Therapeutic Presence Within Supportive Housing Settings

By

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## Abstract

Therapeutic presence is a concept which has been discussed within therapeutic literature for many years as an important or even essential aspect of therapeutic encounters. Recent literature has attempted to bring a unifying definition to therapeutic presence and examine its specific function within clinical settings. This discussion has produced various elements and descriptions of therapeutic presence ranging from empirically accessible to metaphysical and transcendent. The elements of intrapersonal, interpersonal, transpersonal, and transcendent presence are identified within current literature as making up the construct of therapeutic presence. Each of these elements is both foundational to therapeutic presence and sustains the construct during therapeutic events. Intrapersonal presence allows a therapist to maintain contact with internal events such as feelings and thoughts without becoming lost or disrupted by them. Interpersonal presence is being present to and maintaining contact with the meanings created between individuals on all levels of communication and conveying information congruent with such meanings. Transpersonal presence is experiencing connectedness to what is other than self and maintaining contact with the conscious and unconscious information gathered from such experience. Transcendent presence encompasses the inherent paradox in which human beings live in day to day existence: sustaining contact with an individual's continual process of being and becoming and to empirical sense and transcendent perception as ways of knowing. These four elements create the conditions for therapeutic presence to emerge and should not be seen as techniques to be mastered but rather as a stance to adopt in relating to others. As therapeutic presence is discussed mainly in a clinical setting the author proposes and explores the potential application within supportive housing settings including but not limited to housing first programs, emergency shelters, transitional housing, permanent supportive housing, and recovery programs. Though therapeutic presence is an observable construct it is at the same time dependent on transcendent, a priori qualities to occur. Future research must accept and account for this dynamic within empirical explorations therapeutic presence.

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Dedication

To those living in the intersections of poverty, colonization, substance use, homelessness, and

mental illness with the hope that something within these pages may in some way be of use.

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**Chapter 1**

**Therapeutic Presence in Housing Settings**

**Introduction**

Homelessness has become an ever increasing problem in North America. A 2013 point-in-time homeless count revealed 30,000 people experience homelessness on any given night in Canada (Gaetz, Donaldson, Richter, & Gulliver, 2013). The following year the U.S. Department of Housing and Urban Development [HUD] (2014) counted 578,424 people experiencing home-lessness using the same methodology. Encompassed in the homeless population are individuals experiencing extreme biological, psychological, social, and spiritual distress (Baumeister & Leary, 1995; Bentley, 1997; CARIS, 2010; Hawkins & Abrams, 2007; Henwood, Padgett, Smith, & Tiderington, 2012; Henwood, Cabassa, Craig, & Padgetttt, 2013; Macneil & Darnell, 2010; O'Campo et al., 2009; Padgetttt, Henwood, Abrams, & Drake, 2008; Padgetttt, Stanhope, Henwood, & Stefancic, 2011). This distress leads to compounded difficulties which create sig-nificant challenges for individuals and helping professionals to address.

In recent years, the housing spectrum has received considerable attention from research-ers. One subject of research concerns an entirely new approach to housing. Housing First [HF] has been shown to be an effective strategy for addressing chronic homelessness and has become an integral part of governmental strategies to end homelessness (Austen et al., 2014; Miguel & Abughannam, 2014; Gaetz et al., 2013). The most exciting findings of HF are a reduced use of emergency services and reduction in jail time for program participants leading to an overall in-crease in cost-savings to taxpayers (Larimer et al., 2009). Most recently, Permanent Supportive Housing [PSH] has received attention as an efficacious model for veterans with dual diagnoses and chronically homeless individuals (Rosenheck, Kasprow, Frisman, & Liu-Mares, 2003; Tsai, Mares & Rosenheck, 2010). PHS has been utilized for many years but has been reexamined and understood as a key strategy to increase quality of life and reduce homelessness.

Little research has been done to understand the mechanisms in place which create an effective housing environment for consumers. Research in housing to date has focused primarily on proving its efficacy in addressing complicated issues such as homelessness. Recent research suggests program staff play a large role in client engagement and facilitation of wellness for program participants (Matejkowski & Draine, 2009; O'Campo et al., 2009; Owczarzak, Dickson-Gomez, Convey, & Weeks, 2013; Poremski, Whitley & Latimer, 2016).

This thesis examines the idea and possible implications of therapeutic presence within non-clinical, housing settings. Therapeutic presence has been identified as an important aspect of therapeutic relationship, process, and outcomes (Cooper, 2005). While its importance has been identified by many historically significant therapists, presence remains difficult to define (Phelon 2001). Recent research has focused on a succinct definition of therapeutic presence and the development of instruments to measure presence within therapy sessions.

Support workers in housing settings are often in front line positions working directly with individuals outside of or in combination with a one to one clinical setting. In this way, support workers are in a singular therapeutic position: support workers spend significant amounts of time with clients throughout daily tasks and activities, interact with clients during stressful or crisis times and have unique rapport building opportunities with clients. These tasks may be impacted by the presence a worker brings to her or his housing environment and the ability of that worker to engage with multiple clients in meaningful and therapeutic ways.

If therapeutic presence is an important aspect of therapeutic outcomes, and the goal of supportive housing from shelters to PSH is to improve the lives of program participants, then therapeutic presence may be an important area of consideration for service providers and program developers in the housing sector. This thesis explores the construct of therapeutic presence

and how it might be applied in housing environments and will examine the manifestation, development, facilitation, encouragement, and other factors of therapeutic presence in such environments.

**Review of the Literature**

Housing

The importance of housing as an essential health service has been well documented in recent years (Henwood et al., 2012; Henwood et al., 2013; Levitt et al., 2012; O'Campo et al., 2009; Owczarzak et al., 2013; Palepu, Patterson, Moniruzzam, Frankish, & Somers, 2013; Patterson, 2013; O'Campo et al., 2009; Srebnik, 2013; Stefancic and Tsemberis, 2007; Yamin, Aubry, Volk, & Jette, 2014; Zerger et al., 2014). Research in housing is mainly focused on areas such as homelessness, addictions and mental illness. In these areas, housing approaches are understood as Housing First [HF], emergency shelters, recovery housing, transitional housing, and Permanent Supportive Housing [PSH].

The traditional method of housing in the homeless sector acts to engage, assess and help individuals move linearly through the housing spectrum (Dordick, 2002; Schinka, Casey, Kasprow, & Rosenheck, 2011; Yamin, Aubry, Volk, & Jette, 2014). This method is called the Continuum of Care (CoC) approach and has been the dominant system of housing resources for many years. Individuals are expected to address targeted issues such as substance use or mental illness before moving to the next stage of housing. The stages are typically seen on the continuum from emergency shelters, transitional housing, recovery housing, tertiary care facilities, supportive housing, and finally market housing (Blid and Gerdner, 2006).

Emergency shelters are temporary shelters which provide short-term housing during times of crisis for individuals, couples and families (HUD, 2014). Shelters have traditionally

seen the majority of individuals experiencing homelessness and can contain a spectrum of services to address both individual and community needs. These services can range from basic needs (shelter, food, safety), to education, case management, outreach services, and social events (Shier, Walsh & Graham, 2007).

Transitional housing is a broad term encompassing a host of demographics and services (Novac, Brown & Bourbannois, 2009). Services provided by transitional housing programs are usually dependent on the scope and purpose of the program. Generally the services in this model include mental health, substance use, employment, and social supports. Recent years have seen a reduction in investment for transitional housing as other forms of housing (such as HF and PSH) have gained popularity (HUD, 2014). However, transitional housing is similar to PSH with the difference being its time limited nature (Novac et al., 2009; Washington, 2002).

Recovery housing also represents a large spectrum of services, demographics and approaches. This form of housing is similar to transitional housing but specifically houses individuals looking to address their substance misuse. Individuals recovering from substance misuse benefit from an environment of support, trust and empowerment provided by recovery programs and staff over specific, short term substance abuse treatment programs (Henwood et al., 2012). While transitional housing, HF, and PSH programs are often funded by government, recovery housing is more often funded by private organizations and individuals (Mericle, Miles & Way, 2015). For this reason, recovery housing has remained underrepresented in current literature.

The HF approach was developed by Pathways to Housing in New York City (Goering et al., 2016; Tsemberis, Gulcur & Nakae, 2004). HF strategy is a radical approach to housing that utilizes the "key principles of housing choice, delinking housing from support, no requirement for housing readiness, harm reduction, and recovery-oriented treatment" (Goering et al., 2016 p

111). Research on HF has shown the efficacy of housing as a viable solution to chronic home-lessness and has challenged the way in which communities and housing service providers view and engage with their homeless populations (Gaetz, Scott & Gulliver, 2013; Miguel & Abughan-nam, 2014; Stergiopoulos et al., 2014; Tsemberis et al., 2004).

It should be noted that 'interim housing' has become a part of the HF model as the demand for housing is currently more than the HF housing stock (Zerger et al., 2014). Despite being a short-term housing option interim housing differs from transitional housing. While the two may both represent short term, supported housing environments, transitional housing models are still defined by their specific requirements which seek "housing readiness" whereas HF interim housing is viewed as a basic human right and holds minimal requirements: tenants are asked to agree to automatic rent payment and to meet with program staff two times per month (Tsemberis et al., 2004).

PSH has been utilized for close to 50 years as an effective tool for individuals experiencing significant barriers to housing and employment (Austin et al., 2014; Levitt et al., 2009; Levitt et al., 2012; Rosenheck et al., 2003). This approach utilizes multidisciplinary supports including employment support workers, case management, mental health and medical health clinicians. These supports can be either placed within the housing environment or offered as an organized service team accessible to tenants (Henwood et al., 2013). Recent developments in PSH include the implementation of HF principles to increase its effectiveness with individuals experiencing chronic homelessness (Austin et al., 2014; Henwood et al., 2013; USICH, N.D.).

The CoC model of housing is still the dominant system of housing throughout North America. In recent years the CoC model has incorporated HF and PSH into the continuum and

begun to emphasize these models over transitional housing (HUD, 2014). Like all new initiatives, HF is costly to initiate (Miguel & Abughannam, 2014). HF benefits from a battery of flexible and quality services and cooperation between housing providers, services and governments (Austin et al., 2014; Stefancic & Tsemberis, 2007). However, the potential cost savings for communities has been one reason HF and PSH has recently garnered a high degree of support from governments (Miguel & Abughannam, 2014).

Therapeutic Presence

Therapeutic presence is one of the most important aspects of psychotherapy and yet remains one of the most difficult to define. Phelon (2001) importantly notes:

> Researchers in caregiving fields such as psychology, nursing, and pastoral care have documented experiences of presence. Working in different fields and often writing at the same time, researchers and authors have labored in relative isolation, which has encouraged a certain amount of repetition in efforts to define presence. (p. 2).

Phelon endeavoured to wade through these isolated contributions of presence encompassing philosophers, psychologists, psychiatrists, nurses, pastors, and monks to create a succinct definition while utilizing a panel of expert therapists to help define or redefine aspects of therapeutic presence found within the literature. Phelon's final distillation of therapeutic presence rested in three categories of nine elements of presence. At the same time Phelon was articulating her distillation of therapeutic presence, Greenberg & Geller (2001) also published a list of therapeutic qualities of presence.

Phelon (2001) p. 128

| Development and Growth | Qualities of Awareness | Therapeutic Alliance |
|---|---|---|
| Seasoning | Attentional ability | Alignment with the client |
| Commitment to personal growth | Inner awareness | Receptivity |

| Development and Growth | Qualities of Awareness | Therapeutic Alliance |
|---|---|---|
| Integration and Congruence<br><br>Spiritual practice and belief | Kinesthetic aspects of presence | |

| Preparing for Presence | Process of Presence | Experiencing Presence |
|---|---|---|
| Arriving and clearing a space immediately before the session | Receptivity | Immersion |
| Practicing presence in life | Inwardly acting | Expansion |
| | Extending and contacting | Grounding |
| | | Being with and for the client |

Greenberg and Geller (2001) p. 160

While Phelon's and Greenberg and Geller's notable works contribute to a gathering of elements of therapeutic presence across many disciplines, a single accepted definition remains aloof from scholarly literature. Part of the difficulty seems to be the multifaceted nature of presence and the prismatic effect that human interaction has on its conceptualization (Cooper, 2005; Jerome & Jordan, 2007). Another potential reason may be the variety of disciplines in which presence is written about and the purpose of presence to that particular discipline. Medical literature such as nursing speaks of a healing presence (McDonough-Means, Kreitzer & Bell, 2004; Perez, 2004), neuropsychology has discovered biological processes that occur which contribute to presence (Baldini, Parker, Nelson, & Siegel, 2014; Geller & Porges, 2014; Seikkula, Karvonen, Kykyri, Kaartinen, Penttonen, 2015), psychotherapists talk about abstract ideas such as intrapersonal and interpersonal processes and attunement (Bien, 2008; Geller, Greenberg & Watson, 2010; Geller, 2013a; Geller, 2013b;), others talk about the physical space in which therapy

occurs (Andrews, 2004; Colisimo & Pros, 2015; Crane-Okada, 2012;), and finally, some individuals propose a presence which transcends individuals, space and time (Bonwitt, 2008; Cait, 2011; Day, 2016; Granick, 2010; Marchand, 2015; McDonough-Means et al., 2004).

With the importance presence has to therapy and the multiple dimensions in which it may occur, it is important to further a dynamic discussion of presence. Recently, Geller, Greenberg and Watson (2010) attempted to develop an instrument with which to measure presence within clinical settings and provide perhaps the most comprehensive definition to date:

> Therapeutic presence is defined as bringing one's whole self into the encounter with clients, by being completely in the moment on multiple levels: physically, emotionally, cognitively, and spiritually (Geller & Greenberg, 2002). Presence involves (1) being fully in contact with one's self in the moment, while being (2) open, receptive, and immersed in what is poignant in the moment, with (3) a larger sense of spaciousness and expansion of awareness and perception (Geller & Greenberg, 2010). This grounded, immersed, and expanded awareness is accompanied by (4) the intention of being with and for the clients, in service of their healing process (Geller & Greenberg, 2010). The inner receptive state involves therapists' complete openness to clients' multidimensional internal world, including their bodily and verbal expressions, as well as openness to their own bodily experience of the moment in order to access the knowledge, professional skill, and wisdom embodied within. Being fully present then allows for an attuned responsiveness that is based on a kinesthetic and emotional sensing of the other's affect and experience as well as one's own intuition, skill, and the relationship between. (p. 599)

This definition points towards what many authors have resoundingly expressed and defended through the years: therapeutic presence is more than a skill or a set of actions or behaviours; rather, it is a stance which a therapist adopts — a way of being-with (Anderson, N.D.; Bien, 2008; Colisimo & Pros, 2015; Cooper, 2005; Crane-Okada, 2012; Crenshaw & Kenney-Nozisk, 2014; Geller, Greenberg, & Watson, 2010; Geller & Porges, 2014; La Torre, 2002; Marchand, 2015; McCollum & Gehart, 2008; McCollum & Gehart, 2010; McDonough-Means, Kreitzer & Bell, 2004 Phelon, 2001; Tannen & Daniels, 2010).

The development of the Therapeutic Presence Inventory-therapist (TPI-T) and client (TPI-C) instruments (Geller, Greenberg & Watson, 2010) is an important step toward understanding the embodied application, influencing factors and implications of therapeutic presence. This instrument may lead to further understanding of the role of therapeutic presence in therapy and may illuminate methods for cultivating presence and training new therapists in its principles. While this instrument may be a practical step in understanding therapeutic presence, the authors acknowledge the limitations of the instrument in its current form due to its reliance on self-report, a relatively small number of measurement items on the TPI-C and a relatively small representative range of theories of counselling on the TPI-T.

What the TPI-T and TPI-C have provided insight into is the role of presence within the clinical settings. The study displays a relationship between client perception of therapist presence and positive change post-therapy (Geller et al., 2010). Therapist presence is also shown to have beneficial qualities for the therapeutic alliance in session. The evidence suggests that therapeutic presence contributes both to in-session factors of client-clinician relationship and also to therapeutic outcomes warranting further research.

For the present time, therapeutic presence remains a highly complex, multifaceted and abstract theory which is difficult to measure yet has practical and integral ties to successful therapy. Therapeutic presence is a stance a therapist adopts which contributes to impactful connection, influences both client and clinician, has been shown to have biological processes, incorporates the space individuals occupy, and expands beyond a binary system into a quantum theory of human interaction.

<u>Therapeutic Presence Within Supportive Housing Environments</u>

The challenge of exploring therapeutic presence in housing settings is the challenge of exploring abstractions within concrete interactions. While the above definitions are important to understand therapeutic presence, it is important to adopt a structure in which a theoretical exploration can have practical implications. This examination of therapeutic presence must incorporate a dynamic, multifaceted view which builds on the current complexities represented within current literature. For this reason I have attempted to distill from the multiple distillations of presence to create a dynamic platform for exploration. Krug (2009) summarizes Irvin Yalom and James Bugental's assumption that "each person is [not only] related to self, to other, and to the physical world, but also that each person's past is present in the here-and-now" (p. 331). Borrowing the wording from McCollum & Gehart (2008) which describes therapeutic presence as having "intrapersonal, interpersonal and transpersonal elements" (p. 178); and adding the contribution of McDonough-Means et al., (2004) which asserts that within therapeutic presence: "Transcendent presence is the fourth and final level" (p. 2); in the following chapters I will explore the intrapersonal, interpersonal, transpersonal, and transcendent qualities of therapeutic presence within supportive housing environments.

**Limitations**

This thesis is limited by the empirical evidence of therapeutic presence. While data involving presence has been accumulating for many years, studies are often limited to theoretical and qualitative research. Healing or therapeutic presence is an accepted construct within academic literature, but as the current literature displays, it is still a nebulous term with loosely defined components and mysterious effects. Perhaps the question of how therapeutic presence manifests in supportive housing settings should be reserved until the question of what therapeutic presence is and what its components are can be fully answered. For instance, how much of therapeutic presence is instantly accessed via the process of attunement versus gradually built through the therapeutic alliance? How much of therapeutic presence occurs due to mirror neurons and how much is instigated through empathy? Whether we know the answer to these questions is beyond my knowledge. Cooper (2005) may have articulated this conundrum best:

> More than that, what is being proposed here – and to some extent identified – are moments in which the client's presence to the therapist's presence, or the therapist's flow in response to the client's flow, creates a synergistic encounter that may not be reducible to the sum of its individual parts. (p 17).

**Key terms and definitions**

**Homelessness-** Homelessness can be defined in various ways. Point-in-time homeless counts survey individuals who are without homes at a given moment either without shelter or staying within shelter (USDHUD, 2014). Chronic homelessness is a condition in which individuals have been without a home four times within a three year period or are without a home for one year or more. Episodic or situational homelessness is a condition in which homelessness occurs due to complicating life factors.

**Supportive Housing-** For the purposes of this paper supportive housing is any staffed housing environment designed to contribute to the wellness of others including emergency shelter, transitional, scatter site, permanent supportive, and recovery housing.

**Low Barrier-** Refers to minimal requirements housing providers place upon individuals utilizing services. Low barrier housing attempts to negotiate identified barriers to housing such as problematic behaviour, substance misuse, symptoms of mental illness, and physical disability.

**High Barrier-** Refers to requirements housing providers place upon individuals utilizing services. High barrier may include but is not limited to abstinence from substances for a required amount of time, absence of challenging behaviours associated with mental illness, ability to maintain hygiene, physical ability to negotiate environment, etc.

**Consumer-** The terms consumer, participant, client, and guest may be used interchangeably throughout this paper referring to individuals who are utilizing services in a supportive housing site.

**Service Providers-** The terms staff, clinician, helping professional, support worker, and case manager may be used interchangeably throughout this paper referring to individuals who are employed in a supportive role at a supportive housing site or to provide service to consumers of housing services.

**Conclusion**

This chapter is an introduction to therapeutic presence and housing settings and sets up the question: How might therapeutic presence manifest in supportive housing settings? Recent developments in supportive housing have displayed that housing is an essential health service which impacts every sphere of life. Supportive housing contributes opportunities for service providers to engage with individuals in unique, informal and therapeutic ways. Therapeutic presence is a challenging construct to define but is understood within multidisciplinary academic literature to be an essential component of authentic contact and healing within therapeutic relationships. Therapeutic presence manifests itself in intrapersonal, interpersonal and transpersonal processes. Within these processes of presence, a metaphysical space unfolds which may transcend space, time, person, and place: such a space may be instrumental in dynamic and transformational change.

**Chapter 2:**

**Intrapersonal Presence in Housing Settings**

**Introduction**

Therapeutic presence is an important construct in any discipline that requires attention to the needs of other people, and it has garnered a great deal of attention from authors throughout the health services and even spans into new technologies such as virtual reality (Andrews, 2004; Baldini, Parker, Nelson, & Siegel, 2014; Bien, 2008; Bonwitt, 2008; Cait, 2011; Boston & Bruce, 2014; Colisimo & Pos, 2015; Crane-Okada, 2012; Day, 2016; Geller, Greenberg & Watson, 2010; Geller & Porges, 2014; Marchand, 2015; McDonough-Means, Kreitzer & Bell, 2004; Perez, 2004; Phelon, 2001). Therapeutic presence remains a challenging construct to fully define despite such a wide array of disciplines in which it is accounted for and the many authors who continue to write about it.

Authors such as Phelon (2001), Greenberg & Geller (2001) and Geller, Greenberg, and Watson (2010) have endeavoured to define therapeutic presence, succeeding in moving toward such an end, and, at the same time, illuminating the challenge in doing so. Therapeutic presence remains to date a nebulous construct, difficult to define and yet integral to the work of helping professionals. Part of the challenge of succinctly defining therapeutic presence is its dynamic and interconnected nature, making it difficult to examine any one aspect without diminishing the whole construct (Cooper, 2005; Jerome & Jordan, 2007). However, with continued dialogue we come closer to a fuller understanding both of the impacts and the dynamics of therapeutic presence.

In general, therapeutic presence has been examined as a construct applied in clinical settings between client and counsellor. I suggest that therapeutic presence is a way of being which impacts the quality of relationships not only in clinical settings but within human interaction in general. I have chosen to focus on the application of therapeutic presence within supportive housing settings; how it might benefit clients, staff members and organizations; and the potential challenges of sustained therapeutic presence within supportive housing settings.

One way in which therapeutic presence has not been examined is its specific intrapersonal, interpersonal, transpersonal, and transcendent qualities and how they might interact. In this thesis I examine therapeutic presence in terms of these qualities and further apply them to workers within supportive housing settings. It is my belief that the qualities of therapeutic presence listed above are integral to understanding the entirety of the construct. In this way I hope to both propose an integrated platform for further exploration of therapeutic presence and to suggest its use in multiple housing settings in which human beings attend to other human beings.

It is my belief that therapeutic presence is made up of processes which occur simultaneously in a dynamic system. Each construct must then simultaneously stand alone and contribute to the greater construct and there for each construct is both foundational to and sustaining of therapeutic presence. In this paper I focus on intrapersonal presence and its relationship to the entire construct of therapeutic presence. I demonstrate the importance of intrapersonal presence as its own entity within human beings and examine its role within therapeutic presence and further relate it to supportive housing settings.

**Intrapersonal Presence**

Intrapersonal presence can be defined as sustained in-the-moment contact with internal events and processes which make up the internal landscape (Colisimo & Pros, 2015; Geller et al.,

2010). Intrapersonal processes which have to do with presence are an individual's thoughts, feelings, perceptions, senses, and reactions. This contact situates a clinician in a state of being-with self and others which is a reliable foundation for therapeutic contact (Anderson, N.D.; Crane-Okada, 2012; Geller & Porges, 2014; Krug, 2009; McCollum & Gehart, 2008).

Current descriptions within the literature of the importance of intrapersonal presence are multifaceted with a variety of authors in multiple fields contributing to the unfolding understanding of the concept. Intrapersonal processes can be seen as an "embodied flow of energy and information [which] occurs within the brain, whereas relationships are seen as the sharing of energy and information" (Baldini et al., 2014, p. 219). Sustained contact with self aids in a clear perception of reality and contact with our basic human experience (Colisimo & Pros, 2015; Jerome & Jordan, 2007). Therapists who report an experience of therapeutic presence also display a host of positive outcomes in the area of emotional well-being and satisfaction with life and work (Geller, 2013b).

These descriptions of intrapersonal presence provide a context in which to begin to understand its process and impact. The human body is not a separate entity from feelings and thoughts but part of a system which incorporates biological, cognitive and emotional processes. Thoughts, feelings and senses utilize neural pathways to transmit messages to and from the brain in the form of energy. The laws of energy states that it does not dissipate but rather is transferred meaning that intrapersonal processes are expressed in concrete ways (Conservation of Energy, 2015). The implications of this are beyond the scope of this thesis but to intrapersonal ends it is possible that being present with and attending to intrapersonal events allows for energy transfer as opposed to energy being stored as potential energy to be expressed at a different time. In short, engaging with intrapersonal processes may be essential to effective self regulation.

Sustained contact with self in the present moment holds therapeutic value (La Torre, 2002). Intrapersonal presence allows for external information to be understood allowing an individual to safely explore, evaluate and integrate new information about oneself (Geller & Porges, 2014). This in turn allows an individual to situate oneself within the reality of a situation and respond prudently. Contact with internal processes contributes to a psychologically secure internal landscape in which self regulation can occur.

Elements of intrapersonal presence are identified as inner awareness, inner experience, inwardly acting, integration and congruence, and personal and spiritual development (Bien, 2008; Granick, 2010; Greenberg & Geller, 2001; Phelon, 2001). These elements provide an acceptable description of intrapersonal presence. In the following paragraphs I will examine these processes individually to obtain further information and a fuller understanding of intrapersonal presence.

Self-awareness is the ability to process internal elements of self, such as traits and feelings and the recognition that one is engaging in such processing (Crisp & Turner, 2010; Harrington & Loffredo, 2011; Morin, 2011a). Morin (2011b) identifies that inner-speech allows an individual to engage in discussion, reflection, problem solving, and translation of external and internal information with her or himself. This intrapersonal process is a natural development in human beings and can contribute to both positive and negative effects. Positive effects include the development of a capacity to engage in other points of view, problem solve, self regulate, attain self knowledge, understand motivation and self-perception, and even the ability to anticipate future events. According to Morin (2011a), negative effects of self-awareness can be self-rumination, amplified emotions, self-criticism, and self-escape behaviours.

Sustained contact with self can be uncomfortable. Thoughts and emotions can be intense experiences and individuals can become acutely aware of shortfalls, unmet needs, vulnerabilities, and judgements (Crisp & Turner, 2010; Morin, 2011a; Phelon, 2001). However, such contact and awareness is beneficial in understanding bias, reactions, emotions, thoughts, etc. and deciding on a course of action. Inwardly acting or inwardly attending is a way to describe how individuals engage with internal processes (Greenberg & Geller, 2001). To remain present one must attend to internal processes in the present moment and not to become lost, wrapped up in or hijacked by them. This is a challenging endeavour and leads to the question of function: how does one attend to or act upon inward processes leading to the ability to remain in the present moment?

The conundrum of being present is an ironic one. Human beings are subject to the demands of time but the mind only corporeally adheres to such measurements. The power of the brain frees it to roam to other dimensions outside of time, space and reality. This capacity for dualistic existence constitutes a core challenge to human beings (Bradford, 2007). It is possible that an understanding of the ability to, the tendency toward and the experience of existing in dual realities is a building block for engaging with intrapersonal processes. In this capacity the contributions of existential philosophers may be foundational for cultivating presence.

One potential model of engaging with intrapersonal processes is Eugene Gendlin's technique of focusing which asserts that we can depend on our senses, our "felt-sense" of any given moment for trustworthy information (Colosimo & Pros, 2015; Friedman, 2004). Focusing is, at its simplest, paying attention and at its most complicated a particular way, technique or method of paying attention. Gendlin (1996) depicts six steps to focusing although makes it clear that this is only one way of focusing. These six steps are:

1) Clearing a space. Taking a moment to relax and then focusing attention on one area of the body. Once a feeling/s arises acknowledge it but do not engage with it.

2) Felt Sense. Choose one feeling to focus on. Do not engage in it but hold it and slowly examine its parts, thoughts, emotions, and sensations.
3) Handle. From the sense allow a word or image to emerge. Stay with the sense until the word or image feels right.
4) Resonating. Oscillate focus from word/phrase to the sense. Allow the sense and the words to change until they are in tune with one another
5) Asking. Return to the body and attempt to sense the same feeling again. With the new words attempt to expand the understanding of the sense. Something may shift or give.
6) Receiving. Receive what comes from the shift amiably, even if it is uncomfortable. Stay with it a while.

The practice of focusing is one way for an individual to engage with her or his internal landscape. Another practice that has recently received more attention within academic literature is mindfulness (Bien, 2008; McCollum & Gehart, 2008; McCollum & Gehart, 2010; Shapiro, Oman, Thoresen, & Flinders, 2008). Bien (2008) describes mindfulness as representing "an accepting attitude toward inner experience— toward thoughts, feelings and sensations" (p. 40). McCollum & Gehart (2008, 2010) suggest that mindfulness is an established technique for developing presence and suggest it as a valuable training tool for new therapists.

Mindfulness is shown to reduce distress, increase emotional regulation, enhance well-being, reduce psychological symptoms, increase distress tolerance, improve attention, increase awareness, and is seen as a way to decrease suffering (Carmody & Baer, 2008; Hülsheger, Alberts, Feinholdt, & Lang, 2013; Shapiro et al., 2008; Shapiro & Carlson, 2009a; Shapiro & Carlson, 2009b). Shapiro and Carlson (2009a) distinguish two streams of mindfulness:

> (a) mindful awareness: an abiding presence or awareness, a deep knowing that manifests as freedom of mind (e.g., freedom from reflexive conditioning and delusion) and (b) mindful practice: the systematic practice of intentionally attending in an open, caring, and discerning way, which involves both knowing and shaping the mind. (p. 4).

Mindfulness is seen as naturally occurring in human beings. However, this way of being can be disrupted by life events and social and cultural influences.

Mindful practice involves intentionally developing a mindful attitude of acceptance toward the present moment (Baldini et al., 2014). Applying compassion toward internal events so as to recognize when one is lost-in or hijacked-by thoughts, emotions and sensations is mindful practice. There are a number of mindful practice exercises which have been identified through the years. While mindful practices vary widely from meditative (mindful breathing) to active (yoga, mindful walking, mindful eating, etc.) the root of each practice is the same: intentionally remaining in the present moment through the deliberate adoption of an accepting attitude toward thoughts, feelings and sensations (Carmody & Baer, 2008; Hülsheger et al., 2013; Shapiro et al., 2008; Shapiro & Carlson 2009a; Shapiro & Carlson, 2009b).

Mindful practice enables individuals to engage-in and cultivate mindfulness, a way of being in the present moment through developing the capacity to identify, describe, tolerate and integrate information from internal events. This process and attitude allows a therapist to acknowledge internal struggles while remaining in contact with continued intrapersonal events. Fostering an attitude of awareness, acceptance and peace allows for a therapist to offer the same to her or his client (Bien, 2008). Likewise an essential element of therapeutic practice is for a therapist to remain nonreactive to emotions and sensations from self and others. Mindfulness offers a practice which can develop a therapist's ability to experience an expansive range of thoughts, emotions and sensations without being compelled to respond to any particular one in any particular way.

Spiritual development may be another way in which to access and develop intrapersonal presence. Faith traditions throughout history have had elements of contemplative, mystical, meditative, and mindful practices (McCollum & Gehart, 2008). Such practices may provide methods or a language to explore what is transcendent in the human experience and may encode within

them information about important elements of human existence which are perhaps easily ig-

nored.

Intrapersonal presence relies on the awareness of internal events such as thoughts, feel-

ings, and bodily sensations. Attending to internal events in the present moment with acceptance

and compassion allows an individual to identify, describe and sustain contact with such events

without becoming engrossed in or compelled to respond to them. By developing the skills to at-

tend to events in such a way an individual cultivates presence. Intrapersonal presence has numer-

ous positive benefits for the general public and is a building block for therapists seeking to de-

velop therapeutic presence. Focusing techniques and mindful practice are ways in which individ-

uals can cultivate the process of presence. These processes contribute to presence as a way of be-

ing, a constant becoming which allows individuals to continue to integrate information both from

external and internal environments.

**Home, Containment and Intrapersonal Presence**

It is prudent to discuss the meaning of home in the context of presence. Home provides

many elements of psychological safety including: identity, security, dignity, agency, belonging,

containment, and wellbeing (Connolly & Ashton, 2011; O'Connor, 2003; Olson, 2014; Padgett,

Hawkins, Abrams, & Davis, 2006). Home provides a physical space in which to be with and at-

tend to oneself. Home may be seen as a manifested containing environment for internal events.

The process of containment allows an individual to send emotions which are otherwise

unbearable away from the self. For containment to occur these emotions must be received, modi-

fied and sent back in a way which is palatable to the individual. Through this process the individ-

ual is able to integrate the modified information (Di Ceglie, 2006; O'Connor, 2003; Paul, 2006).

Eventually the individual learns to contain, modify and integrate emotions internally without the

constant need to send them away although, some level of external containment is always required. This process was first articulated within an infant-mother relational context but further application has expanded to incorporate other human beings and even environments within the theory. What is inherent within the model is the idea of the containing environment as 'home' both metaphorically and physically (O'Connor, 2003).

O'Connor (2003) states that "containment is not something that happens to a person; it is something that is pointedly sought" (p. 116). Seeking containment may occur in many ways throughout the lifespan. An individual might develop containing relationships with persons, places or things which may or may not fulfill the need of relief from unbearable emotions. It may be argued that psychopathological behaviour or maladaptive coping has its root in un-contained, unbearable emotion (Paul, 2006). To follow this idea to its end it may be that phenomenological expressions of psychopathology are ways in which individuals are attempting to manage (and perhaps effectively managing) extreme distress.

There are parallels between the theory of containment and intrapersonal presence. Containment describes a process of learning about internal events via projection into a safe space and receiving safe and reliable information back. In time the individual learns that safe and reliable information about such events can be accessed through her or his own body and mind. Di Ceglie (2013) speaks of the process of containment as a process of "reciprocal orientation" in which "…'home' acquires a quality where physical and mental aspects are inextricably linked" (p. 1079). When applied to a physical space home is perhaps a reflection of such a reciprocal orientation of intrapersonal processes.

The importance of 'home' as a metaphor and an actual space of safety and opportunity for introspection cannot be understated. While home is not a full reflection of an individual it

may have reflective properties of the internal landscape. For this reason an individual who is working in another's home holds both a unique honour and a profound responsibility. Clients consenting for workers to enter their home may be taking drastic measures to secure housing—sacrificing privacy for safety— or communicating their trust of service providers for their well-being. In either circumstance a support worker must show integrity and understanding about the seriousness of her or his role.

**Housing Environments and Intrapersonal Presence**

One of the challenges in describing therapeutic presence within housing environments is the huge variety of housing settings in scope of practice, purpose, size, facility, and setting. Encompassed within the housing sector are organizations with a multitude of theoretical understandings, approaches and organizational cultures; managers and staff with various levels of training and experience; and clients with diverse and often co-occurring challenges in physical, mental, emotional, and social realms. For this reason any discussion regarding housing settings must be generalizable to many different settings and can only speak to common factors within housing environments.

For the purpose of this paper I will examine intrapersonal presence within the context of the individual and the organization. Ultimately intrapersonal presence is the responsibility of the individual to engage with and cultivate. As I have demonstrated, examining the ways in which an individual can cultivate presence within the self and how this might impact her or his life and work is beneficial both privately and professionally. Organizations can benefit from fostering an environment in which employees feel safe and encouraged to develop and utilize their presence in useful ways.

Individuals

Intrapersonal presence as an employee of an organization presents multiple layers of identity, emotion and thought for individuals. Within the role of support worker an individual must negotiate the needs of the client, the role and responsibility of the position, the goals and ethical standards of the organization, and individual needs, emotions, thoughts, and sensations (Cait, 2011). Such complex layering can easily become mixed up and even frightening for employees and difficult to understand for clients.

In addition to these layers, working in housing settings can expose employees to severe psychopathology and destructive behaviour (Barret, 2011). David Grossman's term (as cited in Bonwitt, 2008) "Intraumatic" describes "a society in constant traumatization: one where life and trauma are in constant identity and cohesion…" (p 220). Intraumatic perhaps describes the reality of individuals experiencing homelessness more so than clinicians and support workers involved in their care as workers theoretically have separation from such a culture. However, recent research has demonstrated that prolonged exposure to the suffering of others increases the risk factors for suffering from traumatic stress in the form of vicarious trauma, compassion fatigue and burnout (Bell, Kulkami & Dalton, 2003; Lee, Veach, Macfarlane & Leroy, 2015; Nelson, 2015; Pross, 2006; O'Brien & Haaga, 2015).

With the understanding that support workers engage with new intrapersonal layers complicated by the potential for exposure to distress and destructive forces it is important to extend and sustain contact internally to explore and incorporate new information, new intrapersonal events and new meaning. This may be seen as building capacity to continue to experience internal events rather than ignoring or covering them up which leads toward the inability to distinguish emotions and eventually the inability to respond appropriately to internal processes (Van

der Kolk, 2006). In this light intrapersonal presence may be essential for the health, wellbeing and longevity of staff working in challenging settings.

By interacting with other's stories workers gain new information about life. Acquiring something new such as information inherently requires having a space in which to hold it. For this reason preparing a space is an important first step in presence: not only preparing a space but continually maintaining such a space in which presence occurs (Greenberg & Geller, 2001). This process takes place both in professional and personal spheres of life. Just as presence is a way of being one adopts so too is working with other people a way of being. Creating space not only to *do* activities to care for oneself but also to *be* with oneself, to allow time to be present with one's emotions, thoughts and sensations, to continually develop capacity to encompass the distress of self and others, and to integrate new information received.

Damasio, quoted in Van der Kolk (2006) states: "the consequences of having emotion and attention are entirely related to the fundamental business of managing life within the organism, while, on the other hand, it is not possible to manage life and maintain homeostatic balance without data on the current state of the organism's body proper" (p 284). Maintaining contact with intrapersonal events allows workers to tolerate distress, manage emotions and integrate new information: in short, developing skills toward self regulation. In the world of supportive housing these processes are essential for staff to maintain balance and continue optimal functioning in the face of extreme distress.

Sustaining contact with oneself may be difficult while accomplishing the day-to-day tasks and responsibilities of support worker positions. Documentation, case management, maintaining facilities, client engagement, educational groups, social events, and other duties of the position may provide a challenging task-versus-engagement dichotomy within the workspace.

Fulfilling the duties of a role may present challenges to intrapersonal presence. Developing capacity to sustain contact with self utilizing mindfulness, focusing or contemplative spiritual practices may be essential for intrapersonal presence in highly demanding environments.

Another intrapersonal layer that may be difficult to integrate is when personal and organizational values become incongruent. Examples of such incongruence may be events such as evictions, differences in application of theoretical frameworks, financial decisions, and organizational structuring. Such events and discrepancies may cause distress in staff members that cannot be easily reconciled. Awareness, articulation and compassion for distress and emotion can be helpful in the politics of such discrepancies. While presence may not favourably resolve the disagreement an individual may be able to find a way to act in congruence with her or his values and maintain or even build rapport with both client and employer.

Organizations

Supporting intrapersonal presence in workers may be crucial to effective service delivery and in maintaining a healthy work environment for organizations. Bell et al. (2003) argues that "organizations providing services to trauma victims have a practical and ethical responsibility to address this (vicarious trauma) risk" (p 465). It is reasonable to expand this ethical and practical responsibility to organizations that provide service to individuals in any state of distress. Just as individual workers must adopt a life style which supports their emotional needs so too must organizations adopt a stance which models, promotes and supports this in its workers.

Bell et al. (2003) go on to articulate "organizational culture, workload, work environment, education, group support, supervision and resources for self-care" as areas in which organizations can support their workers (p. 465). These areas may emphasize and promote intrapersonal presence and encourage support workers to engage with their internal events toward

intrapersonal presence. While all of these elements are important for organizations that provide service to distressed individuals it is also important to highlight elements which may serve specifically to support intrapersonal presence within its employees.

Organizational culture is perhaps the foundation on which employee support and empowerment rests. The culture of an organization and the values it both overtly and covertly emphasizes influence its policies and expectations of workers (Bell et al., 2003; Nelson, 2015). An organizational culture which understands and anticipates the impacts of distressed clients on its workers helps to form reasonable and realistic expectations for work load, environment and support within worker to worker and employer to employee interactions.

Barrett (2011) suggests that:

One area of challenge, apparent to any observer of how such services function, is that the business of staying on task seems often to be affected by teams and their individual members taking on or replicating service user coping strategies, such as: 'getting rid' of problems; relying on reaction rather than using reflection to inform action; rejecting help while insisting upon the need for it; and 'forgetting' important information like histories of abuse, index crimes or the fact of suicide. (p. 45).

Distress breeds distress and if staff members are not encouraged to and not allowed the space to reflect on and integrate their emotions, thoughts, feelings and information from interacting with distressed clients the result will be a psychologically unsafe environment. Taking psychological safety into consideration is a different focus for organizations and promoting safe spaces and time for reflective practice are also essential steps to take to support intrapersonal presence (Barrett, 2011). Such a space within the organization fosters presence and allows for all parts of the

organization to provide feedback and to contribute to creating a safe environment for both clients and employees.

It may be said that the best way for an organization to promote intrapersonal presence in individuals is for the organization to manifest intrapersonal presence itself. In this way the same process for intrapersonal presence in an individual may be applied to the organization. An organization might benefit from sustained contact with its own intra-organizational events. In such a way an organization may be able to act inwardly toward integration, congruence and organizational development.

Organizations can also provide resources, training and information regarding intrapersonal processes of presence. Providing information on and promoting practices such as focusing and mindfulness can be one avenue of providing resources. Organizations can also pool resources to provide discounts for services such as counselling, yoga and other health care which contribute to wellness and promote connection to self and others (Nelson, 2015).

The responsibility of fostering intrapersonal presence within organizations is shared between employee and employer. Building an organizational culture which engages in presence in and of itself may promote presence within those who make up the organization. Just as an individual can be present with thoughts, feelings and sensations within her or his body an organization can implement ways in which to be present with the members who make up its body. In building a culture of presence an organization may promote the health and safety of workers, create a psychologically safe environment for staff and clients and incorporate essential information from employees with which to improve service delivery.

**Conclusion**

Intrapersonal presence is a way of being with self which pays particular attention to internal events. These events are ways in which the body communicates its response to external stimuli. Being present with internal experiences can be uncomfortable which can cause individuals to seek to avoid some or all aspects of presence. However, sustained contact with self allows an individual to process both positive and negative information toward an integrated and congruent self. There are currently numerous ways in which to practice presence including focusing, mindfulness, and contemplative spiritual practices.

The concept of home is particularly salient in the discussion of therapeutic presence in housing settings. A home is a manifested containing environment in which an individual's distress can be modified into a manageable form. Intrapersonal presence holds elements of containment which can be utilized in the understanding of working in housing environments. Future inquiry may articulate the potential ways in which to develop the individual's internal coping mechanisms by supporting their presence in their physical space of home.

Organizations supporting their workers may benefit from adopting a stance of intra-organizational presence. In this fashion the organizational culture becomes one which maintains contact with internal events within its body. A culture of presence supports workers to be present with their own internal events and provides the emotional space to do so. In this way both workers and organizations benefit from new integrated information and minimize the risks of developing an intraumatic culture with no space or ability to attend to distress.

Therapeutic presence encompasses intrapersonal, interpersonal, transpersonal, and transcendent properties. This paper examines elements of intrapersonal presence and how to support such elements in a supportive housing setting. Therapeutic presence is often expressed as an

interwoven system. Examining its individual elements may be an important step to fully understand the implications and importance of the whole. Intrapersonal presence is both a foundational and sustaining process for therapeutic presence and holds many benefits to an individual who adopts such a stance.

**Chapter 3:**

**Interpersonal Presence in Housing Settings**

**Introduction**

Presence is the ability of an individual to sustain contact with the immediate moment despite numerous demands by cognitive, emotional and sensory processes (Baldini, Parker, Nelson, & Siegel, 2014). Therapeutic presence can be viewed as a stance one adopts to remain present and receptive to self and others toward an accurate and empathically responsive therapeutic action (Geller, Greenberg & Watson, 2010). Recent attention to the concept of presence and its merits to therapeutic outcomes has provided a fuller definition of therapeutic presence but the construct remains difficult to define. Further development is necessary in understanding the full potential of therapeutic presence.

Many definitions of therapeutic presence highlight its multifaceted components and qualities (Geller, 2013a; Geller et al., 2010; Greenberg & Geller, 2001; Phelon, 2001). Such lists are helpful in understanding elements of therapeutic presence but further inquiry is required to understand its functional qualities and potential. For this purpose I am examining therapeutic presence in terms of its intrapersonal, interpersonal, transpersonal, and transcendent processes. I further examine each of these processes to non-clinical supportive housing settings. In this way I hope to both define and apply therapeutic presence in a different context to bring about further understanding and clarification of the construct.

I have thus far introduced therapeutic presence and housing settings in chapter one. In chapter two I outlined intrapersonal processes of presence applied to individuals and the potential application to staff and organizations providing housing services. In this paper I will focus specifically on aspects interpersonal presence. I will further provide a description of how interpersonal presence might benefit individual staff and organizations providing housing services.

**Interpersonal Presence**

Interpersonal presence is perhaps the most discussed and observable form of presence within human interactions. However, interpersonal presence is often misrepresented within the literature of therapeutic presence. Therapeutic presence is often spoken of in terms of a system and so discussing individual parts of it can misrepresent the system (Cooper, 2005; McDonough-Means, Kreitzer & Bell, 2004; Tannen & Daniels, 2010). This presents a challenge to understanding the entirety of the construct, especially in the case of understanding its qualities in intrapersonal, interpersonal, transpersonal, and transcendent contexts.

Perhaps the most challenging aspect of therapeutic presence—due to the holistic nature of its definition—is its nebulous and often blurred distinctions between concrete and abstract ideas. Specific to the interpersonal context of presence it can be challenging to separate the interpersonal from the intrapersonal and transpersonal. For instance the distinction between intrapersonal—internal events such as emotions or thoughts—, interpersonal—communication between individuals— and transpersonal—being impacted by another's emotions or thoughts—are important distinctions to understanding therapeutic presence.

The interconnecting dynamic of therapeutic presence is at the heart of its profound nature which also creates challenges to a succinct definition. Each element of therapeutic presence is both foundational and sustaining to its function. This thesis examines interpersonal presence in the context of therapeutic presence and so must acknowledge its commorancy, its dwelling place, within this construct. However, for the purpose of this paper I will endeavour to articulate interpersonal presence as a distinct aspect of therapeutic presence.

Ventres and Frankel (2015) provide an important contribution to this discussion by describing shared presence between patients and physicians:

This connectedness—shared presence— is a state of being in which physicians and other health professionals and their patients enter into a deep sense of trust, respect, and knowing that facilitates healing. It is a communicative state during which both physicians and patients feel a richly personalized, intimate, and profoundly meaningful therapeutic event is occurring. (p 272).

This statement displays the powerful implications of presence. It also shows the enmeshed intrapersonal—"a deep sense of trust", interpersonal—"a communicative state", transpersonal—"both physicians and patients feel", and transcendent—"profoundly meaningful therapeutic event is occurring" qualities of therapeutic presence.

Speaking distinctly of the interpersonal, what is between individuals, is no small challenge. Interpersonal interaction is embedded in intrapersonal and transpersonal events (Hopwood et al., 2013; Ramaraju, 2012). However, examining the way in which an individual responds to her or his internal landscape can be observed only in the context of interpersonal interactions (Schölmerich & Jäkel, 2014). This enigmatic system is complex, symbiotic and elaborate mirroring the complexity of humanity itself.

The scope of this paper, due to the complicated aspects of the interpersonal, must be narrowed to what is between individuals and how one maintains presence within that dynamic. What is between individuals can be environmental elements such as space, objects, or sounds (Jerome & Jordan, 2007). It can also be metaphorical elements such as words or exchanges of communication between individuals. The combination of these elements creates a landscape of interpersonal metaphysics—that is to say, the meaning human beings make together (Ramaraju, 2012).

Meaning is the foundation for relationship and in this sense "individuals carry with them unique composites of understanding, born of their particular relational history" (Gergen, 2000 p. 365). Just as interpersonal events are imbedded in intrapersonal and transpersonal processes so too are human beings embedded in a complex web of relationships which provide context for meaning (Andersen, 1987; Anderson, 2012; Gergen, 2000; Kinman, 2014; Ramaraju, 2012; Sanders, 2016). In this light interpersonal interactions are ways in which individuals express and develop meaning.

One way of understanding interpersonal dynamics in therapeutic settings is as an inter-personal field. Literature from a variety of therapeutic modalities suggest the contact points between two individuals make up an 'interpersonal field' which allows for individuals to engage and collaborate while still maintaining distinct identities (Colosimo & Pos, 2015; Cooper, 2005). Some disciplines even suggest that such a field potentially has physical properties to it (Baldini et al., 2014; Day, 2016; Granick, 2015). Day (2016) argues for such a reality: "just as sound waves move through space to convey sound from one source to the other, so meaning—or exchange— can be inferred to occur in ripples or waves through the in-between of the client and therapist" (p 88). In this light the interpersonal field can be seen as an externalized representation of relationship (Hopwood, Wright, Ansell & Pincus, 2013).

The process of attunement is another established concept which contributes to the understanding of interpersonal presence. Attunement is a communication process human beings engage in named for a 'tuning' process in which individuals begin to match verbal and non-verbal elements of communication (Balzarottie, Piccini, Andreoni, & Ciceri, 2014; Forster & Iacono, 2014). Individuals match speed, intensity and style of communication and begin to synchronize.

Attunement allows for greater ease of communication and understanding for the benefit of all in-volved. The attunement process includes the nonverbal expression of emotional states between individuals which encourages greater understanding of needs and cooperation.

In therapeutic settings attunement is conceptualized as a way in which therapists under-stand the internal states of the client and respond empathically. It is interesting to note that while the process of attunement is fundamentally an interpersonal phenomena its end result is a transpersonal process of empathic understanding. It is not a mystical or abstract knowledge of an individual acquired through telepathy but rather it is observing and attending to an individual's verbal and non-verbal communication.

Therapeutic presence is a way of being with both self and others (Baldini, et al., 2014; Bien, 2008; Colosimo & Pos, 2015; Granick, 2015; Krug, 2009 McCollum & Gehart, 2008; McCollum & Gehart, 2010; ). Granick (2015) states: "the interpersonal dimension of presence addresses the therapist's capacity for, and experience of, profound relatedness and its implica-tions for therapeutic functioning" (para. 18). Such presence relies heavily on connecting to the overt and covert communication and meaning expressed through words, inflections, posture, and movements (Anderson, 2012; Intrapersonal & Interpersonal communication, N.D.; Sanders, 2016). Profound relatedness is understood as an important component of progress in therapy and recent scholarship points toward interpersonal skills in creating the conditions for creating an at-mosphere in which profound relatedness can occur. (Anderson, McClintock, Himawan, Song, & Patterson, 2016; Geller, 2013b).

Interpersonal communication skills are an essential part of conveying interpersonal pres-ence and facilitating therapeutic progress (Anderson et al., 2016; Levinson, Lesser & Epstein,

2010; Perez, 2004). Ventres and Frankel (2015) argue that the practical development of interpersonal skills "means working to 'see' the patients as persons" and provide a list of skills which includes: listening attentively, expressing curiosity, observing feelings and reactions of both patient and physician with sensitivity, and considering the temporal and syntactic appropriateness of words (p 272). These skills demonstrate interpersonal skills related to clinical relationships.

Anderson et al. (2016) provides more insight specifically into clinical therapeutic practice by identifying the following eight 'facilitative interpersonal skills' that play a role in therapeutic outcome: "verbal fluency, emotional expression, persuasive-ness, warmth/positive regard, hopefulness, empathy, alliance bond capacity, and alliance-rupture-repair responsiveness" (p. 58). These eight skills give some information regarding what aspects of interpersonal exchange are important to understand. It illuminates a potential path toward greater understanding of the factors of clinical engagement via interpersonal skills and the specific avenues in which to hone the skills involved with presence.

Meta-communication is an important aspect of effective interpersonal communication (Rasheed, Rasheed & Marley, 2011). Incongruent messages occur when an individual's verbal and non-verbal messages do not align. For instance when saying congratulations with a flat or cold tone of voice may suggest either unhappiness or disinterest at the news. Therapists must be particularly aware of incongruent messaging in terms of both self and other. Observing client's meta communication can provide insight into her or his presenting problem. Ensuring congruent communication from the therapist is essential in providing clear and helpful interventions.

Congruence is one of the three therapist offered conditions articulated by Carl Rogers (Greenberg & Geller, 2001). Greenberg and Geller (2001) articulate congruence as "an internal component involving awareness of one's own flow of experience and transparency, an outer

component, which refers to explicit communication" (p 149). In this sense congruence is both an intrapersonal (awareness) and interpersonal (transparency) process which instills trust and promotes the relationship between therapist and client. Congruence shares these processes with therapeutic presence but one must first be present before one can be congruent.

From these various philosophical, ecological, and therapeutic inputs we can infer that interpersonal presence is a way of being with another by contact with and attunement to the meaning or meanings expressed by that individual and co-created between therapist and client. Present interpersonal contact takes into account both the continual creation and modification of meaning between individuals. The interpersonal field is a manifestation of the exchange of energy relationships are built upon which can be attuned to and examined by both client and therapist. Interpersonal presence allows the therapist to begin to understand and to become part of the client's world.

It is important to take a moment to reflect back on the greater discussion of therapeutic presence and the role of interpersonal presence in the equation. Intrapersonal presence is the intentional contact and integration of information whereas interpersonal presence is the communication of healing intentions and the creation of the therapeutic environment. Interpersonal presence allows for creation, co-creation, and re-creation of the meaning of thoughts, feelings, behaviours, relationships, and events. In this way interpersonal presence is the most palpable of the therapeutic vehicles and relies upon the bedrock of therapeutic practice, relationship and dialogue.

## Interpersonal Presence in Housing Settings

Viewing interpersonal presence as the communication of healing intentions and the co-creation of meaning can become complicated for staff in housing settings. Outside of the clinical

setting the focus of engagement is not always on therapeutic work and in fact is usually focused on other tasks. Staff may be engaged in housekeeping, case management, documentation, facilitation, or any number of tasks assigned to the position. The number of tasks, the individual needs of clients and requirements of the organization can be difficult to balance. In a therapeutic setting the client and therapist have come together for a similar purpose and the task at hand is to engage in that purpose: in the housing setting, task and engagement are usually two separate entities.

Staff within housing settings have a further challenge in that the housing setting is not generally intended for therapeutic work. This is not to say that therapeutic work is not done in housing settings nor to say that staff should not adopt a therapeutic stance, however, healing intentions by staff members are not always desired by clients and this must be respected. In this way interpersonal presence is essential to ethical behaviour: staff must recognize the client's preference for engagement in the moment and must respect their position of power over clients within the housing system.

Further complications come from the organization's purpose, policies, procedures, and culture. Staff must take into account limits on space, time, role and scope of practice. In a clinical setting the therapist's role is well established and the therapist has control only over his or her own actions, documentation, therapy length, and direction of therapeutic intervention. In housing settings staff not only have a supportive role but must also carry out organizational policies which may include enforcing rules or carrying out evictions (Barrett, 2011). These added responsibilities move the support worker toward an unequal power dynamic with elements of control over the client.

Understanding and accepting the meaning of staff to clients is an essential component of interpersonal presence within housing settings if co-creation of meaning between staff and client

is to be taken seriously. Sanders (2016) speaks of an "aesthetics of engagement" in which a rela-
tional way of being "in community and in communion invites a particular understanding of, and
engagement with, a particular understanding of the politics of experience" (p. 22). One client
may perceive staff as a reliable source of support while another client may perceive staff as a pu-
nitive enforcer of law. Depending on the organizational culture these same meanings and expec-
tations might be placed on a staff member by colleagues and managers. Staff members have the
difficult task of negotiating the meaning of their position both within the organization and within
client-staff relations.

It is important to note that the relationship between organization, staff members and cli-
ents is part of the housing environment for the client. Understanding the realities of this dynamic
is essential in respecting a client's home. Imagine living with a demanding roommate who is also
the landlord. Interpersonal presence means to be attentive and respectful to boundaries of both
work and clients.

An added element to the multiple meanings and layers of staff roles is the potential real-
ity of engaging with multiple clients at the same time. This exponential reality complicates every
aspect of interpersonal presence. The staff member must now somehow encompass an ever shift-
ing interpersonal landscape filled with myriads of established and establishing meanings. The
potential pitfalls in this landscape are many and beg the question of how one operates effectively
within such a landscape. In the following paragraphs I will focus on a few elements of interper-
sonal presence which may provide an idea of how this might be done.

Staff members within housing settings have unique opportunities to engage with clients.
Daily interaction may present moments in which clients display raw emotion, unabridged

thought or unchecked behaviour. The realities of such moments present challenges to staff members as they may be overwhelming, frightening, explosive, and deeply human in ways most often hidden from others. In these moments clients may be expressing what is unbearably distressing to them giving the therapist an opportunity to act purposefully in a containing manner.

Containment is a well established process in which an individual sends away emotions which are unbearable from her or himself to be modified by the container and returned to the individual in a bearable form (Di Ceglie, 2006: Solomon & Nashat, 2010; O'Connor, 2003). Containment begins between mother and infant and develops into a process which can incorporate both internal and external resources. While containment utilizes intrapersonal and can incorporate transpersonal processes the interpersonal aspects of containment are important within housing settings.

Staff can offer containment by utilizing the space within the housing setting. The act of inviting clients into a smaller, more private space may be a practical first step. This may eliminate the potential for interference and complications from the impact of others on the individual and for others to be impacted by unconfined distress. On the other hand inviting an individual into a smaller, more enclosed space may be detrimental. Staff must make a decision of whether or not to invite the client into a smaller space based on their understanding of the client and must respect the client's choice to engage or not while still communicating healing intentions.

Interpersonal presence is an integral element in the process of containment and can be extrapolated to all situations within housing settings. Being with an individual during distress communicates that he or she is not unbearable despite the emotion. Being with is validating. Marsha Linehan (1997) writes extensively on the concept of validation in therapy:

One validates the individual when the individual's existence is treated as justifiable and the person is responded to as at once relevant and meaningful, as compelling serious attention and acceptance. The person as he or she is, in the moment, is visible and seen. Therapeutic actions and reactions take into account and are responsive to the individual client rather than determined by the therapist or client roles or arbitrary rules…. Of the individual un-conditional validation is required. (p. 357).

Linehan (1997) goes on to articulate the nuances of validation in therapeutic relationships and the importance of reflecting what is valid back to the client:

Two points are important here. First, not all behavior is valid in every sense. Second, all behavior is valid in some sense. It is the resolution of these and similar dialectical tensions, without discounting the validity of either end of the polarity, that is at the heart of valida-tion. The therapist may need to search for and find the grain of wisdom in a cup of sand. The guiding premise here is that in any interaction some basis for validity can be found and reflected to the client. (p. 359).

Validation is at the heart of interpersonal presence and the dialogue between worker and client is the way in which validation occurs. Dialogue encompasses both verbal and non-verbal commu-nications. Colosimo & Pos (2015) put forth a model of expressed therapeutic presence in which they outline markers of present and non-present therapist behaviour. They identify four dimen-sions of therapeutic presence as "being here, being now, being open, and being-with-and-for the client" (p 105) and further propose four dimensions of therapist non-presence as "not-here, not-now, closed, and separate" (p 109). With each of these sets of dimensions they provide potential verbal and non-verbal markers which elucidate the presence or non-presence of the therapist.

When the verbal and non-verbal markers are not congruent with the role of support worker or helper then the relationship and potentially the entire housing setting becomes invalidating to the client. To be congruent in clinical settings a therapist must negotiate many intrapersonal, interpersonal, transpersonal, theoretical, and ethical layers (Greenberg & Geller, 2001; Rasheed et al., 2011). In housing settings a support worker must also factor in organizational policies and procedures, the specific duties of the role in which they are employed and the potential impact her or his behaviour will have on the other clients residing in the same complex.

The role of a support worker may range from supporting a client in distress to enforcing a boundary or rule with the same client in a matter of minutes. In this way therapeutic presence as a whole construct can be an essential component to effective relationship. Remaining in the present moment and acting in congruence with the organization, role and individual values is no small task and involves intrapersonal and interpersonal contact. A worker must learn to distinguish between personal and professional roles, intrapersonal events which occur in each capacity and effective professional communication which holds all clients in positive regard despite the internal and interpersonal landscape.

Linehan's (1997) articulation of Dialect Behavioral Therapy [DBT] may be helpful for support worker's to understand the contradictory space in which they operate. A support worker must be both supportive and encouraging of clients and willing to uphold rules, boundaries and challenge individual's who display inappropriate or unacceptable behaviour. Challenging a client or reproving an individual for poor behaviour is difficult and yet is extremely important. The worker must hold the client accountable to her or his behaviour believing in the client's ability to behave appropriately. In such a way the worker does not validate what is invalid rather, validates "the client's inherent capability to change" (Linehan, 1997 p. 379).

The ability to remain present with, to accept and to integrate intrapersonal and interpersonal information despite its potential difficulties is essential in working with others. By doing so a support worker remains open and connected, available here and now. In such a way a worker is able to stay agile and responsive in a dynamic environment and is able to validate clients with both encouragement and reprove. In articulating six levels of validation Linehan (1997) says about the sixth and most complicated level:

> Such a stance of genuineness and validation of the client as he or she is in the moment, therefore, requires the ability to throw off preconceptions of client role and generalizations about psychopathology, to be aware of the present moment in all its complexity, and to respond spontaneously and completely. The ability to be compassionate, effective, and genuine or without role, all at the same time, is extremely difficult. (p. 378).

In housing settings support workers benefit from adopting a relational way of being in the context of congruent, validating communication. This type of engagement allows space for support workers and clients to collaborate together to create an environment of trust, respect and healing. Interpersonal presence allows an individual to engage with clients in the complexity of the moment and to incorporate new information presented by the moment toward new meanings and continued relationship.

**Conclusion**

Therapeutic presence in housing settings relies on the ability of the support worker to sustain contact with intrapersonal events, interpersonal communications and the role and responsibilities of the position. The specific aspects of interpersonal presence in housing settings have to do with communication and reception of both verbal and non-verbal content. A worker must utilize presence in order to build relationships with clients which are meaningful and congruent with the healing intentions of both self and organization. The relationship in turn is meaningful to the worker and the organization allowing for further understanding of the client.

Intrapersonal presence requires that an individual allows internal events to flow without the need to react or respond. Sustained contact with self allows an individual to consistently evaluate and integrate information from her or his external and internal environments (Colisimo & Pros, 2015; Geller, Greenberg & Watson, 2010). In this way the individual maintains a secure internal landscape from which to engage with the external world (Crane-Okada, 2012; Geller & Porges, 2014).

Interpersonal presence is the expression of being with, healing intent toward, attunement to, and validation of the client. When present interpersonally a support worker is attentive to the potential meta-communication of both the client and staff member and acts toward congruent communication. Upon engaging a client the present staff member is aware of the co-created meanings of past engagements and their significance to the current conversation. Interpersonal presence is a part of the construct of therapeutic presence and is both foundational to and active in its application.

# Chapter 4:

# Transpersonal Presence in Housing Settings

**Introduction**

The idea of therapeutic presence is one of connection, communication, affirmation, and integration. Being present means that one becomes more aware of one's own internal events through observation and ultimately experiences the ebb and flow of such events without reaction. In this way an individual can meet another individual in a state of safety and clarity and therefor become present to the meanings created and sustained between individuals. The benefits of this in a therapeutic context are well documented but the specific dynamics involved are still mostly theoretical in their explanation. Despite its nebulous status therapeutic presence is at least an important and at most an essential aspect of therapy.

In support worker roles, outside of clinical therapy settings, therapeutic presence is a concept worth exploring. The ability of a support worker to remain present with his or her own internal events displays this ability and allows a worker to provide a generative response to the present moment rather than a reaction to current, prior or anticipated assumptions or emotional states. Interpersonal presence allows the support worker to learn about and create meaning with her or his client/s and to respond in a manner which is attuned to the individual. In this way the support worker is able to create important meaning structures and provide encouragement, affirmation and empowerment toward her or his client.

This thesis identifies therapeutic presence as a construct comprised of intrapersonal, interpersonal, transpersonal, and transcendent presence. Each element works individually and symbiotically with the others and are both foundational and sustaining to therapeutic presence. This chapter examines the element of transpersonal presence, its role in therapeutic presence and its potential role for support workers in housing settings.

**Transpersonal Presence**

To define transpersonal presence it is important to briefly review the other elements identified within the therapeutic presence construct. Intrapersonal presence can be seen as a way of being in which an individual is aware of and sustains contact with internal events without becoming hijacked by, stuck in or gravitating away from or toward any particular event (Baldini, Parker, Nelson, & Seigel, 2014; McCollum & Gehart, 2010). Intrapersonal presence can be achieved through observation, non-judgement/acceptance and finally integration of internal events. In this state a therapist is able to maintain contact with self despite both internal and external stimuli. Intrapersonal presence lays the foundation for therapeutic presence to occur and contributes to the therapist as a reliable platform from which to extend therapeutic interaction.

Interpersonal presence is sustained contact with what is between individuals. Such contact allows an individual to communicate in congruence with self and other. It allows an individual to become attuned to the interpersonal exchange and the co-creation of meaning involved in relationships. Interpersonal presence is the expression of relational purpose and within therapeutic presence displays healing intent toward the client. The expression of therapeutic presence is accomplished through the interpersonal.

From these two different elements of therapeutic presence we move to examine transpersonal presence. A consequence of this is also movement into a more abstract realm. Transpersonal implies not an individual felt-sense nor measurable dialogical constructs or interpersonal skills. Rather, transpersonal implies an expansion of self via an inward connection to what is other than self. To begin such an exploration it is prudent to examine the principles of transpersonal psychology which has devoted itself for over 50 years to defining and researching what is transpersonal (Boorstein, 2000; Grof, Grob, Bravo, & Walsh, 2008).

Transpersonal psychology is a branch of psychology which examines human experience outside of the self (Garcia-Romeu, 2010). This encompasses spiritual experience, emotions such as compassion and empathy, expanded consciousness, collective consciousness, ecological conscience, psychic experience, and altered consciousness (Anderson, 2015; Grof et al., 2008; Raab, 2013; Ryan, 2008; Siegel, I. 2013; Swan, 2010; Wellings & Wilde, 2000). Transpersonal psychology examines the human mind in 'extra' and 'non' ordinary circumstances which usually places it outside of a material-focused, exclusively empiric understanding of mind, body, world, universe, and reality (Boorstein, 2000).

Wellings & Wilde (2000) make an important observation and distinction between 'The Transpersonal' and 'the transpersonal self' within transpersonal psychology:

> And so we have two quite different ideas that revolve around the understanding of the Self or The Transpersonal or the transpersonal self. Essentially the first understanding places the Self, (and The Transpersonal), as the central force and emphasizes a relationship out of which meaning evolves.… The second understanding places a transpersonal self as a state of consciousness, in the penultimate place to spiritual illumination, yet not identified with the contents that we recognize as ego. (p. 190)

In order to understand transpersonal events and transpersonal presence it is prudent to differentiate a phenomenological experience from a theoretical state. Descriptions of the transpersonal state provide clues to elements involved in achieving such a state and *being* present to transpersonal elements.

Granick (2011) writes that transpersonal psychology currently understands presence as a feature "of the experience of non-duality" and further elaborates that "presence is regarded as the embodied awareness of non-duality within one's own being" (p. 16). Again we see both an

event/state and a *description* of an event/state. Blackstone (2006) provides an edifying synopsis

of transpersonal events and the interaction between experience and state of being:

> This is not just an experience of immediate sensory phenomena, and not just a shift in
>
> one's thinking or behavior. It is a clear-through openness and refinement of one's entire
>
> being. Not only one's mental awareness, but rather one's whole being is experienced as
>
> an expanse of subtle consciousness, pervading everywhere. Since this consciousness per-
>
> vades one's internal and external experience as a unified whole, it transcends the bound-
>
> ary of the individual self. (p. 28)

Non-duality is a concept found in Buddhist ideology in which an individual surpasses the dualis-

tic state of observer-observed and becomes absorbed into a state of non-dual awareness, a collec-

tive, united and encompassing consciousness no longer subject to the division of id and super-

ego, body and mind, thought and feeling, matter and spirit (Blackstone, 2006; Granick, 2011;

Wellings & Wilde, 2000).

Non-duality may describe best what I have already discussed as intrapersonal presence,

the state in which an individual is able to sustain contact with self moment to moment. Non-dual-

ity brings the construct of observer-observed to the definition which is an important articulation

of the process of intrapersonal presence. Mindfulness and focusing are practices which allow an

individual to become both an observer and observed to self (Wellings & Wilde, 2000). Midnful-

ness also further introduces the idea of the compassionate observer, a state in which one observes

the self with compassion and acceptance. Once an individual gains the ability to observe the self

then he or she can begin the process of information integration and ultimately the process of

change (Siegel, D. 2013). Interestingly this duality is the first step in attaining non-duality.

Wellings and Wilde (2000) state that "If we are to take the final step between reflection and presence, divided to non-dual consciousness, we must have a means that is ultimately without any intention" and further suggest that this occurs when "the focus of concentration becomes the mind itself, a presence of awareness where awareness becomes self-aware" (p. 198).

Granick (2011) extensively explores elements of therapist transpersonal presence and provides an important multi-theoretical synopsis of the common aspects of presence:

> Among these are alterations in the therapist's consciousness including capacity to attend in the moment, as well as changes in perception and mode of knowing; significant shifts in perception of the client and the therapeutic relationship; and the sense of participation in a larger, transcendent reality. (p. 21)

These findings correlate with and reflect the idea of therapeutic presence as made up of: intrapersonal "alterations in the therapist's consciousness"; interpersonal "significant shifts in perception of the client and the therapeutic relationship"; transpersonal "sense of participation in a larger, transcendent reality"; and transcendent "a larger, transcendent reality" aspects of therapeutic presence.

The intrapersonal, interpersonal and now transpersonal descriptions of presence point to an expansive and dynamic experience of self and other. However, the movement of the transpersonal is more than self and other, it is an active and relational presence of self *with* other. There are a few ways in which authors within the current literature conceptualize transpersonal aspects of therapeutic presence. Theories and developments in the fields of quantum physics and neuroscience are especially relevant to transpersonal aspects of presence.

The relational field is one such construct which can lend insight into transpersonal presence. It has been discussed in numerous disciplines and articulated in a variety of ways within

the therapeutic literature (Cooper, 2005; Day, 2016; Tanabe, 2015). The fundamentals of field theory shared within all disciplines is that the relational field is a phenomena which "infers a relationship between subjects who are co-influencing each other's momentary subjective experience and expression" (Day, 2016 p. 86).

Field theory in psychotherapy can be described as a relational field in which interpersonal dynamics are seen as a construct to be engaged with and influenced via attunement to the field. Another conceptualization of field theory is that of an energetic field which contains the energy flow of client and therapist. This energy flow can influence and be influenced by individuals within the field. In this way therapists and clients create an external field of energy made up both of conscious and unconscious information.

Tanabe's (2015) insights into quantum theory can provide an explanation for such a field:

This interaction of matter from an energetic, vibratory viewpoint on the quantum level (via the interaction of subtle energy fields) enables a human to be both radiant and receptive. Quantum concepts such as harmonic entrainment, resonance, and nonlocality/entanglement may help to explain the method whereby information exchange occurs on subatomic levels within the quantum therapeutic field (i.e., shared therapeutic field). (p. 20)

Data regarding these elements of human physiology is just beginning to be researched and articulated. Field theory provides an interesting and important conceptualization of the energy exchanged between therapist and client and can perhaps account for what can be described as the felt-sense of another person or environment and can thus be counted as a transpersonal element.

Neuroscience has shown that important areas of the brain develop based on human connection (Banks, 2011). Humans become linked neurologically as "one brain directly affects the neuronal circuits and corresponding states of another brain" (Baldini, Parker, Nelson, & Seigel,

2014, p. 219). Geller & Porges (2014) assert that therapists help to "relationally regulate" an individual's autonomic nervous system via a calming presence and calming interpersonal skills (p. 185). Seikkula, Karvonen, Kykyri, Kaartinen, & Penttonen (2015) display the physiological processes which attune and synchronize during a therapy session such as heart rate, blood pressure, electrodermal activity, mirror neurons, facial expressions, movements, vocalizations, gestures, and dialogue. Finally, authors such as Seigel (2013) and Tanabe (2015) define potential cellular level energy transmissions which resonate together despite belonging to different entities. Neuroscience demonstrates that human beings are in constant connection both consciously and via unconscious physiological processes. This communication or energy exchange can also be counted as examples of transpersonal events.

This new information and theoretical application to psychotherapy is extremely important and is beginning to gather empirical support. Along with technological advances such as quantum theory and neuroscience, other areas of knowledge found in ancient traditions are also gathering empirical support. For instance the widespread acceptance of the use of mindfulness practices within Dialectic Behavior Therapy [DBT] is a major contribution within mainstream psychological practice. Psychological schools such as Transpersonal and Positive psychology are gaining popularity and principles within such schools are being applied to the helping professions. The combined practical and theoretical applications of these schools of thought are creating space for more holistic understanding and approaches to psychological wellness. Further investigations within these schools of thought also allow for fuller examples and descriptions of transpersonal events and therapeutic presence.

The field of Ecopsychology is one such school which holds pertinent and concrete information regarding transpersonal presence. The study of human beings in relation to their ecological environment reveals that an individual's positive connection to nature parallels with psychological wellness. These studies clearly demonstrate positive correlations to affect, stress reduction, well-being, life satisfaction, and perceived meaning in life (Bratman, Hamilton & Daily, 2012; Howell, Passmore & Buro, 2013). Further research displays that exposure even just to pictures of nature can invoke an experience of awe and influence prosocial behavior, feelings of connection and spiritual experience (Cohen, Gruber & Keltner, 2010; Keltner & Haidt, 2003; Piff, Dietze, Feingberg, Stancato, & Keltner, 2015; Shiota, Keltner & Mossman, 2007; Van Cappellen & Saroglou, 2012).

One intriguing finding within eco and positive psychology is the role of the emotion of awe as a response to nature. Piff et al. (2015) describe the sense of awe is elicited by "perceptions of vastness that dramatically expand the observer's usual frame of reference in some dimension or domain" including "a sense that one is a part of something larger than oneself, most typically larger categories such as a community, a culture, the human species, or nature" (p. 884). This perception of vastness and diminishment of the self has been dubbed 'small self' experience (Piff et al., 2015).

Keltner & Haidt (2003) in their original proposal of the function of awe describe the experience of vastness as something that demands an individual accommodate new information and that "accommodation refers to the Piagetian process of adjusting mental structures that cannot assimilate a new experience" (p. 304). The awe experience necessitates an individual to situate the self within a greater reality. Wellings & Wilde (2000) describe a similar process within the experience of presence as "vertical shifts which are a movement from the personality to a clarity

of being" (p. 202). Research into the human response to nature displays that the experience of awe is a naturally occurring shift in which an individual is compelled to be in a state of transpersonal presence.

The experience of awe is only one transpersonal experience which can occur within a natural environment. Swan (2010) and Grof et al. (2008) highlight transpersonal events in which individuals have experiences of connection with other species and even geological constructs. The significance of this within transpersonal presence is the enormous and incredible capacity of the human mind to receive, process and integrate information and that transpersonal presence points toward an interconnected, ecological existence of human beings. This understanding also highlights a fundamental reality within the nature of transpersonal experience, self and other.

Blackstone (2006) articulates that "the nondual field of consciousness retains its paradoxical nature of being individual and transcendent at the same time" (p. 36). The difficulty in conceiving a concrete understanding of transpersonal presence is the idea that individuals can be present and united with another without losing a sense of the self. While transpersonal experience can be enlightening and extremely important for psychological wellbeing it is important to note that the heart of the experience is connection.

Connecting with something greater than self is much different than disconnection with self. While some traditions describe non-dual states as an impersonal phenomena which disconnects an individual from her or his reality, transpersonal presence acts to ground an individual by exposing her or his embedded and connected reality (Blackstone, 2006; Granick, 2011; Piff et al., 2015; Siegel, I. 2013; Shiota, Keltner & Mossman, 2007; Swan, 2010; Tanabe, 2015; Van

Cappelle & Saroglou, 2012). Such a state is congruent with the overarching descriptions of thera-peutic presence (Geller, 2013a; Geller, 2013b; Geller, Greenberg & Watson, 2010; Greenberg & Geller, 2001).

With the understanding of the central role of connection within transpersonal presence questions arise regarding the experience of connected transpersonal and therapeutic presence. The implication of this is that transpersonal presence and therefor therapeutic presence requires reciprocity from each involved individual. The *expression* of the intent of being with and for the client is different than *being-with* the client in a unified therapeutic endeavour. It is again the dif-ference between the experience of a state and describing an experience of a state. The current lit-erature in therapeutic presence does not explicitly pose this question nor propose an answer.

An answer to this question however, may be found within therapeutic literature in gen-eral. Discussing technique over connection Rollo May as cited in Phelon (2001) describes a ther-apist who masters therapeutic technique but loses connection with the client as a "manipulator of objects" rather than an interactive human presence (p. 4). Indeed a fundamental premise of coun-selling is human contact and connection with both therapist and client actively engaged in the process. For the purpose of this exploration I propose that therapeutic expression of transpersonal presence and therefor therapeutic presence is a reciprocal and shared state of being with self and other.

With this understanding it is important to note that the experience full expression of ther-apeutic presence must then be limited to times and states when both client and therapist are en-gaged in present connection-with self and other. In these times the exceptional events, feelings, descriptions, and experiences of therapeutic presence are felt by both client and therapist. How-ever, it is also important to note that intrapersonal, interpersonal, transpersonal and transcendent

presence are all constructs within the construct of therapeutic presence and therefor can be accessed independently of full therapeutic presence.

The descriptions of the experience of transpersonal states within psychological literature are powerful and can be transforming in a variety of ways. Within the construct of therapeutic presence transpersonal experience can be a conduit for therapeutic change. Transpersonal presence is a reciprocal state in which both individuals move beyond an observer-observed reality into a shared consciousness which provokes an individual to experience a small-self, embedded within an immense web of interconnectedness not limited to human kind alone but ever expanding to the very fabric of the universe. In these times client and therapist may be challenged to reorganize mental structures, reevaluate sense of place and purpose and begin to understand the interconnected reality of human kind.

**Transpersonal Presence Within Housing Settings**

Within supportive housing settings therapeutic application of transpersonal presence might be a rare occurrence. The support worker within supportive housing settings can be present to her or his own intrapersonal events and can be present to the meanings and communication within interpersonal contact but presence to a shared consciousness requires trust and safety both within the housing setting and between client and worker. For some clients safety is a difficult feeling and experience to achieve.

In the case of traumatic experience which is common for individuals utilizing supportive housing settings, an individual's sense of safety is compromised beginning within her or his own experience of emotions and bodily sensations (Bassuk, Buckner, Perloff, & Bassuk, 1998; Van der Kolk, 2006). Many individuals expend large amounts of energy actively seeking and at times fighting for their own feeling of safety. It is perhaps prudent to state that all individuals actively

seek safety but the path to feeling safe for those within supportive housing settings can be fraught with difficulty.

The concept of 'Neuroception' detailed by Geller & Porges (2014) is an intriguing and important theory which has transpersonal application within the housing environment. Neuroception is the ability of our central nervous system to constantly process our environments for risk. Especially important to the concept of neuroception is the "bidirectional communication between brain and body" and also "between the nervous systems of the people who constitute our social environment" (Geller & Porges, 2014 p. 182). Individuals are unconsciously scanning for danger and risk including within the people around them. When risk is found the brain and body begin preparing for survival via a fight-flight-freeze response but when features of safety are found the individual's body and mind begin to regulate.

Geller and Porges (2014) depict the reality of many individuals utilizing supportive housing settings:

> When one experiences lack of attachment to one's primary caregivers, one can perceive oneself to be chronically in danger. As such, a person with a trauma background may have an autonomic nervous system that chronically maintains a reaction to danger that precludes the down-regulation of defense strategies. Perpetuation of these early experiences may then also result in challenges in the social world of these clients to which they may respond defensively even when there is no risk. This profoundly impacts the individual's social world by removing them from naturally occurring reciprocal positive reinforcement implicit in supportive social interactions. Instead, a feedback loop is created, as others socially disengage from the reactive trauma survivor, further heightening the trauma individual's sense of isolation. Such disengagements may be as subtle as the lack

of a contingent facial expression, or speaking with a flat vocal tone, or as blatant as using

a dominating voice or overtly turning away. (p. 183)

Reminders of risk are as unique as each client and the web of connection and disconnection he or she brings into the housing setting. If something as subtle as intonation or physical features can be unconsciously perceived as a risk factor then a support worker must be aware of this as a potential cause of reactive behaviours of disconnection within housing settings. For workers in supportive housing settings it may take time and effort to become non-threatening to a client and in some circumstances it is possible this may never occur.

The concept of neuroception points toward the primacy of supportive relationships in mental and physical wellbeing and bolsters the evidence of relationally supportive environments for individuals struggling with maintaining safe housing and social connection. It also provides a concrete example of the unconscious transpersonal events which occur within social interaction. While therapeutic presence and transpersonal presence are shared states reciprocated by client and therapist, the concept of neuroception demonstrates the interconnected nature which contributes to unconscious transpersonal events. Such events are integral to developing an informed and non-threatening environment in which connection can occur to the benefit of client and staff alike.

Transpersonal events may also provide challenges for staff in maintaining a safe space of engagement. In the case of community spaces the field of energy produced by the many different individuals utilizing the space can be influenced by negativity or even hostility by some clients. Under these circumstances clients and staff may consciously or neuroceptively interpret the space as unsafe which may influence other behaviours. This adds another layer of transpersonal

dynamics for staff to be aware of and support workers must attempt to address behaviours that contribute to an unsafe environment.

Within housing settings workers have the opportunity to contribute to a safer environment and can also create opportunities for non-threatening interaction (Baumgartner & Williams, 2014). Groups designed for non-threatening, connective interactions can be utilized for the benefit of residences. Groups might focus on social activities, outings or hobbies and workers may attempt to help clients with needs such as shopping transportation in a group outing format. Workers may also attempt to beautify and maintain community spaces which may contribute to further pro-social behaviour in both staff and clients (Bratman et al., 2012). In these circumstances shared transpersonal experiences may be possible without staff attempting to be therapeutic.

Williams and Baumgartner (2014) provide an important description of working within supportive housing settings:

> Working in the intersections of poverty, colonization, substance use, homelessness, and mental illness, workers might feel out of their depth as we have traditionally been taught in human service degrees to "have the answer", thereby obscuring the wisdom of the people we are paid to support and further marginalizing their voices. (p. 255)

The truth within helping professions and transpersonal presence is that human beings connecting with other human beings in a genuine, curious and compassionate way is therapeutically impactful. In this way a worker within housing settings has an avenue of connection in "a not too unusual setting in order to talk about not too unusual issues in a not too unusual manner" (Andersen, 1987, p. 2). What better way to provide care than human beings connecting with other human beings to speak of human matters in humanizing terms?

Speaking of transpersonal presence is speaking of connecting to the inherent human dignity shared by all human beings (UDHR, 1948). Williams and Baumgartner (2014) highlight that individuals within supportive housing settings experience overarching marginalization from much of the general public and that "keeping this in the foreground of our work creates space for us to resist the blaming of individuals when we are faced with persistent problems, behaviours, or interpersonal patterns in the complicated world of front line service work" (p. 247). Such a space of resistance is not passively encountered; it must be actively and fervently sought, maintained and honoured (Coates & Wade, 2004; Baumgartner and Williams, 2014).

Another potentially beneficial aspect of transpersonal presence in the lives of those utilizing supportive housing facilities is that of the compassionate observer. The compassionate observer allows an individual to observe her or his behaviour in a way that allows for experience of emotion and thoughts without judging, reacting or negatively portraying such experiences. Usually utilized in mindfulness practices the compassionate observer can be utilized as a stance adopted by support workers. This may have two beneficial impacts for workers and clients.

The first beneficial impact of workers adopting the compassionate observer stance is that workers have the ability to validate client's experience in empathic and genuinely connective ways. Providing such contact with client's help to build rapport and trust. This process may allow workers greater potential to engage in conversation and therapeutic interactions with clients. It further allows support workers to have necessary challenging conversations addressing potential problem behaviours while still validating the emotion of the client.

The second potential beneficial impact of support workers adopting a compassionate observer stance is that clients are exposed to validating dialogue which may provide space for clients to practice and eventually adopt such a stance internally. It is possible that the experiences

of clients are often times experiences of invalidation and minimization. Having an externalized compassionate observer may be one step in which clients might build capacity to develop an internalized compassionate observer.

If interpersonal presence is an expression of healing intent toward the client then transpersonal presence is an invitation to healing connection with another human being. Such a connection is empathic, validating, empowering, and sheltering from the challenges inherent in human existence. When this invitation is offered and accepted and client and support worker begin to jointly venture into therapeutic realms, it is a precious and sacred moment not only for client and worker but for organization, community and all of humanity as well.

**Conclusion**

Transpersonal events occur when an individual is impacted by and responds to information from environmental stimuli both organic and inorganic. These events can be observable such as reactive emotions and thoughts provoked by external sources. They can also be unconscious such as in the case of the autonomic nervous system's response to risk. Transpersonal events allow human beings to connect to something other than self and create space to experience and connect to what is other.

Transpersonal presence acts within the construct of therapeutic presence as a force which exposes the interconnected reality of an individual. This state of interconnectedness results in a feeling of connection to something greater than the self and an active realignment of mental structures in response. Therapeutic application of transpersonal presence is a reciprocated invitation to connection and joint healing endeavour. Therapists adopting the stance of therapeutic presence utilize transpersonal presence  to co-experience the client's world and to offer safe contact with another individual.

Transpersonal presence within housing settings can be utilized by support workers as an unobtrusive way to convey safety and a means to introduce a compassionate observer to the client's thoughts, feelings and behaviours. With each interaction a support worker can help to regulate another's autonomic nervous system and provide non-clinical invitation to connection. The compassionate observer role may be an essential role a support worker can play in a client's life. In this way a worker bears witness to the client's emotions and thoughts and responds with empathy, compassion, validation, and connection.

# Chapter 5:

# Transcendent Presence in Housing Settings

**Introduction**

      Transcendent presence is the fourth and final element within the construct of therapeutic presence. This form of presence is discussed within the literature but not well defined. Often transcendence is described as spiritual experience within therapy. At times transcendence is described an event in which both therapist and client transcend the self and experience united consciousness. Some descriptions of this rely upon biological processes or possible explanations found within quantum theory. All of these descriptions may be true and hold significant and meaningful realities within therapeutic presence.

      This thesis proposes that therapeutic presence is made of singular elements of presence which form the construct of therapeutic presence and further explores each element's potential application within non-clinical, supportive housing settings. As such, it is important to clarify each element and distinguish each from the other elements of therapeutic presence. I identify the four elements of therapeutic presence identified and supported within the literature as intrapersonal, interpersonal, transpersonal, and transcendent (see previous chapters for further clarification of each element). Within the current literature, therapeutic presence is often referred to as one or more of these elements without distinction of each element's role. Therefor what is transpersonal is often found described as transcendent and what is interpersonal can at times be described as transpersonal and so on. Further clarification of such nebulous interactions is needed for a more concrete understanding of therapeutic presence.

      This particular chapter focuses on transcendent presence. To this end we must first understand the quality of transcendence, its function within human experience and its role in therapeutic presence. Once these questions are sufficiently answered then we can identify the process in

which this occurs and how one might seek to remain present to the factors of such a process. After this exploration we can further discuss the application transcendent presence might have for staff and clients within supportive housing environments.

**Transcendent Presence**

In speaking of transcendent presence it is important to define the intention of the word. This may be a challenging endeavour as transcendence is defined as "that which is beyond normal or physical human experience" (Transcendent, 2016). While there are many aspects of therapeutic settings that are beyond the normal and physical human experience I will examine themes that appear throughout the literature which are specifically pertinent to therapeutic presence. To do this it is important to have a clear picture of the role and interaction which human beings have with that which is transcendent.

Transcendence is a challenging topic to discuss. Part of this challenge is that transcendence is not something that can be achieved in isolation but demands that an individual is transcending something. Transcendence is nothing without the normal experience one is transcending. In this way transcendence as a concept is a complex and dynamic understanding of both the empirical and the abstract, mundane and the extraordinary. For this reason concrete descriptions of transcendence are elusive and are prone to being discredited, devalued or ignored (Menon, 2005; Schmidt, 2013; Watts, Miller & Kloepfer, 1999). Despite the propensity to devalue and ignore transcendence the need for such events and understanding is clearly evident in human thought and behaviour.

Transcendent phenomena have been described in many ways from a variety of fields. Nursing literature accounts for the spacial and temporal realities of human existence in the face of illness which impact the normal flow of life (Dahlberg & Dahlber, 2003; Ellingsen, Roxberg,

Kristoffersen, Rosland, & Alvsvåg, 2014; Lindberg, Ekebergh, Persson, & Hörberg, 2015). Psychological literature highlights transcendent events in relation to the construct of self, self-self-actualization and the spiritual (Garcia-Romeu, 2010; Hamel, Leclerc & Lefançois, 2003; McDonald & Wearing, 2013; Menon, 2005). Others in the psychological literature seek to observe and articulate sensation and perception of transcendent experiences (Davis & Gatersleben, 2013; Schmidt, 2013; Sommer et al., 2009; Watts et al., 1999). Philosophical literature seeks to describe transcendence within human consciousness (Becker, 2008; Menon, 2005; Osborne, 2013).

The nature and format of human existence is a large discussion especially focused on by literature within palliative care nursing and philosophy. Discussions which focus on the nature of being quote philosophical thinkers such as Heidegger, Husserl and Merleau-Ponty and apply these thinker's concepts into caring professions. Most salient to therapeutic presence are the concepts of being-in-the world, lifeworld, perception and sensation, and time (Dahlberg & Dahlberg, 2003; Ellingsen et al., 2014; Lindberg et al., 2015; McDonald & Wearing, 2013; Schmidt, 2013;). These concepts highlight multiple paradoxes fundamental to human experience. Within these paradoxes are innate realities which provide an understanding to transcendence.

The nature of being is one such paradox. Within current literature being is both a simple and complex concept. Simple because human beings have no alternative but to be. The human experience involves an involuntary conception and placement within the world (Lindberg et al., 2015). Complex because being involves being-in and being-with time, space, and other (Ellingsen et al., 2014). This being-in has a simple name, 'the world' or 'the universe' which summarize the entire complex ecology of existence. The being which humans experience happens initially without choice but eventually the individual develops a sense of the world and agency

within this world. The paradox is that human beings are creatures which are constantly being and becoming in the same moment. There is no static human being, only dynamic creatures constantly transcending the very boundaries they inhabit.

Adding to the complexity of the world is the working of the human brain which can conceptualize other possible realities within time and space. Ellingsen et al. (2014) describe the paradoxical nature of the human mind in that "sense impression that moves the mind occurs in an embodied fictitious space where the impression is formed into an understanding that wants to be expressed" (p. 205). Sense and perception are the ways in which human beings come to know what has been, what is possible and what is. Sense is the concrete, the experiential, the immanent, and the empirical while perception is the abstract, the possible, the transcendental, and the phenomenological (Becker, 2008; Dahlberg & Dahlberg, 2003; Menon, 2005; Schmidt, 2013). Becker (2008) comments on the "dual nature of all knowledge" in that "it is at once abstract and empirical" (p.169). Human beings are both bound within a concrete world of sense and experience and at the same time transcend these boundaries through perception, thought and imagination.

Ultimately, the ways of knowing and being create the lived world, the 'lifeworld', human beings operate within. The lifeworld itself is transcendent in that "it is something more than the world itself, and more than the subject itself" (Dahlberg & Dahlberg, 2003, p. 36). An individual experiences and perceives but this is a reflexive process dependent on the object of perception. Transcendence then is the ability to go beyond subject and object toward an understanding of unity. Human sense and perception combined is the way in which human beings come to know what is and what is possible. It is the way in which human beings transcend the boundaries of the

self and world into the realm of probable and improbable possibilities, the multiple abstractions, the constant of being and the transcending of being.

> Garcia-Romeu (2010) cites Reed's (2003) definition of self-transcendence as:

> > the capacity to expand self-boundaries intrapersonally (toward greater awareness of one's philosophy, values, and dreams), interpersonally (to relate to others and one's environment), temporally (to integrate one's past and future in a way that has meaning for the present), and transpersonally (to connect with dimensions beyond the typically discernible world). (p. 29)

In this definition self-transcendence is an expansive event in which an individual connects to greater realities on multiple planes of existence. However, this definition is dependent upon and individual doing transcendence and therefor transcendent events are seen as positives or aspects of self-actualization. Further psychological inquiry proceeds in a self-dependent fashion which hinge on the doings of transcendence (Hamel et al., 2003).

> Schmidt (2013) provides perhaps the most insightful, provocative and impactful exploration into transcendent dimensions to date. In his dynamic thesis Schmidt (2013) approaches inquiry into transcendence thus:

> > I come to the subject from a secular, psychological, non-religious viewpoint and attempt to find the self-presenting transcendent as part of human reality that is not built on religious doctrine or faith. Instead, transcendence is explored as the lived experience of a distinct otherness between two people encountering each other within a regular, day-to-day therapeutic situation. (p. 14.)

Schmidt (2013) further distinguishes his exploration by excluding definitions of transcendence that are exclusively explored through what is "immanent" and states that:

Most psychological concepts are immanent because they stay within the confinement of

personal or collective consciousness and exclusion of otherness as a transcendent ontic

reality in its own right. The immanent is based on biological concepts of psychological

health and integrative capacity (e.g., autopoeisis, brain plasticity), psychodynamic con-

cepts (e.g., ego-psychology, psychoanalysis), or systemic concepts (interrelational emer-

gence, intersubjectivity), all of which draw theoretically on broader immanent concepts

such as self-regulation, negentropy, or dissipative structures. (p. 2)

It is important to note that immanent descriptions of transcendence should not be discounted as

inaccurate. On the contrary, transcendent understanding must undergo emplotment into the im-

manent qualities of being and personal narrative.

Abraham Maslow who began the inquiry into self-actualization articulated a final stage

which was not about the means or the doing of actualization but in which an individual lives in

the ends or the being of actualization (Garcia-Romeu, 2010). This being within actualization al-

lowed an individual to ultimately understand self, other, and world inherently different than prior

to 'actualization'. Likewise Heidegger in his conception of being and self "dismisses notions of

human nature, referring instead to conditions of humanness, which are not composed of essences

but are instead grounded in existence" (McDonald and Wearing, 2013, p. 49). From these ac-

counts a picture of self-presenting transcendence is accounted for within human existence itself.

Menon (2005) explores Indian philosophy and psychology as one which has developed

ontological tools "to enhance and uplift human experience in and while in a participatory world"

(p. 87). Some of these tools are the use of metaphor, imagery, dialogue, and reflective thinking.

The effective use of these tools "attempts to cause transcendence in thinking while thinking"

which is "not only in the form of a cognitive leap from the distinct to the whole, and a language game, but also the experiential interconnectedness between the two" (p. 91).

Metaphor and imagery also play a role in transcendence within the Zen Buddhist tradition (Osborne, 2013). The 'Ox herding pictures' utilize the metaphor of searching for oxen to teach about enlightenment and transcendence. Osborne (2013) describes the ox herding pictures as "an attempt to show the path to enlightenment in symbolic and metaphorical terms" (p. 81). Twelve stages of ox herding are identified and the end result for the one who searches is to re-enter society with an inherent change toward one's lifeworld. Again transcendent being is emphasized and displayed in a fundamental change in attitude and understanding toward self and other and applied within day-to-day being.

A further important insight into transcendence is described in the difficulty to explain and understand transcendence and a further difficulty to utilize language to do so (Osborne, 2013). Dahlberg and Dahlberg (2013) describe this challenge as being due to the unity of sense and perception as an "experience of a world that is partly hidden and partly uncovered" (p. 41). Schmidt (2013) further describes a "hermeneutic cycle of deduction and induction" which "leads to a looping in an immanent-transcendent borderland or immanent-transcendent-immanent shuttling of our mind" (p. 17). Human beings are an embodied paradox experiencing transcendence through our very existence but from which the expression of transcendence is lost in the delineation inherent in explication.

The above description of being and the nature of human knowing is a brief, inadequate and condensed exploration into hundreds of years of human thought and inquiry from multiple cultural perspectives. A full exploration is entirely beyond the scope of this thesis. However, from this description I suggest that human beings by their very existence occupy a dynamic

space in which they are both being and becoming, actively transcending the boundaries they inhabit on multiple levels simply by existing. Transcendent presence is attention to this. It is being present to the fundamental paradox of the unity of sense and perception, subject and object, being and becoming in the day-to-day experience of being.

Therapeutic implications and experience of transcendental presence are explored by Schmidt (2013) who identifies the 'Transcendent', transcendent experience and spirituality as distinct entities. Transcendent refers to the unknowable paradox outside of human ability to describe while transcendent experience is the form the Transcendent takes which can be experienced, known and described. Spirituality is the method or vehicle human beings have developed to effectuate transcendence. Schmidt (2013) further points toward the concept of theosis as a therapeutically relevant concept which "points to the core of our existence, beingness and inter-beingness in relationship with the world (the real) and the Divine (the transcendent)" (p. 58). It is possible that spiritual practice is a defined method in which to engage with and comprehend certain elements of transcendence and to incorporate such comprehension into an understanding of life.

While Transcendence may be unavailable to fully grasp or describe, transcendent experience are events in which both therapist and client may participate and benefit. Experiences of transcendence seem to be surprisingly concise shared by many authors as: a unified awareness of internal and external events; refocusing/reflective experience which provides depth and dimension in insight; an understanding of the 'true' or 'authentic' self not centred on ego but interconnected with other and world; boundaries of self, time and space seem to disappear; an accompanying sense of wonder or awe; an opening of the interior world; connection of the universal and the personal; multiple levels of thought; sense of presence, communion and intimacy with other;

stillness and inner liberation; spontaneous, inspired and compelling therapeutic action; unity of sense and perception and body and mind; freedom in feeling and action; a process of becoming occurring in the ordinary; (Becker, 2008; Dahlberg & Dahlberg, 2003; Davis & Gatersleben, 2013; Garcia-Romeu, 2010; Hamel et al., 2003; Lindberg et al., 2015; McDonald & Wearing, 2013; Menon, 2003; Osborne, 2013; Schmidt, 2013; Sommer et al., 2009; Watts et al., 1999).

Distilling these experiences of transcendence it is possible to understand transcendence as a continual process of becoming which manifests in everyday experience which causes an expansion of boundaries in being including ways of knowing and interacting with one's lifeworld. This observation of the impacts of transcendent experience may also provide an understanding of the opposite of transcendence, a rigid, closed, reductive experience which impacts ways of being and knowing within one's lifeworld.

Davis and Gatersleben (2013) examining individual's transcendent experiences within natural settings identifies "disturbing" experiences of transcendence in nature experience and cited previous research describing "diminutive transcendence" which is "marked by feeling overwhelmed, insignificant, and a sense of novelty" (p. 93). It may be that human being's transcendent nature can adopt an expansive and diminutive role in the lives of individuals. One experience leads toward the expansive and interconnected reality of humankind and the other displaying the diminutive, singular insignificance of existence. However, it is important to note that this diminutive transcendence was mediated by the individual's relationship with nature.

In the same way the process of being and becoming and the conditions of humanness may be mediated by the interconnection of human relationship. Relationship to others and the world is another area of transcendence inherent within human experience. Human beings inhabit a paradoxical space of separation and unity with self and world. The paradox of being allows an

individual to utilize his or her experience (the past) and anticipation (the future) of self and other to perceive the present moment. Transcendence again is a constant event integral to knowing and interacting within one's lifeworld. Furthermore the understanding of self, other and world create distinction and unity at the same time and inform the present moment. In this way an individual's understanding of being-in-the-world is dependent upon relational mediation.

Within the construct of therapeutic presence the role of transcendent presence is one of mutual connection to expansive possibilities. Transcendent presence is the freedom of being and becoming in the open space of interconnectedness. It requires the counselling professional to understand the transcendent core of human beings. A therapist engaging with transcendence seeks to give voice to the multiple ways of knowing, both sense and perception. Transcendent presence is also presence with one's own ways of knowing and process of being and becoming and how these dynamic and paradoxical processes unite to transcend current boundaries of self, other and world.

The challenge of transcendence is the very nature of something transcending its own boundaries. Human beings from their very existence occupy an embodied paradox of being and becoming. Human beings are further complicated by the use of paradoxical ways of knowing and relating. Sensing and perceiving are interdependent but different ways of knowing. For these reasons human beings are in a constant transcendent state which is relationally mediated through the interconnection of their lifeworld. In this way the mere presence of another creates the conditions for change and the space in which to do so.

Transcendence must be understood through the ordinary, day-to-day life of the individual. Counsellors can become part of the individual's process of being and becoming and seek to

engage the client's multiple ways of knowing. Engaging an individual's multiple ways of knowing creates different perspectives and view points and gives an individual more options in understanding self and other. In this way a counsellor is present to transcendence within self and other and may experience the open, expanding and interconnected possibilities inherent within the client's world in the therapeutic encounter.

**Transcendent Presence Within Supportive Housing Settings**

Within housing settings transcendent presence is an important element for support workers to understand. A support worker is present to the individual on a day-to-day basis. As transcendence occurs in the day-to-day of an individual's world there may be no better position in order to be present to the transcendent events of another. It may be enough simply to observe the transcendent qualities of individuals utilizing supportive housing services such as change over time or ways in which an individual has adapted to life.

Day by day the support worker becomes part of the client's lifeworld. Allowing the relationship of daily connection to unfold. Being present to the individual as a transcendent being contributes to a reflexive relationship in which the interconnected reality of client and worker is exposed. A rough observation of the interconnectedness of worker and client involves what each is receiving from such connection. The worker is employed to facilitate housing and the client provides the worker with employment. Further exploration reveals a world of impact from a simple connection between two individuals.

A support worker within the lifeworld of the client has the opportunity to be-with clients but also to observe the becoming of clients. As with the dynamic of the compassionate observer role discussed in relation to transpersonal presence the observing capacity of the worker can engage clients with validation and compassion rather than condemnation. This in turn may present

clients with different conceptualizations or alternatives of self, other and world. It is possible that over time such conceptualizations can move from non-existent, to the peripheral and perhaps into the open within the lifeworld of the client.

A support worker becoming a part of each client's lifeworld also reflects the innate transcendent qualities of human beings. The worker has no choice but to be part of the client's lifeworld but does have choice in how he or she becomes part of the client's lifeworld. Being present to the transcendent paradox of being and becoming allows a support worker to engage in this process, to act with intention while reflecting upon the unfolding events. The being and becoming within each other's lifeworld is a reciprocal experience for both client and worker.

Support work also means working with multiple layers and ways of knowing. The implication of this is that for change to occur an individual must perceive, sense, know, and understand possibilities. To do this individuals utilizing housing services must be open to the multiple horizons available to her or him. It is much different to *know* that something is possible than it is to *sense* that something is possible. Ellingsen et al. (2014) highlights this process stating that "sensing and understanding are unified opposites that are so closely connected that it is difficult to separate them" (p. 205). For individual's utilizing housing settings past struggles and life difficulties may be the interlocutor that informs their way of knowing what is possible. This is transcendence. An individual's integrated knowledge of the past informs her or his present lifeworld and the possibilities of the future.

The individual's sense of the future also informs the present moment. If the experience of the past informs an individual that their world is not safe then it is entirely appropriate to think that the future will also be full of danger. The client's past was once their future after all. In this

way the possibilities of the future may become limited to possibilities of danger. The present moment then becomes an attempt to secure safety or to at least feel more safe. What is sometimes seen as bizarre behaviour is perhaps the client's perception of their best chance of safety. Support workers have the opportunity to transcend the boundaries of their own understanding of the world and to view the client's world for what it is. Within a transpersonal event such as this the transcendent value becomes new understanding of the client's lifeworld. What may have previously been 'bizarre' to the worker begins to 'make sense' and the worker becomes present to the knowledge of another's experience. Without this transcendent knowledge a worker bases what is 'bizarre' or 'normal' on their own phenomenological experience.

A worker can then gain a new understanding of a client and approach the client seeking to understand rather than to prescribe. When a worker misinterprets the client it may further reinforce the need for safety. Instead understanding and sensing the client's true need in behaviour may enable the client to sense and understand a change in their lifeworld, a change of trajectory, a felt-sense of new possibilities. In this way 'bizarre' behaviour, when understood, can be addressed as no longer necessary in the client's new context.

Supportive housing settings are often non-clinical settings. It is important to note that in a formal counselling relationship the expectation is to be available to the client for consultation in consideration of a problem and a goal. In clinical practice this is accomplished via appointed time slots. Within housing settings this is usually not the case. An individual's intention in a housing setting is usually to be housed. Workers must be aware of this and respect the client's desire for connection or desire for privacy. The process of being and becoming in which a worker can participate has ethical implications of power and empowerment. Allowing space for

relationship to unfold empowers the client to notice, engage with and come to know new possibilities within an individual's lifeworld.

Presence to transcendent qualities allows a worker and a client to both be and become part of each other's lifeworld. A worker may benefit from knowledge of and presence to transcendent qualities inherent within human existence. Among these qualities are the being and becoming process and the ways of knowing of each individual. Being present to the transcendent allows a worker to shift their own way of being-with and impact the being and becoming of another. Likewise understanding the multiple ways of knowing allows the worker to comprehend the complexity required to both sense and understand the conditions of possibility required for change to occur.

**Transcendent Presence Conclusion**

Being and becoming and the ways of knowing are fundamental processes of humankind. Each of these involve paradoxical elements which demand human beings to be in a constant state of transcendence. This state is an embodied paradox which creates barriers for human beings to both articulate and to understand the experience. It is a process of simultaneous veiling and unveiling to which there can be no adequate delineation. Nonetheless it is helpful to seek the implications of life as an embodied paradox.

Transcendence is a process which allows an individual to be and become, to sense and to know as a unity rather than in distinct parts. In this conceptualization transcendence is inherent within human existence rather than an event which is accessed through the actions of self or other. Neither is transcendence a rare occurrence but one that takes place in each moment of hu-

man existence. Human beings inhabit a state of transcendence. Transcendent presence is acknowledging the unified results of transcendence in the day-to-day existence of life. This involves a shift in intention and understanding of self, other and world.

Transcendent presence within the construct of therapeutic presence allows the therapist to be an observer of transcendent realities. That is, the therapist becomes a witness to the humanity within another. The full reality of this can never be understood but can perhaps be sensed by fleeting events at once covered and uncovered. The experience of therapeutic transcendent presence is one of connection, expanding boundaries, authenticity, intuition, and inspiration. The intrapersonal, interpersonal and transpersonal elements of therapeutic presence allow an individual to relationally mediate the transcendent realities of both client and therapist. In this way transcendence is not the ultimate goal of therapeutic presence but the overarching schema from which therapeutic contact is accomplished.

**Implications for Future Research**

Based on the powerful descriptions of therapeutic presence within the literature more research is warranted for continued clarification and further understanding of the interaction of therapeutic presence within clinical and supportive housing settings. However, due to the nature of therapeutic presence a succinct definition, way of knowing and way of studying may be challenging or impossible. The following discussion will identify a few important areas of further inquiry for therapeutic presence.

The multiple disciplines with which therapeutic presence has been identified and through which it has been interpreted is staggering and spans multiple disciplines and modalities within psychological, psychotherapeutic, religious, medical, scientific, and philosophical inquiry. Each branch of knowledge provides new insights, new definitions, new ways of knowing, and new

conceptualizations of the construct. The most fundamental challenge is a definition which allows accessible application. The intrapersonal, interpersonal, transpersonal, and transcendent qualities of therapeutic presence furthers the complication of future research as any project must be dynamic enough to identify and measure each of these elements either individually or collectively both for client and therapist.

A further challenge is the enigmatic foundation upon which therapeutic presence is built. To delineate the construct means elements of it that are not based upon empirical data may be lost. To accept the construct with mysterious or transcendent elements means that empirical data cannot account for the entirety of the construct. In so doing one must accept the construct both empirically and as a priori. For this reason I have attempted to articulate transcendence and therefor therapeutic presence as a natural and even fundamental element of human existence rather than resulting from biological or spiritual processes.

Important to the further research of therapeutic presence is the understanding of the difference between the state of therapeutic presence itself and the experience of the concept. Therapeutic presence may not be something fully understood or even fully definable, however, the experience of therapeutic presence for both client and therapist has been well documented within the literature. This distinction between state and experience should inform future researchers seeking to add to or confirm the concept of therapeutic presence.

Cultural considerations to therapeutic presence is a particularly salient area of research. As western psychotherapeutic practice continues to adopt eastern principles and techniques it is an important consideration to study the perception and manifestation of therapeutic presence within other cultures. Adding this layer of knowledge into the current literature may articulate

key concepts toward a more dynamic conceptualization of therapeutic presence. It is also an important question to ask how cultural differences between counsellor and client may impact the perception of presence within the therapeutic dyad.

To my knowledge therapeutic presence has not been conceptualized for use within supportive housing settings. This thesis examines possible applications of therapeutic presence for support workers within supportive housing settings and can inform the practice of support workers in a variety of roles. Research tools such as the Therapeutic Presence Inventory for Therapists (TPI-T) and for Clients (TPI-C) may be adapted for support workers and individual's utilizing housing settings (Greenberg, Geller & Watson, 2010). Qualitative research approaches focusing on first hand accounts of therapeutic presence or gathering information from individual's utilizing housing settings may particularly aid in further understanding of therapeutic presence.

**Concluding Discussion**

Therapeutic presence is a concept which has received much attention but has remained elusive in its definition and application for many years. The current research discusses therapeutic presence as being comprised of intrapersonal, interpersonal, transpersonal and transcendent elements which act both independently of and simultaneously within therapeutic presence. Each of these elements work toward connecting an individual to a greater reality of self and other and can be observed individually and in conjunction with each other.

Therapeutic presence can be seen as a stance one adopts toward life, other and therapeutic engagement. It is not a tool with which to leverage change or enhance outcome within therapy, rather it is a way of being which allows for the humanness of individuals to interact. The experience of therapeutic presence is one of integrated ways of knowing, intuitive action, congruent communication, mutual impact, co-creation of meaning, expansion of self, connection to self

and other, and a shift toward a unity of being and becoming. The expression of therapeutic presence is both a way of being and intent of becoming that involves: attending to the internal events of self; the communication of healing intent toward others; and an invitation to healing connection. These elements are facilitated by an awareness of the fundamental transcendent being and becoming and ways of knowing inherent within in human existence.

To become therapeutically present an individual must seek to both be and to continue toward becoming therapeutically present within daily existence. Specific techniques which help an individual develop elements of therapeutic presence are found within ancient wisdom traditions, philosophical inquiry, scientific endeavours, artistic expression, and throughout the psychological literature. Currently Mindfulness and Felt-Sense techniques are identified within psychotherapeutic literature as methods which allow for development of certain aspects of therapeutic presence. In light of the entire construct of therapeutic presence, and especially transcendent presence, it may be that these techniques, along with spiritual or religious practices, artistic expression, scientific exploration, and philosophical inquiry help to foster particular ways of knowing about self and other as well as to create space for an understanding of being and becoming.

Individuals who are employed within a supportive housing environment can benefit from therapeutic presence and apply its principles within a non-clinical setting. The nature of therapeutic presence as a stance rather than a technique allows individuals to be and to become therapeutically present within day-to-day activity. It further encourages individuals to seek to create space within their lifeworld for multiple ways of knowing. Though therapeutic presence is often discussed as a part of clinical practice the breadth of its application knows no limits. Support workers can utilize therapeutic presence within day-to-day activity and indeed this may be where

therapeutic presence is most effective. Ultimately, therapeutic presence allows individuals to impact each other's lifeworld, to create new meaning through relationship and to gain a view into the multiple horizons possible within one's lifeworld.

References

Anderson, C., Keltner, D., & John, O. P. (2003). Emotional convergence between people over time. Journal of Personality and Social Psychology, 84(5), 1054-1068. Retrieved from http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/209804775?accountid=1230

Anderson, H., (N.D.) Postmodern Collaborative and Person-Centered Therapies: What Would Carl Rogers Say? retrieved from: http://bibliotecaparalapersona-epimeleia.com/greenstone/collect/ecritos2/index/assoc/HASH011a/0962c86a.dir/doc.pdf

Anderson, H. (2012). Collaborative Relationships and Dialogic Conversations: Ideas for a Relationally Responsive Practice. Family Process, 51(1), 8-24.

Anderson, R., PhD. (2015). Transpersonal Research and Scholarship: Reflections on the Last Twenty Years and Forward. Journal of Transpersonal Psychology, 47(2), 163-167. Retrieved from http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/1785267571?accountid=1230

Andersen, T. (1987). The Reflecting Team: Dialogue and Meta-Dialogue in Clinical Work. Family Process, 26, 415-428.

Anderson, T., McClintock, A. S., Himawan, L., Song, X., & Patterson, C. L. (2016). A prospective study of therapist facilitative interpersonal skills as a predictor of treatment outcome. Journal Of Consulting And Clinical Psychology, 84(1), 57-66. doi:10.1037/ccp0000060

Andrews, G., (2004). (Re)thinking the dynamics between healthcare and place: therapeutic geographies in treatment and care practices. Area, 36(3), 307-318

Austin, E., Pollio, D., Holmes, S., Schumacher, J., White, B., Lukas, C., & Kertesz, S. (2014). VA's Expansion of Supportive Housing: Successes and Challenges on the Path Toward Housing First. Pscychiatric Services, 65(5), 641-647. doi: 10.1176/appi.ps.201300073

Baldini, L. L., Parker, S. C., Nelson, B. W., & Siegel, D. J. (2014). The clinician as neuroarchitect: The importance of mindfulness and presence in clinical practice. Clinical Social Work Journal, 42(3), 218-227. doi:http://dx.doi.org/10.1007/s10615-014-0476-3

Balzarotti, S., Piccini, L., Andreoni, G., & Ciceri, R. (2014). "I know that you know how I feel": Behavioral and physiological signals demonstrate emotional attunement while interacting with a computer simulating emotional intelligence. Journal of Nonverbal Behavior, 38(3), 283-299. doi:http://dx.doi.org/10.1007/s10919-014-0180-6

Banks, A. (2011). Developing the Capacity to Connect. Zygon, 46(1), p. 168-182.

Barrett, J. (2011). Sustainable organizations in health and social care: developing a "team mind." In Reiss, D., & Rubitel, A. (Eds.). Containment in the Community. London, GB: Karnac Books. Retrieved from http://www.ebrary.com

Bassuk, E. Buckner, C., Perloff, J., and Bassuk, S. (1998). Prevalence of Mental Health and Substance Use Disorders Among Homeless and Low-Income Housed Mothers. Am J Psychiatry, 155(11), p. 1561-1564. Retrieved from: https://www.researchgate.net/profile/John_Buckner/publication/13474740_Prevalence_of_mental_health_and_substance_use_disorders_among_homeless_and_low-income_housed_moth-ers/links/02bfe5102c74b6252f000000.pdf

Baumeister, R. F., and Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. Psychological Bulletin, 117(3), 497-529. doi:10.1037/0033-2909.117.3.497

Baumgartner, B. and Williams, B. (2014). Becoming an Insider: Narrative Therapy Groups

    Alongside People Overcoming Homelessness. Journal of Systemic Therapies, 33(4), p.

    1-14.

Becker, J. (2008). Conceptualizing mind and consciousness: Using constructivist ideas to

    transcend the physical bind. Human Development, 51(3), 165-189. Retrieved from

    http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/224015464?ac-

    countid=1230

Bell, H., Kulkarni, S., & Dalton, L. (2003). Organizational prevention of vicarious trauma.

    Families in Society, 84(4), 463-470. Retrieved from

    http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/230161232?ac-

    countid=1230

Bentley, A. (1997). The psychological effects of homelessness and their impact on the

    development of a counselling.. Counselling Psychology Quarterly, 10(2), 195-210.

Bien, T. (2008). The four immeasurable minds: Preparing to be present in psychotherapy. In S.

    Hick & T. Bien (Eds.), *Mindfulness and the therapeutic relationship (pp. 37-54).* New

    York: Guildford.

Blackstone, J. (2006). Intersubjectivity and Nonduality in the Psychotherapeutic Relationship.

    Journal of Transpersonal Psychology, 38(1), 25-40. Retrieved from

    http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/204511350?ac-

    countid=1230

Blid, M., and Gerdner, A. (2006). Socially excluding housing support to homeless substance

    misusers: two Swedish case studies of special category housing. International Journal

    Of Social Welfare, 15(2), 162-171. doi:10.1111/j.1468-2397.2006.00385.x

Bonwitt, G. (2008). The seam between life and death and therapeutic presence. American Journal

of Psychoanalysis, 68(3), 219-36. doi:http://dx.doi.org/10.1057/ajp.2008.24

Boorstein, S. (2000). Transpersonal psychotherapy. American Journal of Psychotherapy, 54(3),

408-23. Retrieved from

http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/213171748?ac-

countid=1230

Boston, P., & Bruce, A. (2014). Palliative care nursing, technology, and therapeutic presence:

Are

they reconcilable? Journal of Palliative Care, 30(4), 291-293. Retrieved from

http://search.proquest.com/docview/1640765704?accountid=1230

Bradford, G. K. (2007). The Play of Unconditioned Presence in Existential-Integrative

Psychotherapy. Journal of Transpersonal Psychology, 39(1), 23-47. Retrieved from

http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/204500579?ac-

countid=1230

Bradford, K. (2011). Authenticity and Presence: The Transpersonal Legacy of James F.T.

Bugental. Journal of Transpersonal Psychology, 43(2), 119-123. Retrieved from

http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/1010377431?ac-

countid=1230

Bratman, G.; Hamilton, P. & Gretchen, D. (2012). The Impacts of Nature Experience on Human

Cognitive Function and Mental Health. Ann. N.Y. Acad. Sci, 1249(2012), p. 118-136.

Cait, C. (2011). The Invisible Presence in Therapy: Organizational Context and Its Influence of

Therapeutic Process. Social Work in Mental Health, 9(4), 238-252. doi
http://dx.doi.org/10.1080/15332985.2010.494520

Carmody, J., & Baer, R. A. (2008). Relationships between mindfulness practice and levels of
mindfulness, medical and psychological symptoms and well-being in a mindfulness-
based stress reduction program. Journal of Behavioral Medicine, 31(1), 23-33.
doi:http://dx.doi.org/10.1007/s10865-007-9130-7

Coates, L. and Wade, A (2004). Telling It Like It Isn't: obscuring perpetrator responsibility for
violent crime. Discourse & Society, 15(5) p. 3-30. doi: 10.1177/ 0957926504045031

Cohen, A. B., Gruber, J., & Keltner, D. (2010). Comparing spiritual transformations and
experiences of profound beauty. Psychology of Religion and Spirituality, 2(3), 127-135.
Retrieved from
http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/763255134?ac-
countid=1230

Colosimo, K. A., & Pos, A. E. (2015). A rational model of expressed therapeutic presence.
Journal Of Psychotherapy Integration, 25(2), 100-114. doi:10.1037/a0038879

Conservation of Energy (2015). In Encyclopedia Britannica Online. Retrieved from: http://
www.britannica.com/science/conservation-of-energy

Cooper, M. (2005). Therapists' experiences of relational depth: A qualitative interview study.
Counseling and Psychotherapy Research, 5, 87-95. Retrieved from:
https://pure.strath.ac.uk/portal/files/227732/strathprints005209.pdf

Crane-Okada, R. (2012). Concept of Presence in Group Psychotherapy: An Operational
Definition. Perspectives in Psychiatric Care, 48, 156-164. doi: 10.1111/j.1744-
6163.2011.00320.x

Crenshaw, D. A., & Kenney-Noziska, S. (2014). Therapeutic presence in play therapy.

      International Journal Of Play Therapy, 23(1), 31-43. doi:10.1037/a0035480

Crisp, R. and Turner, R. (2010). The Self. Sage Publications. London. Retrieved from: http://

      www.sagepub.com/upm-data/32157_01_Crisp_&_Turner_Ch_01.pdf.

Dahlberg, H., & Dahlberg, K. (2003). To not make definite what is indefinite: A

      phenomenological analysis of perception and its epistemological consequences in human

      science research. The Humanistic Psychologist, 31(4), 34-50. Retrieved from

      http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/1770507115?ac-

      countid=1230

Davis, N. and Gatersleben, B. (2013). Transcendent Experiences in Wild and Manicured

      Settings: The Influence of the Trait "Connectedness to Nature". Ecopsychology, 5(2),

      92-102. doi:10.1089/eco.2013.0016.

Day, E. (2016). Field Attunement for a Strong Therapeutic Alliance: A Perspective From

      Relational Gestalt Psychotherapy. Journal of Humanistic Psychology *56(2), 77-94*. DOI:

      10.1177/0022167815569534

Di Ceglie, G. R. (2013). Orientation, containment and the emergence of symbolic

      thinking. International Journal of Psychoanalysis, 94(6), 1077-91. Retrieved from

      http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/1501870741?ac-

      countid=1230

Dordick, G. A. (2002). Recovering from Homelessness: Determining the "Quality of Sobriety"

in      a Transitional Housing Program. Qualitative Sociology, 25(1), 7-32.

Ellingsen, Roxberg, Kristoffersen, Rosland, & Alvsvåg (2015). The Pendulum Time of Life: The

Experience of Time When Living With Severe Incurable Disease—A Phenomenological and Phosophical Study. Med Health Care and Philosophy, 18, 203-215. DOI 10.1007/s11019-014-9590-9

Friedman, N. (2004) Eugene Gendlin's Approach to Psychotherapy: An Awareness of "Experiencing." Retrieved from: http://www.focusing.org/pdf/friedman_gendlin_annals.pdf

Forster, S., & Iacono, T. (2014). The nature of affect attunement used by disability support workers interacting with adults with profound intellectual and multiple disabilities. Journal Of Intellectual Disability Research, 58(12), 1105-1120.

Fowler, J. H., & Kam, C. D. (2007). Beyond the Self: Social Identity, Altruism, and Political Participation. Journal Of Politics, 69(3), 813-827. doi:10.1111/j.1468-2508.2007.00577.x

Gaetz, S., Donaldson, J., Richter, T., & Gulliver, T., (2013). The State of Homelessness in Canada. Retrieved from: http://homelesshub.ca/sites/default/files/SOHC2103.pdf

Gaetz, S., Scott, F. & Gulliver, T. (Eds.) (2013). Housing First in Canada: Supporting Communities to End Homelessness. Toronto: Canadian Homelessness Research Network Press. Retrieved from: http://www.homelesshub.ca/sites/default/files/HousingFirst-InCanada.pdf

Garcia-Romeu, A. (2010). Self-Transcendence as a Measurable Transpersonal Construct. Journal of Transpersonal Psychology, 42(1), 26-47. Retrieved from http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/856980413?accountid=1230

Geller, Greenberg & Watson (2010). Therapist and Client Perceptions of Therapeutic

Presence: The Development of a Measure. Psychotherapy Research, *25(5),* 599-610.

DOI: 10.1080/10503307.2010.495957

Geller, S. M. (2013a). Therapeutic Presence: An Essential Way of Being. In Cooper,

M.,Schmid, P. F., O'Hara, M., & Bohart, A. C. (Eds.). The Handbook of Person-Centred

Psychotherapy and Counselling (2nd ed.), pp. 209-222. Basingstoke: Palgrave.

Geller, S. M (2013b). Therapeutic Presence as a Foundation for Relational Depth.  In

Knox, R., Murphy, D., Wiggins, S., & Cooper, M. (Eds.)., Relational depth: New per-

spectives and developments. pp. 175-184. Basingstoke: Palgrave. Retrieved from:

http://www.sharigeller.ca/_images/pdfs/Final_Therapaeutic_Presence_Rela-

tional_Depth_Chapter_13.pdf

Geller, S. M., & Porges, S. W. (2014). Therapeutic presence: Neurophysiological

mechanisms mediating feeling safe in therapeutic relationships. Journal Of Psychother-

apy Integration, 24(3), 178-192. doi:10.1037/a0037511

Gergen, K. (2000). The Coming of Creative Confluence in Therapeutic Practice. Psychotherapy:

Theory, Research, Practice, Training, 37(4), 364-369. doi:

http://dx.doi.org/10.1037/0033-3204.37.4.364

Gendlin, E.T. (1996). An introduction to focusing: Six steps. New York: The Focusing Institute.

Retrieved from http://www.focusing.org/gendlin/docs/gol_2234.html

Granick, J. (2010). Presence in Transpersonal Counselling. Retrieved from: https://ias.org/

departments/sufipsychology/spf-articles/presence-in-transpersonal-psychotherapy/

Granick, J. L. (2011). Transpersonal aspects of therapists' presence: What do clients experience?

(Doctoral Dissertation) Retrieved from

http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/923617889?ac-

countid=1230

Greenberg, L. & Geller, S. (2001) Congruence and Therapeutic Presence. Retrieved from:

http://www.sharigeller.com/_images/pdfs/Congruence_proofs.pdf

Goering, P., Veldhuizen, S., Nelson, G., Stefancic, A., Tsemberis, S., Adair, C., Distasio, J.,

Aubry, T., Stergiopoulos, V., & Streiner, D. (2016) Further Validation of the Pathways

Housing First Fidelity Scale. Psychiatric Services, 67, 111-114. doi: 10.1176/appi.ps.

201400359

Goetz, J. L., Keltner, D., & Simon-Thomas, E. (2010). Compassion: An evolutionary analysis

and empirical review. Psychological Bulletin, 136(3), 351-374. Retrieved from

http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/614514576?ac-

countid=1230

Grof, S., M.D., Grob, C., M.D., Bravo, G., M.D., & Walsh, Roger,M.D., PhD. (2008).

Birthing the Transpersonal. Journal of Transpersonal Psychology, 40(2), 155-177. Re-

trieved from

http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/204501031?ac-

countid=1230

Hamel, S., Leclerc, G., & Lefrançois, R. (2003). A Psychological Outlook on the Concept of

Transcendent Actualization. International Journal For The Psychology Of Religion,

13(1), 3-15.

Harrington, R., & Loffredo, D. A. (2011). Insight, rumination, and self-reflection as predictors of

well-being. The Journal of Psychology, 145(1), 39. Retrieved from

http://search.proquest.com/docview/856211457?accountid=1230

Hawkins, R. and Abrams, C. (2007). Disappearing acts: The social networks of formerly

homeless individuals with co-occurring disorders. Social Science & Medicine

Vol.65(10),    pp.2031-2042

Henwood, B. F., Padgett, D. K., Smith, B. T., & Tiderington, E. (2012). Substance Abuse

Recovery after Experiencing Homelessness and Mental Illness: Case Studies of

Change

Over Time. Journal of Dual Diagnosis, 8(3), 238–246. doi:

10.1080/15504263.2012.697448

Henwood, B., Cabassa, L., Craig, C., & Padgett, D. (2013). Permanent supportive housing:

Addressing homelessness and health disparities? American Journal of Public Health,

103(2), S188-S192. Retrieved from http://proxy.cityu.edu/login?url=http://

search.proquest.com/docview/1468675840?accountid=1230

Hopwood, C. J., Wright, A. G. C., Ansell, E. B., & Pincus, A. L. (2013). The interpersonal core

of personality pathology. Journal of Personality Disorders, 27(3), 270-95.

doi:http://dx.doi.org/101521pedi2013273270

Howell, A. J., Passmore, H., & Buro, K. (2013). Meaning in nature: Meaning in life as a

mediator of the relationship between nature connectedness and well-being. Journal of

Happiness Studies, 14(6), 1681-1696. doi:http://dx.doi.org/10.1007/s10902-012-9403-x

Hülsheger, U. R., Alberts, H. M., Feinholdt, A., & Lang, J. B. (2013). Benefits of mindfulness at

work: The role of mindfulness in emotion regulation, emotional exhaustion, and job sat-

isfaction. Journal Of Applied Psychology, 98(2), 310-325. doi:10.1037/a0031313

Islington Christian Action & Response in Society [CARIS] (2010). *Bereavement &*

    *Homelessness: Vulnerable People Coping and Struggling with Loss.* Retrieved from

    http://www.google.caurlsa=t&rct=j&q=&esrc=s&source=web&cd=7&cad=rja&uact=

    8&ved=0CFEQFjAG&url=http%3A%2F%2Fwww.mungosbroadway.org.uk%

    2Fdocuments%2F12070&ei=Pmv3U8D0NOrJigLO_YGoDw&usg=

    AFQjCNHmpGwH8SYweJsFT3fbDeIyaIFj7w&sig2=eTzS2iWicKtUb8Eo7Z8Asw&

    bvm=bv.73373277,d.cGE

Intrapersonal and Interpersonal Communication (N.D.). Intrapersonal and Interpersonal

    Communication. 35-45. Retrieved from: http://faculty.buffa-

    lostate.edu/smithrd/uae%20communication/unit4.pdf

Jerome, L. W., & Jordan, P. J. (2007). Psychophysiological perspective on presence: The

    implications of mediated environments on relationships, behavioral health and social con-

    struction. Psychological Services, 4(2), 75-84. doi:10.1037/1541-1559.4.2.75

Keltner, D., & Haidt, J. (2003). Approaching awe, a moral, spiritual, and aesthetic emotion.

    Cognition & Emotion, 17(2), 297.

Kinman, C. (2014). Into the Tangle: Bateson, Delueze and Guattari, and the Creation of a Great

    Health. Unpublished manuscript, City University of Seattle, Vancouver, Canada.

Krug, O. (2009). James Bugental and Irvin Yalom: Two Masters of Existential Therapy Cultivate

    Presence in the Therapeutic Encounter. Journal of Humanistic Psychology, 49(3), 329-

    354. doi: 10.1177/0022167809334001

Larimer, M., Malone, D., Garner, M., Atkins, D., Burlingham, B., Lonezak, H., Tanzer, K.,

Ginzler, J., Clifasefi, S., Hobson, W., & Marlatt, G. (2009). Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons With Severe Alcohol Problems. JAMA, 301(13), 1349-1357.

La Torre, M. A. (2002). Enhancing therapeutic presence. Perspectives in Psychiatric Care, 38(1), 34-6. Retrieved from http://search.proquest.com/docview/200755990?accountid=1230

Lee, W., Veach, P. M., Macfarlane, I. M., & Leroy, B. S. (2015). Who is at risk for compassion fatigue? an investigation of genetic counselor demographics, anxiety, compassion satisfaction, and burnout. Journal of Genetic Counseling, 24(2), 358-370. doi:http://dx.doi.org/10.1007/s10897-014-9716-5

Levinson, W., Lesser, C. S., & Epstein, R. M. (2010). Developing physician communication skills for patient-centered care. Health Affairs, 29(7), 1310-8. Retrieved from http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/651809569?accountid=1230

Levitt, A., Mueser, K., DeGenova, J., Lorenzo, J., Bradford-Watt, D., Barbosa, A., Chernick, M. (2009). Randomized controlled trial of illness management and recovery in multiple-unit supportive housing. Psychiatric Services, 60(12), 1629-36. Retrieved from http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/213131498?accountid=1230

Levitt, A. J., Jost, J. J., Mergl, K. A., Hannigan, A., DeGenova, J., & Chung, S. Y. (2012). Impact of chronically street homeless tenants in congregate supportive housing. American Journal Of Orthopsychiatry, 82(3), 413-420. doi:10.1111/j.1939-0025.2012.01164.x

Lindberg, E., Ekebergh, M., Persson, E., Hörberg, U. (2015). The Importance of Existential

Dimensions in the Context of the Presence of Older Patients at Team Meetings: In the

Light of Heidegger and Merleau-Ponty's Philosophy. International Journal of Qualitative

Studies on Health and Well-being, 10, 1-10. http://dx.doi.org/10.3402/qhw.v10.26590

Linehan, M. (1997). Validation and psychotherapy. In A. Bohart & L. Greenberg (Eds.), Empathy

Reconsidered: New Directions in Psychotherapy, 353-392. Washington DC: American

Psychological Association. Retrieved from: http://depts.washing-

ton.edu/brtc/files/linehan%20-%201997.pdf

MacNeil, K. & Darnell, J. (2010). Grief and Loss as a Contributing Factor in the Homelessness

of Older Adults: A Qualitative Study. Retrieved from: http://www.homelesshub.ca/Re-

sourceFiles/Grief%20and%20Loss%20as%20a%20Contributing%20

Factor%20in%20Older%20Adults%20Experiencing%20Homelessness.pdf

Marchand, L. (2015). Shared presence: The heart of the therapeutic relationship. Families,

Systems, & Health, 33(3), 283-284. doi:10.1037/fsh0000154

Matejkowski, J., & Draine, J. (2009). Investigating the impact of housing first on ACT fidelity.

Community Mental Health Journal, 45(1), 6-11. doi:http://dx.doi.org/10.1007/s10597-

008-9152-9

McCollum, E., & Gehart, D. (2008). Inviting Therapeutic Presence: A Mindfulness-Based

Approach. In S. Hick & T. Bien (Eds.), *Mindfulness and the therapeutic relationship

(pp.176-194).* New York: Guildford.

McCollum, E. E., & Gehart, D. R. (2010). Using Mindfulness Meditation to Teach Beginning

Therapists Therapeutic Presence: A Qualitative Study. Journal of Marital and Family

Therapy, 36(3), 347-60. Retrieved from

http://search.proquest.com/docview/734367291?accountid=1230

McDonald, M. and Wearing, S. (2013). A Reconceptualisation of the Self in Humanistic

Psychology: Heidegger, Foucault and the Sociocultural Turn. Journal of Phenomenologi-

cal Psychology, 44, 37-59. doi: 10.1163/15691624-12341244

McDonough-Means, S., Kreitzer, M., & Bell., I. (2004). Fostering a Healing Presence and

Investigating Its Mediators. Journal of Alternative and Complementary Medicine (New

York, N.Y.), 10(Suppl 1), S25–S41.

Menon, S. (2005). What Is Indian Psychology: Transcendence in and While Thinking. Journal of

Transpersonal Psychology, 37(2), 83-98. Retrieved from

http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/204500696?ac-

countid=1230

Mericle, A. A., Miles, J., & Way, F. (2015). Recovery residences and providing safe and

supportive housing for individuals overcoming addiction. Journal of Drug Issues, 45(4),

368-384. Retrieved from

http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/1719402715?ac-

countid=1230

Miguel, A. & Abughannam, S. (2014). Housing First Social Impact Bond Feasibility Study.

MaRS Centre for Impact Investing and Social Financing 2014. Retrieved from:

http://www.socialfinance.org.uk/wp-content/uploads/2014/10/marsshousing.pdf

Morin, A. (2011a). Self-Awareness Part 1: Definition, Measures, Effects, Functions, and

Antecedents. Social and Personality Psychology Compass, 5(10), 807-823. DOI: 10.1111/j.1751-9004.2011.00387.x

Morin, A. (2011b). Self-Awareness Part 2: Neuroanatomy and Importance of Inner Speech. Social and Personality Compass, 5(12), 1004-1017. DOI: 10.1111/j.1751-9004.2011.00410.x

Nelson, R. B. (2015). Organizational culture and vicarious trauma (Order No. 3707704). Available from ProQuest Dissertations & Theses Global. (1696781703). Retrieved from http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/1696781703?ac-countid=1230

Novac, S., Brown, J. & Bourbannois, C. (2009). Transitional Housing Models in Canada: Options and Outcomes.  In: Hulchanski, D., Campsie, P., Chau, S., Hwang, S., & Paradis, E. (eds.) Finding Home: Policy Options for Addressing Homelessness in Canada (e-book), Chapter 1.1. Toronto: Cities Centre, University of Toronto. Retrieved from: http://homelesshub.ca/sites/default/files/1.1%20Novac%20et%20al%20%20-%20 Transitional%20Housing.pdf

O'Brien, J. L., & Haaga, D. F. (2015). Empathic accuracy and compassion fatigue among therapist trainees. Professional Psychology: Research And Practice, 46(6), 414-420. doi:10.1037/pro0000037

O'Campo, P., Kirst, M., Schaefer-McDaniel, N., Firestone, M., Scott, A., & McShane, K. (2009). Community-Based Services for Homeless Adults Experiencing Concurrent Mental Health and Substance Use Disorders: A Realist Approach to Synthesizing Evidence.

Journal of Urban Health : Bulletin of the New York Academy of Medicine, 86(6), 965–989. doi:10.1007/s11524-009-9392-1

O'connor, J. (2003). Homelessness and the problem of containment. European Journal Of Psychotherapy, Counselling & Health, 6(2), 111-127.

Olson, E. (2014). Loss, Grief and Counselling for Individuals Experiencing Homelessness. Unpublished Manuscript, City University of Seattle, Vancouver, Canada.

Osborne, J. W., PhD. (2013). Linguistic and Other Challenges in Researching Transcendent Phenomena: Considerations From Wittgenstein and Buddhist Practice. Journal of Transpersonal Psychology, 45(1), 75-92. Retrieved from http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/1443259536?ac-countid=1230

Owczarzak, J., Dickson-Gomez, J., Convey, M., & Weeks, M. (2013). What is "support" in supportive housing: Client and service providers' perspectives. Human Organization, 72(3), 254-262. Retrieved from http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/1432706833?ac-countid=1230

Padgett, D. K., Henwood, B., Abrams, C., & Drake, R. E. (2008). Social relationships among persons who have experienced serious mental illness, substance abuse, and homelessness: Implications for recovery. American Journal Of Orthopsychiatry, 78(3), 333-339. doi:10.1037/a0014155

Padgett, D. K., Hawkins, R., Abrams, C., & Davis, A. (2006). In Their Own Words: Trauma and

Substance Abuse in the Lives of Formerly Homeless Women With Serious Mental Illness. American Journal of Orthopsychiatry, 76(4), 461-467. doi: 10.1037/1040-3590.76.4.461

Padgett, D. K., Stanhope, V., Henwood, B. F., & Stefancic, A. (2011). Substance use outcomes among homeless clients with serious mental illness: Comparing housing first with treatment first programs. Community Mental Health Journal, 47(2), 227-32. doi:http://dx.doi.org/10.1007/s10597-009-9283-7

Palepu, A., Patterson, M. L., Moniruzzam, A., Frankish, J., & Somers, J. (2013). Housing First Improves Residential Stability in Homeless Adults With Concurrent Substance Dependence and Mental Disorders. American Journal Of Public Health, 103(S2), e30-e36. doi:10.2105/AJPH.2013.301628

Patterson, M. J. (2013). Housing First improves subjective quality of life among homeless adults with mental illness: 12-month findings from a randomized controlled trial in Vancouver, British Columbia. Social Psychiatry & Psychiatric Epidemiology, 48(8), 1245-1259.

Paul, L. R. (2006). Beyond the wish: Further thoughts on containment. Smith College Studies in Social Work, 76(1), 71-83. Retrieved from http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/216193867?accountid=1230

Perez, J. C., D.O. (2004). Healing presence. Care Management Journals, 5(1), 41-6. Retrieved from http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/197983191?accountid=1230

Phelon, C. R. (2001). Healing presence: An intuitive inquiry into the presence of the

psychotherapist (Order No. 3011298). Available from ProQuest Dissertations & Theses Global.

Piff, P. K., Dietze, P., Feinberg, M., Stancato, D. M., & Keltner, D. (2015). Awe, the small self, and prosocial behavior. Journal of Personality and Social Psychology, 108(6), 883-899. Retrieved from http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/1681923845?accountid=1230

Poremski, D., Whitley, R., & Latimer, E. (2016). Building Trust With People Receiving Supported Employment and Housing First Services. Psychiatric Rehabilitation Journal, 39(1), 20-26. doi: http://dx.doi.org/10.1037/prj0000137

Pross, C. (2006). Burnout, Vicarious Traumatization and its Prevention: What is burnout, what is vicarious traumatization? Torture, 16, 1-9. Retrieved from: http://www.irct.org/Files/Filer/TortureJournal/16_1_2006/page_1-9.pdf

Raab, D. (2013). Transpersonal approaches to autoethnographic research and writing. The Qualitative Report, 18(21), 1-19. Retrieved from http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/1505321105?accountid=1230

Rasheed, J., Rasheed, M. & Marley, J. (2011). Communications/Humanistic Family Therapy. In Family Therapy: Models and Techniques (pp. 135-168). Thousand Oaks: SAGE Publications. Retrieved from: http://www.sagepub.com/sites/default/files/upm-binaries/35409_Chapter4.pdf

Ramaraju, S,MA, MP. (2012). Psychological Perspectives on Interpersonal Communication.

Researchers World, 3(4), 68-73. Retrieved from

http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/1284725619?ac-

countid=1230

Rosenheck, R., Kasprow, W., Frisman, L., & Liu-Mares, W. (2003). Cost-effectiveness of

Supported Housing for Homeless Persons With Mental Illness. Arch Gen Psychiatry, 60,

940-951.

Ryan, M. B., PhD. (2008). The Transpersonal William James. Journal of

Transpersonal Psychology, 40(1), 20-40. Retrieved from

http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/204511132?ac-

countid=1230

Sanders, C. (2016). Towards and Aesthetics of Engagement. In Victoria Dickerson (Ed.)

Poststructural and Narrative Thinking in Family Therapy Practice. New York, NY:

Springer Briefs Series.

Sato, I. & Conner, T. (2013) The Quality of Time in Nature: How Fascination Explains and

Enhances the Relationship Between Nature Experiences and Daily Affect. Ecopsychol-

ogy, 5(3), 197-204. DOI: 10.1089/eco.2013.0026

Schapiro & Carlson (2009a). What is Mindfulness? In, The Art and Science of Mindfulness:

Integrating Mindfulness Into Psychology and the Helping Professions (p 3-14). Wash-

ington, DC, US: American Psychological Association. doi:10.1037/11885-002

Schapiro & Carlson (2009b). The Mindful Therapist. In, The Art and Science of Mindfulness:

Integrating Mindfulness Into Psychology and the Helping Professions (p 15-29). Wash-

ington, DC, US: American Psychological Association. doi:10.1037/11885-002

Schinka, J. A., Casey, R. J., Kasprow, W., & Rosenheck, R. A. (2011). Requiring sobriety at

program entry: Impact on outcomes in supported transitional housing for homeless veter-

ans. Psychiatric Services, 62(11), 1325-30. Retrieved from

http://search.proquest.com/docview/1318501158?accountid=1230

Schmidt, J. B. (2013). Accessing the transcendent in therapy: A phenomenological inquiry into

how therapists do healing (Order No. 3598847). Available from ProQuest Dissertations

& Theses Global. (1459795054). Retrieved from

http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/1459795054?ac-

countid=1230

Schölmerich, A., & Jäkel, J. (2014). Observation of intra- and interpersonal processes. In F. J. R.

van de Vijver & T. Ortner (Eds.), Behavior - Based Assessment in Psychology (pp. 211-

220). Göttingen: Hogrefe. Retrieved from:

https://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&cad=rja&uact=

8&ved=0ahUKEwjI_Jun8-vMAhUkA1IKHbQuAmUQFg-

grMAM&url=https%3A%2F%2Fwww.researchgate.net%2Ffile.PostFile-

Loader.html%3Fid%3D537dbfb2cf57d726408b45b7%

26assetKey%3DAS%253A271753106919424%25401441802397201&usg=

AFQjCNFYe8YfSEoD0HkmATa1bszaxyZI9Q&sig2=6GW2eicCozX-

AmCcWP66b4A&bvm=bv.122448493,d.aXo

Seikkula, J., Karvonen, A., Kykyri, V., Kaartinen, J., Penttonen, M., (2015). The Embodied

Attunement of Therapists and a Couple Within Dialogical Psychotherapy: An Introduc-

tion to the Relational Mind Research Project. Family Process, 10(10), 1-13. doi:

10.1111/famp.12152

Shapiro, S. L., Oman, D., Thoresen, C. E., Plante, T. G., & Flinders, T. (2008). Cultivating

mindfulness: effects on well-being. Journal Of Clinical Psychology, 64(7), 840-862.

Shier, M., Walsh, C. A., & Graham, J. R. (2007). Conceptualizing optimum homeless shelter
service delivery: The interconnection between programming, community, and the built
environment. Canadian Journal of Urban Research, 16(1), 58-75. Retrieved from
http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/208741632?ac-
countid=1230

Shiota, M. N., Keltner, D., & Mossman, A. (2007). The nature of awe: Elicitors, appraisals, and
effects on self-concept. Cognition & Emotion, 21(5), 944-963.

Siegel, D. (2010). Mindsight: The New Science of Personal Transformation. New York. Bantam
Books.

Siegel, I. R., PhD. (2013). Therapist as a Container for Spiritual Resonance and Client
Transformation in Transpersonal Psychotherapy: An Exploratory Heuristic Study. Jour-
nal of Transpersonal Psychology, 45(1), 49-74. Retrieved from
http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/1443259561?ac-
countid=1230

Solomon, M. & Nashat, S. (2010). Offering a 'therapeutic presence' in schools and education
settings. Psychodynamic Practice, 16(3), 289-304. doi: 10.1080/14753634.2010.492145

Sommer, C. A., Derrick, E. C., Bourgeois, M. B., Ingene, D. H., Yang, J. W., & Justice, C. A.
(2009). Multicultural connections: Using stories to transcend cultural boundaries in su-
pervision. Journal of Multicultural Counseling and Development, 37(4), 206-218.
Retrieved from
http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/235980889?ac-
countid=1230

Srebnik, D. L. (2013). A Pilot Study of the Impact of Housing First-Supported Housing for

> Intensive Users of Medical Hospitalization and Sobering Services. American Journal Of

> Public Health, 103(2), 316-321.

Stefancic, A., & Tsemberis, S. (2007). Housing first for long-term shelter dwellers with

> psychiatric disabilities in a suburban county: A four-year study of housing access and re-

> tention. Journal of Primary Prevention, 28(3-4), 265-79.

> doi:http://dx.doi.org/10.1007/s10935-007-0093-9

Stergiopoulos, V., Gozdzik, A., O'Campo, P., Holtby, A. R., Jeyaratnam, J., & Tsemberis, S.

> (2014). Housing first: Exploring participants' early support needs. BMC Health Services

> Research, 14, 167. doi:http://dx.doi.org/10.1186/1472-6963-14-167

Swan, J. A., PhD. (2010). Transpersonal Psychology and the Ecological Conscience. Journal of

> Transpersonal Psychology, 42(1), 2-25. Retrieved from

> http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/856980306?ac-

> countid=1230

Tanabe, M. K. (2015). Quantum field theory and interconnectedness: Potential clinical

> implications for mental health professionals (Order No. 3701236). Available from

> ProQuest Dissertations & Theses Global. (1681624529). Retrieved from

> http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/1681624529?ac-

> countid=1230

Tannen, T., & Daniels, M. H. (2010). Counsellor presence: bridging the gap between wisdom

> and new knowledge. British Journal Of Guidance & Counselling, 38(1), 1-15.

> doi:10.1080/03069880903408661

Tsai, J., Mares, A. S., & Rosenheck, R. A. (2010). A multisite comparison of supported housing

for chronically homeless adults: 'housing first' versus 'residential treatment first'. Psycho-
logical Services, 7(4), 219-232. doi:10.1037/a0020460

Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing First, Consumer Choice, and Harm
Reduction for Homeless Individuals With a Dual Diagnosis. American Journal of Public
Health, 94(4), 651–656.

Transcendent (2016). In Oxford Dictionary online. Retrieved from:
http://www.oxforddictionaries.com/definition/english/transcendent

Universal Declaration of Human Rights [UDHR] (1948). Universal Declaration of Human
Rights. Retrieved from: http://www.ohchr.org/EN/UDHR/Documents/UDHR_Transla-
tions/eng.pdf

U.S. Department of Housing and Urban Development [HUD] (2014). The 2014 Annual
Homeless Assessment Report (AHAR) to Congress. Retrieved from:
https://www.hudexchange.info/resources/documents/2014-AHAR-Part1.pdf

U.S. Interagency Council on Homelessness [USICH] (N.D.) Implementing Housing First in
Permanent Supportive Housing. Retrieved from: https://www.usich.gov/resources/
uploads/asset_library/Implementing_Housing_First_in_
Permanent_Supportive_Housing.pdf

Van Cappellen, P., & Saroglou, V. (2012). Awe activates religious and spiritual feelings and
behavioral intentions. Psychology of Religion and Spirituality, 4(3), 223-236. Retrieved
from
http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/900617856?ac-
countid=1230

Van Der Kolk, B. A. (2006). Clinical Implications of Neuroscience Research in PTSD.

Annals Of The New York Academy Of Sciences, 1071(1), 277-293. doi:10.1196/annals.1364.022

Ventres, W. B., & Frankel, R. M. (2015). Shared presence in physician-patient communication: A

graphic representation. Families, Systems, & Health, 33(3), 270-279.

doi:10.1037/fsh0000123

Washington, T. A. (2002). The homeless need more than just a pillow, they need a pillar: An

evaluation of a transitional housing program. Families in Society, 83(2), 183-188. Retrieved from http://search.proquest.com/docview/230169802?accountid=1230

Watts, J., Miller, P., & Kloepfer, J. W. (1999). Cultivating collective consciousness with

transcendent self-presence: A guided dialogue method. Group Facilitation, (1), 22. Retrieved from

http://proxy.cityu.edu/login?url=http://search.proquest.com/docview/205787456?accountid=1230

Wellings, N., & Wilde, M. E. (2000). Transpersonal Psychotherapy. London, GB: SAGE

Publications Ltd. Retrieved from http://www.ebrary.com

Williams, B. and Baumgartner, B. (2014). Standing on the Shoulders of Giants: Narrative

Practices in Support of Frontline Community Work With Homelessness, Mental Health, and Substance Use. International Journal of Child, Youth and Family Studies, 5(2), p. 240-257.

Yamin, S., Aubry, T., Volk, J., & Jette, J. (2014). Peer Supportive Housing for Consumers of

Housing First Who Experience Ongoing Housing Instability. Canadian Journal of Community Mental Health, 33(4), 61-76. doi:10.7870/cjcmh-2014-034

Zerger, S., Francombe Pridham, K., Jeyaratnam, J., Connelly, J., Hwang, S., O'Campo, P., &

    Stergiopoulos, V. (2014). The role and meaning of interim housing in housing first pro-

    grams for people experiencing homelessness and mental illness. American Journal of Or-

    thopsychiatry, 84(4), 431-437. doi:10.1037/h0099842