, agrees that it is important for the therapist to have a regular spiritual or religious practice, agrees that, for a psychotherapist, some knowledge about a variety of spiritual paths is important, and agrees that his or her own spiritual/religious orientation affects their clinical practice. Along with the other groups, the transpersonal group also agrees that it is important for a psychotherapist to be grounded in the traditional theories of psychotherapy. While the other two groups vary on the first six statements mentioned here in terms of agreement and disagreement, and that may be interesting in itself, this study notes that the transpersonal group can be clearly differentiated on the basis of these statements.

**Singer-Loomis Inventory of Personality**

The Singer-Loomis Inventory of Personality (SLIP) was included to determine if any of its personality types or cognitive styles could be associated with the three groups.

The most interesting finding is that psychotherapists responded quite similarly on the SLIP, regardless of their clinical orientation. Introverted Thinking (IT) was the strongest cognitive mode for all groups.
The second strongest cognitive mode was Introverted Intuition (IN) for psychoanalytic; Introverted Sensing (IS) for behavioral/cognitive, and Introverted Feeling (IF) for the transpersonal group. It is important to note that raw scale scores are not significant unless they are compared to the overall total of the eight scale scores for the eight cognitive modes. That is, a 49 in the Introverted Feeling score for one person may not mean the same as a 49 for another person, depending on the values of the other scale scores, and the total score for all scales. One significant difference (F(1,101) = 3.43, p<.04) was that the transpersonal group (mean = 46.73) differed significantly from the other groups (psychoanalytic mean = 43.00; behavioral/cognitive mean = 43.87) on the raw scale scores.
score for Introverted Feeling. This is not meaningful in terms of the interpretation, because raw scale scores have not been contextualized by the overall score. For this, all eight raw scale scores must be added together. However, the percentage score for the transpersonal group (mean = 13.58%) was also significantly different in terms of the percent score from the behavioral/cognitive group here (mean = 12.96%), and the psychoanalytic group (mean = 12.30%). In terms of interpretation, the transpersonal group is categorized IT x IF (read: "Introverted Thinking by Introverted Feeling"), the behavioral/cognitive group IT x IS (read: "Introverted Thinking by Introverted Sensing"), and the psychoanalytic group IT x IN (read: "Introverted Thinking by Introverted Intuition"). The overriding conclusion is that the three groups are not statistically different according to the SLIP, although there were some differences in terms of interpretation of the instrument.

**Linear Discriminant Analysis**

A linear discriminant analysis was performed with the data to attempt to combine variables such that the differences between the groups would be maximized. The first discriminant analysis was performed using the following variables: current spiritual practice (Question 11); spiritual experience (Question 12); transpersonal training (Question 14); beliefs relative to psychotherapy (Question 17a-g, except 17b), and personality factors (SLIP), using the percentage values for the SLIP. These were selected as the variables which were assumed to be the most crucial for discrimination of the transpersonal group from the other two groups.

Three linear discriminant functions, or classification functions, were derived using stepwise discriminant analysis:

- **psychoanalytic** $-27.63 - .096q14 + 10.57q17a + 7.11q17d$;
- **behavioral/cog.** $-29.58 + .14q14 + 11.1q17a + 7.21q17d$;
- **transpersonal** $-32.87 + 2.88q14 + 12.44q17a + 5.74q17d$.

Each equation identifies a grouping in n-dimensional space (n= the number of variables, or questions; here 3) of the group itself. Geometrically, since three variables are used, each of these might resemble a line in space (three-dimensional space). This is then an algebraic and geometrical equation which can be said to define that group. For example, to find the psychoanalytic group, one takes $-27.63$ (a constant) - .096(question 14 response) + 10.57 (question 17a) + 7.11 (question 17d). These classification functions correctly identified 71.2% of the total population. These results are shown in Table 12.
### TABLE 12
PERCENTAGE OF CORRECTLY CLASSIFIED RESPONDENTS BY LINEAR DISCRIMINANT FUNCTIONS

<table>
<thead>
<tr>
<th>GROUP</th>
<th>% CORRECTLY CLASSIFIED</th>
<th>PSYCHOANALYTIC</th>
<th>BEHAVIORAL/COGNITIVE</th>
<th>TRANSPERSONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychoanalytic</td>
<td>64.3</td>
<td>9</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Behavioral/Cognitive</td>
<td>50.0</td>
<td>16</td>
<td>19</td>
<td>3</td>
</tr>
<tr>
<td>Transpersonal</td>
<td>88.5</td>
<td>2</td>
<td>4</td>
<td>46</td>
</tr>
<tr>
<td>Total</td>
<td>71.2</td>
<td>27</td>
<td>27</td>
<td>50</td>
</tr>
</tbody>
</table>

Based on chance, one would expect 33% correct classification, so this schema is very effective for predicting group membership ($F(3,99) = 21.9$, $p < .01$). This result can be understood to say that using these classification functions 71% of respondents are correctly classified into the professional group to which they belong. It should be noted that only three questions [(Transpersonal Training (Question 14), "Spiritual interests have little or nothing to do with psychotherapy" (Question 17a), and "It is important for the psychotherapist to have a regular spiritual practice" (Question 17d)] were used in this linear discriminant analysis; the other questions did not further delineate the groups.

While this study has determined that those practitioners who align themselves with the transpersonal orientation can be differentiated in many respects from other practicing psychotherapists, namely psychoanalytic and behavioral/cognitive practitioners, it should be kept in mind that no instrument can predict this completely accurately. For instance, approximately 80% of the psychoanalytic practitioners identified themselves as having a psychodynamic orientation, 76% of the behavioral/cognitive practitioners self-defined as having a behavioral orientation, and 64% of the transpersonal professionals defined themselves as having a transpersonal orientation. One interpretation here is that the psychoanalytic and behavioral/cognitive groups were more strongly identified with their professional organizations, and the transpersonal group less so. This begins a theme which weaves through this discussion; transpersonal practitioners are more diverse, or eclectic, than the other two groups. Transpersonal practitioners might also label themselves psychodynamic, or less often behavioral or humanistic. Similarly, psychoanalytic practitioners might also call themselves behavioral, and behavioral therapists might call themselves psychodynamic; however, no one from these last two groups of practitioners labelled themselves humanistic or transpersonal. Those members from these two professional groups are more strongly affiliated with their corresponding psychotherapeutic orientation.
Transpersonal practitioners also were found to be more eclectic, or diverse, in the number of other approaches which they utilize in describing their clinical orientation. They utilized as many as three other schools or therapies in defining their approach. This hints at the broad synthesis which seems to occur in the transpersonal orientation, with psychotherapists bringing together various ways of dealing with the psyche. This may also indicate that as psychotherapy practitioners are attempting to understand the spiritual aspects of working with clients, they incorporate other understandings as well as standard clinical approaches. For example, many of the transpersonal practitioners believe that having a personal spiritual practice is important, and follow that belief by actually practicing on a daily basis to become familiar with these experiences themselves.

Ninety-two percent of the transpersonal respondents reported experiencing or possibly experiencing a spiritual force which seemed to lift them outside of themselves. Seventy-nine percent of the psychoanalysts reported that they had not had such an experience; the behavioral/cognitive group were split: 55% saying no, 42% saying yes. Looking at the most recent statement of purpose of The Journal of Transpersonal Psychology and the writings in the field of transpersonal psychology concerning altered states of consciousness, meditation, spiritual experiences related to psychopathology, spiritual emergence and other phenomenon, it is not surprising that such a large percentage of the transpersonal practitioners would have experienced such an event. Writers, researchers and practitioners in that field are interested in this sort of phenomenon, so one would expect that they themselves might have experienced something of this nature. Also, this is only one type of transpersonal experience, and this survey does not exhaust the possibilities of the varieties of these experiences. In terms of this interpretation, a multitude of spiritual factors came into the discussion.

The major limitation to this study is the low rate of return for the psychoanalytic group, and, to a lesser extent, the behavioral/cognitive group. The low rate and number of responses from the psychoanalytic group makes generalizability of these findings difficult. Since only 14 (6%) responses came from that group, there was apparently little motivation to return the surveyor interest in this topic for them. It may be that those who responded comprise members of that group who have more interest in this topic than do others. If so, then the other members may have even less openness to transpersonal or spiritual interests. Perhaps there is a stronger belief for those who did not respond, that spiritual interests do not have any relevance to psychotherapy. Perhaps the assumptions in this survey did not correlate to their basic assumptions regarding psychotherapeutic work. The small number and percentage of
response does not allow much information for speculation. Since the psychoanalytic respondents to this survey were often distinguishable from the other groups in terms of techniques, experiences and belief, the total membership may be even more different. That may indicate an even greater difference from the transpersonal group, and less interest in the transpersonal arena.

While this same limitation may apply to the behavioral/cognitive group data as well, it might be of a lesser extent. Thirty-eight (18%) from that group responded to this survey, which is a marginal level of response. This might also indicate only a slight interest in this topic, and therefore low motivation to complete this instrument. If one hypothesizes that those who did not respond have less interest in the transpersonal arena, utilize fewer of these practices or are less spiritually-oriented, then, again, the findings would have been more differentiated with greater response. The transpersonal group would have been more differentiable on these practices, beliefs and experience.

DISCUSSION

The findings of this survey point to the likelihood that transpersonal psychotherapy practitioners, defined by their professional affiliation, can be distinguished from practitioners from other schools of psychology. In almost every measure in this study, the transpersonal group demonstrated itself to differ from the other two groups in spiritual practice, spiritual experience, use of specific techniques, and perhaps most importantly, in terms of spiritual beliefs relative to the practice of psychotherapy. However, these practitioners did not significantly differ according to the Singer-Loomis Inventory of Personality.

The majority of transpersonal practitioners (71%) indicated "Other" or "More than one" under current spiritual traditions, which indicates that they follow either an eclectic spiritual path, one which incorporates beliefs from a variety of spiritual traditions, or one which was not listed, or one which is unique to them. Since the listed faiths represent the more traditional ones, this indicates some searching for spiritual understanding in other areas, among this group.

The transpersonal group performs some spiritual practice two to three times per day, which is a frequent amount of spiritual work. This would indicate repeated prayer, meditation, or spiritual reading during the day for most of these respondents. It is not known if this indicates, for example, repeating a mantra one time, or meditation for a twenty-minute period, however. Also the transpersonal professional generally responded "YES" to having had spiritual
experiences. Since the behavioral/cognitive group mean response was "MAYBE," and the psychoanalytic group mean, "NO," this suggests an openness to spiritual experience, and perhaps a seeking of those experiences among those in the transpersonal group.

There is also a sense that the transpersonal group may not view traditional spiritual practices or traditional religions as conducive or supportive of these types of experiences. A question which arises is whether there is some goal-directed activity in the repeated and frequent spiritual practice, such as seeking these types of experiences, or whether these practices are seen as intrinsically important for themselves. Most spiritual disciplines advocate the practice of spiritual disciplines such as meditation or prayer, for the discipline itself, and not for the unusual experiences which may occur. In any event, the transpersonal group could be differentiated through their spiritual experiences and practices.

In terms of the techniques employed in the practice of psychotherapy, the transpersonal group utilized more of the techniques more frequently than did the other two groups. They utilized intuition, relaxation, meditation, visualization with a spiritual focus, dreamwork, and recommended spiritual or religious books to clients, with some or most clients, and significantly more often than did their counterparts in the other groups. While the transpersonal orientation is much more than merely the accumulation or implementation of techniques, it is evident that an aspect of what sets off the approach as different is the willingness of a practitioner to utilize a variety of techniques with each client.

The transpersonal respondents demonstrated a higher level of transpersonal training, averaging between a week and a month of training. The other two groups received almost no transpersonal training. Similarly, the transpersonal professionals listed an average of eight books in the transpersonal or spiritual literature which had influenced them. Again, this indicates that the transpersonal practitioners are open to pursuing the training and readings which will broaden and deepen their understanding of transpersonal theory and concepts. Since they are defined as belonging to the transpersonal professional membership, it makes sense that they would have pursued training which would allow them to practice in this orientation. It can be argued that this does not seem like a large amount of reading or training. Something like a month of training and eight books read in one area indicates an interest in these issues. The question arises as to whether this indicates a sufficient expertise or proficiency in the transpersonal area.

Perhaps it was not surprising that only a small statistical difference between the three groups showed up on the SLIP. The practice of psychotherapy is an introverted practice, attending to the inner
world, and it could be expected that all therapists might have this orientation. This also bears out the work of Guy (1987) who noted a strongly introverted nature in psychotherapists. Psychotherapy is the practice of looking for the meaning behind the meaning, and so intuition would be an exercised capacity for any practitioner. Also therapists would utilize their own internal sensations, and have the client focus on internal sensations, breathing, muscle tension, etc., and this shows up in the strong sensation scores as well. Perhaps because of the focus on breathing and relaxation in behavior modification, the introverted sensation scale was slightly higher for the behavioral practitioners. Again, these differences were not statistically different between groups, which lends support to the theory that practitioners of psychotherapy all have similar personality qualities.

The linear discriminant function for statistical analysis proved a useful method to describe the differences between the three professional groups. Seventy-one percent (71%) of the respondents could be correctly classified into their professional organization using this function. By chance, one would expect thirty-three percent (33%) to be correctly classified, so this technique was particularly useful for this purpose. Only three questions were needed in the analysis: the amount of transpersonal training, and two questions relative to spiritual beliefs (that spiritual issues have little or nothing to do with psychotherapy, and the importance for the psychotherapist to have a regular spiritual practice). Using the answers to these three questions in a particular linear combination gives the 71% discrimination. This then, is a powerful tool for the delineation of the three groups.

CONCLUSION

This study continues to open the field of transpersonal psychology to further empirical investigation, and assists in the definition of transpersonal psychotherapy as described by practitioners.

This survey discovered that members of the transpersonal professional group gave a broader range of self-definition to their therapeutic approach than did their counterparts. In fact the respondents of the Association for Transpersonal Psychology professional membership utilized all four main classifications (psychodynamic, behavioral, humanistic, and transpersonal) for their self-definition. Professional psychoanalytic and behavioral/cognitive respondents stayed within their respective two areas, psychodynamic and behavioral. Transpersonally-oriented therapists also utilize more approaches in their psychotherapeutic practice, tending to be more "eclectic" or synthesizing than their counterparts. This suggests that transpersonal psychotherapy is the more inclusive term. The transpersonal training, spiritual beliefs, spiritual practice
transpersonal group utilized as many as three other schools of therapy, on the average, to define their orientation, while the others only utilized one additional school beyond "psychodynamic" or "behavioral," on the average. In terms of current faith, across all subjects, 56.3% listed one faith as their spiritual orientation. Nearly thirty-one percent listed themselves as having no spiritual orientation, or as Agnostic or Atheistic—a clear movement away from an exclusive Judea-Christian identification. In addition, 12.5% define their spirituality as a variety of approaches, and 11.5% listed themselves as Buddhist, primarily amongst the transpersonal practitioners. This also points to another area for further study, the exodus from traditional Western religious approaches, to either no religious or spiritual belief, a combination of beliefs, or an Eastern orientation (Wilber et al., 1986). More simply put, the Western religious approaches do not appear to meet the spiritual needs of these practitioners.

In the area of spirituality, transpersonal psychotherapists apparently are more in tune with the general population than are the behavioral/cognitive or psychoanalytic practitioners, and mental health professionals reported in other studies (Shafranske & Gorsuch, 1984). This study suggests that transpersonal psychotherapists may be better able to relate to spiritual issues of some clients, since the level of religious commitment of the U.S. population is reported at 45% of the population (Woodward, 1992).

The transpersonal group tended to have had spiritual experiences and experiential training in the spiritual traditions and their techniques. It seems likely that the training in these traditions would lead one to be open to such experiences, be able to identify them when they occur, and to not repress or deny their existence. Conversely, the experiences may lead the practitioner to be open to the training.

In the area of psychotherapeutic techniques, transpersonally-oriented therapists tend to use a variety of techniques. They will use more approaches with more clients and will use a wider variety of techniques. The techniques may be those of the behavioral/cognitive group, such as visualization with a behavioral focus or relaxation, or those of the psychoanalytic group, such as intuition and dreamwork, or some which differ from both groups, such as using meditation, guided imagery with a spiritual focus, or recommending spiritual books to clients. No one technique could be utilized to differentiate all groups from each other, and though two of the groups were always similar, when two groups are similar and use a technique more often, one of those groups was the transpersonal group. It can be speculated that transpersonal therapists therefore might do well to apply carefully the same rigorous criteria to their utilization of techniques as do other professional groups, if trans-
personally oriented techniques are to gain credibility. There is some indication that practitioners are beginning to attend to this (Miller, 1993).

A question raised by this study is whether one month of transpersonal training can qualify one to claim expertise in practicing in this field. Perhaps a next step would be an investigation into the various transpersonal trainings which are offered, and what might constitute a minimum acceptable level of training in order to qualify one to be a "transpersonal psychotherapist." Again, professional ethics might dictate that a practicing therapist would acquire enough training to be competent to practice certain techniques, or perhaps the field might explore a certification, such as is utilized for drug and alcohol counseling or hypnotherapy, to demonstrate a level of expertise in the area. In a paper submitted for consideration to the Task Force on DSM-IV, Turner, Lu and Lukoff (1991) note:

Despite the importance that religion plays in most patient's lives, neither psychiatrists nor psychologists are given adequate training to prepare them to deal with issues that arise in this realm [psychoreligious and psychospiritual problems]. ... Thus psychologists and psychiatrists are often operating outside the boundaries of their professional competence, which raises ethical and educational concerns.

The findings of this study suggest that transpersonal psychology may be better suited to the study of psychoreligious and psychospiritual concerns than other psychological and psychiatric disciplines. In fact, the new American Psychiatric Association Diagnostic and Statistical Manual (APA, 1994), does now include a section on psychospiritual and psychoreligious concerns.

To a question about spiritual books which have influenced psychotherapy practitioners and their practice, the transpersonal group listed an average of eight books, while the other groups listed only one. This can be seen as a difference in openness to the content of the field. The wide range of books cited by the transpersonal group also indicates a large appropriate transpersonal literature (Henderson, 1983; Hutton, 1993). The variety also suggests that transpersonal psychology might be better able to cope with the variety of psychospiritual and psychoreligious concerns of the general population, which concurs with C. Grof (1987), S. Grof (1983), and Grof and Grof (1989).

The practitioners of transpersonal psychology tend to report having had spiritual experiences, follow some spiritual practice, and believe that such experiences are important. They have had training in transpersonal psychology and believe that spiritual issues are relevant to psychotherapy. These are the main factors which differentiate them from the other practitioners in this study.

Despite the importance that religion plays in most patient's lives, neither psychiatrists nor psychologists are given adequate training to prepare them to deal with issues that arise in this realm [psychoreligious and psychospiritual problems].... Thus psychologists and psychiatrists are often operating outside the boundaries of their professional competence, which raises ethical and educational concerns. 

The findings of this study suggest that transpersonal psychology may be better suited to the study of psychoreligious and psychospiritual concerns than other psychological and psychiatric disciplines. In fact, the new American Psychiatric Association Diagnostic and Statistical Manual (APA, 1994), does now include a section on psychospiritual and psychoreligious concerns.

To a question about spiritual books which have influenced psychotherapy practitioners and their practice, the transpersonal group listed an average of eight books, while the other groups listed only one. This can be seen as a difference in openness to the content of the field. The wide range of books cited by the transpersonal group also indicates a large appropriate transpersonal literature (Henderson, 1983; Hutton, 1993). The variety also suggests that transpersonal psychology might be better able to cope with the variety of psychospiritual and psychoreligious concerns of the general population, which concurs with C. Grof (1987), S. Grof (1983), and Grof and Grof (1989).

The practitioners of transpersonal psychology tend to report having had spiritual experiences, follow some spiritual practice, and believe that such experiences are important. They have had training in transpersonal psychology and believe that spiritual issues are relevant to psychotherapy. These are the main factors which differentiate them from the other practitioners in this study.
Transpersonal psychologists could utilize these findings to describe the field to others. Practitioners and writers in the field seem to be comfortable identifying their approach as connected to a spiritual or transpersonal orientation. Others outside the field (Ellis & Yaeger, 1989; May, 1986) have criticized and attacked it. The research reported here may be helpful in communicating to those outside of the field how transpersonal psychotherapy is conceptually organized and how it functions. For example, transpersonal psychotherapists utilize a variety of approaches in their work, and each practitioner probably utilizes a different mix of approaches. So, one transpersonal practitioner might be a Buddhist psychoanalyst and another a shamanic family therapist. What both have in common is the openness to the spiritual dimensions of their own lives, the lives of their clients, and to a variety of experiences the clients present. This may be stated in terms of an attitude or belief system which is transpersonal. Again, this may be an appropriate professional orientation for a general U.S. population seeking services, since more than half of them report praying at least once per day (Woodward, 1992). As Strunk observes (1985), throughout the therapeutic process, ideological differences and countertransference-like behavior may emerge and be handled in a variety of ways, depending on the therapist's stance. This could be particularly relevant for transpersonal therapists, since religiously-committed patients may seek out a transpersonal therapist's spiritual openness. Academically, this also suggests a need for a core curriculum to insure some common education and training in the transpersonal arena.

This survey also indicates that transpersonal practitioners are involved in a spiritual practice. This is useful not only for their own spiritual development, but also to help them maintain an openness to other spiritual practices and traditions. As Ken Wilber (1989) states, working with the "spiritual eye" is as important as working with the "scientific eye." And as Rowan (1992) observes: "Psychotherapy is about a person daring to open up to what is inside..." But of course this means that psychotherapy is already a spiritual exercise" (p. 2). The issue of spirituality is one to which many psychotherapists are receptive. This finding confirms that of Shafranske and Gorsuch (1984), who recognized that when "religious" was broadened to "spiritual," in studies with psychologists, more practitioners reported being open to this dimension. Perhaps a new area for transpersonal study would be exploring the relationship between the practices of various spiritual traditions and the practice of psychotherapy.

This study may open the way for other researchers to continue to explore these issues. As others have recognized (Sutich, 1975; Davis & Wright, 1987; Lajoie, Shapiro & Roberts, 1991; Lajoie & Shapiro, 1992), defining transpersonal psychology—and by implication transpersonal psychotherapy—is an evolutionary process.
APPENDIX

PSYCHOTHERAPY SPIRITUALITY SURVEY

1. Sex
   Male ○ Female ○

2. Age
   20-30 ○ 30-40 ○ 40-50 ○
   50-60 ○ 60-70 ○ 70+ ○

3. Race
   Asian ○ Black ○ Hispanic ○
   Caucasian ○ Other ○

4. Relational Status
   Single ○ Married ○ Remarried ○
   Divorced ○ Separated ○ Widowed ○
   Living Together ○

5. Income
   <$10,000 ○ $10,000-20,000 ○ $20,000-30,000 ○
   $30,000-40,000 ○ $40,000-50,000 ○ $50,000-60,000 ○
   $60,000+ ○

PSYCHOTHERAPEUTIC ORIENTATION

6. Even though most therapists use a combination of approaches, please indicate your primary orientation.
   Psychodynamic ○ Humanistic ○ Transpersonal ○
   Behavioral/Cognitive ○

7. If any of the following approaches further define your orientation, please indicate:
   Alderian ○ Behavioral ○ Client centered ○
   Family Systems ○ Freudian ○ Gestalt ○
   Existential ○ Hypnotherapist ○ Jungian ○
   Object Relations ○ Pastoral ○
   Psychodynamic ○ Psychosynthesis ○
   Other (specify) ○

8. What is your clinical degree?
   M.A. ○ M.Ed. ○ M.S. ○ M.S.W. ○
   R.N. ○ Ph.D. ○ Ed.D. ○ M.D. ○
   Psy.D. ○ D.S.W. ○ Other (specify) ○

SPIRITUAL TRADITION

9. What was your original spiritual/religious tradition?
   Agnostic ○ Atheistic ○ Baptist ○
   Buddhist ○ Catholic ○ Christian Scientist ○
   of Latter Day Saints ○ Congregational ○
   Episcopal ○ Evangelical ○ Hindu ○
   Jewish ○ Lutheran ○ Mennonite ○
   Methodist ○ Moslem ○ Native American ○
   Pagan ○ Pentecostal ○ Presbyterian ○
   Shamanic ○ Sufi ○
   Zen Buddhist ○ No Religion ○
   Other (specify) ○

10. What is your current spiritual/religious orientation?
    Agnostic ○ Atheistic ○ Baptist ○
    Buddhist ○ Catholic ○ Christian Scientist ○
    of Latter Day Saints ○ Congregational ○
    Episcopal ○ Evangelical ○ Hindu ○
    Jewish ○ Lutheran ○ Mennonite ○
    Methodist ○ Moslem ○ Native American ○
    Pagan ○ Pentecostal ○ Presbyterian ○
    Shamanic ○ Sufi ○
    Zen Buddhist ○ No Religion ○
    Other (specify) ○

How Transpersonal Psychotherapists Differ from Other Practitioners 169
SPIRITUAL PRACTICE

11. If you have a current spiritual practice, how often do you do the following?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Daily</th>
<th>1-2 weekly</th>
<th>Monthly</th>
<th>Yearly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prayer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meditation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contemplation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiritual Readings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiritual Exercises</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussion Groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SPIRITUAL EXPERIENCE

12. Have you ever had the feeling of being close to a powerful spiritual force that seemed to lift you outside of yourself? Yes No Not sure

If so, please describe:

____________________________________________________

____________________________________________________

____________________________________________________

PSYCHOTHERAPY TECHNIQUES

13. Please identify the techniques you use in psychotherapy:

With most clients With some clients With no clients

a. Intuition
b. Empathy
c. Interpretation
d. Behavioral techniques
e. Relaxation techniques
f. Meditation techniques:
   Concentration
   Insight
   Mindfulness (Buddhist)
g. Prayer
h. Contemplation
i. Visualization or guided imagery
   (with a spiritual focus)
j. Visualization or guided imagery
   (with a behavioral focus)
k. Dreamwork (describe):

____________________________________________________

l. Journal keeping
m. Discuss spiritual/religious issues
n. Recommend specific spiritual/religious practice
o. Other techniques (specify):

____________________________________________________

p. Recommend spiritual/religious books

- The Aquarian Conspiracy
- Autobiography of a Yogi
- Be Here Now!
- The Bible
- A Course in Miracles
- Emmanuel's Book
- How Can I Help?
- The Inward Arc
- Living in the Light
- Memories, Dreams, Reflections
- Original Blessing
- The Road Less Traveled
- Goddesses in Everywoman
- Other Books (specify):

____________________________________________________

____________________________________________________
14. Please indicate any training you have had in the transpersonal orientation:
- Entire graduate program
- M.A.
- Ph.D.
- Graduate-level courses
- One or two-day seminar
- Week-long intensive
- Month-long intensive
- Year-long training

15. Have you ever attended any spiritual/religiously-oriented trainings related to your clinical work not described in number 14?
- Yes
- No
- Not sure

16. Please check spiritual/religious readings which have influenced your psychology practice or views:
- The Aquarian Conspiracy
- Autobiography of a Yogi
- Be Here Now!
- The Bible
- A Course in Miracles
- Emmanuel's Book
- Original Blessing
- Living in the Light
- Memories, Dreams, Reflections
- The Road Less Traveled
- Goddesses in Everywoman
- Other Books (specify):

17. Please indicate your position on these statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Spiritual interests and issues have little or nothing to do with psychotherapy</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. In the therapeutic relationship, the process of awakening occurs in the client and the therapist</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. A psychotherapist should be open to the spiritual or religious dimension</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. It is important for the psychotherapist to have a regular spiritual or religious practice (prayer, meditation, etc.)</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. It is important for a psychotherapist to be firmly grounded in the traditional theories of psychotherapy</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. For a psychotherapist, some knowledge about a variety of spiritual paths is important</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. I feel that my spiritual/religious orientation affects my clinical practice</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

18. Are there other important aspects of the way your spiritual life affects your psychotherapy practice which have not been addressed here? If so, please explain:

Please turn the page and continue with the personality inventory. Thank you!
REFERENCES


SHAFRAN, R. & GORSUCR, (1984). Factors associated with the perception of spirituality in psychotherapy. The Journal of Transpersonal Psychology, 16(2), 231-4 L


STRUNK, O. (1985). Dealing with preceptive countertransference-like is­
sues: The factor of psychotherapeutic ideology. Psychotherapy Pa­
tient, 1(3), 129-34.


Requests for reprints to: Michael S. Hultan, 477 Central Avenue, Mountain View, CA 94043.