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**A phenomenological study of clients' experiences of 'lightness' and
'aliveness' in psychotherapy within the context of Vajrayana cross-
cultural therapeutic practices**

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Abstract

This thesis aligns itself with a critical tradition that asserts that current mental health assessment and treatment has its basis in symptom classification and quantification methods, which in turn have roots in the empirical traditions of modernity, in the demands and discourses of capitalism (Foucault 1961) and in Cartesian dualism. This critique further asserts that such embedded epistemologically-grounded practices have an initial impact on a client's sense of personal agency as their own experiential sense of self, the potentially fluid, idiosyncratic nature of learning from their life journey as embodied beings, is negated. I would like to create and research a treatment model from a different ontological and epistemological base which represents more of an open enquiry into the embodied totality of the client's experience and sense of self, drawing from Gendlin's Focusing model of experiencing and defining the self from within, and on Vajrayana Buddhist practices. Therefore the aims of the study were:-

- 1) To describe an innovative model of conducting psychotherapy that combines a Western approach (Gendlin's Focusing) with Tibetan Vajrayana practices of transformation.
2. By means of a phenomenological research method, to clarify the essential structure of two pivotal experiences relevant to clients' experiences of change in this form of therapy: 'experiential lightness' and 'experiential aliveness'
3. To answer the following three research questions that are enabled by pursuing the above two aims:
 - a) What is the phenomenon of 'lightness' and 'aliveness' as experienced in psychotherapy and how does it impact upon process and outcome?
 - b) Can Vajrayana Buddhist practices be effectively integrated into Western Psychotherapy?

c) What happens when Gendlin's Focusing is combined with adapted Vajrayana practices?

Giorgi's descriptive phenomenological method was utilised with eight of my own psychotherapy clients who had experienced Vajrayana adapted practices and Focusing in therapy. Retrospective interviews were used to explore the experience near question:

“Can you describe any moments you have had in therapy in which you felt an increased sense of ‘aliveness’ or ‘lightness’ which began to change your sense of self...you may want to use your own words for this ... but any experience in therapy which energised you and led to a shift in your sense of who you are. If so, can we begin by describing this experience as fully as possible.”

The interviews took place a minimum of two months after participants had finished therapy at a College of Further Education. Five key constituents were illuminated by participants' descriptions of lightness and aliveness. These were 1) freedom from the experience of heaviness as pain 2) freedom as independence 3) a sense of the opening up of possibilities 4) the integration of freedom and possibility into one's life 5) pathways to lightness and aliveness.

This study concludes that exploring the phenomena of ‘lightness’ and ‘aliveness’ has revealed that identity has roots in transpersonal experiencing. This presents an argument for an epistemological and ontological framework within the psychological therapies which is capable of encompassing this domain. In delineating the phenomenon of ‘lightness’ and ‘aliveness’ and its outcomes for my clients, I argue that this study also makes an innovative

contribution to the cultural integration of Western and Eastern models of suffering and their resolution.

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Preface and acknowledgement

My interest in the potential of Tibetan Buddhist practices in mental health resulted in part from attending a talk by his Holiness the Dalai Lama in London in 1997. When asked by a member of the audience how he would respond to anyone who said that they wanted to commit suicide, he replied that he would tell them that they had a 'limitless' heart and a 'limitless' mind in which to take refuge. These concepts intrigued me. I had spent three years in Oxford completing an M.Sc. in Social Science, personally feeling the absence of the more fluid and phenomenological responses to emotional states which I had experienced when reading poets and writers during my previous literature degree. I wondered how it might be to grow up in a culture in which the mind and heart were viewed not as essential biological organs, but as places of embodied refuge which could bring comfort in times of acute distress. Even if only existing on a symbolic level, these words '*limitless*' heart, '*limitless*' mind seemed to me to have power, resonating with associations between the embodied and the transcendent, at variance with Christianity's emphasis on the need to control and subdue the body to attain spiritual mastery and with the impact of Cartesian dualism on Western philosophy, medicine and psychology. How might it effect an individual's sense of their own value if they really did discover an experiential sense of the 'limitless' within themselves, how might that experience impact upon the Western malaise of low self-esteem and depressive illness? I had been practising meditation for ten years and personally knew its transformational power but had not found a means by which these experiences could be captured in a comprehensible theoretical form and

conveyed to others. I had completed training in psychotherapy which had a Theravadan Buddhist base and also studied Mindfulness practices and their impact on depression but these studies had not given me a vehicle which could convey a potentially radical transformation of self-identity; an easy to communicate, embodied experience of 'limitless' heart and 'limitless' mind.

When I began to study Tibetan Buddhism and particularly Vajrayana practices, I realised that I had found the spiritual ideology which I had sought: an experiential based, systematic means of bringing about rapid psychological transformation through techniques of visualisation and breath practice, and an ideology which directly addressed the embodied self-concept and which could be adapted for use in psychotherapy. I had also found a discourse in which both human frailty and human transcendence were explored in-depth. To me, Tibetan Buddhism presented as a dynamic interplay a model for life developed and sophisticated enough to illuminate all human states, encompassing what Perry has called the two sides of madness:-

“A madness of the left, full of ecstasy and terror and of bewildering encounters with spiritual and demonic powers in the psyche, and a madness of the right, hallowed out in bland impoverishment and narrowness, in which the conventions and rigidity of the mundane are taken for self-evident reality.”
(2001, p.8).

Foucault (1961) has described his sense that the mentally ill and those marginalised by society represent emotional and psychic territories denied by the conventional social order. From this perspective, the visions and polarities of the mentally ill and many deviant behaviours could be seen as an understandable rejection of the mundane and the limited, and represent the collective force of a denied hope in a society dominated by consumerism and

competitiveness. This is a hope that we may possess the innate capacity to experience intensely joyful states without having to spend money or attain status, and a hope that pleasure in the physical can lead to a delight in the spiritual, that we can access within us all we could wish for. It was this emphasis on the 'limitless' nature of human potential, the two thousand year history of in-depth research and rigorous documentation of experience, the straightforwardness and accessibility of the method, its emphasis upon embodied pleasure – by which one can physically experience our human qualities – and the compassionate and detailed focus on the causes of suffering, that motivated me to research, adapt and apply some Vajrayana Buddhist practices in my psychotherapy practice. This thesis is the story of that application. It could not have happened without the willingness of my psychotherapy clients to engage in an experimental model and to then become participants in retrospective research. I am extremely grateful for their trust, openness and enthusiasm for contributing to research. I could not have explored this research territory either without the dedicated support and encouragement of my Supervisory team, to whom I owe a huge debt of gratitude.

Chapter One

Introduction and Literature Review:-

The purpose of this introduction is to provide a rationale for the focus of my study which is a phenomenological exploration of psychotherapy clients' experiences of 'aliveness' and 'lightness' within a particular kind of therapy, one which attempts to integrate Western and Eastern forms of practices. The complexity of the rationale requires that I briefly provide a context for a number of interrelated concerns.

In this thesis I am locating myself within a scholarly and professional community which is attempting to respond to cross-cultural and historical challenges within the field of psychotherapy – that is, the transpersonal and cross-cultural movement which attempts to meaningfully integrate Eastern wisdom and practices. Transpersonal therapy has been identified as the fourth major movement within the psychological therapies (Maslow 1964) following Psychoanalysis, Behaviourism and Humanism. Significant precedents in this field are explored in later chapters and include Abraham Maslow (1969) who established the Association of Transpersonal Psychology. Transpersonal Psychology made use of the profound spiritual psychologies of all traditions. Another central figure to this movement is Carl Jung, whose integration of visualisations, archetypes and mandalas into Western psychoanalysis is particularly relevant to this study. The Tibetan diaspora (Yeshe 1987, Trungpa 2002) has resulted in attempts to integrate Buddhism with Western psychological therapies (Welwood 2002, Preece 2006, Davidson 2012), most significantly in the form of Mindfulness-based interventions. Some of the general challenges which have occurred in the process of this integration relate to interdisciplinary conflicts. An example of this is Western secularism's post-Enlightenment distrust of the use of religious imagery and techniques and its

identification of religious belief as non-scientific. My own interest in exploring Vajrayana Buddhism's potential contribution to psychotherapy builds specifically upon the work of contemporary Western Buddhist writers (Wilber 2006, Welwood 2002, Preece 2006, Loizzo 2000) and has also evolved from a growing sense within my own psychotherapy practice that more could be offered to clients than presented itself in traditional Western models.

Before detailing my own practice, I will move to the rationale for what is the central focus for my study, my choice of two specific experiential phenomena: 'lightness' and 'aliveness'. These phenomena seemed significant to me for personal, academic and professional reasons. Personally, the words 'lighter' and 'more alive' describe the shift in feeling I experience when meditating. Professionally, they are evocative of idiosyncratic and subjective emotional trajectories to which all psychotherapy clients can relate. Academically, and from a cross-cultural perspective, they elicit responses from both personal and transpersonal experiencing, and are therefore well suited to investigating 'what matters' experientially, both in the form of the psychotherapy I offer, and to psychotherapy clients in general. The claim of this study is not to prove the efficacy of Vajrayana-orientated therapy, but to illustrate the manner in which this kind of therapy can be conducive to experiences of 'lightness' and 'aliveness'. I have used descriptive phenomenological enquiry to capture and consolidate these emerging meanings in the manner described by Giorgi:-

“The description of situations by subjects can form the base of a research program when the *psychological meanings of such descriptions* are being sought, rather than objective facts [...] the experience of the situation as described belongs to the subject but the meaning transcends the subject and is available to others when it has been expressed.” (1998, p. 21).

For several years I have been developing an interest in creating a form of therapy within this transpersonal and cross-cultural movement. I faced two distinct

challenges in so doing, that of translating practices from a religious and symbolic Eastern cultural context into the more scientific cultural context of secular psychotherapy, and that of retaining my core person-centred values and training within this concern. These challenges are explored in my description of the adapted practices in Section B of Chapter 2. This particular area represents the context of my study; the focus of study is clients' experiences of the phenomenon of 'lightness' and 'aliveness' within this context.

The aims of my study are therefore:-

1. To describe an innovative model of conducting psychotherapy that combines a Western approach (Gendlin's Focusing) with Tibetan Vajrayana practices of transformation.

2. By means of a phenomenological research method, to clarify the essential structure of two pivotal experiences relevant to clients' experiences of change in this form of therapy: 'experiential lightness' and 'experiential aliveness'.

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A contribution of this research is to generate wider and deeper understandings of the process of positive change within psychotherapy. A further contribution which this study can make is to present some of the refinements and specifics of researching transpersonal experiencing. While there has been much written about transpersonal therapy theoretically (Welwood 2002, Assagioli 1965, Watson 2008), there is significantly less academic literature about its praxis. By integrating Focusing, cross-cultural transpersonal theory and descriptive phenomenology this study conveys experiencing at a 'grassroots' level, which can then inform transpersonal theory.

The rest of this chapter involves a literature review exploring four areas relevant to my study: the current status of psychological research, and the research evidence for Focusing, for Mindfulness and for Vajrayana-influenced practices. These areas have been included in my literature review because they form important background bodies of knowledge for my thesis, in relation both to its focus upon the experiential dimensions of change, and to my intention to contribute to the integration of Eastern and Western practices in psychotherapy. My rationale for including the section on the current status of psychotherapeutic research is to provide an overview of the different kinds of research there have been. This section also illustrates the need to move towards a more experiential focus for what constitutes meaningful psychotherapeutic change and more complex epistemologies.

My rationale for including a section on Mindfulness literature is that Mindfulness illustrates a very popular secular attempt to import what was initially a religious practice into psychotherapy. Mindfulness research has significantly widened the focus of Western psychological therapies. I have included the section on Focusing as a Western body-oriented transformative approach because a focus on the body and the client's experience has been a central integrating component of my thesis. It

has underpinned my intention to import Vajrayana-oriented practices into Western psychotherapy, and has made a significant contribution to my research methodology. My focus in this literature review upon the research into Vajrayana-based practices is to show what has already been done in this field, thereby providing a stepping stone to my own study. This section also exposes Vajrayana practices as more complex and potentially more challenging to integrate than Mindfulness.

All these four areas which I have chosen to examine in my literature review are therefore highly relevant discourses for this study. They contribute both in relation to my phenomenological focus on two specific experiential phenomena and to my interest in a practice model which integrates an Eastern practice (Vajrayana) with Western psychotherapy. I begin the literature review section with a review of contemporary psychological literature, focusing specifically upon the components required for psychological change. This section evaluates how psychological understandings have developed and moved forward in recent years and ends with the identification of a need for a more cross-cultural and experiential model of psychotherapy.

As 'lightness' and 'aliveness' are best illuminated by psychotherapeutic methods which identify change as experiential phenomena defined by the client, the following section explores and critiques Gendlin's Focusing-orientated psychotherapy. I then review research studies into Mindfulness. This includes a critique of the research evidence for the integration of Mindfulness into Western therapies, identifying the ethical complexities involved in the process of integration and arguing that Mindfulness excludes many areas of Eastern practices which have the potential to benefit clients in psychotherapy. This is followed by a section reviewing the research evidence for utilising Vajrayana-based practices.

The purpose of the literature review is, firstly, to illustrate that there is a need to investigate experiences of 'lightness' and 'aliveness' without ontological presuppositions. The secondary purpose is to demonstrate that there is a client-orientated and body-centred way of exploring these phenomena which represents a more inclusive and ontologically sophisticated position.

Literature Review

Review of recent research into psychotherapy

Psychotherapy as a profession has devoted considerable energy, imagination and debate to the establishment of a robust and diverse research basis. Within the near infinite variety of its current methodologies, psychotherapy has proved capable of establishing validity within the medical model by measuring efficacy in clinical settings, of evidencing effectiveness in real world situations and of capturing subtle moment by moment changes in the therapeutic process. At present time, the ontological and epistemological issues which underpin the methodology debate in psychotherapy research have social policy consequences which will be explored later in this chapter. Recent developments in neuroscience have further widened the opportunities for establishing validity in this field. This chapter will review recent outcome and process studies in psychotherapy, exploring their underlying ontological presuppositions before exploring the research evidence for Focusing and Mindfulness as psychotherapeutic tools which provide accessible cross-cultural bridges to the phenomena of 'lightness' and 'aliveness'.

The effectiveness of psychotherapy

There is little doubt that psychotherapy can make a positive difference to people's lives. A variety of studies, utilising diverse research methodologies, have established its effectiveness. Wampold (2007) describes psychotherapy as yielding an effect size of .80 when compared with a no treatment group, a score comparable with the influenza vaccine and cataract surgery. Studies in real world situations also indicate its effectiveness. Within a UK primary care setting Stiles et al. (2008) found that fifty-eight percent of clients achieved reliable clinical improvement with an effect size from pre- to post-therapy of 1.3. Cooper (2006), reports that meta analyses of

the past thirty years give psychotherapy an effect size of 0.75 and 0.85. Drawing from a significantly different research base, Seligman (1995) used the Consumer Reports Study to demonstrate psychotherapy's effectiveness. The study concluded that patients benefited very substantially from therapy, that long term treatment did better than short term treatment, that psychotherapy on its own was as effective as medication combined with psychotherapy, and that no specific modality of psychotherapy did any better than any other for any particular disorder.

Which model of psychotherapy is most effective?

Recent research into the establishment of a rationale for the effectiveness of psychotherapy has seen movement away from arguments for the superiority of any specific particular therapeutic model over another and towards an identification of the effective factors common to all models. This is illustrated in the consolidation of evidence in the American Association of Psychologists' Task Force Division's (2006) publication "Principles of Therapeutic Change which Work". This text explores therapist characteristics, client characteristics and specific interventions as they impact successful outcomes (Castonguay and Beutler 2006). Miller, Wampold and Varhely (2008) meta-analysed studies which compared two or more of the most common therapeutic models when dealing with disorders of depression, anxiety, conduct disorder and attention deficit disorder and found only small differences between treatments and that these could be completely accounted for by allegiance effects. A meta-analysis of post-traumatic stress disorder found different treatments to have similar effects (Benish, Imel and Wampold, 2007).

What makes psychotherapy work?

Components which have proved to be significantly helpful in psychotherapy process and outcome studies are often more nuanced and idiosyncratic than the language of the specific models might suggest. There is some evidence that some types of

people are able to work more effectively with particular types of clients, that resistant clients do better in relation to outcome in structured rather than unstructured therapy (Beutler et al. 2002). Beutler et al. (2006) also reviewed nine empirical studies and found that when working with depressed clients, benefit increases when the interventions selected are appropriate to the client's level of problem assimilation; when therapists give feedback to clients and are caring, warm and acceptant and congruent. In their empirical analysis of the impact of patient and therapist characteristics as they influence treatment outcomes for individuals with personality disorders, Alvarez et al. (2006) found that the effective treatment of personality disorder tends to rely on therapists being relatively active, providing a clear structure and setting limits on behaviour. It was also seen as advantageous to outcome if therapists had benign self-concepts, were perceived as friendly by their clients and fostered a sense of ease, as well as focusing on issues of depth, in therapy.

The role of client characteristics and preferences

The strength of the evidence for the overriding importance of the therapeutic relationship to successful outcome led the American Psychological Association Task Force into psychotherapy research to redefine its definition of evidence-based practice in 2006. This new definition was one in which evidence-based practice was seen as an integration of the best available research and clinical expertise combined with patient culture, characteristics and patient preferences. This represented a significant acknowledgement of the inter-subjective nature of psychotherapy, and renders research into client characteristics and client expectations of therapy increasingly imperative. Many of the answers to research enquiries into what clients find helpful in therapy pertain to therapist characteristics (Baldwin et al. 2007; Timulak 2007).

The therapist's contribution to the success of therapy

The corroborative efforts of the therapist and client are essential components to the success of therapy (Baldwin et al. 2007). Baldwin et al. found that differences in outcome could be accounted for entirely by the therapist's contribution to the alliance. Clients need to believe in the therapist and the explanation which the therapist gives them for their difficulties in order to engage with therapy. Client expectations are crucial to the success of psychotherapy, and therapists need to instil a sense of expectant hopefulness in their clients (Greenberg, Constantino and Bruce 2006). Lutz et al. (2007) further endorsed the critical role of the therapist in this process. Several meta-analyses have shown that the therapeutic relationship measured early in therapy is strongly positively correlated with successful outcome. The possibility that a favourable view of the therapist may simply be a consequence of early improvement was disproved by Zuroff and Platt (2006). Bohart and Wade (2013) reviewed the client's role in the therapeutic relationship and identified that clients value the specific relationship qualities of genuineness, realness and 'therapeutic presence' (Geller, Greenberg and Watson, 2011). 'Therapeutic presence' was defined by Geller and Greenberg (2002) as the therapist being completely in the moment in terms of their physical, spiritual, and cognitive engagement with the whole of the self. This was correlated with successful outcome.

Miller et al. argue that the research evidence for the determining contribution of the therapist to successful outcome is sufficiently strong to merit close focused attention on how good therapists manage to do what they do :-

"If the outcome of psychotherapy is in the hands of the person who delivers it, then attempts to reach accord regarding the essential nature, qualities or characteristics of the enterprise are less important than knowing how best to accomplish what they do [...] Looking to the future, the application of

research methods and findings from the field of expertise, of expert performers provides the way out of psychotherapy's stalemate."(2013, p.96).

They identify the three crucial components indicative of expertise in psychotherapy as establishing a baseline of effectiveness, obtaining ongoing feedback and engaging in deliberate practice. Wampold in his review of research evidence argues that:-

“Effective therapists..are able to form stronger alliances across a range of patients, have a greater level of facilitative interpersonal skills, express more professional self-doubt, and engage in more time outside of the actual therapy practising various therapy skills.” (2015, p.277).

The common factors – the importance of relationship, setting and a credible ideology

Wampold (2007) cites Frank (1961) to explain the significance of the therapeutic relationship and the 'dodo effect' (the similar outcomes of different therapeutic models). Frank identified four features shared by all effective therapies. These consist of an emotionally charged confiding relationship with a helping person, a healing setting, a rationale, conceptual scheme or myth which provides a credible explanation for the client's symptoms and which prescribes a ritual or procedure for resolving the presenting difficulties. Research indicates that both client and therapist need to believe in this process. Wampold (2007) believes that if mental disorder represents conflicting personality constituents, any systematic ideology can lead to therapeutic change, be it Christian Science or Psychoanalysis. This proposition is further supported by recent developments in neuroscience (Watson 2008) which demonstrated that neurological reintegration results from talking about denied or disrupted early experience in a safe setting. Wampold et al. (2007) found that the important factor is that the myth is acceptable to the client and leads to an effective response. Their study identified a change in the client's expectations, occurring as a

result of a credible and culturally acceptable explanation, as a crucial component of change. Wampold argues that the common factors be viewed as a contextual model.

He writes:-

“The contextual model emphasizes that the explanation given for the patient’s distress and the therapy actions must be acceptable to the patient. Acceptance is partly a function of consistency of the treatment with the patient’s beliefs about the nature of mental illness and how to cope with the effects of the illness. This suggests that evidence-based treatments that are culturally adapted will be more effective for members of the cultural group for which the adapted treatment is designed. There are many ways to adapt treatments, including those involving language, cultural congruence of therapist and patient, cultural rituals, and explanations adapted to the 'myth' of the group [...] All therapies with structure, given by empathic and caring therapists, and which facilitate the patient’s engagement in behaviours which are salubrious, will have approximately equal effects.” (2015, p. 277).

Plammatter (2015) identified construct challenges to the common factors, despite their inherent usefulness in identifying constituents of positive change. He conducted a factor analysis which resulted in the common factors being identified as a four dimensional structure which related to cognitive processing, emotional processing, coping, and developing a therapeutic alliance.

The role of client agency in successful outcome

All researchers into and advocates of the common factors agree that the manner in which they work is fluid, interdependent and dynamic and several believe that empirical methodology is insufficiently sensitive to facilitate a deeper understanding of the subtle moment to moment mutations which lead to therapeutic changes.

Therapist client interactions therefore necessitate close and multifaceted exploration.

Hoerner (2007) described clients as perceiving themselves to be active agents of change who value their own contributions to the therapeutic process and attribute results to their own input. Evidence of the client’s power to instigate change with a minimum of therapeutic support was further established by Norcross’ (2006)

research which found self-help books to be nearly as effective as therapy. Burke at

al. (2007) meta-analysed studies of depression and anxiety and found that therapy with a professional therapist was more effective than self-help, even if only by degree, and concluded that instead of technical knowledge the therapist helps by developing the clients' self-change efforts. Gassman and Grawe (2006) found that unsuccessful therapists gave their attention to problems, thus neglecting client strengths. Implications for practice are that therapists need to create an environment which supports personal agency and in which the client feels perceived as a well-functioning person. Martin (2008) found an atmosphere which reduced stigma and improved clients' self-efficacy also contributed to successful outcome. Bohart and Wade (2013) conclude that the most significant implication from their research relates to the importance of individualising treatment, either by matching client characteristics and expectations to therapy practices or by developing therapist responsiveness. Responsiveness in this context relates to the "therapists' ability to be aware of and adjust to the evolving context." (2013, p.245).

The agency of the client in the therapeutic process is further supported by Tang et al.'s (2007) research into sudden gains which found that forty percent of clients have more than half of their total symptom improvement in the time between their first and second sessions. Calhoun and Tedeschi (2006) found that forty to sixty percent of people who experience trauma get better on their own or describe personal growth following the incident. Changes they noted were improvements in positive self-perception, personal strengths and interpersonal relationships.

The power of client expectations

Research on the effectiveness of placebos has illustrated that expectations in themselves create considerable change in the body and account for many of the positive results of medical procedures. Placebo effects can be seen as evidence that change results more as a consequence of the individual and their expectations of

change than the treatment being provided. Kirsch (2008) undertook a wide ranging review of all studies involving selective serotonin inhibitors and found comparable results with placebos. Clients' expectation of change stimulates innate self-healing capacities. Wampold (2005b) argues that the advantage psychotherapy has over placebos in randomised control trials could be accounted for by the therapists' lack of belief in the treatment model and the absence of any cogent ideology underlying treatment. This supports Rosenzweig's (1936) hypothesis that an inspiring and stimulating therapist is a central component in establishing positive change and Frank and Frank's (1991) research demonstrating that a therapist who is convinced by the strength of their own personal experience of the validity of a specific method may have an advantage in powerfully communicating to clients that they are also likely to benefit.

Research into what the client finds helpful in therapy has included valuing self-insight; Werbart and Johansson (2009) found that clients believed an increase in self-knowledge to be a positive change. Clients also placed value upon being able to access, accept, understand and express painful feelings. Clients who experienced their therapist as personable, caring and competent tended to have more favourable outcomes.

Qualitative research studies of client processing within therapy are arguably best equipped for conveying significant events at subtle but profound levels of experiencing. Williams and Levitt (2010) believe that clients' sense of the therapeutic relationship is insufficiently monitored by the numerous alliance measurements currently in use, believing that these measurements have been based on the conceptual and theoretical models of researchers. Events and factors which clients describe as being helpful are events which involve reflexive self-understanding and a

greater awareness of experiences or life situations. Timulak (2007) conducted a meta-analysis of seven studies of significant events and found that clients valued awareness, insight and self-understanding, reassurance and support and safety more than other factors. Clients also valued behavioural change and finding solutions to their problems, empowerment and relief, exploring feelings and emotional experiencing, feeling understood, therapeutic involvement and personal contact.

There are some similarities here to B. Giorgi's (2011) phenomenological analysis of client defined pivotal moments in therapy. In this study, a pivotal moment is an event within the therapeutic process which leads to a lasting change, and which is experienced as a significant improvement in the life experience of the client. Giorgi, using phenomenological reduction to identify the psychological and empirical constituents of pivotal moments, found that for all clients, pivotal moments arose as a consequence of motivation and openness, trust and safety, emotional involvement, increased awareness and insight, changed assumptions, new relationship understandings, increased tension and a readiness to challenge old assumptions. These constituents worked together as interrelated phases in an overall process (unique to each client) in which one change made other changes possible but not inevitable.

Hodgetts and Wright (2007) in their review of qualitative studies found that client factors represented forty percent of therapeutic outcome and argue that the biggest block to including the client's perspective in research is the researchers' methodological or theoretical limitations and assumptions about the superiority of pure quantitative research. Arguments which have been used to challenge the validity of the client's experience of therapy have assumed that clients cannot make

accurate judgements due to poor recall, clients' deference (Rennie 1994) or distorted experiences resulting from the activation of their own unconscious material. In the post-modern era it is more difficult to discount the authority of the individual voice owning the truth of its experience. User views are also given increasing significance in a competitive market. The determining power of clients' experience and expectation in therapy suggests more attention and validity be given to the client's voice. In Llewelyn's (1988) study, using the helpful aspects of therapy questionnaire, participants named insight, reassurance, relief, problem solution and personal contact as most significant while the therapists thought cognitive and affective insight were more important.

The contribution of process orientated research

Deeper analysis of client and therapist processing has the potential to reduce inaccurate assumptions on the part of the therapist. Pascual-Leone (2009) conducted a qualitative study of moment by moment processing in experiential therapy in order to investigate the processing which underpins clients' capacities to make sudden gains between sessions. Their study indicated that clients who at onset describe emotional events in a state of global distress (i.e highly aroused distress with low levels of idiosyncratic meaning making) need to work through reactive and depressogenic emotions which are undifferentiated and insufficiently processed. They describe how successful clients moved on an S-shaped curve towards greater well-being. They moved from experiencing global distress, then to fear and shame, to rejecting anger, negative evaluation, needing to experience hurt and grief then to assertive anger, self-soothing and ultimately to acceptance and agency. Positive change was linked to clients experiencing an increased range of states or higher variability in the number and degree of experienced emotions. This study, utilising video recordings of sessions and client interviews, established good

in-session events as those which reduced distress and increased meaning making. The combination of emotional arousal and meaning making led to a therapeutic emotional experience. As clients shared their upsetting experiences, they built resilience against micro regressions. Similar results in the sequence of clients emotional processing have been observed in studies of cognitive behavioural therapy. Moments of improvement are seen to result from accessing internal resources. Hayes et al. (2007) describes this in terms of repeated processing of old experiences and exposure to new information leading to permanent stabilised changes in a clients' affective system. This has similarities to recent neuroscientific discoveries regarding neural reorganisation and neuroplasticity.

This research supports the importance of meaning making in therapy. Poor in-session events were identified as those which did not lead to new meaning making and left clients in old destructive, maladaptive, undifferentiated meaning states. It also highlights the importance of identifying clients' proximal development zone (the clients degree of readiness for specific therapeutic intervention), and indicates the existence of innate productive pathways in emotional processing.

Qualitative research has also facilitated exploration into subtle elements of the therapists' emotional processing, as is demonstrated in Williams and Levitts' (2009) grounded theory investigation into the impact of eminent therapists' values within psychotherapy. Clients' values have been seen to shift towards therapists' values during the course of therapy (Tjeltveit et al. 1997) and therapists' personal and religious values have been found to influence clients even when if therapists intend to be value free. This study identified four components which function across therapy orientations and established that therapists focus on one of these at any given time. These involved stimulating the clients' curiosity about their own experience to assist

them, sustaining the exploration of distressing differential stages in order to generate experiences of difference, as well as a process of reflexive symbolisation, and integrating differences. This study of therapists' intentionality found that value negotiation occurred on a moment to moment basis, with therapists moving from positions of moral relativity to holding clients' values, and back again, using empirical science to support their sense of what was in the clients' best interests. It was also apparent that therapists' failure to understand the client can reduce the safety needed to create change. The therapists involved found the information it revealed helpful as it increased their capacity for reflexivity and facilitated a deeper analysis of conscious intention.

Ontological and epistemological differences underpinning theory and research

The diversity of research methods utilised in the process and outcome studies reviewed in this chapter suggest the existence of pluralism in methodology and epistemology in the field. This may seem appropriate for a science which has the multifaceted and ever changing human subject in the roles of object of study, researcher and therapist. Arguments for the need for diversity in psychotherapy research methodology and therapeutic practice are supported by a range of studies which have explored the intransient nature of human variance. Conway (1992) reviewed psychological epistemology from the past ninety years and the evidence of twenty-three psychological publications. All of these supported the existence of two distinctly different theories of knowledge. One of these Johnson (1990) defined as a linear, analytic style – a mechanistic orientation – and the other as a holistic, intuitive, organismic approach. Coan (1979) identified objectivism and subjectivism as the oppositional polarities which accounted for most of the variance between studies, finding that personality traits were similarly correlated across this divide. He argued that individual temperament and life history will determine which theory a

person veers towards at any given life stage. Arthur (2006) in his study of how psychotherapists' thinking styles impact orientation, choice and practice, identified distinctly different personalities and cognitive-epistemological traits and styles in cognitive behavioural and psychoanalytic psychotherapists. Arthur argues that these differences result from lifelong developmental processes including early experience, education, genetics, mother-infant bonding and family relationships and are not inclined to sudden change. His research suggested that the different cognitive-epistemological styles of these groups make dialogue extremely difficult between the two. Arthur cites Lyddon (1989) who concluded that deep philosophical differences were not resolvable at the level of competing facts and theories. Lyddon recommended a deeper level of analysis of the fundamental philosophical assumptions which differentiate psychotherapeutic theories. Vasco et al. (1993) found that when there is dissonance between the client and the cognitive-epistemological style of the therapist, a habitual retrenchment can occur, leading to an increasingly rigid adherence to the professed orientation and an inability to hear the client. Arthur concludes that psychotherapists from differing orientations experience, understand and process knowledge differently, and advocates the use of increasing reflexivity and transparency.

Psychotherapy researchers are also aligned to different therapeutic modalities (Cooper 2006) and researcher allegiance effects are well known and have been identified as accounting for more than two thirds of the variance in outcome (Cooper 2006). It is likely that the lifelong developmental patterns of clients equally incline them to choose therapists and therapeutic models which accord with their own particular preferences. At present time, however, the National Institute for Health and Clinical Evidence (NICE) guidelines on the provision of psychotherapy in the UK

have been criticized in the United Kingdom Council of Psychotherapists (UKCP) 2011 report for limiting client choice in psychotherapy as a consequence of the degree of hegemony NICE affords to the randomised controlled trial as a medical research method (Guy et al. 2011).

The randomised controlled trial involves assigning patients to treatment and control conditions, and will include a group of patients who receive no treatment at all as well as another group given a placebo which contains potentially therapeutic ingredients. These ingredients are termed non-specific factors, and include sympathetic attention, expectation of gain and rapport. Treatments given are manualised, with detailed scripts given to the therapists, and these are then checked by assessors using videotaped sessions to ensure that scripts are applied. Target outcomes are well operationalised and often relate to the Diagnostic and Statistical Manual disorders, or a quantitative reduction in specific behaviours. The patients will be seen for a fixed number of sessions, and the raters are unaware of which groups the patients come from.

Seligman (1995) has stated that discovering if a treatment works better than another treatment or a control group under highly controlled conditions is distinctly different from understanding what works in the field. He names long term dynamic treatment, family therapy, and eclectic psychotherapy as models ill-suited to measurement by randomised controlled trials and, as a consequence, these do not appear on the list of treatments empirically validated, and are subsequently assumed to be inert and ineffective. Seligman concludes that an efficacy study is an inappropriate method for empirically validating psychotherapy as it fails to take into account too many of the crucial elements of what is done in the field. Clients seeking psychotherapy in the field often have multiple problems, actively seek therapists and modalities of their

own choosing and frequently opt for long term therapy as opposed to a fixed number of sessions.

Randomised controlled trials also suit some therapeutic modalities better than others. Bohart and House (2008) and Loewenthal (2011) believe that behaviourist theories of therapy share similar epistemological assumptions and characteristics with randomised controlled trials and suggest this may be the reason why cognitive behavioural therapies have had the degree of success they have had with this methodology. Cognitive behavioural practitioners and medical practitioners are overrepresented on NICE's influential committees (UKCP, NICE under Scrutiny jmk2009). Shedler (2010) has argued that behaviourist and non-behaviourist theories are sufficiently distinct to require different research approaches.

Contemporary research supports the hypothesis that therapeutic efficacy resides within the clients' experience and that procedures work by enhancing the therapeutic relationship.

For a large number of therapists, therapy should be regarded more as a dialogue than a drug (Guy et al. 2011). Elkins describes the medical model as a "descriptive schema borrowed from the practice of medicine and superimposed on the practice of psychotherapy, utilising medical terminology to describe an interpersonal process which has nothing to do with medicine." (Guy et al. 2011, pp. 67-71). Bentall (2004) argues that a large number of psychotherapists, researchers and doctors do not find diagnoses of mental health conditions to be either helpful or relevant and that there are many diverse pathways to the identification of a clinical condition like depression, none of which are clarified by the creation of a singular definition. It is also likely to be the case that the individual differences experienced in any clinical condition outweigh similarities. UKCP argues for the utility of practice-based evidence as

opposed to evidence-based practice and advocates research hierarchies be changed to accommodate a pluralistic approach to what constitutes evidence. This controversy also underlines the potentially confusing nature of psychological language when distanced from the client's direct experience. My own reflection upon this body of research and literature regarding the state of current research into psychotherapy is that it presents a case for more research studies which use the language of common speech, thereby empowering participants to confidently respond from the perspective of their own life-worlds.

The current position for psychotherapy and its implications

This debate reflects the contextual position of psychotherapy in the twenty-first century where the mainstream of positivist, empirical ideology meets strong post-modern tributaries. The emerging confluence of ideas and policies will have major consequences for some of society's most vulnerable members, as psychological diagnosis and treatment impact upon identity formation at both individual and societal levels.

In this research study I will be utilising Giorgi's method of phenomenological enquiry, a process methodology which aims to access the essence of the client's experience. I will be using this method to appraise the impact of Vajrayana-adapted practices on the client's sense of 'aliveness' and 'lightness', and their sense of self. In combination with Vajrayana practices, I will apply the Western technique of Experiential Focusing to help clients access and differentiate solid and subtle levels of emotional and somatic experiencing.

Both Focusing and Mindfulness share some common features with Vajrayana practices, as well as having essential areas of difference. I will therefore review recent research into both these techniques before exploring the literature and

research which pertains specifically to the psychotherapeutic effectiveness and impact of Vajrayana-adapted practices.

Both Focusing and Mindfulness share some similarities with Vajrayana practices, as well as having essential areas of difference. In this section I will review recent research studies into Experiential Focusing, identifying its contribution to therapeutic relating, Vajrayana-adapted practices and finally to psychological research in general. The application of Focusing was essential to this study, as it enabled participating clients to have an embodied as well as a cognitive response to their experience of these phenomena. My next section defines and describes Focusing-orientated psychotherapy and its research base.

The origins of Focusing

Experiential Focusing has its origins in the work of Eugene Gendlin and Carl Rogers in the 1950s, particularly their exploration of a different ontological approach to the study of the human subject. Rogers' view of human development posited people as essentially malleable, forward driven and in possession of an actualising tendency; a drive to fulfil an unlimited potential. This actualising tendency was perceived as being vulnerable to external circumstances (its fulfilment could be stunted and inhibited by an individual's early life) but, given specific therapeutic conditions, it was capable of reconstituting itself and of leading an individual towards increasingly satisfactory levels of emotional experiencing. Gendlin's Focusing technique was designed to enable clients to access quickly and easily an articulated attunement to their own inner experiencing, having as its basis the belief that the unconscious resides within the body and can be accessed by giving attention to embodied sensations experienced in the present. This was described simply by Gendlin as

“spending time with an at first unclear body sense of a problem so that new steps come.” (1996, pp. 303-4).

Gendlin believes that common to many different forms of scientific enquiry is the assumption that structured patterns exist without any sense of their having been derived from deeper, implicit understandings. He envisages an ontological and epistemological transformation of how things are seen and understood in which both unit and process understandings will be acknowledged and able to inform each other. In Gendlin’s view, “[everything] we do and say explicates an implying that is more than what is there as structures” (2012, p. 5).

Gendlin defined this rich accessible reservoir of visceral, ever-changing somatic experiences as the realm of implicit understanding – a vast consciousness which extends beyond our field of attention and works with an intricate and ever-expanding precision. Recent research studies which have identified memory and emotions as the province of the body as much as of the mind, as well as the identification of neural pathways in which the body communicates with the mind, are supportive of this hypothesis (Pert, 1999; Damasio, 1998).

Gendlin’s ideas originated in the phenomenological tradition of Dilthey, Dewey and Merleau-Ponty, intellectual influences which he describes as residing in the background of his experiencing where they became part of his own implicit understandings (Gendlin 2012). Gendlin believes all new concepts are explicated from this backdrop and sees the world of logical concepts and of implicit understandings as representing two separate but interconnecting systems. The domain of concepts is perceived as being one of fixed units and that of the implicit as one of environmentally engaged and forward moving processes. Both have their specific function and Gendlin acknowledges that structures are extremely useful, but

places emphasis upon the fact that the illnesses which the body experiences do not exist in the form of medically classifiable illnesses:-

“Any structured pattern that stays reliably the 'same' for a while is precious and invaluable but the medically classified illnesses are not separate entities in the body. That kind of concept cannot include how anything implicitly is.” (2012, p.6).

Gendlin's original therapeutic hypothesis was that clients who benefit most in therapy will demonstrate a growing capacity to directly express bodily felt experiences. In his research investigation hundreds of transcripts and hours of taped psychotherapy were listened to until sufficient data was accumulated to enable Gendlin to design the methodological instruments of an Experiencing Level variable, a Process Scale and The Experiencing Scale (Klein 1969; 1986). Results of this research showed that clients who began therapy with low experiencing – unable to speak and share from this implicit embodied level – tended to remain in low experiencing states throughout the duration of therapy, counter to Gendlin's original idea that as therapy progressed there would be increasing emotional differentiation and somatic experiencing. Instead, it was clients who began therapy with a high degree of attunement to their own processing that tended to have more positive outcomes. The six steps of Focusing were designed as a method of accessing this inner dimension of experiencing (Gendlin 1982). The process involved six explicit steps, in which clients moved from metaphorically 'Clearing A Space', to asking arising sensations what is needed to feel better.

Research evidence for Focusing

The research evidence for the effectiveness of Focusing was reviewed by Hendricks (2002) and more recently by Katonah (2012) in her review of thirty studies into the effectiveness of Clearing A Space. The research method used in Hendrick's meta-analysis applied either Gendlin's original Experiencing Scale or The Focusing Scale,

using judges who were trained separately using standardised materials (Hendricks 2002). The scale measured a continuum from statements about external events towards more differentiated and elaborated feeling statements. Focusing was identified by Gendlin as beginning at stage four of The Experiencing Scale.

Hendricks cites Lambert and Hill who described The Experiencing Scale as: -

“Perhaps the most widely used and best researched observer rated measure of client involvement in the therapeutic process”. (1994, p. 94).

Sachse and Newmann (1983) later created a Focusing Rating Scale. This validated against The Experiencing Scale with a correlation of ninety plus. Hendrick’s meta-analysis reviewed eighty-nine studies, investigating them in terms of correlations between Experiencing Level and psychotherapy outcome. Analysis was also made into whether the presenting evidence suggested positive correlations between Focusing and psychotherapy outcome and whether Focusing could be taught to low experiencing clients.

Hendricks found that twenty-seven studies showed that higher experiencing correlated with a greater degree of success in therapeutic results. Jules Seeman (1996) reviewed seven of the early studies, concluding that initial high levels of experiencing were more likely to lead to successful outcome. Warwar (1996) took one high experiencing and one low experiencing session from each of fourteen depressed clients and found that higher experiencing sessions were positively correlated with successful outcome. Kubota and Ikemi (1991) also discovered that sessions rated as successful by clients were the ones with higher ratings of experiencing.

In terms of studies researching Focusing and Psychotherapy outcome, twenty-three studies identified that Focusing, when measured by different instruments to The Experiencing Scale were correlated with a positive outcome. Leijssen (1996) found

that seventy-five percent of positive sessions contained Focusing and only thirty-three percent of negative sessions did. In a second analysis, four clients appeared to find a personal form of self-transcendence during Focusing. Sachse et al. (1992) investigated whether clients who received Focusing instructions as an aspect of client-centred therapy had significantly better outcomes than clients who received only client-centred therapy, utilising three different types of measurement. Focusing in the first session was once again found predictive of outcome. Sachse (1990) used objective personality tests and therapist estimates of success and found that 'depth' of client experiencing in the middle phase of therapy was also linked with successful outcome.

The therapists of successful clients were also found to have made significantly more deepening processing proposals. Lietaer and Neirinck (1986) used post-session questionnaires to ask clients what had happened in each session that was particularly helpful. The resulting Content Analysis identified Focusing related factors such as "deep exploration of experience", "experiencing fully" and "fruitful self-exploration" as commonly identified as helpful and differentiated the most effective from the least effective sessions. Therapy that was Focusing-orientated has been correlated with positive outcomes in groups as diverse as prison inmates and psychotic patients (Gray 1976; Egendorf et al.1982). In terms of comparisons with other treatment models, Weitzman (1967) found that Focusing achieved desensitisation as effectively as behaviour therapy and Weld (1992) found it to be as effective as rational emotive therapy in successful stress management. Sachse (1990) did a fine grained analysis which evidenced that therapist processing proposals can deepen or flatten the client's responses. In terms of personality correlates, high experiencing subjects were found by Hendricks (1986) to be more

psychologically differentiated than other subjects. This bears similarity to Pascual-Leone's (2009) research into client processing which identified an increasing range and depth of emotional differentiation as a prerequisite for client's progressive movements towards self-soothing, integration and personal agency.

Katanah (2012) reviewed evidence for the independent application of Clearing A Space, the first of Gendlin's six stages of Focusing. This first stage involves bringing attention inside the body to notice which particular issues make individuals feel tense. In this process, clients first acknowledge issues and then metaphorically place these issues outside, and at some distance away from themselves. When this is complete, the resulting open space is explored. The underpinning premise behind Clearing A Space is that for the same period of time that the body carries unexplicated implicit meanings, it will remain stressed (Gendlin 1996).

Several studies have reviewed the potential of Clearing A Space with people who have health concerns. Klagsbrun and colleagues (2012) applied this first step of Focusing to seventeen breast cancer survivors. Quantitative results, using the Fact B quality of life measure showed there to be a significant improvement in both pre- and post-intervention when compared to the control group. Qualitative results established a variety of commonly experienced characteristics, including a reduction in somatic concerns, increased emotional regulation, calm mood and mental clarity. An earlier study by Klagsbrun et al. (2005) investigating the impact on quality of life of a two day treatment which integrated Clearing A Space with expressive art therapy, found significant increases in quality of life. Klagsbrun's study involved a six month follow up at which point results demonstrated a statistically significant decrease in depression and an improvement in body attitudes for the treatment group compared

to the control group. Qualitative results also revealed that an increase in self-care behaviours naturally arose from sustained practice.

Antrobus (2008) utilised a combined treatment of Clearing A Space and yoga over a period of six weeks. Qualitative results from this study also indicated that during the Clearing A Space sessions, participants discovered idiosyncratic instructions for their own self-care. All four participants stated that they had found new ways of handling stress. The impact of Clearing A Space upon chronic pain was investigated by Ferraro (2010) with a sample of four chronic pain patients. Results indicated a twenty-eight percent decrease in depression, a twenty-three percent decrease in anxiety, a twenty-one percent decrease in pain level and a thirty-four percent improvement in previous negative attitudes towards the body. The qualitative analysis of transcripts demonstrated that patients had been able to find an area in their lives which was free of pain, and had been able to challenge a previously restricting personal belief system. Hinterkopf (1998) utilised Focusing as a tool to help clients find and explore their own spirituality. More recently, Lou (2014) has emphasised the potential of Focusing to enable individuals to find spiritual answers to personal questions by means of accessing a greater 'body' which is connected to their own. She writes:-

“For those who have an interest in and awareness of a spiritual dimension in life, the felt sense is experienced as a bridge, connection, catalyst or '....' to a Higher Power.” (Lou 2014, p. 4).

(Lou uses the gap between speech marks in the manner established by Gendlin to communicate a multiplicity of implicit potentialities existing in the space between words). While Lou is here exploring spiritual applications of Focusing within the Christian tradition, her comments are equally applicable to other religions and perhaps particularly to those which directly use bodily practices to enhance spiritual

development. Also highly relevant to my research is Gendlin's (1970;1996) exploration of the potential power of using imagery with Focusing. He believes an image can help a strong felt sense to live on, and that embodied enquiry into imagery also enhances the potency and idiosyncratic value of the image. He has also identified that spontaneously arising images tend to remain until the body experiences a felt shift.

Critique of the research evidence

While the studies described above suggest a profusion of supportive research for Focusing, they must be viewed within the context of also having significant limitations. Many of these studies lack peer reviews and control conditions and are unable to control for such complex variables as how some of the processes involved in Clearing a Space and the six steps of Focusing (receiving instructions from and the shared journeying with a therapist) may in themselves positively impact upon the therapeutic relationship rather than Focusing being the most significant factor in positive outcome. Some of these studies have also been conducted in institutionalised settings (prisons and psychiatric hospitals) which have specific research components unlikely to be transferable to more generalised settings. A further limitation of these studies is that the majority of them have been undertaken by researchers and therapists already convinced of the efficacy of Focusing, resulting in inevitable allegiance effects. Many of these studies also have a very small number of participants.

Focusing's contribution to therapy and research

Current literature on Focusing reviewed here, breaks new ground in understanding human processing and healing. To prove its efficacy in the current mental health system, Focusing will need larger samples and more rigorous scrutiny and review. In accordance with its philosophical roots in embodied existentialism, research studies

into Focusing are often presented in ways suggestive of emerging possibilities rather than didactic certainties. The changing ground which neuroscience is beginning to introduce to psychological research and scientific validity, combined with the recognition of the importance of affect regulation in the therapeutic relationship, have the potential to facilitate Focusing's increasing emergence in mental health. The skills developed by the Focusing process, of moving attention and noticing subtle responses, may also have an important function within neuroscientific research, as Focusers are well placed to describe how externally observed brain changes are felt from the inside, thereby capturing the essential specificity of experiencing. The depth of subjective authenticity which can be accessed through Focusing also gives it a unique utility within psychological research in general. Interviews which engage clients in Focusing processing are likely to yield deeper levels of individual truths and ones less susceptible to external influences. In this study, Focusing has provided an accessible bridge from traditional therapy into a more experiential domain in which deeper layers of the phenomena of 'lightness' and 'aliveness' could be explored. My own view is that Focusing has a significant contribution to make to cross-cultural understandings of the reduction of suffering. This view is supported by my own personal experience and my professional experience of working with Focusing professionally.

I will now explore Mindfulness, which provides an example of an Eastern spiritual practice which has become integrated into Western psychological therapies. This next section defines and describes Mindfulness and its research base, and ends with a review of the ethical complexities involved when integrating Eastern spiritual practices into Western psychological therapies.

Mindfulness and its emergence in Western psychological therapies

Research into the effectiveness of meditation and its potential impact upon neurological processing, emotional experiencing and behavioural change has been prevalent for the past forty years. Early studies often had significant methodological flaws (Cahn and Polich 2006). However, the body of evidence accumulated over four decades indicates that different meditative disciplines, arising from different cultural contexts, do impact upon all three of these domains and do so in distinctive ways. The most common, and rigorously reviewed form of meditative practice, as well as the one most frequently applied to psychotherapy, is Mindfulness based meditation. Mindfulness, if defined as the ability to calmly witness experiential process, forms one component of Vajrayana practice.

The term Mindfulness itself derives from the Pali word *sati* (Bodhi 2002) and is associated with awareness, attention and remembering. Mindfulness is mentioned both in the Pali canon and the Abhidharma, where it is listed as one of the seven factors required for enlightenment. In early Buddhist texts, it is prescribed as an antidote to delusion which becomes particularly powerful when coupled with liberating discernment. In Vipassana practices, Mindfulness is developed by moving attention to bodily sensations, emotions, thoughts and the environment and thus has links with existential and Gestalt therapeutic traditions in the West.

The current proliferation of research into the effects of Mindfulness practices, applied to a diverse range of clinical and non-clinical populations, has seen the term Mindfulness being used to describe states of psychological awareness, traits of character and as a means of information processing (Brown et al. 2007; Germer et al. 2005). The essential components of Mindfulness meditation in the West, and ones which pervade all practices, are non-judgemental acceptance in present time,

and embodied awareness (Davis and Haye 2011). The origin of Mindfulness in mental health resulted from Dr Jon Kabat-Zinn's development of Mindfulness Based Stress Reduction (MBSR) at the University of Massachusetts Medical Centre. This involved an eight week course which combined Mindfulness based meditation with hatha yoga. Teasdale (1988) later explored the possibility of Mindfulness practices as an adjunct to cognitive behavioural therapies, believing that Mindfulness would add affective and physiological experiencing to CBT's more traditional interventions of cognitive re-framing and behavioural experimentation. Initially most commonly applied as a treatment for depression, MBSR is now widely used as a treatment for a wide range of conditions and client groups, and as a stress preventative used by employers.

Of specific relevance to this study are research investigations which identify the affective, interpersonal and intrapersonal benefits of Mindfulness and which therefore support its incorporation into psychotherapy. I will begin this section by exploring the affective impact of Mindfulness.

There is now a considerable body of research which demonstrates that Mindfulness practices help to develop affect regulation in the brain (Siegal 2009). Chambers and Allen (2008) have demonstrated that Mindfulness meditation decreases rumination, a cognitive process often associated with depressive thinking. Cocoron et al. (2010) argue that its effectiveness in doing so results from the improvement of the brain's attentional capacities and the enhancement of working memory when meditating; that it is these cognitive gains which lead to improvements in affect regulation.

Williams (2010) has demonstrated that even eight weeks of Mindfulness meditation practice can make significant impact on the regulation and processing of emotions in the brain. Hoffman et al.(2010) conducted a meta-analysis of thirty nine studies

which supported the effectiveness of Mindfulness based therapy in the reduction of anxiety and depression. The majority of studies reviewed consisted of the application of Mindfulness based stress reduction and Mindfulness based cognitive behavioural therapy. Their meta-analysis concluded that many affective and cognitive processes, impacting upon multiple clinical issues, benefit from Mindfulness practices. In Farb et al.'s study (2010), participants randomly assigned to an eight week MBSR training group were contrasted to a wait listed control group on self-report measures of depression, anxiety and psychopathology when watching sad films. Functional magnetic resonance imaging used in this research also demonstrated that participants exposed to Mindfulness Based Stress Reduction showed significantly less anxiety, depression and somatic distress than the control group. Magnetic response imaging showed that the practice of Mindfulness produced significantly different neural responses. Participants exposed to Mindfulness meditation utilised emotional regulation strategies, enabling them to experience emotion selectively. Findings suggest that the emotions which meditators do have are differently processed in the brain. Erisman and Roemer (2010) also researched the effects of exposing an experimental group to both brief Mindfulness intervention and negative and positive film clips. They concluded that the meditating group had some protection against negative emotions.

Jha et al. (2010) recruited a different research population from a real world setting, comparing a group of civilians and non-meditating military personnel with a military group who had participated in an eight week Mindfulness training. Both military groups were in a stressful pre-deployment period. Results showed that working memory improved within the military group in proportion to the actual amount of meditation practice, while the non-meditating military group experienced a decline in

working memory. The civilian population remained stable. This study also found that the meditating group experienced self-reported positive affect and a reduction in self-reported negative affect. Grant (2010) researched the impact of meditation upon the neural processing of pain and found reduced activation in executive, evaluative and emotion related brain regions compared to non-meditating controls. The more experienced the meditator, the more dramatic the decrease of activation in these regions. These results infer a functional uncoupling of cognitive, evaluative and emotion related brain regions. Mason et al. (2007) found that participants in an eight week Mindfulness Based Stress Reduction program experienced highly significant reductions in activity in the neural circuit associated with narrative focus and increased activation in the circuit associated with experiential focus. This suggests that these two different kinds of self-referencing, which usually occur simultaneously, can be uncoupled. These results affirm that Mindfulness can be used to weaken the grip of self-limiting narratives. Farb (2010) exploring a similar theme, found that non-meditators who experienced a temporary sad mood activated the narrative focus network, which stimulates analysis and rumination in response to sadness. In contrast, participants trained in MBSR, activated the experiential focus network – the brain area concerned with how sadness is experienced in the body. Learning to respond to negative affect in this way enables individuals to take a different approach to the habitual cycles of mental strategizing which are a common element of anxiety and depression.

Segal et al. (2009) tested eighty-four patients with a diagnosis of major depressive disorder who were in remission and found MBSR to have similar efficacy to medication in relapse prevention. Goldin and Gross (2010) found that MBSR led to self-regulatory improvements when applied to participants with social anxiety

disorder. In this study, magnetic resonance imaging indicated decreased negative emotional experience and decreased activation of the amygdala during the breath focused task. Bowen et al. (2010) applied MBSR to clients with substance disorders and found decreases in the link between craving and depression.

In a wide range of studies, neuro-imaging has demonstrated that Mindfulness Based Stress Reduction activates the frontal and prefrontal areas of the brain. Davidson (2000) has also shown that, as a consequence of the functional plasticity of the central nervous system, long term and consistent meditative practice enables state-into-trait changes. These result from reoccurring attentional deployment, re-framing of cognitive context and emotional regulation. Mindfulness meditation enables people to become less reactive (Godwin and Gross 2010) and to have greater cognitive flexibility. Meditation activates parts of the brain associated with more adaptive responding to stressful life situations and negative affect, which in turn enables faster recovery to baseline after aversive stimuli or negative provocation. Emotion regulation as a by-product of Mindfulness meditation now has strong empirical support.

The effects of Mindfulness upon attention

A capacity for attentional focusing is an essential variable in the creation of a therapeutic relationship and in adaptive responding in general. Lorenza et al. (2015) found that even brief Mindfulness practice performed by non-experienced meditators reduced attentional blink. Lutz (2009) found that three months of intensive practice significantly improved performance in selective attention tasks and also noted a corresponding change in brain functioning. The reduction in response time variability experienced by participants was positively correlated with an enhancement of phase-locking between cortical rhythms and the external stimulus to which they were attending. Holmes (1987) considers that the effectiveness of Mindfulness in treating

anxiety disorders and chronic pain reflects its general health benefits rather than a disease specific mechanism. Mindfulness has been described as the integrated effect of the manipulation of relaxed alertness, the coherence of restful corticathalamic alpha activation and the balance in hemispheric dominance. These individual self-healing practices allow the analytic hemisphere to recruit the entire neocortical-thalamic reticular axis, the neo-mammalian brain for cognitively enriched learning encoding, without the automatic defensive appraisals that maintain cognitive perceptual allostatic load (Loizzo 2010). Vega et al. (2014) explored the impact of Mindfulness training on attentional control and anger regulation processes for psychotherapists in training, and concluded that:-

“Participants trained in Mindfulness practice were less likely to react angrily and more able to stop these reactions and also made fewer errors on tasks requiring task switching and novelty processing.” (2014, p.210).

Methodological challenges

Critical evaluation of research into Mindfulness

Despite this supportive research evidence, within the domain of contemporary research requirements methodological challenges to Mindfulness research, and to meditation practices in general, remain significant. The 2007 report commissioned by the National Centre for Complementary and Alternative Medicine criticised scientific research into meditation on the grounds of poor methodological quality and advocated more rigorous design, execution and analysis of studies. Many studies compare experimental conditions to a wait list control group which then fails to control for elements of Mindfulness Based Stress Reduction which are not unique to the program itself, but which could contribute to positive outcome, such as group process, the enthusiasm of the instructor and the belief that the intervention will produce beneficial change.

Baer (2006) reviewed Mindfulness research and recommended larger samples in order to determine medium or large treatment effects and comparisons between Mindfulness Based Stress Reduction and other specific psychological approaches. She also identified that many studies omitted to describe the procedures used to train therapists and to review the clinical significance of their findings. Cahn and Polich (2006) in their review of research into meditation have also criticised the lack of standardised design across studies.

Davidson and Kaszniak (2015) explore the unique conceptual and methodological challenges involved when researching Mindfulness and highlight the need for richer descriptions of interventions, and for more specific information about how and by whom they are being taught. Problems they identified within previous studies related to the complexity involved when comparing novice practitioners to experienced ones, and the inadequacy of using only one physiological measure when researching such a highly complex construct. They conclude that double blind placebo controlled trials are ill-suited for measuring Mindfulness interventions and advocate active comparison conditions such as dual blind designs in which participants are unaware of which intervention is the focus of the research and examiners collecting the data do not know to which group each participant has been assigned. Davidson and Kaszniak emphasise the positive contribution of recent research designs to this field of study:-

“Although there is much excitement about this area, there are still very few methodologically rigorous studies that demonstrate the efficacy of Mindfulness based interventions in either the treatment of specific diseases or in the promotion of well-being...With the incorporation of some of the conceptual and methodological desiderata we show case here we anticipate a vibrant and productive period for scientific research on meditation in the future” (2015, p.590).

My own reflection on the value and limitations of this body of research and literature on Mindfulness is that it illustrates the need for both more clearly defined research and for Eastern and Western integration. Compassion and intention are the central underlying principles of Eastern Mindfulness, and should, I feel, have greater emphasis in its Western application. A deeper enquiry into the phenomenological experience of practitioners in relation to their life-world would also enable a broader and more accessible understanding of its effects.

Ethical issues and contraindications surrounding Mindfulness as Western psychological treatment

Recent years have seen increasing ethical criticisms of the importation of Mindfulness into Western therapies. Harrington and Dunne (2015, p.621) summarise these criticisms as follows:-

“Mindfulness was never supposed to be about weight loss, better sex, helping children perform better at school, helping employees to be more productive in the workplace [...] It was never meant to be a merchandised commodity to be bought and sold [...] and it was certainly never developed in order to create 'optimal warriors' capable of better withstanding stress in the battlefield.”

They believe such criticisms result from the multiple meanings of mindfulness in the West, which have given rise to a conceptual instability acutely vulnerable to misinterpretation.

It is also arguable that Kabat-Zinn's Mindfulness Based Stress Reduction program, in the process of linking Mindfulness with stress reduction, had some unanticipated consequences. In Western culture, stress is associated with every aspect of the life-world. The implications of this association are the widespread use of Mindfulness practices by non-ethically orientated practitioners who emphasise attention – a concept familiar to Western cognitive psychology – and neglect the intention and insight aspects of Mindfulness which are essential for generating the alchemy of

spiritual transformation required in its Eastern context. By contrast, Vajrayana Buddhist practices, however Westernised, require an understanding of emptiness, renunciation and compassion and may potentially prove less susceptible to cultural appropriation in the West.

Mindfulness has been contraindicated with certain patient characteristics, such as those experiencing poor ego-boundaries and patients who have issues relating to lack of empathy, rigid over-control and reality testing. Epstein (2007) in his exploration of Buddhism and psychotherapy identified a condition known in Tibetan as Sokrlung, which results from straining too tightly in an obsessive way to achieve moment to moment awareness. Shapiro (1992) studied the effects of meditation on silent retreats and identified that sixty-two point nine percent of participants experienced at least one aversive effect. Perez-De-Albeniz et al. (2000) believe that Mindfulness practices can evoke repressed emotions and memories. Meditation has also been correlated with reports of anxiety, depersonalisation and muscular tension which result in part from increased attention to bodily experiences. Whitfield (1993) identified the concept of spiritual by-passing in which emotional issues and relationship patterns which could benefit from exploration are avoided by meditative practice.

These potential contraindications indicate that meditative treatment packages, when applied in the psychotherapeutic domain, be tailored to individual patients' needs and contain a therapeutic and relational matrix designed to reduce risks.

Vajrayana-adapted practices and psychotherapy

I will now review the research base and therapeutic literature which specifically focuses upon the effectiveness of Vajrayana practices when adapted and applied to psychotherapy. This will involve reviewing studies of compassion meditation and contemporary neuroscientific and real world research evidence for the potential of

Vajrayana practices to simultaneously increase learning and reduce stress. I will also explore the Western therapeutic literature which links Vajrayana Buddhism with psychoanalytic concepts of archetypes and complexes, and which explores two concepts associated with emptiness: unconditional presence and non-dualism in the therapeutic relationship.

Research into the effects of compassion meditation

Compassion and emptiness are the essential component principles of Vajrayana. In response to a suggestion from the Dalai Lama that the effects of compassion practice be explored, Davidson (2012) describes how he recruited sixteen long term meditators and advertised for sixteen people interested in learning compassion meditation. The task given to both groups was to focus their thoughts on someone they cared about and allow the mind to be overwhelmed by compassion and then to apply compassion to all beings. This feeling was to become dominant over all thinking processes. Results showed that when both groups were exposed to the sound of a woman screaming, response activation was higher during compassion meditation than in the resting state and in long term meditators than in the novices. Long term meditators also experienced more intensive impact. Functional magnetic resonance imaging indicated activity in the insular, considered essential for the activation of spontaneous bodily responses, and therefore of empathy towards another person's experience. The sound of a cooing baby also generated similar responses, activity in the insula increasing in the meditation state rather than in the compassion state, and greater increases in the long term meditators rather than the novices. Davidson inferred from this experiment that loving kindness and compassion meditation can facilitate a state known in Tibetan as empathic joy, a positive response to the pleasurable experiences and happiness of others, even if they are not personally known to us. When participants were asked about their

subjective experience, it affirmed the neurological findings. Functional magnetic resonance imaging also showed that a circuit linked to appraising the mental and emotional states of others activated more intensely in the experienced meditators than the novices. Self-reported altruism has been linked to increased activity in the left rather than the right side in some of these regions. Even in non-meditating states, Davidson found experienced meditators to have more pronounced gamma oscillations in the prefrontal cortex than the novices. Brain regions associated with attentiveness differed significantly from the novices. Davidson concluded from this evidence that there is a possibility that compassion meditation resets the brain with receptivity to the experiences of others.

To counter the possibility that these results occur due to innate tendencies within the meditators rather than meditation practice in itself, Davidson experimented with the effects of short term meditation. In this study forty one volunteers were assigned either to a meditation group or a cognitive reappraisal group. The meditation practice involved participating in an online instructional program for thirty minutes a day for the duration of two weeks. The neurological data, using functional magnetic resonance imaging scans taken before and after the training programs of both groups indicated a decrease in amygdala activity in the meditation group. To ascertain if this would then lead to behaviour change in a real world setting, Davidson then tested both groups in an experiment which gauged willingness to help another at a cost to oneself and found participants from the meditation group showed more altruistic responding than those who had experienced training in cognitive reappraisal. From these results, Davidson concluded that compassion meditation can reduce the extent of personal distress experienced when hearing the sufferings of others (as indicated by reduced activation of the amygdala) and at the same time

increase activation of the brain associated with goal directed behaviour. The neurological results also showed more connectivity between the part of the brain where representations of the body take place (the insula, in the prefrontal cortex) and the part of the brain where reward and motivation are processed. Davidson believes that people trained in compassion meditation develop a positive outlook, experience a greater degree of social intuition and are generally more empathic to the experience of others.

These results indicate the value of further investigations to ascertain how generalizable they might become when applied to specific real world settings and to larger samples of people. Qualitative analysis would also explicate and provide valuable insights into the subjective processing which precipitates compassionate feeling and action.

Loizzo's research into applying Vajrayana practices in psychotherapy

A key advocate of the potential of Vajrayana Buddhist practices on health and well-being on both intra and interpersonal levels is Joe Loizzo, a Harvard trained psychiatrist, psychotherapist and a graduate in Buddhist Studies. Loizzo (2010; 2014) conducted studies into the effects of a contemplative self-healing program based on Vajrayana Buddhism on the quality of life of women who have breast or gynaecological cancer. Quality of life was assessed by patient differences in the Functional Assessment of Cancer Therapy (FACT) general scale, an evaluation model used with cancer patients in the United States. This quality of life scale measured twenty-eight items in four domains which included physical, social, family and functional well-being. A short form health survey was also applied which measured six functional domains: physical function, social function, energy level, bodily pain, mental health and general health.

Loizzo's underlying hypothesis was that the lack of positive results from many different treatments (including Mindfulness) with this client group results from their failure to acknowledge the adverse impact of stress reactivity upon learning, lifestyle change and participants' experience of control and coherence. He believes that Vajrayana principles, techniques and practices have the unique capacity to reduce stress reactivity and corresponding psychophysical resistance and to facilitate the development of the healing skills of self-regulation and flexible adaptability. The model he devised applies the psychobiological model of stress reactivity and stress reduction in which stress is seen to reinforce traumatic self-perception. Loizzo's study is underpinned by research evidence which demonstrates that healing and learning have the capacity to alleviate stress by systematically addressing cognitive, affective and behavioural stress reactivity (McEwen 2007). Stress reactivity is now known to impact upon the natural systems of immunity, tissue healing, regeneration, cognition motivation and learning (McEwen 2007; McEwen et al. 2010).

Corresponding research into health and well-being has also demonstrated the advantageous effects of positive reinforcement and meditation in the areas of immunity, tissue regeneration, neural plasticity, cognition (Meeverson 2011), as well as motivation and learning (Fosha 2009).

Loizzo's study engaged participants in a twenty week program, the first eight weeks of which involved introducing the meditative techniques of stable open-mindedness, heightened attention and visualisation, mantra recitation, affirmation and deep breathing practice. The twelve sessions after this dealt with the utilisation of these basic skills to redress stress reactive habits of thinking, feeling and action and the learning of self-healing alternatives. The programs were intentionally educational rather than psychotherapeutic. Participants were repeatedly guided to take a middle

path between feeling their fate to be predestined by a higher power and experiencing their bodies as helplessly out of their own control. They were encouraged to take control of their own neurophysiology, utilising mantras, yogic breathing and visualisations taken directly from the Vajrayana tradition. Social elements of the self were also specifically addressed as practices involved exploring the potential of becoming a loving person, recognising the effectiveness of human action and learning to view each action of body, speech and mind as an opportunity to move towards health, freedom and happiness.

Existential concerns were explored and met in specific stages which moved from the acceptance of existential fears, challenging negative self-beliefs, recognising the preciousness of a human life, and the re-framing of illness as an opportunity to make life more meaningful.

The program therefore explored the potential of a structured and Westernised application of Vajrayana on the quality of life of a client group in which stress related symptoms often include intense fear, avoidance, and intrusive thoughts. The 2014 study involved largely minority women. Participants of both research groups experienced significant and clinically important within-patient change on the FACT general scale. Loizzo concluded that the application of his model improved overall well-being in addition to emotional well-being and functioning capacity, as participants demonstrated reduced anxiety, an increase in coping skills (2010) and a reduction in post-traumatic stress (2014).

Qualitative research in the form of open ended questioning was also used to explore participants' experience of the program. Results from this indicated that the majority of participants from both research studies felt that they had learnt useful skills and had become less fearful and stressed. Loizzo claims that these successful results

from the fact that the Vajrayana-influenced program extended beyond Mindfulness Based Stress Reduction and towards the addressing of twelve specific components of distress taken from the Indo-Tibetan tradition. These were self-involvement, negative emotion, alienated consciousness, isolated self-construct, distorted perception, traumatic experience, reactive sensation, addictive craving, obsessive clinging, compulsive life, mindless reproduction and senseless ageing, illness and death. The multidimensional visualisations of the Vajrayana tradition were combined with deep breathing and mantra recitation to alter cognition, emotion, physiological and behavioural response sets simultaneously.

The methodological issues and weaknesses identified in these studies related to the high attrition rate. Participants described this as a consequence of the high time commitment required. The fact that only half of the participants took part in the biological assessment represents a further limitation of the study. The lack of any control group also impacts upon the validity of these results as the hypothesis that stress would have reduced during this time period without any intervention was not investigated. An open ended, qualitative exploration of the totality of the clients' experience would also have been fruitful in ascertaining which particular elements of the intervention clients found most helpful and why they responded in this way.

Loizzo argues that applying Vajrayana practices in this manner represents a more effective method of teaching stress reduction and learning than the more frequently applied cognitive behavioural therapy and imagery. He believes that a weakness of CBT results from the lack of psychophysiological knowledge available at the time of its evolution. He describes CBT as a problem-specific model, highly influenced by the behavioural tradition of the early twentieth century, which geared itself toward overcoming the persistent effects of aversive conditioning without an understanding

of how stress reinforces negatively conditioned habits. CBT, influenced by the need to conform to a medical model of specific symptom identification and treatment, identified stress as a problem-specific process as opposed to being an inevitable human experience and focused upon treating symptoms rather than causes, attempting to reduce specific negative cognitions and imagination. As stress has a complex biological, neural, affective and cognitive-perceptual and behavioural impact, Loizzo believes that CBT's focus upon prescribed targets – changing thinking patterns, behaviours and fantasies – limits the amount of positive health or adaptive integrative improvement which clients can experience. In contrast, he perceives a tradition like Vajrayana as capable of addressing both long and short term goals, containing an inherently optimistic, forward looking dynamic which encourages and empowers people to remain open to continual growth and change. He also argues that Vajrayana, a model in which the mind and body work closely together, is in a better position to apply the bi-directionality of stress reactivity and learning than cognitive behavioural models, which tend towards a dualistic understanding of mind and body and perceive the impact of the stress response as a linear and uni-directional process in which negative thinking styles activate conditioned responses.

Loizzo also believes that, in relation to this client group and possibly to others, not all negative thoughts may be bad ones, as negative thoughts may contain some realistic insights which would benefit from being addressed. More existential approaches, which enquire into life meanings, are arguably in a stronger position to facilitate changes in mind set and avoid any sense of personal failure, which can be a consequence of pathologising distress.

Loizzo further criticises CBT for failing to address the subtle sedimentary layers of self-involvement which occur in human processing. Defensive mental patterns such as hostility and clinging, or the ego-defences identified and explored by the psychoanalytic therapeutic models are, by contrast, comprehensively addressed at a root level in Vajrayana practices. Creating neurophysiological responses which generate intensely pleasurable and socially positive experiencing in the face of external difficulty or societal constriction is a task to which the Vajrayana tradition is well suited. According to Loizzo, unlike the combination of cognitive behavioural therapy and imagery, Vajrayana is neither linear nor narrow; it brings together a unique range of healing and stress-reducing constituents and provides a general and systematic model for lifestyle exploration and change.

Differences between the impact of Mindfulness and Vajrayana-related practices

Loizzo (2000) reviewed the differences between the effects of Vajrayana-related practices and Mindfulness techniques in his paper on meditation and psychotherapy. Benson et al. (1990) used mantra recitation, visualisation and breath control, which, in the most experienced meditators resulted in automatic and EEG states of increased arousal. This differed from the relaxed alertness synonymous with Mindfulness research. In Tibetan Buddhist practices, signifiers of high arousal, such as cerebral blood flow and galvanic skin responses states, were unexpectedly found in conjunction with peripheral deactivation and profound reductions in basal metabolism (Infant et al. 1998). These states are associated with heart brain preparation in REM sleep (Jevning et al. 1992). The Tibetan Buddhist tradition uses lucid high arousal states, believing them to be important for attaining states of euphoric arousal which, according to their map of neural pathways, address appetites, consciousness and their equivalent of neuroplasticity. The ability of a few

very advanced meditators to regulate body temperature has also been documented (Benson 1990; 1996), with the most advanced practitioner showing the paradoxical arousal pattern of a combination of reduced metabolism with high frequency beta. More recently, Kozhevnikov et al. (2009) and Davidson (2012) compared two groups of meditators and two control groups performing visuospatial processing and memory tasks. Their results showed that compared with both control groups and a group of meditators of similar experience practising Open Presence meditation, Deity Yoga practitioners demonstrated a dramatic increase in performance on both image maintenance and spatial tasks. The researchers concluded that Deity Yoga develops practitioner's capacity to access heightened visuospatial memory resources. This has positive implications for therapy, memory loss and mental training, as it demonstrates that latent resources of the brain can be accessed and consciously activated.

Loizzo acknowledges that the results from highly advanced practitioners are uncommon, but believes that they nonetheless indicate that self-induced plasticity can occur in the most primary pathways of the nervous system, and equally indicate the possibility that unconscious behavioural responses can be deconditioned by a combination of euphoria and clarity. The high arousal increases in attention which occur in Tibetan Buddhist meditation are seen to result from a deepening of limbic-hypothalamic reward activation, as well as the enrichment of learning and reduced defensiveness which are developed by specific practices.

Research studies into Vajrayana Buddhist practices and psychotherapy

Reviewing the brief body of research literature into specifically Tibetan Buddhist practices which have been applied in psychotherapy, Loizzo identifies some studies which suggest compatibility between particular meditative techniques and specifically identified patient issues and characteristics. Research into the application of

advanced practices such as Indo-Tibetan Buddhist yoga tantra techniques such as Mahamudra or Dzogchen indicate that they may be most appropriately applied to high intensity, high control individuals who have the characteristics of high performance anxiety, high stress tolerance, high affect tolerance and high capacities for expressed emotion, absorption and visualisation. Fergusson (1993) found these practices worked well with clients experiencing inhibited creativity. There has also been some research into the application of these advanced practices with clients who have more severe diagnosis of mental illness as is evidenced in Gackenbach's (1992) intervention with clients with bipolar disorder and Alexander et al.'s (1991) study into these techniques applied to clients experiencing histrionic, narcissistic and schizoid personality styles.

Jedrczak (1985) perhaps unsurprisingly found Vajrayana-based practices, with their emphasis upon the spiritualisation of sexuality, effective when applied to clients who have shame based inhibitions which prevent intimacy and healthy sexual expression. Loizzo suggests that Vajrayana-based practices would work most favourably as therapeutic adjuncts with Object Relational models (Leone 1995), existential therapies (Edwards 1997), interpersonal therapies (Newman 1994), cognitive behavioural skills groups (Sweet 1990), and family and marital therapies (Jain et al. 1985). He asserts that Vajrayana's emphasis upon emptiness, and its understanding of the conditioned nature of reality and emotional experiencing has affinities with Kohut and Lacan, while its emphasis upon archetypes and body work has much in common with Jung and Reich (Loizzo 2000).

From a philosophical and sociological perspective, Loizzo defines Vajrayana as a "spiritual science of civilised happiness" (2010, p.1), which shares with Western therapeutic theories the intention of preventing the suffering and emotional bondage

which result from culturally embedded processes of reification and egocentricity. Poetic, visual and physiological, it has an accessible neuro-linguistic basis and a Gestalt-orientated, synesthetic nature which lends itself to rapid results. Similarly to Samuel (1995), who explored Vajrayana from an anthropological perspective, Loizzo identifies its capacity to uphold counter-cultural agency with the powerful utilisation, well evidenced in Social Learning Theory, of a healing ally and mentor, and a depth of psychological processing.

Critique of the research evidence

Similarly to research into Focusing and Mindfulness, many of these studies lack peer reviews, standardised procedures and control groups and many involve very small numbers of participants. A further complication in this field is that there is some evidence that meditation techniques can produce different effects upon even the same subject at different points in time. Sophisticated meditation techniques like Vajrayana may also only prove effective if a relatively high degree of personality integration has already been achieved. Clients suffering from delusions or personality disorders are likely to be ill-suited to these techniques. The high rate of withdrawal from Loizzo's own research study may also be indicative of participants finding the program too demanding and too complex, requiring as it does a high degree of self-reflection and focused attention. Similarly to Mindfulness research, allegiance effects are likely to be particularly strong when spiritual or religious beliefs and techniques are being investigated.

Therefore, from the perspective of contemporary requirements for validity, the studies reviewed here are too few and samples involved too small to be of great significance. Recent studies have more rigour than earlier ones and there is much to suggest the value of further exploration in quantitative and qualitative domains. It is

difficult at this stage to imagine the provision of sufficient funding to sponsor large scale randomised control trials of Vajrayana-related practices, if indeed the former represents the most appropriate method of evaluation for a dimension of human experiencing in which there is a high degree of reliance upon the intangible and reciprocal dialectic which exists between the therapist or educator's experience and the client's state of readiness. The evidence which does exist nonetheless demonstrates the potency of Vajrayana practices and their capacity to be utilised as adjuncts to mental health in a similar, and potentially more empowering and multifactorial manner than Mindfulness techniques have been. My own reflections about the value and limitations of this body of research and literature on Vajrayana Buddhist-adapted practices stems from the assertion that there is a need for investigations which allow clients to take embodied and subjective ownership of the practices. This can result from integrating them with a Focusing-orientated and person centred approach. In relation to research methods, I feel a phenomenological enquiry into the experience of lightness and aliveness within a psychotherapeutic model in which these adapted practices are presented within the fold of generic psychotherapy will facilitate a wider and more subjective range of responses.

Psychotherapist Rob Preece (2006) has emphasised the essentially creative nature of tantra, which requires freedom of individual expression and the crucial importance of self-compassion. He believes that Vajrayana practices activate repressed emotions, and were originally created to do so. To Preece (2006), psychotherapy and tantric practice are highly complementary, as the witnessing and supportive presence of a psychotherapist enables clients to develop the Mindfulness required

for tantric practice, while also embedding clients in the relational and integrated world of a coherent and healing relationship.

Preece highlights the harmony between Jung's concept of archetypes and Vajrayana tantric practices, perceiving that tantric practices fully meet and then transform the raw energies of the denied shadow aspects of the self. Jung believed that these aspects often take the form of complexes – powerful and self-destructive elements of the self which, when activated, become all consuming, containing a powerful and non-negotiable emotional sense of the 'I'. These result from traumatic experiences which have resulted in fundamental damage to the self-concept. Working with Deity Yoga can, according to Preece, change these potentially damaging sub-personalities into socially benevolent archetypes, due to the fusion of euphoric experience and improved self-concept occurring simultaneously to compassionate responding. A more positive and integrated response to the natural world is also identified as a probable consequence of Deity Yoga practice.

While the concept of compassion is now relatively well explored in Western therapies, emptiness in the Tibetan Buddhist sense is less visible. Western therapists with Buddhist backgrounds have developed a hybrid terminology which bridges Western psychotherapy and Buddhist understandings, as is illustrated in Bradford's (2009) and Welwood's (2002) therapeutic use of the term 'unconditional presence' (which entails being in awareness of the original unconditioned nature of reality), and contemporary therapeutic literature on non-dualism.

Multiple creative identities which have a healthy basis in an awareness of the essentially pristine, unconditioned nature of reality have been envisioned as arising from exploring non-dualistic experiences within the therapeutic relationship. Ann Klein (1995), in her feminist deconstruction of Deity Yoga practice *Meeting The*

Great Bliss Queen, describes how Tibetan Buddhist thought provides a means of integrating the conditioned and unconditioned elements of experiencing in a creative coherence of individual power, agency and unstructured potential.

Western psychotherapists from the existential and phenomenological tradition have sought to develop self-other relationships which differ from the traditional Freudian and medically orientated traditions, in which the client has long been viewed as an object of study. Rogers (1958) stated that while perceiving a person as an object has been of use to the physical sciences, it has not to the human sciences. To Giorgi (1985) and Merleau-Ponty (1968) the notion of an objective neutral observer separated from an observed subject is a fantasy (Bradford 2009). The neutral lens of the detached observer is, to Bradford, not a reality but simply indicative of the existence of dualistic concepts operating outside of conscious awareness. Bradford advocates that psychotherapists practice a non-testing, non-grasping openness which results in a humbling playfulness as opposed to a didactic and diagnosing therapeutic presence:

“Seeing Others according to the preconceptions of our own constructs obscures both the Otherness of the Other and the openness of our own self-world.” (Bradford 2009, p. 136).

The interdependent nature of the self has also been well documented in psychoanalytic theories of child development (Winnicott 1971; Josephine Klein 1987) as has the healing potential of playful reality creation (Winnicott 1971; Axline 1964) in which a fixation with rigid distinctions of self and other, imprinted at specific points within time and space, can be temporarily disregarded.

This review of Vajrayana-related research and the impact of its ideology in psychotherapy identifies new potential territories for practice. Psychotherapy as a profession could itself be seen, over the past one hundred years, to have suffered

from a range of anxiety disorders, many of which pertain to a poor self-concept. Disregarding its original quest for all that can heal the psyche, psychotherapy has become obsessive in its need to prove its value through an ill-suited methodology borrowed from the natural sciences, rather than identifying one which resonates with its central aim. The recent shift in the APA's definition of effective practice to include client's preferences within the contemporary evidenced based practice paradigm does, however, represent an important acknowledgement of the client's idiographic, phenomenological world. More mainstream academic attention may now be given to psychotherapy's inherent potential to meet and explore new dimensions of human experience. Phenomenologist and psychotherapist Les Todres (2007) has emphasised the need for psychotherapy to become more invitational and adventurous in its explorations of the psyche and the world. He believes that psychotherapy should provide a structured freedom which facilitates expansion into tangible embodied and existential territories such as grounded vibrancy and creative expansion. These states represent manifestations of the dynamic tensions which can exist when psychotherapy extends beyond the constraints of working with a limited self- object and a habitual denial of both embodied sensations and the human existential position.

Reconstituting and healing the past, reframing thoughts, encouraging human agency and therapeutic relationship, are the current tried and tested lodestones of psychotherapy. Without abandoning these or returning to the radical and uninformed interventions of the eighteenth century, qualitative research, neuroimaging and creative educational packages such as that devised by Loizzo (2010) can ethically facilitate more discovery oriented research. This then enables the creation of vibrant new maps of subtle areas of human experiencing with which others can explore._

Identifying the core therapeutic constituents of the phenomena of 'lightness' and 'aliveness' will contribute to understanding the essential territories.

The next chapter on Vajrayana Buddhism has two sections. The first, a) details the definition and history of Vajrayana Buddhism as it appears within its own cultural context and traces its emergence in Western academic literature. The second, b) describes the personal and professional factors which have underpinned this study.

This section also documents the processes involved in integrating Vajrayana Buddhism into a form of Western psychotherapy.

Chapter 2 Section a) The emergence of Vajrayana Buddhism in Western academic discourse

Vajrayana Buddhism is one of the least well known of the schools of Buddhism, perhaps in part due to the fact that secrecy has historically surrounded the transmission of its practices. Texts were often written in twilight, esoteric language in order to deter all but advanced students. In addition, Vajrayana philosophy and practices have been difficult for Western culture to assimilate. Vicki Mackenzie (1998, p. 24) has described the manner in which, during the 1960s when Buddhism was becoming established in the West after the invasion of Tibet, the intellectual members of the London Buddhist society rejected Tibetan Buddhism as “shamanistic, esoteric and basically degenerate”. While the minimalism of Zen and the straightforwardness of the Theravada school were well received, Tibetan Buddhism, with its strong identification with Vajrayana practices was seen as “too odd and exotic to catch on” (Mackenzie, p. 24). From a Tibetan Buddhist perspective, the Western mind, lacking an ideological or cultural paradigm for ontological non-dualism, could be seen to be ill-disposed to comprehend the essence of Vajrayana and tantric¹ practice (Klein 1995; Trungpa 2002). Since then, due to the presence of the Dalai Lama on the world stage for over four decades, his prolific writings on Tibetan Buddhism and mental health and his engagement with Western scientists, in addition to the writings of American based teachers who have argued that tantric practices are particularly well suited to the Western mind (Yeshe 1998; Ray 2001), there has been a wider degree of understanding of Vajrayana Buddhism in specific areas of discourse.

1

Tantra refers to specific practices which affirm continuity of mind (Dalai Lama XIV and Hopkins 1982). The term Vajrayana refers to a specifically Buddhist ideology, and to the path and practices associated with the application of these Buddhist teachings. Historically, usage of the term tantra preceded that of Vajrayana, although tantra has now become synonymous with Vajrayana. Tantra is the name given to the oral imparting of teachings which have unconscious or subliminal power.

Historically, in a social context, Vajrayana has been associated with protest against the established order (Ray 2001; Allione 2008). Its tradition of validating subjective experience and individual rights over traditionally established social hierarchies and the monastic tradition has led some post-modern feminist academics to explore its component parts in-depth (Klein 1995; Shaw 1994). Sociological studies have been made of Vajrayana Deity Yoga practices in semiotic discursive analysis which identified themes of individual agency and relational connectedness transferable to Western paradigms (Mullen and Rimpoche 2005). The anthropologist Geoffrey Samuel (1995) has described the sophisticated shamanistic practices of Vajrayana as Tibet's great cultural gift to humanity. He believes Vajrayana presents a way of being and a form of social and political activity capable of working simultaneously both within and beyond any hierarchical structure, a capacity which is likely to maintain its appeal in a world increasingly dominated by bureaucratic control. From a positivist point of view, an increased capacity in visuospatial skills when practising Deity Yoga has been proven, demonstrating that a higher level of mental processing is accessed when using this specific Vajrayana technique (Kozhevnikov et al. 2009). Trungpa (2002), Allione (2008), Ray (2001) and Lama Yeshe (1987) have all made links between Vajrayana practices and psychological well-being. All of these factors have raised awareness of Vajrayana in the academic world. It is, however, still very far from the extent to which Mindfulness practices, developed from the first teachings of the Buddha, have become known in the West.

In this section, I will be concentrating on the definition of Vajrayana Buddhism and other issues relevant to its Eastern context, in accordance with the aims and scope of this thesis and to clarify potential cross-cultural issues. In Chapter Five, I will describe the paths and principles from this tradition which are specifically relevant to

the practices which I have adapted in this study. In Chapter Seven, I will detail and describe the adapted practices.

Definition of Vajrayana Buddhism

The word Vajrayana has a variety of meanings in Sanskrit, the most common being the diamond or thunderbolt vehicle. The word *vajra* translates as 'indestructible'. Other terms used to capture the essence of Vajrayana have been the path of skilful means, the golden roof of the temple of enlightenment and the union of wisdom and emptiness (Ray 2001). It is also described as a path for advanced students, as a dangerous path for those insufficiently grounded in an understanding of renunciation, emptiness and compassion (Vessantara 2003). Vajrayana is also often referred to as the quick route to enlightenment as opposed to the Sutrayana, which takes innumerable aeons. While both these paths are strands of the Mahayana tradition and share the Mahayana view that the innate nature of mind is one of complete purity, the Sutrayana or the Perfection Vehicle is known as a causal path which purifies the mind's obscurations by the gradual development of compassion and analysis through meditative practice, cultivating what have been called the six paramitas or perfections: charity, proper contact, patience, vigour, contemplation and insight. The Vajrayana path, by contrast, is known as the resultant or effect path as it utilises specific techniques and practices to move quickly towards enlightenment. A significant difference lies in the way in which these two vehicles towards Buddhahood are seen to view the body. Generally, from the Sutrayana perspective, the body is a source of suffering; it is temporary, and has desires and attachments which must be overcome. Tantric texts, by contrast, encourage a sense of gratitude to the body in that they see it as containing all we need to become enlightened, and advocate that we develop the depth of understanding required to use physical passions and joys for spiritual progression (Yeshe 1987).

Vajrayana identifies, beneath the gross physical body, a subtle *vajra* ('indestructible') body, which can be further developed by opening specific channels within the physical body and moving *kundalini* energy.² Subtle energy winds are seen to move through these channels, affecting consciousness as they do so, hence the tantric expression 'the mind rides on the wind'. Controlling these winds is seen to lead to an experience of both bliss and wisdom (Yeshe 1998).

The Vajrayana path is one in which the human journey of repeated suffering is seen not as reality but rather as a perception which can be altered by a shift in consciousness. By training ourselves to live and perceive as if already enlightened, Vajrayana teachers believe that we can advance more quickly towards Buddhahood. This resultant state is attained in part by visualising deities, breathing practices, symbols, mantras³, dedications, images and a deep realisation of compassion and emptiness which then facilitates an experience of bliss in the body. The Dalai Lama has described this process as becoming a Buddha by meditating upon the body of a Buddha (Dalai Lama XIV 2005). Deity Yoga, a common practice developed for this purpose, fundamentally changes the practitioner's relationship with their ordinary body and alters habitual patterns of self-perception, creating a sense of divine pride in the unconditioned, innately perfected elements of mind (Dalai Lama and Hopkins 1982).

2

Kundalini also commonly known as 'tummo practice' in Tibet, literally means 'coiled' and in Vajrayana Buddhism refers to the coiled power which arises when all the winds in the body rise up through the central channel as a consequence of certain practices (Yeshe 1998).

3

Mantra has been translated as 'protectors of the mind' (Dalai Lama XIV and Hopkins 1982). It is the term commonly used in Buddhism for the recitation of sacred words which are associated with particular deities or enlightened beings. The mind is seen to need protection from the conventional view of life.

The historical context of Vajrayana Buddhism in relation to other Buddhist schools

Paul Williams (1989) has emphasised the dangers of upholding an essentialist fallacy in relation to Buddhist doctrine, and of viewing each of these schools as a coherent and unitary whole. He believes that each valley in Tibet had its own distinctive teacher, with its own distinctive teachings, and that, in its early stages, Buddhism was seen not as a series of tenets to be followed but rather as a medicine for curing specific ills. Michael Pye (2003), in his in-depth analysis of the Mahayanan concept of skilful means, believes the key adaptive strength of Buddhism to be its positionless, mediating method in which skilful means provide a hermeneutical control by endorsing maximum creative application whilst similarly inferring the existence of a position of optimum action. This flexibility inclines Buddhism more towards syncretism than to any theological singularity. Well-established principles inherent to the Buddha's teachings work to displace essentialism. These teachings are the analytic training in which concepts and phenomena are deconstructed into dependent parts and ultimately into emptiness, and the manner in which, from its earliest stages, Buddhism emphasised the importance of the use of skilful means and personal experience over dogma. The Buddha taught different things to different people, depending on their level of understanding. The Lotus Sutra describes the Buddha as using 'innumerable devices' to lead living beings (Pye 2003).

The central position given to compassion, to removing suffering from individuals' lives, as opposed to creating a purist ideology which attaches overriding importance to the words of the teacher and negates practice-driven personal experience and the subjective truths of a practitioner's heart, has also served to establish Buddhism as evolving, applied and practice-based rather than ideology-based.

To position the Vajrayana teachings in a historical context, there is some evidence that when Vajrayana developed in India it was practised as a self-sufficient form of Buddhism rather than in relation to either of the other Buddhist schools. Records date the first appearances of the Vajrayana in Buddhist texts in the first and third centuries, becoming more prolific by the seventh (Ray 2001). Records of tantric practices from other traditions are evident earlier and have links to the Hindu and ancient Shakti religion and to early shamanic practices (Samuel 1995). Vajrayana tantra can be differentiated from earlier tantric practice in that the main goal of Vajrayana tantra is to attain perfect enlightenment as experienced by the Buddha, while in Hindu tantra, the intention is to realize the highest form of deities. It is also the case that the deities in the Buddhist tradition are viewed as manifestations of our own mind whereas in Hindu tantra they are seen as ultimate principles in themselves (Dalai Lama XIV 2005). The final key differentiation between Buddhist tantra and other forms is the pivotal role in Vajrayana tantra of what Samuel (1995) has termed the *Bodhi* orientation, the drive to transform ordinary states of consciousness in the impassioned belief that by so doing others will be released from suffering. Whilst in many Buddhist societies this orientation became subordinate to the ethically based Karma orientation, in Tibetan Buddhism, tantric practices driven by compassion remain the dominant form.

Early Vajrayana tantra emerges as a forest tradition practised outside of monasteries in which people sought guidance on difficult issues and tuition from siddhas⁴, yogis, or yoginis who had gained insights from deep meditations attained in solitary retreats (Ray 2001). Its lineages were passed down from one teacher to another or at most

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Sanskrit term meaning 'accomplished one'. The Oxford dictionary of Buddhism (Keown 2013) defines a Siddha as “An enlightened master or guru, particularly in the tantric tradition. The term signifies a master of yoga who has attained magical powers and has the ability to work miracles”.

very few disciples and kept hidden for centuries. From the seventh century it becomes increasingly visible in historical texts, and is characterised by a combination of unconventionality, radical renunciation and passionate spiritual engagement. Early tantric texts suggest that a decline in spirituality within the monastic tradition (where scholasticism and behaviour were emphasised rather than meditation) added oppositional vitality to the Vajrayana cause. In the early hagiographies of tantric siddhas the Vajrayana ideals of renunciation, meditation and personal transformation are evident. An extremely heterogeneous movement, Vajrayana included amongst its ranks siddhas who had been criminals and menial workers in addition to kings, queens and Brahmins. The unifying components were intense spiritual aspiration, devotion and, on occasion, the need to resolve personal crises which went beyond normal personal and cultural resources (Ray 2001).

Between the 8th and 12th centuries, Indian scholars organised the Buddha's teachings, which had been orally transmitted for hundreds of years. Each of these was believed to have been delivered at a different point in time and space.

Vajrayana Buddhism is believed to facilitate an integration of all these different teachings into an accessible and fast moving whole (Yeshe 1987). In this thesis, however, for the purpose of differentiation and to align with established academic discourse, the fundamental differences between teachings which emerged from the early classifications will be generally upheld.

The significance of the Mahayana teachings

The Dalai Lama (2005) has stated that for a total understanding of the third noble truth – the manner in which suffering can cease – the teachings of the Mahayana scriptures are required. These scriptures also contain the philosophy of the Vajrayana path and convey in fine detail how we can put an end to suffering. The Mahayana teachings are believed to have been given by the Buddha at Vulture

Peak, a small mountain outside the ancient city of Rajgir. The Dalai Lama has said that the single most important element of the Mahayana School – its real heart – is loving kindness and Bodichitta. Bodichitta can be defined as the profound intention to delay individual enlightenment in order to dedicate one's life to the benefit of others. This deep passion to reduce the suffering of other sentient beings is also the engine that powers Vajrayana. The second highly significant element of Mahayana is the concept of emptiness, which, historically, has proven difficult for the Western mind to understand. In Mahayana, the self is seen to be empty not in the manner a nihilistic perspective might assume, but rather empty of independent origination – lacking in any objective and autonomously derived identity – and therefore not separate from others. This principle weakens the biological drive to be self-cherishing at the expense of the other, and challenges the binary oppositions which underlie a dualistic perspective. The Dalai Lama has described how, in his later life and as a consequence of particular practices, his visual perception has altered to the extent that he no longer sees a distinctive physical separateness between people (Laird 2005).

The Heart Sutra, a highly significant Mahayana text, explores the point of breakthrough in awareness in which the idea of a fixed sequential path (assumed by the Hinayana school), is challenged by the awareness that emptiness is inherent to all concepts and experience, leaving us already potentially in the resultant state of awareness and with a consequential 'limitless' capacity of heart to contain the suffering of others (Ray 2001). All conventional phenomena are perceived to be empty of independent existence, dependent upon causes and conditions, and therefore illusory. In contemporary literature, Anne Klein (1995) has coined the phrase 'evolutionary non-dualism' to convey the nature of this path. By focusing on

the immutable, intrinsic purity of mind, the distance between ultimate and ordinary consciousness is reduced. The Dalai Lama (2005) has summarised the teachings delivered at Vulture Peak as the Wisdom Sutras which focus on the topics of emptiness, the transcendent states associated with the experience of emptiness, and the more subtle imprints and manifestations of ignorance and attachment.

It is, however, the third teaching of the Buddha, thought to have been delivered sixteen years after his first, which is most associated with Vajrayana and tantra. In the Tathagata Sutra, our innate potential for enlightenment is explored, emphasising the essence of Buddhahood within. It was within this teaching that the meditative techniques aimed at realizing emptiness were shared to a smaller and more select group of students. It is these teachings which will form the bedrock of this study.

Vajrayana does not possess its own distinctive view, as it is essentially meditative in nature, containing a rich array of practices designed for attaining enlightenment in one lifetime (Ray 2001). Although the philosophical model of emptiness and compassion are intrinsic to Vajrayana, Vajrayana practices explore the nature of reality within emptiness (Ray 2001), utilising the visions experienced by the enlightened which were preserved and passed on to aid others.

While many of the Hinayana scriptures, such as those recorded in the Pali Canon, are widely accepted as authentic expressions of the Buddha, the Mahayana scriptures are not universally accepted, and were not among the teachings canonised at the three councils that took place after the Buddha's death. This may be a further reason why Vajrayana took a longer period of time to gain acceptance in the West. In Tibet, however, they are believed to have been transmitted from the Buddha himself (Yeshe 1998). The history of Tibetan Buddhism involved a dialectical dance between monastic and tantric elements, underpinned by the need to integrate

discipline with a more freewheeling and creative spiritual exploration. Both aspects were believed to be required to attain an in-depth understanding of compassion and emptiness (Ray 2001). This is exemplified by the story of Atisha, which I will briefly summarise. At the start of the tenth century, the Tibetan King Lha Lama Yeshe Od appealed to the Indian Buddhist teacher Atisha to come to Tibet to rectify what he perceived to be the degeneration of tantra in Tibetan Buddhism. Atisha refused as he did not want to leave his monastery in Vikramashila at a time in which it was at risk of Muslim invasion. When Lha Lama Yeshe Od was later captured and held prisoner and a ransom demanded for his life, his great nephew collected a huge quantity of gold to secure his release. However, he was then told by his imprisoned Uncle that he considered his life to be of less significance than the future of Buddhism in Tibet and that he was to take the gold to Atisha and tell him of the sacrifice that had been made in the hope of bringing Atisha to Tibet (Laird 2005). The Dalai Lama believes that Atisha's decision to come to Tibet resulted from an appreciation of the depth of this sacrifice. Heart passion for the end of the suffering of others as opposed to self-interest – the essential driving powerhouse of both the Mahayana and Vajrayana – could thus be seen to have orchestrated a further reintegration of monastism and tantra in Tibet. Atisha was a master of tantra, but ensured that these elements did not overshadow the ethics and scholasticism of the earlier Buddhist teachings. He established the *lamrim* teachings, or the graduated path, which placed tantric practices as the final level of teachings to be given to monks, and only when they could display a depth of understanding of ethics and the Sutra teachings (Laird 2005; Ray 2001).

Contemporary views on the transmission of Vajrayana teachings

In Tibetan Buddhism, the continued emphasis upon integrating monastic and tantric elements was to continue and is represented in the twenty-first century by the polarities evident when comparing the Gelukpa and Rimed Schools (Samuel 1995). Yeshe (1987) believes that Atisha's *lamrim*, the graduated approach – eminently sensible at the time for a monastic setting – can be misinterpreted and result in people feeling that they will never reach a state of readiness for the tantric teachings. He feels that tantra can be practised as soon as there is an understanding of emptiness, renunciation and compassion, and that it is a vehicle of transformation well-suited to the West and to the times in which we live. The Dalai Lama has also stated that in these challenging times, Vajrayana practices can be adapted and utilised in psychotherapy (Komito 1983). His frequent teachings of the Kalachakra, one of the highest Vajrayana practices, to a wide range of students further supports the idea that in this era, tantra can be transmitted differently.

Historically, the four main Tibetan Buddhist schools have all taken slightly different positions within the dialogue between monastic scholasticism and Vajrayana teachings, the Gelukpa favouring intellectual analysis and the Kagyudpa placing more emphasis upon tantric meditative practices. All schools do include tantric practices as essential components on the journey to enlightenment, although as Miranda Shaw (1994) has explored, specifically sexual tantric practices were withheld from translation and general transmission, remaining in the hands of high Lamas. When Buddhism was attacked and overthrown in India in the eleventh and twelfth centuries it was in Tibet that the widest translations and transmissions of all the Buddha's teachings were preserved, a situation which remained until 1959.

The story of Naropa and Tilopa is one which highlights the range of Vajrayana Buddhism and captures the power dynamics and comedic interplay between tantric siddha and monastic scholar. Naropa, a well renowned scholar at Nalanda University in the eleventh century, felt an inner dissatisfaction despite years of study and scholastic achievement. In a state of deep meditation he received a vision in which his intellectual attainments were disparaged and he was told to go and find his teacher, Tilopa. He found Tilopa in the wilderness, looking wild and dirty and behaving in an ostensibly unethical manner. Tilopa then performs a miracle, at which point Naropa recognises him and appeals to be his student. Teachings are finally given to Naropa in the desert, as a consequence of a mandala offering in the sand made with his urine. Tilopa then initiates him by throwing an object at his head (Yeshe 1998).

Hagiographies such as these emphasise that there is a point at which attachment to the ordered world of scholastic enquiry must be relinquished, and attention given to meditative vision obtained in the wilderness. This implies a need to expand beyond the limits of the social conventions in which we as social actors are embedded; the actions which can conceal the interior of the self. In a manner reminiscent of Shakespearean and Jacobean theatre, it is the marginal, the miscreant, the Fool and the shaman who hold the wider vision. What is distinctive to the Tibetan Buddhist tradition is the manner in which these archetypal positions have informed each other for thousands of years in a steady stream of stability and expansion, of disciplined and chaotic states of consciousness explored and documented in the pursuit of the ultimate states of compassion and wisdom.

The detailed teachings given by Tilopa to Naropa became known as the Six Yogas of Naropa. They were then passed on to the householder Marpa and then to Tibet's

most well-known yogi and renunciant, Milarepa, and were later introduced into the monastic tradition in Tibet (Yeshe 1998).

Elements of these particular teachings have been adapted and applied in my client work, in addition to the Chod practice of feeding psychological demons, which originated with the tenth century Tibetan yogini Machig Labdrom and which has been adapted for psychotherapy by Tsultrim Allione (2008). All of these will be described in a subsequent chapter. Themes central to Vajrayana Buddhism, the evolutionary non-dualism in which three separate planes of existence are seen to exist simultaneously within the body, the union of form and emptiness, visualisations, compassion-based breath practice (Tonglen), and an exploration of the unconditioned dimension of human experience, have also been influential to this study.

Section b):-The personal and professional factors influencing this study

This research consists of a descriptive phenomenological enquiry into the clients' experience of 'lightness' and 'aliveness' and the potential effects of adapted Vajrayana practices combined with Focusing techniques during psychotherapy.

Before defining my research methodology, I will review briefly the personal and professional factors which have influenced me.

My interest in researching the impact of Tibetan Buddhist practices in psychotherapy has roots in my own personal experience of their effectiveness. I am familiar to some degree with the manner in which euphoric meditative experiences reduce stress reactivity and facilitate a sense of positive resourcefulness. Vajrayana practices have provided me with a constant source of happiness, inspiration and self-reliance through many different life stages. As a lecturer in psychological theories, I have observed how Vajrayana practices unite Social Learning theories' emphasis upon

the power of role modelling and the value of working with an idealised other and the Existential therapies, Logotherapy (Frankl 1955/2004) and Psychosynthesis (Assagioli 1965) which address the importance of finding authentic life meanings. Vajrayana's synchronisation of physical pleasure and spiritual and social altruism also integrates Freud's belief in the pleasure principle (1923) and the later insights of Jung and Adler. Recent research affirming the power of imagery to override habitual patterns of experiencing and the impact of visual beauty upon emotional affect has also contributed to my belief in the healing potential of Vajrayana practices (Dadds 1997).

Professional factors

Within the Humanistic therapeutic tradition, there have been recent movements to disregard the concept of a unitary self and replace it with a more fluid definition of configurations of the self which has associations with individual flux and variance. The pivotal research of Rogers (1948) into the contribution a good self-concept makes to adaptive coping mechanisms and person centred counselling's focus upon the creation of conditions in which clients can access their 'limitless' potential, also has an affinity with Vajrayana's emphasis upon the innately perfected qualities of human nature and the provision of tools to replace the pride of ordinariness with a divine pride in human potential. Carl Rogers, (Kirschenbaum and Henderson 1986) in later life, acknowledged that an experience of therapeutic presence involved spiritual and transcendent aspects. Historically, it was Abraham Maslow (1964), the founder of Humanistic psychology, who originally established the scientific study of actualising personalities. This reversed the Western trend of defining normality from explorations of pathology. Maslow also believed that in time a fourth force in Humanistic psychology would develop as an inevitable progression from the third and that this would be based wholly within the spiritual aspects of human

experiencing. Bowlby's attachment theory (1951) which identified a child's need for intense parental love and the presence of a caring adult whose love is beyond the reasonable, also bears some similarities with Vajrayana practices. It seems to me that our drive for a secure attachment can to some extent be met in the intense union formed with the deity. An ability to find secure attachment with an accessible-at-will deity which automatically triggers pleasurable sensations can work to heal complex and deep rooted needs relating to abandonment and the need for an idealised other. The secure base provided by this practice can then provide the ego strength required for healthy real world relating.

In my private practice as a psychotherapist, I am often reminded that clients come to therapy for similar reasons that people went to Indian yogis, seeking solutions for issues they cannot personally resolve and which may be beyond the supportive frameworks provided by their culture.

The Western Social Sciences have identified the "I" as being largely a formation of the mind. Consequently, in psychology, psychiatry and psychotherapy this relationship with the self, our own mentally derived self-consciousness, which contains within it the internalisation of our social world, has been the key meeting point of therapy. Freud's emphasis on the ego (1923) as a central area to address in therapy has arguably obscured attention to other areas of the self and to the power of stillness and silence to create positive change (Epstein 2007). In my clinical practice, I see that people come into therapy as a consequence of issues relating to their experience of themselves, and that this often involves difficult to define somatic shifts and sensations. Clients may not feel comfortable under their own skin, they may feel trapped in emotional experiences they can neither understand nor disregard. Vajrayana practices deal directly with somatic experiencing and are well

suited to addressing unconscious aspects of the psyche. Ray (2001) described the practices of Vajrayana Buddhism as generating states of bliss, clarity and non-thought. As a psychotherapist, I find these states to be both largely absent and much desired in clients seeking therapeutic support. Clients often have a poor self-concept and low self-esteem and experience degrees of pain and suffering which cannot be directly explained by life events and which lead to frequent and reoccurring rumination. Many clients are made unhappy by their inability to control their thoughts or over identify with disturbed thoughts and cannot find an embodied axis with which to anchor a positive sense of self identity and pleasurable embodied experiencing. For these clients, Vajrayana practices have the potential to teach profound and blissful self-regulation. Interpersonal issues also frequently bring clients into therapy. Common issues are distrust in relationships, lack of boundary and fear of abandonment. Sexual issues and disillusionment in personal relationships are also common presenting problems, as are Existential issues; fear of death and of solitude and an inability to recover a trust in life following loss. Clients may have socially embedded unrealistic expectations which make them unhappy with themselves, women who think they must be thin, men who think they must earn high incomes and many have the secondary problem of believing sadness to be indicative of failure and weakness. Cultural valuing of youth, happiness, financial success and independence inevitably lead to fears surrounding ageing, sadness and dependence on others. Many clients dislike, distrust or are exhausted to the point of boredom by their limited sense of who they are and the range of experiences and feelings to which they have access. Often clients express a desire to let go of the emotional experiences they have accumulated throughout their life course, their personal baggage and feel to lighter, freer and happier.

The professional challenge of cross cultural integration

My natural inclination as a psychotherapist is to work from the person centred tradition, the key tenets of which I will briefly summarise. Person centred therapy was established by Rogers (1954) to challenge previous assumptions about the nature of change within the psychological therapies. The most central of these assumptions was that it is the therapist who had the answers to the client's issues. According to Rogers, solutions to the client's issues can only be found from the client's own exploration. The role of the therapist should rather be to create the conditions in which the client's own innate inner drive to self-actualise (their actualising tendency) could begin to emerge. This then provides the client with an authentic inner referent with which to find a path forward. The core conditions which Rogers (1954) identified as being sufficient to engender therapeutic change were empathy, warmth, unconditional positive regard and genuineness. A pivotal concept to person centred counselling is the idea that people are born with two potentially conflicting needs, a need for positive regard (to feel positively esteemed by others) and a need to self-actualise (to follow an innate instinct to fulfil their potential).

I was aware that if the manner in which I introduced Vajrayana-adapted practices to clients was insufficiently sensitive to the potential fragility of the emerging actualising tendency, the need for positive regard may lead clients to acquiesce to experimenting or continuing with adapted Vajrayana practices at the expense of their own innate sense of what was best for them. The potential risk I encountered by integrating a religious tradition, however Westernised, into a person centred orientated psychotherapy was that the therapy could degenerate into a subtle form of religious indoctrination, overruling the client's developing trust in their own felt sense

experiencing and activating habitual positions of over compliance which would have a negative impact upon their self-esteem.

I have attempted to redress this risk in four ways, firstly by discussing with my clinical supervisor which clients may be best suited for the application of adapted Vajrayana practices within therapy (the details of this process are explored later in this thesis). Secondly, by establishing a therapeutic relationship in the person centred tradition before attempting to introduce either embodied Focusing or adapted Vajrayana practices. Thirdly, I utilised Gendlin's techniques of embodied Focusing, designed by Gendlin in his work with Rogers to give voice to the emerging actualising tendency and to place the client fully in charge of the therapeutic process. This enables clients to check in with their own embodied sensing exactly how they wish to respond to any therapeutic intervention. Finally, the manner in which I suggested any particular practice was conveyed as a congruent "offering" from my own felt sense, which would be immediately disregarded if the client either verbally or implicitly through their body language conveyed this was not something in they wanted to do. Recent writers on person centred therapy (Mearns and Cooper 2005) have emphasized the need for therapists to be actively rather than passively present in the therapeutic relationship, being fully who they are and owning and offering their own experiences. From this perspective, if I had a sense that a particular adapted Vajrayana practice might be beneficial I would tentatively suggest this and ask clients to take time to enquire using Focusing techniques if this is something that appeals to them. By working to this particular structure and by being attentive to the client's body language, I felt enabled to integrate Vajrayana-adapted practices with my own deeply felt person centred beliefs. These are that it is the

client, and the client alone, who has the answers and that it is the role of the therapist to create the optimum conditions for the client to self-actualise.

Vajrayana's perspective on the body

Vajrayana also contains a map of the central nervous system which has at its core the indestructible drop at the centre of the neural complex at the heart. Human beings are perceived as 'limitless', heart-based and designed to experience a quality of bliss which naturally facilitates the transformation of reactive and instinctive tendencies. Ray (2001) identifies the manner in which it is common for different regions of the body to be identified with specific emotional states: thinking is done with the head, strong love and attachment issues with the heart, speaking and repressing speech with the throat. These associations are well evidenced in literature and in the history of Western medicine and the study of the humours. In the Vajrayana tradition, these areas of specific embodied experiencing represent accessible domains of selfless awareness, compassion and wisdom. For clients who feel trapped and confused by their own embodiment, the application of this model can therefore facilitate a powerful sense of personal agency and relief. The detailed body map provided by Vajrayana, particularly when linked to the embodied enquiry of Focusing, can become a powerful therapeutic resource. Yeshe (1998) describes how, in the Vajrayana perspective on the body, mind and wind energies automatically go to the part of the body which the mind contemplates. Concentration on a particular place is seen to slowly clarify and unblock channels and chakras, which then creates space for subtle energies to flow.

In Vajrayana Buddhism, the physical body is believed to be intertwined with a subtle or illusory body. This illusory body contains chakras (energy centres), nadis (energy pathways), pranas (the wind energy of the mind) and bindus (seeds or drops containing the essence of mind), which are seen to relate directly to states of

consciousness. The chakras represent different dimensions of enlightened wisdom and are linked to the connecting nadis in a manner which loosely correlates to the central nervous system (Loizzo 2010). The nadis are widely distributed throughout the body. These internal systems are not perceived to be abstract but are rather seen to be fundamental constituents of physical and emotional well-being. They play an essential role in Buddhist understandings of the transformation of consciousness and the journey to enlightenment and are directly addressed through the visualisations and breathing practices of inner yoga and other Vajrayana practices. The explicit mechanics for enlightenment and relief from suffering are therefore clearly identified as within the body, already present, and requiring only specific conditions to become activated. These conditions relate to intentional and emotional factors, such as the quality of one's understanding of emptiness, the depth of compassion, and the sincerity of renunciation from conventional attachments and understandings, as much as they relate to the practising of specific techniques. Without these conditions being in place, the physical techniques in themselves are unlikely to lead to any significantly beneficial results. An example of the crucial role these factors play in the journey out of suffering can be seen in the hagiographies of Tibet's most famous yogi, Milerapa, who is widely believed to have been able to attain enlightenment in one lifetime as a consequence of his extreme motivation and commitment which impacted his subtle energetic body and enabled him to generate tremendous heat during Tummo, or inner fire practice (Yeshe 1998).

The nadis are sometimes described as visually similar to transparent straws or tubes. Ray (2001) describes the manner in which, through experiences in many lifetimes, these raw energy pathways have become blocked or literally tied up in knots. These knots and blockages have the effect of binding us into states of

ignorance, distorting perceptions and experiences and rendering our innate wisdom inaccessible. The knots result from traumatic experiences accumulated over many lifetimes and Vajrayana practices are designed to clear them. I will now review the traditional sources of the adapted practices applied to clients in my study.

The philosophical and spiritual paths and practices – or 'fruits' – upon which the adapted practices used in therapy were based

All Vajrayana techniques are composed of a 'path' element and a 'fruit' element (Ray 2001). The path aspect relates to the spiritual learning or philosophical position which underpins the practice and the fruit refers to the outcome and the actual embodied experience of the practice. Key Vajrayana practices influential to this study are Deity Yoga, Tummo and Mahamudra practice – which are known as the six yogas of Naropa – as well as Tonglen practice. I have also used visualisation practices devised by twelfth century Tibetan yoginis, Machig and Siddharajini (Allione 2008; Shaw 1994), and have designed particular visualisations which integrate Tummo, Tonglen and Mahamudra. The six yogas of Naropa, which are believed to have been transmitted from Naropa to Marpa in the eighth century, have been central to my research and are considered to be among the most powerful techniques within Tibetan Buddhism. All these practices involve either visualisation, breathing and mantra or a combination of these and some understanding of emptiness, compassion and renunciation.

Deity Yoga

One of the most fundamental and well known of these practices is Deity Yoga. Deity Yoga commonly involves two stages, the first in which a specific deity is visualised and a second stage in which the practitioner visualises themselves merging with that deity and emanating their qualities before imagining themselves dissolving into emptiness. These visualisations therefore contain a relational component, in which

the deity is used to inspire and engage with, as well as an aspect which involves identifying with our own already perfected nature. Awareness of emptiness is also a feature of Deity Yoga as all Deity Yoga visualisations end with visualising the deity, and the self, dissolving into emptiness. Emptiness was described by Nagarjuna to be the ultimate therapeutic tool as, when understood, it has the capacity to free people from all the suffering caused by attachment, egocentricity and reification (Loizzo 2010).

Deity Yoga iconography and practices symbolise the union of form and emptiness. They illustrate, in their second stage that the most beautiful aesthetic forms and the highest philosophical and spiritual states exist not only within us but, in the process of their dissolution, become equally present and active in the space which surrounds us.

To Loizzo, practices such as these have the physiological and psychological function of synthesising a multitude of positive emotional and physiological factors. To Lama Yeshe, a Western based Tibetan Lama, the purpose of Deity Yoga is to enable practitioners to experience their already perfected human qualities and to develop an appetite for more (1987). According to Yeshe, people have a choice as to whether they emanate self-pity and self-absorption or a divine pride in an inherent nature which contains within it compassion, non-attachment and euphoric experiencing. To make no emanation at all is not considered to lie within the range of human options. As with all Vajrayana practices, Deity Yoga practices can also be used in daily activities and therefore are useful at moments in which clients might feel insecure or anxious with their habitual emotional experiencing and self-concept. In stressful business meetings or challenging interpersonal encounters, the choice of a deity emanation rather than a self-orientated or self-pitying emanation can be highly

preferable due to its immediate impact upon breathing, compassion, non-attachment, focused attention and confidence. All activities, even the most mundane and solitary, can be undertaken with a divine pride and a conscious intention to transform experience to its optimum potential. According to Yeshe (1998) it is the conscious intention to be of benefit and to live as if we are already enlightened that has the power to transform actions from the level of habitude to that of pristine awareness. This is the essential purpose of Deity Yoga practices, which are designed to infiltrate all aspects of lived experience. Lama Yeshe advocates perceiving food as if it has been blessed and energetically charged by the Buddha, and seeing the Buddha nature and deity emanation within all beings. Every breath can also be used to express a profound intention to draw suffering out of the world on the in-breath, and to send healing and peace on the out-breath. Sexual union is seen as a particularly powerful means of spiritual practice. It can be used to symbolise the union of both form and emptiness and of wisdom and method in its potential expression of loving kindness, non-dualism and euphoric liberation. Visualising oneself and one's partner as compassion filled deities and having an intention to dedicate the sexual relationship to the benefit of all beings merges eros with altruism in a manner which is unfamiliar to Western culture. This can help clients who experience a separation between the spiritual and sexual aspects of themselves to integrate these important self-aspects. It also enables clients who do not know where to take their thoughts during sexual activity to have a point of positive focus.

Deity Yoga involves using deities in our perception of self, other and world on a daily basis. In Vajrayana Buddhism, seeing through their [the deities'] eyes and feeling through their enlightened bodies represents both a profound statement of intention and an awareness of the true nature of reality.

Vajasattva and Tara are two of a vast number of deities which can be utilised to enable practitioners to access particular perfected aspects of their own nature. The Dalai Lama recommends that specific deities be tried and tested to ascertain which are best suited to practitioner's needs at particular points in time (Komito 1983).

Tummo

A further practice adapted from the six yogas of Naropa which I have included in this research study is inner fire – or Tummo – practice. The aim of Tummo, as with all of the Vajrayana practices, is the realisation of the inseparability of form from emptiness. Inner fire practice also has the distinction of having been acknowledged by Milerapa to be the most powerful of all the Naropa yogas and the one best suited to rapid spiritual acceleration (Yeshe 1998). Ray (2001) describes how all the visualisations which relate to inner fire address the basic heat which is our life force and our innermost nature. Tummo enables us to meet this fundamental energy, usually inaccessible and repressed because of its raw potency, and transform it into the fire of our inherent wisdom which is capable of burning obscurations, ignorance and negative karma. As a consequence of Tummo, the subtle body becomes cleared and clarified. According to Kalu Rinpoche, inner fire practice is like a main door leading into a complex of hundreds of treasure houses (Ray 2001). He identifies two specific beneficial effects of tummo in addition to its cleansing capacity. These are the provision of beneficial heat to the body, and a sensation of happiness which leads into the experience of emptiness.

In psychotherapy, Tummo adapted visualisation and breathing practice can provide an easily accessible, experiential way of engaging with our primary life force without having to analyse or dilute it into such concepts as the libido or id as could be seen to have occurred within the psychoanalytic tradition.

Tummo practice is usually preceded by a type of breathing known as vase breathing, which involves filling the lower half of the body with breath and releasing it slowly (Yeshe 1998). This is believed to stir up energy and to bring to light previously repressed thoughts and emotions. According to Ray (2001) the way we breathe, how we let the air in, where we bring it into the body, and how we hold it all serve to maintain the restricted awareness required for the belief in a separate self. Breathing has tremendous significance in Vajrayana Buddhism, as oxygen is seen to provide energy, light and clarity. It therefore directly affects the amount of canvas we have at our disposal to create our reality. In Western psychology, with its traditional emphasis upon pathology, breathing practices are used to reduce anxiety and panic attacks.

The 'Fire of Purification' visualisation described later in this section has been strongly influenced by Tummo.

Mahamudra

A Tibetan Buddhist practice which also lends itself to therapeutic adaptation is Mahamudra, an ultimate state derived from a mastery of tranquillity and insight in which the true nature of reality can be experienced as a vast expanse, alive with potency and potential and in which there is a different sense of time. Trungpa Rinpoche (2002) has described Mahamudra as a place of no coming or going; no beginning or ending. It is also a state of consciousness in which the interconnected nature of the three levels of reality becomes visible.

Ray (2001) has described how, within an experience of emptiness, the world does not disappear but begins to appear in a new way, empty of anything fixed and solid. Instead, everything presents as vivid and alive. A quality of fresh perception is therefore a central element of Mahamudra, as is a state of being in which nothing is ever taken for granted and sacredness and well-being intertwine.

Elements of experiencing taken from descriptions of Mahamudra, such as fresh perception and the integration of different levels of reality, can be brought into guided visualisations within therapy to deepen awareness of reality and to alter habitual perceptions of day to day life. The 'Planet of Healing' visualisation described later in this section was strongly influenced by Mahamudra.

Tsultrum Allione's (2008) work on adapting the yogini Machig's practices, in which demonic or sabotaging elements of the self are brought into relationship with enlightened deities and asked what they need to become allies of the self, have also been utilised. These also represent manifestations of non-dualism and compassionate integration and enquiry into all areas of the self. The practice 'Feeding your Demons' developed by Tsultum Allione has been used in this study. The teachings of Siddharajni, a twelfth century yogini from Uddiyana in North Western India, which are known as the Buddha of Infinite Life, have also been influential in my therapeutic work. The visualisation which I have taken from her practice involves imagining the deities at different points within the body, then dissolving them into radiant energy and spreading the warmth and light throughout the body, ostensibly to create mental and emotional purification (Shaw 1994). I have used this particularly with clients who are experiencing pain or who, during the application of Focusing techniques, find parts of their embodied experience cold or stuck.

I will now summarise and describe how I initially introduce Vajrayana-adapted practices and the suite of practices adapted from the 'paths' and 'fruits' of the Vajrayana tradition which I applied to clients in this study.

Orientating clients to the practices

When clients come for their first psychotherapy session, I explain to them my professional background in Eastern and Western models of suffering and that, as I am a body-based psychotherapist, I might at certain points suggest turning attention towards the body, breathing techniques and guided visualisation. I ask them how they might feel about working in this way. I also give them a leaflet to take home with them which conveys this information. If they seem uncomfortable with this during their first session, I offer to work in a more traditionally Western, humanistic model. If clients are interested and eager to engage in my cross-cultural model, I explain to them briefly the increasing neuroscientific evidence for the positive effects of these practices.

During this initial meeting, I also assess whether a client may benefit from Vajrayana-adapted practices and Focusing. As a general rule, clients who I would consider potentially ill-suited to these interventions are those whose need to be heard is such that they might experience any intervention as an invasive interruption of their own processing. An indication that this is the case may occur when I suggest a breathing technique, some clients pull me back immediately into our spoken, relational dynamic, wanting to explain something more fully. At this point they need the skills of generic therapy. This can be the case with clients whose early childhoods were intensely lacking in parental attention and validation. Clients who feel threatened by the spiritual, or who have been subjected to religious indoctrination may also be best suited to generic psychotherapy.

These issues are discussed with my clinical supervisor.

In relation to the manner in which I selected my research sample from group of the clients who had worked with Vajrayana practices, I felt that a two weeks minimum

application was required for inclusion. A minimum two months duration between clients' final psychotherapy session and their first interview was made mandatory to reduce the risks that clients would be overly influenced by our previous psychotherapeutic relationship.

Therapeutic Setting

My private practice is situated in the conservatory in my own home and I currently see approximately twelve clients each week. Some clients are referred by GPs, a small minority self-refer as a consequence of seeing an advertisement in the telephone directory and the majority hear about my work from previous clients. The model of therapy in which I trained at the Karuna institute, Core Process Psychotherapy (CPP), is traditionally a long term therapy, however I also see clients for a few sessions if that is all they seem to need. CPP comes under the HIB section of the United Kingdom Council for Psychotherapists, which represents humanistic and existential therapies. This necessitates that the therapeutic relationship is exploratory and client-centred.

Chapter 3:- Methodology

Methodological issues surrounding studying my own practice: the genre of practitioner research

Practice based research is research which is done by practitioners in their own field to ascertain what works best, and to transmit this information to other practitioners. It has its origins within psychotherapy in the psychoanalytic research of Freud (1895d) in which he presented evidence from his own clients to validate his theories using the case study method of analysis. This was later criticised as an unscientific means of testing hypotheses (Grunbaum 1986). In the past twenty years, practice based research has become more common and has taken a variety of forms.

Psychotherapists are now encouraged to research the effectiveness of their own practice by use of questionnaires and surveys both during and after therapy.

Creating opportunities for regular client feedback is now known to improve therapeutic outcome (Wampold 2015). The UKCP report "NICE Under Scrutiny" (Guy et al. 2011) refers to the increase in Practice Research Networks, which provide an alternative means of establishing what works in therapy to clinical studies. These networks can combine clinical relevance, scientific rigour and collaboration between researchers and practitioners (Castonguay 2010).

The manner in which I am employing practice based research, by retrospectively interviewing my own clients regarding a model of therapy partly of my own devising, presents challenges both methodologically and to the ethics of psychotherapy. I am also applying practice based research in a manner which is particularly phenomenological. The means by which the epoche can be managed in these circumstances is explored in the final section in this chapter, which details the combined application of Giorgi's Descriptive Phenomenology and Gendlin's Focusing. Prior to this, I spend some time unfolding the phenomenological

epistemology in which my study takes place in order to provide an academic context for the intertwining of embodied enquiry and descriptive phenomenology. I will now identify and explore some aspects of practice based research which are relevant to this study.

Practice based research is known to require a high degree of reflexivity. Du Plock argues that we need to:-

“Take more seriously the idea of research as a personal journey of discovery in which we are consistently engaged and implicated.” (2010, p.122).

Reflexive research requires that we work towards what Bager-Charleson cites Doncaster as describing as a “critical creative indifference” (2000 p.15). Detailing both the personal journeying involved within the “working towards” and the phenomenological facets of “critical creative indifference” are of methodological and psychosocial relevance. In relation to my own research, I am also personally spiritually aligned with the techniques being imparted to my clients during our therapy sessions and which I am researching. This form of spiritual allegiance has the potential to inhibit “critical creative indifference”. In my case, I drew upon resources from this spiritual tradition to reduce attachment to specific outcomes. The practice of emptiness has been developed to enable the loss of a desired outcome to be experienced as a form of liberation. Equally, as a psychotherapist, I have a counter-transferential relationship with my clients and research participants. I am inevitably invested in their well-being and my own and in movements towards 'betterness'. There are some post-modern aspects to my research study, in that the emphasis needs to be on laying bare my own subjectivity and sensitising myself to all my research experiences, as opposed to attempting to affix my findings to more conventional scientific paradigms. In relation to psychological interviewing, the

degree of interpersonal immersion which results from interviewing previous psychotherapy clients can also have specific advantages. Kvale writes:-

“Interview researchers in psychology need today not necessarily always cross the border to the social sciences....by sticking to their own trade, psychologists may find many of the necessary interview tools within their own therapeutic background...psychoanalytic therapy takes place through an emotional human interrelation, with a reciprocal personal involvement. The psychoanalysts do not seek to eliminate their own feelings towards their patients but seek to employ this countertransference in the therapeutic process as a reflected subjectivity... it is the very aspects of the psychoanalytic interview...which have led to its rejection as a scientific method that contribute to the significant psychoanalytical knowledge production about the human situation today.” (1996, p.28).

The open mode of interviewing, depth of human interaction and exploration of recurrent themes are aspects of psychoanalytic interviewing which have been both applied in my study and identified by Kvale as extremely helpful adjuncts to interviewing.

Practice based research carries with an increased vulnerability to being adversely impacted by research findings. Bager-Charleson describes a colleague as being “shocked to the core” by her own research into her own psychotherapeutic practice:-

“Seeing the transcripts gave me a totally new insight into how the clients’ narratives take shape; I had naively thought they somehow developed in isolation from me. My research has prompted me to think long and hard on how I interact with my clients.” (2014, p.204).

Unexpected results occurring in this manner provide opportunities for qualities and presences within the countertransference to become visible. This example also highlights the potential for clients as much as therapists to find it difficult to adjust to a change in roles. A pivotal aid to this kind of psychosocial reflexivity is to clarify before beginning the research the differences in the horizons of intentionality of the therapeutic and the researcher role, enabling them to become visible and specific. I felt very aware of the ethical importance throughout of being congruent and

transparent in my interviewing. United Kingdom ethical guidelines for psychotherapists also emphasise the need for careful management of any form of dual relationships with past clients. Evans and Finlay (2009) have described qualitative interviewing as being in itself a multi-layered process which necessitates an intertwining of roles. They perceive it to be a process throughout which close attention needs to be given to multiple interacting subjectivities. These issues can only become more complex in the case of a psychotherapist now working as a researcher with participants who were previously her own clients. Issues regarding clients' deference to psychotherapists are likely to be highly relevant (Rennie 1994). This involves the analysis of participant silence, which was found to be a central medium for the negative politeness which can underpin client deference towards therapists, indicative of a wish to meet the therapist's expectations. These potential ethical issues are explored more fully in later chapters, in my Methods and Analysis of Results sections.

I will now introduce philosophical ideas from Husserl, Heidegger, Merleau-Ponty, and Gendlin in support of my approach. This is followed by describing key influences to this study, presenting an overview of ideas from descriptive phenomenology which can usefully guide my methods and descriptions of sampling, interviewing and analysis of findings.

The philosophical basis to my research model

One of the aims of this study was to investigate the potential effects of Vajrayana-based practices when combined with Gendlin's Focusing during psychotherapy sessions, and will involve retrospective interviewing of previous clients who are no longer in therapy. This degree of ethical complexity was influential to my choice of research method. I wanted to come as close as possible to capturing and conveying

the clients' experience in their own words, using an approach to data gathering which would not bias my data with questions which could limit participants' ability to explore their own experience or guide them into territories of my own devising. I therefore chose to use qualitative, in-depth interviewing and the descriptive phenomenological method.

Every methodological consideration in descriptive phenomenology is based upon a philosophical intention. I have chosen this methodology for three reasons. Firstly because it's philosophical underpinnings and definition of psychology as a human science are complementary to my research project. Secondly, because of the emphasis which phenomenology gives to embodied experiencing and, thirdly, because descriptive phenomenology imposes a disciplined empiricism upon the researcher at the same time as it explores the client's lived experience and the nature of a phenomenon. This seems well suited for a study which needs to be particularly well safeguarded against biased and overly subjective interpretation.

I will briefly describe these elements in more detail, beginning with the philosophical background to descriptive phenomenology and its appropriateness for a study of Vajrayana Buddhism and clients' experiences within therapy.

Descriptive phenomenology presents a challenge to traditional views of psychology as a natural science, concerned with the quantitative measurement of objective positions. Its ideas originate with the philosophy of Edmund Husserl and were further developed in an interpretive direction by Martin Heidegger, and in embodied directions by Maurice Merleau-Ponty. I will briefly attempt to summarise central elements of the contributions of these three phenomenologists before identifying areas of similarity to Tibetan Buddhist thought. I will then review more contemporary discussion in phenomenological research, describing Giorgi's descriptive

phenomenological method for psychology. The potential contribution of this methodology, firstly to a more evocative client-centred language for psychological research, and, secondly, in terms of its contribution to contemporary understandings of mental health, will then be explored.

Husserl, as a mathematician and a philosopher, was able to identify the limitations of applying mathematical and scientific constructs to human experiencing. He saw that in doing so, phenomena became separated from consciousness, creating an illusory dualism between self and world in which meanings became prescribed from an illusory objective position rather than experienced from a place of primary engagement. He aimed to implant scientific psychological knowledge within the frame of lived experience. To achieve this, he developed the concept of the *Lebenswelt*, or life-world, a territory neither necessarily physical nor mental in terms of the categorical distinctions of empirical science, but rather one in which experiential happenings and occurrences take prominence (Husserl 1936/1970).

This life-world contains some specific invariant structures: embodiment and a sense of self, use of language, cultural history, spatiality and temporality. It emphasises the quality of experiential occurrences which are lived before they are consciously known. Husserl felt that the bracketing of habitual perception was essential in order to see things as they truly are. In other words, in order to experience phenomena freshly, we have to return to our primary experiencing in the life-world, and allow language to emerge from this naturally unspoken part of our selves as if we were discovering something for the first time. Husserl believed that it is through concrete descriptions of specific lived happenings that implicit meanings and nuances from the lived world can be captured. This then reduces the risk of abstract human theorising and more superficial assumptions about the nature of an experience. Any

attempt to describe a moment of consciousness should equally involve a description of what is revealed in consciousness, as this prevents the differentiation of self and world. Husserl was therefore interested in exploring questions of epistemology, exploring what can be known to us, challenging the assumptions of the natural sciences and their disregard for the innate human givens of intuition and spirituality. Husserl explored the significance of intentionality in research, wherein the directed awareness of consciousness towards an object or event automatically and implicitly activates memory, imagination and emotion (1936/1970). This necessitates explicit identification and bracketing when exploring phenomena. Husserl also identified the 'always, already' attitude to our reflections on life. There can be no sudden beginnings or endings to our enquiries, we are always, already engaged in the life-world, and we can neither engage nor disengage from this context.

Husserl (1936/1970) developed a three step method for scientific, philosophical knowledge which involved:-

- 1) Assuming the transcendental phenomenological attitude. This involves liberating oneself from previously held worldly and empirical assumptions. Being in the phenomenological attitude necessitates the bracketing of expectations and previously held knowledge (Follesdal 2006). Transcendental reduction therefore involves the movement of attention to the act of perception as opposed to its object. In the process of doing this, the interaction of three elements becomes apparent: the noeses (the structuring experience within the act of perception), the noema (the structure given in the act), and the hyle (the containing and filling experience). Husserl believed that by learning to identify these elements, it is possible to extend perception beyond the natural attitude. This fundamental switch in attitude he called an epoché, the Greek word for abstaining from judgement. This focus upon the

structuring of perception results in the emergence of what Husserl termed the transcendental ego, which we are unaware of when in the natural attitude, but notice when we realise how our own consciousness structures perception. The task of the scientific interpreter, in Husserl's view, is therefore not complete immersion in the object of study but instead to consciously interact with it from identified and inevitable horizons of subjectivity.

2) Applying the reduction. This entails the bracketing of the objects in the world and the *eide*, so they are no longer perceived as realities but instead as phenomena. The reduction is so called because it reduces the manner in which objects in the world are seen through the natural attitude. This habitual approach is bracketed and the existence of the given is not posited as a reality but as a phenomena presenting to consciousness, which is capable of being real, fictional, or something in between. Contrary to contemporary associations, the reduction involves both a discipline of interpretation and an attuned focusing upon the details of human processing rather than any contraction of perspective (Finlay 2011).

3) Applying free imaginative variation. In this process, the essence of the phenomenon being investigated is intuited, and then carefully described. All possibilities need to be considered as descriptions are sifted through in the search for an invariant essence.

These themes have been further developed and challenged by subsequent phenomenologists. Heidegger rejected Husserl's emphasis upon consciousness and defined the life-world as *Dasein* – as the being that humans are and have – disregarding entirely any sense that humans can have an existence separate from one another. He focused his enquiry upon ontological dimensions of being as opposed to epistemological knowing. Human existence was identified by Heidegger

(1962) as Ek-sistence: as a clearing, an opening up, or becoming, in which beings manifest presences from doing and being in the world. Moods arise out of a relationship between the world of *Dasein*, that is, the horizon of significance in which *Dasein* finds itself. In this way affect is a particular form of relationship to lived environs. As Les Todres writes:

“Heidegger attended to the phenomenon of what is given to human beings as human beings [...] [He] began to articulate a number of fundamental themes which characterize human existence in an ontological way. He focused on the meaning of being human and how this cannot be understood without understanding the relationship between human beings and being-as-a-whole, with and beyond human beings.” (2012, p. 73).

Heidegger identified the body, time, feeling, mood and spatiality – a sense of place and of interpersonal domains which manifest as either present or absent – as consistently implicit to being-in-the-world (Heidegger 1962). These dimensions of experience are not accessible for quantitative measurement, but are nonetheless experientially felt and lived. Heinmaa (2011) has challenged the view that Husserl and Heidegger have the degree of difference in their philosophical views as has been commonly understood. She finds strong similarities between them in their identification of presence as an essential hidden element of experience, capable of being captured by phenomenological examinations. They also share the view that these examinations “must proceed independently of theory construction and natural science considerations” (Heinmaa 2011, p. 36). She asserts that, for Husserl, the world is

“A plurality in which all types of entities have their own regions and are, irreducible to one another. Consciousness exercises a formative path and presence is discovered by a reflective move in which attention is moved away from entities and to their constituent parts” (p.32).

And, for Heidegger:-

“Presence does not have the character of a stable or solid ground but that of a momentary revelation. Presence at hand is never discovered in purity but always bears trace of the practical setting from which it emerges.” (p.32).

The exploration of qualities of presence has associations with the subtle energy systems of Vajrayana Buddhism and with Gendlin’s Focusing. The contributions of both are therefore relevant to my study.

According to Heidegger, *Dasein*, our being-in-the-world, inevitably experiences ‘*thrownness*’ into the pre-existing world of objects, language, culture and history which limits authentic perception (Finlay 2011). As *Dasein* is irrevocably social, without moments of insight to alert us to more existentially profound elements of experience we fall in with the majority, defined by Heidegger as ‘the they’ or *Das Man*. To Heidegger, art has the potential to reveal the truths of existence. He identified language as a house of Being (Heidegger 1971, p. 190):

“Language itself is language. The understanding that is schooled in logic, thinking of things in terms of calculation and hence usually overbearing, calls this preposition an empty tautology. Merely to say the identical thing twice – language is language – how does that get us anywhere? But we do not want to get anywhere. We would like only, for once, to get just where we are already.”

This emphasis on language and Being has links to the Romantic tradition, and particularly to the influence of the German poet Hölderlin on Heidegger. Giorgi describes Heidegger as seeking a “More primordial mode of self-apprehension than self-reflection.” (2007, p. 72).

For Heidegger, it is at the moment of seeing that the meaning of an experience is implicitly described or interpreted. Despite their philosophical similarities, this has considerably different research implications for Husserl’s descriptive phenomenology. From Heidegger’s perspective, as humans are intrinsically embedded in the world, prior understanding and engagement in the subject under study does not need to be negated by the researcher. It is as a consequence of this hiddenness, described by Heidegger as the counter concept to phenomenon, that interpretation is required, becoming an essential part of the ‘projecting upon’. I will

further unfold the contributions of these ideas in relation to Vajrayana practices later in this chapter.

Giorgi (2007) believes the emphasis on innate interpretation and lack of reduction within Heidegger's model diminishes its scientific investigative potential, as psychological analyses are not ontological. Husserl, in contrast, by perceiving consciousness as reflexive (able to be aware of itself independently of intentionality) rather than reflective, created a model which is highly conducive to psychological research.

The French philosopher Maurice Merleau-Ponty also endorsed the importance of language and our physical embeddedness in the world. He emphasised the embodied nature and power of perception, changing Heidegger's being-in-the-world, to flesh of the world, conveying the physical, sensual and interpenetrating component of our relationship with the world and to lived relations within it. The meaning of 'flesh' to Merleau-Ponty has been widely debated and due to the relevance this concept has to my own research study I will briefly review this debate. Hass (2007), cited in Bannon (2011), identified Merleau-Ponty as using the word flesh on different occasions to mean "carnality, reversibility, and as element of being" (pp. 201-202). Bannon (2011) explores whether flesh refers to the dynamism of our perceptual field or to our intersubjectivity – relating to all beings and therefore to the environment. He argues that if flesh can be interpreted as referring to the being of beings, instead of an aspect of lived experience, then it need no longer be grounded in human personal engagement with the world (lived perceptual experience) but in a body's relational engagement with its milieu in a more Heideggarian sense.

Analysing Merleau-Ponty's (1964) description of 'flesh' in *The Visible and the Invisible* Bannon writes:-

“Flesh is the word for the being of beings; each being as a dimensional this, an essence, the level of nature; is what it is due to its flesh relations with other beings. As these various fleshs interact, they form a distinct horizon around each of the bodies engaging in flesh relations, a horizon of space and time that is the flesh of the world [...] the flesh of the world.. is the gestalt formed by contact between field beings, it is the overlapping of fields that remains pregnant with myriad possibilities.”(p.350).

This vivid description conveys the manner in which Merleau-Ponty brings qualities of intimacy and intense interrelatedness to phenomenological writing, which has been influential to my interest in exploring more embodied avenues of enquiry in this study which enable the 'flesh' to speak. In different ways, these central existential thinkers share significant similarities with Vajrayana Buddhism. I have summarised these similarities as follows:

- 1) The philosophical basis and practices of Vajrayana Buddhism have their roots in an epistemological tradition of ontological non-dualism and a belief in the central role of the embodied heart in realisation. The potential impact of these practices are therefore better illuminated by research enquiries which are experience near and allow phenomena to be described from the depths of the participant's embodied experience rather than from dualistic models of Western conditioning which are reliant upon cognitive processing.
- 2) Vajrayana was historically a protest movement against established monastic traditions in which habitual practices and perceptions had obscured the potential spiritual essence of an experience. Vajrayana therefore advocates the validity of subjective experiencing in a manner not dissimilar to Husserl's (1970) transcendental intuiting of phenomena from the natural world.
- 3) Vajrayana practices are body-based. Practitioners believe that deep enquiry into the body enables us to perceive reality most effectively. Vajrayana Buddhism

therefore has links to Merleau-Ponty's (1964) endorsement of the pivotal relationship between embodiment, interconnectedness, experience and perception .

4) The two thousand year history of Vajrayana Buddhism is one in which systematic monastic and scholastic enquiry, together with solitary mystical experiencing, informed one another in pursuit of the ultimate goals of compassion and emptiness. The experiential mystical element of this tradition was conveyed orally and previous scholastic teachings were modified and expanded as a result of this fresh experiencing. This synthesis of the known and the new has an accord with Merleau-Ponty's (1964) description of the processing of immanence and transcendence in perception, in which what is observed is not completely foreign to the perceiver but nonetheless contains more than can be known from any one standpoint, hence the element of transcendence.

5) In the phenomenological tradition, language has a power to expand and define us, as Heidegger notes:-

“Mortal speech is a calling that names, a bidding which, out of the simple one fold of difference, bids things and world to come.” (1971, p. 208).

This links to the use of mantra in Vajrayana Buddhist practices in which states of consciousness are called into being.

6) Heidegger's exploration of modes of self-apprehension which are of a more primordial nature than self-reflection links to Vajrayana Buddhism's emphasis upon meditation resulting in insight and awareness.

Also of relevance to my study is the fact that, although psychology as a human science is, comparatively, still in its infancy (Giorgi 2009) the study of consciousness and of phenomena has been established within the Indo-Tibetan tradition for thousands of years. There are similarities between Husserl's search for invariant essences and the Abhidharma's exploration into the fundamental roots of the

behaviours and actions which determine morality and the quality of individual consciousness. A difference between the two lies in the higher degree of reflexivity required of the twenty-first century researcher to make transparent both the perspectives from which the phenomenon is being viewed and the process of reduction.

Influence of these central phenomenological thinkers on my own research methodology

Contemporary phenomenological-psychological researchers, whilst needing to avoid mixed discourse and establish best fit methods for their particular area of study, are nonetheless informed by all the existential philosophers mentioned above. In relation to my study of the experience of 'lightness' and 'aliveness' in therapy, I am aware that interviews must identify qualities of presence relating to specific contextual experiencing, and that I have the opportunity to sensitise myself to Heidegger's poetic sensibility to language as much as to Husserl's scientific analyses. I am also aware, from the contribution of Merleau-Ponty, that body, language and perception are intertwined and that I will inevitably, in my relationship with my research participants, travel back to previously experienced relational fields, and that I will need a high degree of embodied and perceptual reflexivity in the reduction.

I will now review more contemporary writers, beginning with Giorgi, who took Husserl's ideas and created a descriptive phenomenological method for psychology. Giorgi studied phenomenology in North America and Europe but could not find a method in which it could become easily utilised for psychological research (Giorgi 2012). He developed one himself, in the anticipation that at some point traditional, experimental psychology would become more receptive to qualitative methods. His method adheres strongly to the principles of scientific rigour, but also extends beyond the logical empirical tradition. Giorgi was strongly influenced by Dilthey, who

defined psychology as a human science, the topic of which should be the world of implicit meaning of experience and lived experience (Dahlberg 2008). Dilthey, in his 'Introduction to the Human Sciences' (1923) criticised the limitations of historical reason and the empirical tradition of the Enlightenment when applied to psychology.

Giorgi (2012, p. 4) describes his motivation for creating descriptive phenomenological method for psychology as resulting from his own experience of studying psychology:-

“My graduate education rarely raised the question of how to study the whole person. Human functions were separated from one another and were studied in isolated manners...I began to see possibilities for developing a frame of reference for studying human experiential and behavioural phenomena that would be both rigorous and non-reductionist. The spirit of science would be respected but it would be implemented with methods and concepts different from the natural sciences because the subject matter – human persons and relationships – had characteristics different from the object of the natural sciences – things and processes.”

Similar to Husserl, he believed that the quantification processes of traditional science ignores the rich sources of data which can be gleaned from investigating the context of the phenomenon being studied and the life-world of the researcher and participant (Giorgi 2009). Giorgi believed that all objects should be viewed from the perspective of consciousness, and identified the major problem for traditional psychology as not so much its methods, but the philosophy behind them. Giorgi argued that psychology as a science has failed to address the being-ness of human beings. This includes our human relationship with time and space, the world in which we live, in addition to more intrinsic engagement with motivations, emotions and projects. He also challenges psychology to acknowledge that all so-called objective statements inevitably result from interpretations of consciousness. In his paper 'The phenomenological movement and research in the human sciences' (Giorgi 2005) he

explores the limitations of applying quantitative methodology out of appropriate context in relation to nursing practice:

“When you are caring for a patient who is in distress, is your caringness capable of being broken down into equal additive units? If not, and I don’t see how it can be, then measuring your caringness is an illegitimate procedure.” (Giorgi, 2005 p 82).

In this situation, Giorgi argues that categories should emerge from the experience of caring as it presents itself to consciousness, as opposed to imposed external categories which cannot capture the true nature of the experience. Phenomenology, according to Giorgi, unlike empiricism, has the advantage of being able to explore the subjective meanings of presences, phenomena and irreal givens. He believes that while humans are part of the natural world, consciousness significantly differs from nature and requires a different approach. Giorgi cites Michell (1997) who described psychology’s failure to admit that it had never tested its own assumption – that psychological experiences are quantitative – as being akin to some form of thought disorder.

Giorgi’s adaptation of Husserl’s model specifically for psychological research involves replacing the transcendental reduction with a psychological reduction (a process acknowledged by Husserl to be a legitimate variation). Within Giorgi’s design, the descriptions to be analysed are gathered from those who are in the natural attitude and it is the researcher who adopts the phenomenological psychological reduction. The psychological essence of the phenomena is then sought instead of the philosophical. The imaginative variations applied are then related to the empirical variations which have been given in the descriptive data and the eidetic structure identified is perceived to be typical rather than universal. This process can only be achieved by those able to combine an awareness of

psychological knowledge with an open-minded attitude and an understanding of phenomenological principles (Giorgi 2005).

The use of language in descriptive phenomenological research

A further difference between descriptive phenomenology and more traditional research methods in the field of psychology relates to use of language. Descriptive phenomenologists have argued for the value of more readable and evocative language in research, a language which replicates our humanness rather than that of the scientific, mechanistic tradition, and which endorses Heidegger's understanding of aesthetics.

This more post-modern perspective is growing within the social sciences and health care studies in general (Finlay, 2011; Holloway and Todres, 2010). Field workers Kleinman and Copp (1993) describe the restrictions placed both upon their data collection and their ability to respond to data by an ideology of professionalism, and an ideology of science in which emotional involvement is seen to negate validity. They argue that as a consequence of this only emotions believed to be acceptable to the wider scientific community are allowed. This inhibiting of spontaneous responding has psychological and analytic implications, which also impacts upon the quality and interest value of the final report. Dulling originally vibrant and idiosyncratic experience for the placation of the wider scientific community is the antithesis of phenomenological research, which seeks to heighten awareness of lived experience and human relating. Descriptive phenomenology integrates imaginative variation (testing the described phenomena for an intuitive fit) and eidetic reduction (identifying essential structures within ideas and experiences.) This can facilitate what Todres (2007) has defined as a meeting of texture and structure, closeness to the poetic heart of experience with a more disciplined, structured approach. Within this framework, human beings become more visible and dynamic;

their interactions with time, space and place convey the essential fluidity and flux of the human journey and engage the attention of readers.

Galvin and Todres (2012) also explore the potential of language to awaken deeper audience and community participation through the communication of presences. In this context, presence is defined as “an intangible spirit or mysterious influence felt to be present” (Webster Dictionary 2008). These can be conveyed in specific linguistic forms capable of generating more embodied forms of knowing. Within health care settings, presences can manifest as subtle but powerful openings to the experience of the other; empathic resonances from the experience and imagination of clients and patients to carers and health care professionals. Galvin and Todres argue these bodily and relational communications enable sensitive practice, as embodied relational understanding constitutes “knowing with heart” (2012, p. 126).

The communication of presences through communal poetry-making has the potential to make immediate and empathic impact, in addition to enabling the emergence of new textures of understanding. Gendlin’s portrayal of the manner in which language can carry forward embodied experiencing which had previously been concealed is central to the potential of evoking presences within research communities. Words, originating from present time embodied experiencing, can create a sense of open space, inviting new understandings. Shotter (2003) has also explored the potential for presences to become an equivalent term to mental representations within psychological narrative. This area within descriptive phenomenology is highly relevant to my research enquiry as experiences of the phenomena of 'lightness' and 'aliveness' can be seen as specific embodied qualities of presence which can be evoked by the rich description within Vajrayana-adapted practices.

Descriptive phenomenology as a methodology that contributes to deeper understandings of mental health and well-being

The implications of a different philosophical foundation for psychology extend far beyond the narrow confines of academic debate. It impacts upon social norms, and what is, for some people, a daily battle to meet externally derived criteria indicative of mental health. Failing to meet such criteria significantly impacts upon self-perception and life chances. Van den Berg (1972) in his description of existential psychopathology explores the vast gulf which can exist between an individual's experience of mental illness and the lens through which they are viewed by the helping profession. Giorgi (2005) has described in detail how the empirical tradition of research and diagnosis is ill suited to pathology and personal suffering and writes of the need to listen to the client's idiosyncratic experience rather than viewing clients as members of a category defined by the symptoms they present. He believes that the existential facts of a person's lived experiencing should be given prominence over the tangible, external facts which can be gathered about them. Exploring life-world experiences also provides a viable method of improving quality of life within health and social care settings. It challenges the biomedical perspective that well-being is simply an absence of illness and highlights the multiplicity of ways in which an individual can be helped or hindered towards a more 'limitless' and expansive sense of living (Galvin and Todres 2013).

Drawing upon Mugerauer's 2008 interpretation of Heidegger, in which ontic insights applicable to everyday life can be derived from ontological levels of analyses, Galvin and Todres (2013) created a lattice of domains of existential well-being which contain elements of temporality (energised expansion) and dwelling (present centred at-homeness) to be utilised in health care. This model has many similarities to the qualities of presence accessible within Vajrayana Buddhist practices, Deity Yoga, for

example, combines the familiar at-homeness of the archetypal parent with the energised expansion of transformation into the 'limitless'.

Todres (2007) has described the manner in which descriptive phenomenological enquiry seeks a language which is full of client participation, champions the human individual as the starting point in the human sciences and endorses our inherent freedom by expressing essences and themes not as final and conclusive, but rather as possibilities around which unique variations can occur. As research methods should ideally be in harmony with the research project, descriptive phenomenological enquiry will support the underlying intention of my research aim, which is to hear and convey the individual human voice and to empower individuals through awareness of the 'limitless' and changeable nature of self-identities.

Descriptive Phenomenology as a disciplined, empirical approach

Giorgi aimed for high standards of rigour in relation both to contemporary scientific criteria and to Husserl's phenomenological method. In relation to the latter, Giorgi (2005) sought to obtain knowledge about human beings in situations which was systematic, methodological, general and critical, and therefore capable of describing phenomena in a manner which transcended the inevitable subjectivity of the investigating consciousness. With trained researchers, following the same procedures, knowledge could be generalised and at the end of the investigation, rigour enhanced by critically evaluating the implementation of the procedures.

Descriptive phenomenology also examines the responsiveness of the human subject to context and motivation at a greater degree of depth than is possible with a quantitative methodology. The social psychology of experimental situations has been well documented, as has the influence of the researcher's area of specialism on their research findings. In psychotherapy research, Luborsky (1999) has demonstrated theoretical allegiance to be strongly predictive of results. Traditional

psychology acknowledges these areas of subjectivity but fails to directly engage with the phenomena they represent.

Descriptive phenomenology has been described by Finlay (2011) as having the potential to lead to extremely rigorous evidenced based practice. Central to this process is Husserl's (1936/1970) concept of the existence of an eidetic level, of a science of ideas which can be used to extract invariant phenomena from the free flow of subjective description. Husserl acknowledged the imprecise and amorphous nature of mental life and called the essences at their root 'morphological essences', inexact in principle but essences nonetheless. Husserl believed that what was required to capture these essences was a phenomenological attitude in which every day habits and presupposed knowledge are bracketed to enable us to perceive phenomena freshly. Once the essence of a phenomenon has been determined it needs to be described as accurately as possible, in a process which separates out the perception of an object and the positing of meaning upon that object. Finlay (2011) describes Husserl's use of the term reduction to be a radical self-meditative process in which the world of interpretation is cast aside. It involves suspending prejudgements, bracketing assumptions, deconstructing claims and restoring openness (Van Manen 1997). Merleau-Ponty (1964) describes the reduction as a requirement to enable a fresh, uncontaminated meeting with phenomena.

The scale of this task has not been underestimated within phenomenology, Merleau-Ponty went on to acknowledge that "the important lesson which reduction teaches us is the impossibility of complete reduction" (1945, p.70).

The mind returns to its habitual modes of viewing and imposing meanings which support underlying motivations. Nonetheless, transparency in the reductive process creates checks and balances that can protect the authentic meanings of the

research participant and the nature of the phenomena being investigated. As

Dahlberg has commented:-

“What matters is that we realise the importance of taking the first step on the path towards objectivity, that we develop an awareness of conscious processes that contribute to our understanding of that phenomena.” (2008, p.138).

The concept of bracketing has been widely debated in recent phenomenological research. Dahlberg (2008) prefers the term 'bridling' rather than bracketing, acknowledging the impossibility of excluding the habitual mind. She perceives reduction as an activity rather than a method, and one in which the event of understanding is itself restrained. This can inhibit any tendency towards facile understandings of phenomena (Dahlberg 2008). She recommends an awareness of symbolic interactionism, psychoanalysis and Gendlin's Focusing as reflexive models through which the researcher's processes of understanding can be illuminated and bridled.

Ashworth (2006) identified four specific areas of presuppositions which need to be bracketed to allow the life-world of the research participant to emerge. These are scientific theories, belief in an external reality (which includes the prioritising of an inner realm), the truth or falsity of claims being made by the participant, and personal views and experiences of the researcher. This last point has been subjected to academic scrutiny and debate. Finlay (2008) advocates a constant enquiry into the extent to which our perspectives could close down further understandings, and endorses a dialectical dance between the habitual and fresh modes of being.

Descriptive phenomenology involves concrete descriptions from those who have experienced the phenomena in which the researcher is interested. The data is then analysed with a psychological attitude. This involves first positing the psychological perspective before seeking the essence of the phenomena. The combination of

transparency of the researcher's processing of data and an empirical and systematic methodology differentiates descriptive phenomenology from qualitative studies in which the raw data is frequently followed by an interpretation. More hermeneutically orientated phenomenologists would argue that there can be no description without an implicit interpretation. Dahlberg (2008), however, applies Heidegger's differentiation between the laying out of meaning and the interpretation of meaning to clarify this issue. She describes the focus on the laying out of meaning to be consistently on that which is already there, as opposed to interpretation, a process in which meanings are brought in from outside the phenomena. The description of meaning can be therefore seen to exist in this primary phase of the laying out of meaning.

Ashworth (2006) has challenged the concept of psychological invariant structures or essences and argues for a more idiographic approach, believing that we should be sceptical that general essences and psychological universals may be found at all. Held within a paradigm which acknowledges these variations and the amorphous and inexact nature of identifying meaning units through imaginative variation, I believe Giorgi's method has the potential to uniquely aid us in our understanding of human commonalities and idiosyncrasies by giving a systematic focused attention to both. As a qualitative method that has claimed an empirical status, descriptive phenomenology has faced criticism from both sides. It nonetheless presents rare opportunities for analyses of difference and sameness, creativity and structure. It has committed itself, in its analytic processes, to exploring the textures of human variance as much as to identifying the innate essence of phenomena. The underlying intention within descriptive phenomenology of gathering new understandings rather

than arguing for specific definitions of reality or behaviours also endorses its qualitative legitimacy.

Giorgi (2009) also advocates the need for a greater depth of understanding in the researcher-participant relationship than is common in research, believing that profound self-revealing experiences are unlikely to be shared with passing acquaintances. This is the case in my study where my clients and I have a pre-established depth of relationship. Descriptive phenomenology seems singularly well suited for a study in which texture and substance, distance and closeness, need to be equally represented.

The use of embodied enquiry

Merleau-Ponty has proclaimed the body to be our point of entry into meeting and understanding the world and the other. To Merleau-Ponty, the reciprocity of intercorporeal communication, or carnal intersubjectivity, occurs in the connection of bodies and language rather than minds (1964). His understanding of the potency of subtle embodied communication is similar to that of Gendlin. Phenomenology, for Merleau-Ponty, is in itself, flesh. This is not a perspective which traditional psychology has explored. Historically, the body's response to experience, and its role in the interpretation of that experience, has been excluded from research, resulting in a one dimensional framing of human stories. Burkitt (1999) has criticised the implicit Cartesian dualism which has informed the majority of psychological work. Arnold (2006) described the biomedical perspectives on the body to be so restrictive that they have constituted a form of disembodiment. Recently bodies have become a more central focus of research analyses instead of existing solely as an implied presence in the background. Finlay (2008) has advocated an increasing reliance upon embodied responding and resonance in order to capture the fullness of the client's experience within their life-worlds. Finlay describes ways in which a sudden

movement on the part of a research participant or even a description of a movement can lead her to embodied memory and empathy. She identifies three different ways in which the body can be perceived and attuned during the research process: body as object, body as subject and the intersubjective body, and she describes how she uses her visceral bodily reactions when reading transcripts as an indication to slow down and attend to implicit meanings which she might otherwise have missed. Giorgi (2009) has also acknowledged that the researcher should feel a certain shift in perspective whether he or she is researching learning, anxiety of guilt as phenomenological analyses are fully embodied, experiential analyses.

Focusing, Vajrayana Buddhism and phenomenology all share an understanding of bodily communication which is essentially non-dualistic, and all place emphasis upon how the body responds to language. The meeting of bodies and words within the context of Vajrayana Buddhism is also a meeting of subtle bodies and involves an exchange of energy and experience at a level which may be outside of conscious awareness. Descriptive phenomenology will enable me to track and explicate subtle processes and to access my own and my research participant's direct embodied experience at any point within the research process.

Gendlin's Focusing facilitates the tracing of an implicit response which could be indicative of an urge to be deferential or to please on the part of the client, or a sense of my wanting to hear a particular response from them. Todres (2007) describes how Gendlin has the ability to enable therapists to connect with the embodied truths of human experience as they are identified by the client. This is equally possible in the research participant relationship. The potential of the body to be a somatic compass or guide has relevance to the researcher's dialectic with their data, their participant and themselves. Drawing upon recent investigations into neuroscience, Watson

(2008) has described how the body, when correctly attended to can become a moral anchor in a secular age.

The phenomena of interest in this study is the clients' experience of 'lightness' and 'aliveness'; the 'how' and the 'what' of this experience and of adapted Vajrayana practices, within all the dimensions of their concrete life-worlds. I am seeking to describe this experience of 'lightness' and 'aliveness' and to clarify how it lives in the therapeutic encounter. I am aware that in my seeking of the human context for the phenomena of 'lightness' and 'aliveness', I will need to capture descriptions of the concrete and specific series of happenings in which the phenomena lives. This should give rise to a matrix of implicit meanings and relationships which can deepen understanding, thus endorsing the phenomenological task of gathering more.

Rationale for using Focusing within the research process

I am using Gendlin's Focusing in this study as a practical application of an embodied approach. This has its philosophical foundation in the work of Merleau-Ponty. In *The Visible and the Invisible* he writes that:-

“It is the body and it alone, because it is a two dimensional being, that can bring us to the things themselves” (1964, p. 4).

He also highlights the importance of the process of explication:-

“We become unaware of the contingent element in expression and communication whether it be in the child learning to speak or in the writer saying or thinking something for the first time, in short, all who call a certain kind of silence into speech. Our view of man will remain superficial so long as we fail to go back to its origin, so long as we fail to find, beneath the chatter of speech, the primordial silence and as long as we do not describe the action which breaks that silence” (p.214).

The manner in which words and clarity emerge from silence and the implicit becomes explicitly verbalised is the fundamental core of Focusing. This study therefore aims to bring a more embodied element to Giorgi's method by integrating Gendlin's six steps of Focusing at each stage of Giorgi's model, embedding Giorgi's

method explicitly within the 'flesh' of embodied relating and visceral feeling. Gendlin's model has the potential to provide a multiplicity of textured layers to Giorgi's structure, capturing meanings as they emerge from the inner "felt sense" of bodily experiencing. The techniques of Focusing were designed to enable access to inner, subtle feelings in psychotherapy. This dual process framework therefore reveals a possible new emphasis to phenomenological enquiry. I will begin by briefly summarising each of the two models before describing their integration at each stage of the research process.

The six steps of Focusing are subtle embodied processes involving the direction of attention to the body with an attitude of openness and acceptance to discover authentic implicit meanings and processes. Gendlin (1996) emphasises that these steps serve to provide a structure for what is essentially a very open and idiosyncratically driven process. The six steps are described by Gendlin as "a window into Focusing", as Focusing "has no rigid, fixed agenda for the inner world", and many Focusing sessions evolve very differently (1996, p.1). However, Gendlin acknowledges that the six steps do provide a structure with which every Focusing practitioner is aware of and uses as they deem appropriate, often as basic scaffolding upon which to develop individually tailored creative processes. Gendlin also describes the six steps as movements flowing into each other rather than as manualised separated out steps. These six steps are listed in the Methods section of this study. Evidence of having experienced Focusing is defined by Gendlin as resulting from having spent some time "sensing and touching an unclear holistic body sense of this problem." Gendlin (1996, p. 1).

Giorgi's descriptive phenomenological method identified four specific stages to be applied within descriptive phenomenological research:-

- 1) "The researcher obtains concrete descriptions of experiences from others who have lived through situations in which the phenomenon that the researcher is interested in have taken place.
- 2) The researcher then reads the descriptions for a sense of the whole, and implicit understandings may occur.
- 3) The researcher determines the meaning units; marking each point a difference in meaning is sensed.
- 4) The researcher transforms the participant's natural attitude expressions into phenomenologically psychologically sensitive expressions." (Giorgi 2009, p.130).

Focusing as a research method as opposed to therapeutic adjunct has been used recently in the identification of a woman's experience of anger (Eatough 2012) and by Todres (2007) in his investigation of the potential which the research participant has as both informer and participant in the process of making phenomena known. Krycka (2006) has also used a form of Focusing called 'Thinking at the Edge' to bring embodied awareness into methodology. Krycka highlights the limitations of an over-reliance upon concepts as follows:-

"Typically, we feel something deep in us, something stirring there deep down that is rumbling to get out of us. The we (prematurely) employ some existing patterns (concepts, theories, symbols) [...] a powerful kind of logical action embedded in linear ordering." (2006, p.4).

Todres believes that encouraging research participants to notice their embodied processing adds authenticity and enables an understanding of the depths of the phenomena. This results from participants being given the opportunity to convey the times at which words fail and to enquire into the experiential space of their absence. The value of using Focusing in health care research is also explored by Galvin and Todres (2006) in their study of caring for a partner with Alzheimers. They describe their intention as one in which they as researchers:-

"Stand before the general structures as embodied beings and [...] imagine in a bodily grounded way what the general structures evoke and signify." (p. 51).

This then lends itself to a quality of experiential knowing which can be conveyed to readers. In Eatough's study (2012), anger is described as phenomenologically met as it is lived through the body. Eatough argues that psychology could benefit from thinking in terms of the lived, experiential body and quotes Moran (2000, p. 425):-

“The body discloses the world for us in a certain way. It is the transcendental condition for the possibility of experiencing objects at all, our means of communication with the world.”

I will be applying Focusing as a researcher in three distinct ways, each of which will be differentiated and elaborated in the following sections:-

- 1) As a function of the reductive process within the multi-layered and ethically sensitive area of interviewing previous clients.
- 2) As an essential element of the interview process in which participants will be encouraged to find embodied answers to research questions.
- 3) As a function of the process of applying imaginative variation during data analysis, seeking meanings which have an embodied as opposed to a solely cognitive dimension. This is also explicitly described in the Methods section.

1) Bracketing and Reduction

In this section, bracketing and reduction are explored first within the context of the psychotherapeutic tradition, and then in relation to the research process. This enables the different horizons of intentionality inhabited by psychotherapist and researcher to be identified, and describes the role of Focusing within methodological analysis.

Bracketing is a familiar concept within psychotherapy. Barbro Giorgi (2005) has described the manner in which clients seeking therapy often have an intersubjective experience which differs from the normative; from what is usually taken for granted. This necessitates the need for checking, bracketing assumptions, and clarifying understandings. Giorgi believes that meeting a client within the intersubjective space

requires the therapist to have first been able to identify their own intrapsychic processing, and then to bracket themselves, so that the personal and private aspects of the self are removed. Psychoanalytic theorists believe that transference and countertransference – the projection of past relationships onto the therapeutic relationship in the present – needs to be consciously attended to, as it impacts upon both client and therapist. Therapy therefore requires the therapist to identify and boundary the client's potential impact upon their own psychohistory, in addition to maintaining awareness of their impact upon the client's experiencing.

In addition to these complex dynamics, therapy also presents a territory in which therapist and client develop a degree of embodied mutuality resulting from the therapist's attunement and willingness to meet the client's primary experiencing (Rogers 1958). Of relevance to differentiating the process of listening from the therapeutic and researcher positions is Merleau-Ponty's description of the gap which exists between the self as it is experienced within and as it hears itself from the outside, distanced from the inner horizons of its intentionality. This gap can be viewed as a place of psychic vulnerability and has been described by Naudin as representative of:

“The intimate duplicity of my own voice [...] which seems properly to belong to the intentional movement [the] movement of the self towards that which is strange to it, from the depth of the interior horizon of things [...] this fundamental gap [...] is called *differance*. This concept seems to be filled with implications for the phenomenological understanding of psychoses” (1996, p.186).

In psychotherapy, this gap can be identified as an attempt to synchronise inner and outer coherence, or as a difficulty in feeling simultaneously congruent in the intra and interpersonal space (Rogers 1958). It is the nature of therapeutic work to attune to and meet this gap, enabling clients to find harmony between their inner and outer experiencing and to trust that the entirety of their experience can be met. Good

therapy enables clients to believe that both the essence and the echo of their emotional reverberations can be heard and held. Klein (1987) describes the holding environment required for clients to be similar to that of amniotic fluid. Therapists fill gaps, if not with words then with therapeutic presence. The therapist's horizons of intentionality are concerned with supporting and meeting, often at preverbal levels. As a researcher, however, I need to establish a different horizon of intentionality, one in which I am not moving towards the client's improvement or the development of the therapeutic relationship but am meeting the phenomena itself, waiting for its emergence from any presenting gaps. For this, a different quality of space is required in my listening, one which enables a new horizon of significance to emerge. I will therefore need to bracket my experiences of 'sameness' – of the quality of attentive somatic experiencing which I am habituated to within my therapeutic role. Instead, I require a different horizon of intentionality which can enable me to meet the phenomena as opposed to the person. I will therefore use Focusing as a means of bracketing, enabling me to find where in the body I am locating myself in response to my client's words and how my sense of open presence is being impacted by either habitual positions assumed in therapy or by my desire to have my ideas validated. Focusing can become an invaluable tool in helping me differentiate between embodied projection – the pushing into my embodied sensing or that of another what I wish them to say – and an embodied state of non-attached openness. As I write this, I anticipate that the former might give me a felt sense of closing in, a stickiness or heaviness as opposed as to a fluid responsiveness, but I am also aware of how entering into a dialogue with another will inevitably lead to fresh and unpredictable experiencing. My preliminary explorations when using Focusing in this way before and after interviewing will be detailed in a diary, as will my embodied experiencing

within the interview process. The transparency afforded by this laying bare of experience from an embodied perspective will help me to identify bias.

Arguments that the researcher's unconscious material should form part of the fore meanings explored have been presented by Finlay (2008, p.107):-

“We would argue that supervision of researcher's unconscious experiences should be an ethical requirement of relational research beyond what is conventionally considered sufficient”

From Gendlin's perspective the felt sense, the point from which explications of inner experience take form, emerges at the border zone between the conscious and unconscious and therefore receives information from both these territories. This presents a considerable resource to support researcher self-enquiry and reflexivity.

Referring the to the client-therapist relationship, Gendlin writes:-

“The therapist's aim is not the client's direct sensing of just any kind of feeling, especially not a familiar feeling. The aim is rather to invite the client to attend to what is directly sensed but is more global and unclear than usual, something at the zone between conscious and unconscious” (1996, p.53).

While Gendlin is referring to the dialectical relationship between therapist and client, the intentional movement he describes is equally applicable to the researcher's own self-enquiry. This theme is further explored by Weiser Cornell as she describes how

Focusing can enable her to sense:-

“The quality of my being with this client, which is impacted by and emerges from how she is with me and with herself, as well as our history from previous sessions that we both carry. It would take hours to detail all of that [...] but it is all there in the felt experience of now which we both hold implicitly. There is a difference between this level of experiencing that is always present and the awareness of it. The client may not be directly sensing it yet – or ever – but I certainly need to be.” (2013, p. 202).

Gendlin uses the term content mutation to describe the manner in which turning attention to the body can enable shifts from superficial to more deeply resonating intuitions. It is this process which I will track in this research investigation. Neither

eidetic reduction nor Focusing seek or claim objective truths, facts about specific experiences, but phenomenological presences which can be intuited and understood by others. The felt shifts of Focusing bring feelings of physical relief (Gendlin 1996). These are bodily indications that what was said or recognised is meaningful or “feels right”, equating therefore with a release of energy rather than the finding of an ultimate truth: “its emergence – the step of finding – always brings relief, like fresh air” (Gendlin 1996, p. 26).

It is this implicit experience that I am seeking in the process of applying Focusing to myself, this expansiveness of space which can be equated with what Finlay (2008) has described as a dimension of ‘open presence.’ From this position I can meet data, research participants and my own experiencing with less of an attachment to specific outcomes.

Applying Focusing within the Imaginative Variation

Imaginative variation is the term used in descriptive phenomenology for the process of identifying the essential components of phenomenon and is the method by which potential meanings of described phenomena are extracted from individual narratives. It is this identifying of general structures within subjective experiencing which enables phenomenology to be scientific – concerned with general laws as opposed to recording the thoughts, ideas and feelings which flow in and out of consciousness (Giorgi 2009). The eidos which is sought is seen to be representative of a type rather than a universal quality. When applying Giorgi’s descriptive phenomenological model, the extraction of essences is an intuitive process which occurs most explicitly at the point of data analysis. After a full reading of the overall description, a mark is made in the text at each point in which there emerges a sense of a different psychological meaning:-

“A certain level of invariance of the variable meanings has to be achieved and in this process the phenomenological procedure of free imaginative variation is used [...] The actually given data are imagined to be different from what they are in order to ascertain the highest level categories that return the same psychological meaning but are not embedded within the same contingent factors.” (Giorgi 2009, p.31).

This method has its philosophical basis in phenomenology’s identification of the need for a science which can acknowledge and explore the interior world, and can experience the process of relating from this position:-

“Phenomenology is [...] the recognition that the theoretically complete, full world of the physical explanation is not so, and therefore it is necessary to consolidate as ultimate, inexplicable and hence as a world in itself, the whole of our experience as sensible beings.” (Merleau-Ponty 1964, p.256).

Giorgi (2009) acknowledges that using imaginative variation to identify meaning units involves a degree of arbitrariness, as it is reliant upon the capacity of the research participant to articulate experience and on the degree of psychological sensitivity of the researcher.

Giorgi identifies the importance of:-

”dwelling with the data, imagining the opposite of what you want to say, until you find an invariant structure.” (2009, p.135)

This process is necessary because:-

“The psychological dimension is not just lying there fully blown, ready to be picked out” (2009, p.135).

The psychological attitude in this context does not refer to an academic position, but one which focuses more on the role of individual subjectivity in constituting the specific phenomenological presences. The onus thus lies with the participant’s experience rather than the imposing of pre-set meanings in a manner similar to psychological diagnosis. This enables the formation of a life-world perspective.

Giorgi describes the identification of the invariant structure as also being a process in which consciousness enacts a signifying act, which then in turn seeks a meaning that has to be fulfilled. It is then directed toward an object that will completely satisfy its specific but empty meaning, and is so programmed that unless the object satisfies it precisely, consciousness will continue to seek the precise solution.

In this exploration of the client's experience of the phenomena of 'lightness' and 'aliveness' in therapy, the process in which I identify and transform meanings derived from the natural attitude to specific psychological meanings and then to invariant structures will be described from a perspective of embodied enquiry. Meanings will arise from 'felt senses' in which the steps of Focusing are applied as much as cognitive and analytic ones. This will be detailed in the data analysis section. The description itself will be separated from my embodied enquiry to reduce any inappropriate positing of meanings.

Chapter 4:- Method

This chapter has two sections, section a) Practice Method which details the adapted practices in the manner in which they were described to clients and b) Research Method which describes how the research was conducted.

Section a) Practice Method

Description of the suite of Vajrayana-adapted practices used in this study

A suite of adapted practices were offered to clients at specific points within their therapy depending upon individual needs. These can be summarised as:-

Two forms of breathing practice:-

a) Deep slow breathing involving filling the lungs to full capacity, holding the breath to feel the heat in the upper body, releasing breath slowly, pushing out stagnant air from the perineum, pausing before the next intake of breath. In between breaths, feeling the heat in the lower body is encouraged. This is particularly associated with Vajrayana Buddhism and is related to Vase breathing (Yeshe 1998).

b) Moving attention to the natural movement of breath in the body and using focused attention to track the movement of the breath. This is associated with Mindfulness practices.

These two forms of breathing were often used in combination, with (b) being used at the beginning of sessions and frequently combined with the application of Embodied Focusing throughout sessions. The deeper, slower breathing (a) was used at points at which participants needed to experience an increase in energy or embodied resource, often at times of vulnerability and overwhelm. One client found the deeper, slower breathing helped her to stay in touch with life when she was feeling very depressed, another described how giving attention to breath enabled everything outside of the therapy room to fall away.

Description of adapted Mantra

Mantra involves a combination of visualisation and chanting. Clients would be asked to visualise three different colours at three specific points in the body: white at the crown, red at the throat and blue at the heart. When visualising white at the crown, participants made the sound *Om*, after this they would take a deep breath and visualise red at the throat and make the sound *Ah*. This would be followed by another deep breath, visualising blue at the heart and the sound *Hum*. This was done three times with deep breaths in between each chant.

Mantra was used when clients experienced an embodied sense of heaviness, powerlessness, or felt constricted in the throat when expressing them. One client, working with the trauma of sexual abuse, alternated between mantras and then expressing streams of abuse towards her perpetrator. This made her laugh and gave her a sense that she had within her access to powerful, purifying practices that counterbalanced the formation of a rigid self-concept as an angry victim. Another client, when using Focusing to explore difficult feelings in her relationship with her father, experienced constriction at her throat and found using the *Ah* at the throat and combining it with the blue *Hum* at the heart very helpful. She visualised her father sitting opposite and imagined herself directly communicating with him in this way.

Mantra was also used as part of the 'Planet of Healing' visualisation.

Description of adapted Deity Yoga

Tara (the female compassion deity) and Vajrasattva (the male deity, symbolising purification and protection) were used with all clients. Clients would be shown images of the deity and listen to a visualisation involving three distinct stages:-

- a) Visualising the deity who understands all of their pain and receiving a sense of acceptance and healing nectar.

- b) Visualising the deity merging with their own body.
- c) Dissolving both bodies into compassionate emptiness for the benefit of all beings.

Adapted Deity Yoga practices were applied particularly at points when clients were experiencing challenging issues with their parents or feeling powerless and vulnerable in relation to authority figures. One client used the image of Vajasattva to help her resolve a sense of being abandoned by her father, another used the deity Tara to help her to find a bridge of understanding between herself and her female friends. A client with a history of sexual abuse found that Vajasattva visualisations helped her to gain a sense of inherent purity, dissolving vulnerability and shame. Another, during Focusing practice, found that issues surrounding restlessness, unhappiness and abandonment were located in her shoulder and then visualised miniature deities moving into that part of her body. As she went back into Focusing practice she felt as if the sensations in her shoulder began to spiral through her entire body to the extent that all disturbed and unhappy feelings had to move. Clients with self-esteem issues or who were unhappy with their body image first met and explored where these feelings were located using Focusing techniques, and then working with the Deity Yoga practice of Tara, they were able to notice their 'limitless' beauty.

Adapted Deity Yoga practices were always preceded with an explanation that they represented the client's own innate perfection and always finished with the dissolving of the deity into the brilliant blue of emptiness, symbolising the integration of the highest of human qualities into the empty space of day to day life.

Description of the 'Fire of Purification' visualisation

This adapted practice is derived from the inner fire visualisation, Tummo. Clients would take time to visualise gathering all the experiences or self-aspects which they wanted to be rid of or transform, and then visualise placing them like driftwood upon

a pyramid of fire at the base of their body. The shape of the pyramid was described as expressive of innate perfection and their intention to transform all experiences for the benefit of others. The brilliant red of the fire intensified as more experiences and self-aspects were added to it, the heat resulting from this was described to participants as rising up the body, releasing blue drops from the heart which meet with the red from the fire creating sensations of bliss in the body.

When clients experienced problems with destructive thoughts it would sometimes be suggested that they visualise placing their heads onto the 'Fire of Purification' at the base of the body. This aspect of the pyramid of fire purification was the one most vividly retained in memory and described by participants during interviews.

A client feeling sad and empty in her stomach because of bereavement and guilt over an aspect of past behaviour visualised herself gathering up her regretted actions as if they were driftwood and placing them in the base of her body. Then, viewing them with the intention to transform them into energies to benefit to others, she imagined lighting a fire under them which became a pure red pyramid symbolising her passion to transform her own and collective pain. Any thoughts or distracting sensations which occurred during this process, she imagined putting immediately into the fire. All her experiences, even negative and distracting ones, therefore gained the beneficial aspect of providing more fuel for the fire. This symbolised the transformative energetic power of tantra, in which everything can be seen and used in a positive way.

Description of adapted Tonglen practices

Clients visualise the person they have an issue with sitting opposite them and with their breath imagine that they are pulling all of their suffering out of their body and releasing it through the top of their own head, where it is met with complete understanding and compassion and dissolves. The client's descending breath is then

visualised as sending out a blue healing light which makes the person they are working with aware of their 'limitless' own nature and frees them from suffering.

Description of the 'Planet of Healing' visualisation

This guided visualisation comprises of an amalgamation of different 'paths' and 'fruits' of Vajrayana Buddhism, particularly Deity Yoga, Mahamudra and Tonglen. The visualisation involves clients taking three deep slow breaths and being guided by the therapist to imagine they are drifting out through the top of their heads, leaving their bodies safe and protected in the therapy room. Travelling through time and space, they land on a 'Planet of Healing' . They feel soft grass beneath their feet and looking up notice a midday sun shining in a cloudless blue sky. They sense that it always will be midday here, that there is no time and therefore no future to concern themselves with. They also sense that there are no other people on this planet; it is solely devoted to their own healing. They follow a path through woodland to a clearing amidst tall pine trees. Everything around them feels simultaneously vibrantly alive and deeply peaceful. Waves of energy come through the grass into the soles of the feet and up the body, rising with each breath. Breathing feels more buoyant than ever before. Next to a stream within the clearing, they find a bed covered in soft and beautiful fabric. They lie down, feeling the heat of the sun but realise that there is no need to protect them from it as the hazards encountered on planet Earth have been completely transformed. Around them, brilliantly coloured birds fly past; their songs are clearer and purer than on Earth. Even the movement of the sap in the tall fir trees is palpable. Feeling more deeply at peace than ever before, each breath rises up from the soles of the feet like a stream of energy. Using Focusing they find everything which would benefit from healing in the body, and allow each breath to carry it out through the top of their head where it transforms itself into beautiful colours which drift down to planet earth, sending healing and reminding people of

their true natures. Clients then start breathing the suffering out of the planet, transforming it into beautiful colours. As this happens, white light forms at the crown emanating the sound *Om*, red disc at the throat emanating the sound *Ah* and blue at the heart emanating the sound *Hum* (mantra). Birds gather around them and heat rises up the body creating a sensation of bliss in the central channel. After breathing into this image they then visualise themselves gently floating down to planet earth, landing in the therapy room. As they breathe and feel the softness of the sofa, they realise that this planet has exactly the same potential for healing as the other one, all they need to do is stay aware of their breath and notice what is surrounding them (Mahamudra).

Description of the 'Feeding your Demons' visualisation

This visualisation is taken directly from Tsultrum Allione's (2008). Clients are guided by the therapist to imagine meeting a deity and expressing their deep longing to be free from a particular habitual pattern of suffering. The deity grants this permission, and the client takes time to find where their painful pattern is experienced in the body. They then ask the pain to take a form opposite them which has eyes and with which they can engage in a dialogue. The emerging entity is then asked three questions: what it wants, what it needs and how it will be when it gets what it needs. When answered, the client visualises the deity pouring pure white light nectar into the top of the head which then flows into every cell. This nectar is charged with the qualities which the entity has said that it needs. The entity is then invited to eat this nectar-filled body (which is constantly refilled), until it is full and happy, and is then asked how frequently it would like to be fed in this way. The client then promises the entity to feed it as often as it has requested, at which point it is visualised as returning happily into the body. The deity, client and entity then dissolve in the brilliant blue light of emptiness.

Visualisations used with clients from generic psychotherapy

Description of the 'Cutting the Ties that Bind' visualisation

This guided visualisation was based upon Phyllis Krystal's (1999) work on releasing painful attachments. Clients are first guided to visualise themselves sitting in a circle of light and then another circle joining theirs, forming an overlap between the two circles. They then visualise the person with whom they want to clear unhelpful patterns of attachment. After first allowing themselves to feel the emotional impact of the other person, clients then visualise giant scissors cutting where the two circles join, while visualising the words 'I claim back all the power you took from me' forming around their heads. At this point, the two circles separate and the one in which the client is sitting rises up making the client feel light and free, able to travel wherever they want to go. They then finally visualise another circle coming to join theirs in which they visualise whatever they most wish for in their lives. One client was able to differentiate a wide range of responses to the person they visualised and from this identified a tendency towards self-blame.

Description of the 'Empty Chair' technique

This is a widely used therapeutic tool taken from Gestalt therapy to resolve relationship issues. Clients visualise a person they are experiencing difficulties with (or an aspect of themselves) sitting opposite them in an empty chair. They are then encouraged to express all their feelings to the empty chair. They then move to sit in that chair and reply as if they were the other person. One client was able to identify previously repressed feelings towards his mother and develop the confidence to share his feelings with her in person.

Generic therapeutic factors

In addition to Gendlin's Focusing approach, I applied a wide range of generic therapeutic skills and techniques with my clients. Rogerian person-centred skills of

empathy, warmth and unconditional regard (Rogers 1954) were used to establish a trusting therapeutic relationship.

Focusing combined with adapted Vajrayana practices

An aim of this study was to phenomenologically investigate how my previous psychotherapy clients describe the impact of adapted Buddhist Vajrayana practices when combined with Experiential Focusing. One of the purposes of using Focusing as an adjunct to Vajrayana practices is to ensure that the client's embodied experience is fully met and therefore to encourage an organismic, client-led, implicit movement into Vajrayana practices which is not wholly predetermined and controlled by the therapist. Using a body based experiential model, itself underpinned by the philosophical position that the body, given space and attention, will find the right answers, also serves to bypass the Western conditioning which can inhibit sensitivity to embodied experiencing. In both Vajrayana Buddhism and Experiential Focusing, accessing the interior of the self, located within the body, can transform stuck and habitual emotional processing. Gendlin (1996) has acknowledged that when working with imagery and visualisation, Focusing techniques enhance effectiveness. This results from the depth of processing involved when identifying a specific embodied response to an image. This also enables the impact of an image to be retained in memory for a longer period of time and suggests that Focusing has the potential to enhance the potency of Vajrayana-adapted practices. Both Focusing and Vajrayana were designed to accelerate routes out of suffering and into embodied resourcing. In relation to the value of using Focusing within psychotherapy, Focusing makes both the client's and the therapist's introspective processing highly visible and therefore easily accessible to both parties. Schore (2001) has emphasised the value of experiential process, rather than interpretative-orientated therapy in the healing of

trauma. Wampold (2015) has also identified the value of therapist's acknowledging their own process and mistakes as facilitative of a positive therapeutic alliance.

I will now describe the six steps of Experiential Focusing and present some examples of the manner in which it was integrated with adapted Vajrayana techniques. Focusing was normally used after the therapeutic relationship had been established, after which individually tailored Vajrayana-adapted principles and practices were collaboratively developed to address and transform emerging issues and emotions.

Description of the six steps of Focusing

1) Clearing A Space: freeing attention from habitual concerns in order to notice what is happening in the body on a subtle level.

2) Picking one concern or problem to focus upon.

3) Exploring: what is the quality of the felt sense? What one word, phrase or image comes out of the felt sense? What word would fit it best?

4) Resonating: going back and forth between the image or word or the felt sense.

Ask, is that right? Do they resonate? If there is a match, have a sense of matching several times. If the felt sense changes, follow it with your attention. When you get a perfect match – an 'ah, that's it' feeling – then let yourself deepen into the feeling.

5) Asking: what is it about the whole problem that makes me so ...? When stuck, ask questions. What is the worst of this feeling? What's really so bad about this? What does it need? What should happen? Don't answer immediately – wait for the feeling itself to stir and give you an answer. What would it feel like if it was all okay? Let the body answer: What is in the way of things feeling okay?

6) Receiving: accepting and welcoming what help comes up, feeling and meeting changes arising from any part of the self. Deepen into a felt sense which answers.

Ask: is there anything else arising from any part of the self which would like

attention? If so, begin the process again. Protect the felt sense from critical voices that interrupt, judge and shame (Gendlin 1982).

The role of the therapist is to create an environment of warm, trusting acceptance of whatever experience the client has. The therapist stays within the realm of embodied experiencing, but keeps their focus on the client, noticing what arises in themselves as a response to the client's process and closely tracking the client's experience.

Congruently naming felt sense responses is important, as is allowing space and stillness for the client to develop a confidence in finding their own answers. I found that as I attuned myself to the client's experience I would sometimes have an image from the Vajrayana tradition which, if appropriate, I would share with the client and ask if she or he would like to experiment with the visualisation. As the client engaged both with the image and their own embodied processing they would then describe something slightly different to what I had originally suggested, one more appropriate to their own specific needs. On many occasions, clients were able to describe another sequence of visual and embodied experiencing which felt more appropriate for them. One client, when asked to visualise the deities sitting at certain points in her body found that they positioned themselves quite differently from where she anticipated and began to speak to her. She was then able to explore the psychological significance of this using her felt sense.

Section b) Research Method

Having addressed Aim 1 in the section above (namely, To describe an innovative model of conducting psychotherapy that combines a Western approach (Gendlin's Focusing) with Tibetan Vajrayana practices of transformation), the following section on the research method is designed to address the subsequent aims of my study, namely:

2. By means of a phenomenological research method, to clarify the essential structure of two pivotal experiences relevant to clients' experiences of change in this form of therapy:

'experiential lightness' and 'experiential aliveness'

3. To answer the following three research questions that are enabled by pursuing the above two aims:

a) What is the phenomenon of 'lightness' and 'aliveness' as experienced in psychotherapy and how does it impact upon process and outcome?

b) Can Vajrayana Buddhist practices be effectively integrated into Western Psychotherapy?

c) What happens when Gendlin's Focusing is combined with adapted Vajrayana practices?

Having described how the adapted practices were described to clients, in this section b) Research Method I describe how the research was conducted.

Interview Question

I needed to find a life-world evoking question which would illuminate these phenomena and enable participants to use their Focusing skills to find their own authentic, body-based responses to my questions. The question I chose is:-

“Can you describe any moments you have had in therapy in which you felt an increased sense of 'aliveness' or 'lightness' which began to change your sense of self...you may want to use your own words for this...but any experience in therapy which energised you and led to a shift in your sense of who you are. If so, can we begin by describing this experience as fully as possible?”

The specific use of the words 'aliveness' and 'lightness' to capture the phenomena of a shift in an embodied feeling state which impacts positively upon the client's relationship with themselves came partly from my own experience of positive change as a consequence of meditative practice. I normally feel lighter and more alive after

meditating. They are also the most frequently used words by clients when I ask them, at the end of therapy, to take time to focus on what they are now feeling. I conducted a pilot study on a colleague's experience of humanistic therapy using Focusing techniques and found that question elicited a rich response which had relevance to both process and outcome contingencies. Although I could not find any reference to these words within psychological literature, from a phenomenological perspective 'aliveness' and 'lightness' have associations with Heidegger's (1962) explorations of clearing; of our non-specialised perceptual openness to the world. Heidegger perceives human identity to be most essentially and radically defined by not being enclosed on itself and is therefore characterised by metaphorical language, such as 'openness' and 'lighting'. This represents a movement away from a rigid and enclosing objectification of human existence – words which keep us in – and towards words which let us out; explications resonant of wider experiential territories.

Pilot study

I conducted an initial interview with a local psychotherapist, exploring any experiences of 'lightness' or 'aliveness' which she might have experienced during her time in therapy. This therapist was also familiar with Focusing techniques and the feedback she gave me related to my interview style. She felt, for example, that silences could be longer to enable her to go deeper into her experiencing. I also learnt from this experience the value of keeping a Focusing diary, recording my initial 'felt sense' of each interview, both before and after the interview.

I was interested to notice how this participant had experienced both 'lightness' and an increased sense of 'aliveness' as a consequence of sharing previously repressed experiences with her own therapist many years before. After silent self-enquiry in response to my question, she told me that when she had shared early traumatic

experiences she found they had attached to them a sense of guilt which had dissolved when her experience met the therapist's field of awareness and was then reflected back to her. She could suddenly feel the dissolving of shame and felt tangibly lighter. This made me notice a shift in my horizon of intentionality; what became dominant was the opening up of a field of trauma experienced in my participant, despite it being retrospectively reviewed. I was reminded of Merleau-Ponty's (1964) description of how our flesh is always, already altered by that of another. I sensed a young child in my interviewee, as present as the speaking adult, and also had a vivid sense of a journey through pain. This stayed with me throughout the interview, although moved to the background of my awareness as she began to talk of other experiences and seemed to be in strongly in her adult self. This was a factor in my decision to interview my participants twice to enable me to become more fully in the therapist role if this was required, without then having insufficient time to research the phenomena of 'lightness' and 'aliveness'. This sense of horizons of intentionality crisscrossing, and of movement from foreground to background within the gestalt of my dual identities in response to the participant's material, gave me a sense of the importance of keeping both identities responsive within the interviews. From a 'felt sense' perspective, they were vividly different experiences. This gave me a sense that it should be relatively easy to identify when I moved from one to the other.

The pilot study confirmed my initial sense that enquiring into clients' experiences of 'lightness' and 'aliveness' would be fruitful in terms of eliciting rich descriptions of significant moments in therapy.

Recruitment

I telephoned eight previous clients who had been out of therapy for a minimum of two months. I explained my research project and asked them if they would like to

receive more information to help them decide if they might like to participate. All eight said they would like me to send further information, after which they all contacted me by telephone saying they would like to participate.

Sixteen interviews were held with eight participants. Giorgi (2009) has stated that while for certain research topics one participant can be sufficient, for others there needs to be enough subjects to identify certain themes and a range of variation. In my study, I felt that eight participants would be sufficient particularly if interviewed twice to enable a transition from the subject-subject relationship of researcher meeting participant, to a subject-object relationship in which the researcher meets the phenomena.

Sample criteria and sampling procedures

The degree of diversity or variation within the research sample was to some extent limited by ethical considerations. I could not interview the students at the Further Education College where I work as the College Counsellor as they were under the age of eighteen. I was therefore restricted to interviewing clients who come to my private psychotherapy practice. The majority of my clients are female, as is reflected in my research sample in which two participants are male and six female, in itself representative of the disproportionate number of females rather than males who seek therapy. A demographic characteristic which my entire samples share is their current residency in Jersey and their ability to pay for psychotherapy, albeit on a sliding scale. Within these constraints, I selected my sample to contain as much diversity in terms of age and socio-economic status as possible to ascertain the structures and textures of experience which are invariant to cultural differences (Langdrige 2007). Englander (2012) has clarified that in Giorgi's descriptive phenomenological method, generality applies to the knowledge gained from research, not to the process of participant selection. The sample therefore did not

need to be statistically linked to the population at large, to ensure external validity in the manner of traditional scientific research. Phenomenological research seeks to identify what an experience is like rather than quantitative enquiries into how many, how much or how often (Giorgi 2009). It requires only that the subject has had an experience of the phenomena being explored and has the ability to describe it. Issues of representation only become relevant at a later stage. Increasing the number of participants in my study could have result in a greater awareness of a phenomena's variability but would not impact upon the generalizability of my results.

Preparations for interviewing

Before interviewing each participant, I noted down my Embodied Focusing experiences and expectations. All participants generated some similar feelings in me, resonances of intertwined excitement and anxiety as to what they might say. Each participant also elicited my felt sense of them as an individual and of our relationship as I had experienced it. I noticed myself anticipating elements of the therapy which they might name, and used breath and a sense of openness to the unknown to bracket these; to help me retain openness to the new. During interviewing some of these expectations re-emerged. These processes are detailed and explored in the Analysis section.

Prior to interview, participants completed an informed consent form, including specific consent for the interview to be recorded (Appendix B). The Participant Information Sheet (Appendix A) had previously been sent in the post. Participants were asked if they had any questions or concerns relating to the Information Sheet and were given a brief explanation of what was going to happen during the interview. I reminded them that they were free to withdraw at any point. Interviews were recorded and transcribed from the point at which I began asking the research question.

Inclusion and Exclusion Criteria

My choices relating to which participants were included or excluded from my research were also limited by the relatively small number of my clients with whom I had applied Vajrayana-based practices and with whom therapy had ended a minimum of two months previously. Within this restriction, I tried to include as much variation as possible, choosing two male participants in addition to the six female and selecting variety amongst participants' professions and backgrounds. J3 was a financial consultant, J2 a health consultant, J1 a researcher for the Public Health department, M1 owned a beauty business, M2 was a primary school teacher, T worked in the finance industry, B was a single parent, S worked in a residential unit with people with learning difficulties. I chose to include participants experiencing varying degrees of anxiety and depression. My research sample included participants who had been given a medical diagnosis and were unable to work, and those who had avoided diagnosis and were managing to stay in employment. All participants were familiar with some form of body work such as yoga and all had experienced some more traditional form of therapeutic or counselling support in the past.

Respect for client's autonomy and confidentiality

I ensured that confidentiality issues were discussed after participants had read my analysis of their data, as well as before commencing research. Participants were therefore able to make clear and informed decisions regarding what they wanted to alter in terms of personal material to protect their anonymity at all stages in the process and were given appropriate time for reflection.

Non-maleficence

Participants in this study were clearly informed about the possibility of role confusion in the Participant Information Sheet (See Appendix A). Gendlin's Focusing technique

was used throughout the interview process to aid participants in the process of noticing any felt responses which may have indicated subtle anxiety regarding role confusion. The original letter to participants placed emphasis upon the value of participants being as honest as possible throughout the research process and underlined my interests in any responses they might have to my questions (Appendix A).

Beneficence

A minimum of two months had elapsed before I made contact with previous clients to invite them to become participants. Participants were invited to discuss with me any concerns they had about this relationship change. They were also made aware of my ethical responsibilities in this area.

Consideration was also be given to the British Psychological Society's *Code of Human Research Ethics* regarding informed consent. The Participant Information Sheet gave giving clear information about the aims of this study and the potential risk factors involved. Eliciting informed consent in qualitative research is complicated by the nature of the open questioning involved which can take participants into sudden and unexpected emotional territories which are hard to anticipate at onset (Hollway and Wheeler, 2010). I had previously requested and received consent sent from Bournemouth University to conduct this research.

Relational positions were established at the preliminary meeting as open and fluid, and Gendlin's Focusing was utilised as a means of creating authenticity and embodied responding and to elicit an on-going and congruent moment to moment engagement with the impact of sharing information on an embodied and relational level. Participants' freedom to withdraw from the study at any point was emphasised throughout.

Other ethical considerations

A shift in the relational dynamics may occur which may make it more difficult for participants to return to a therapeutic relationship with the researcher at some point in the future. Participants may also belatedly resent being requested to share personal process material with a wider community. Revisiting pivotal moments experienced in therapy could re-activate the emotions experienced at the time. Of potential relevance to this issue is the recent study by Biddle et al. (2012) which found that qualitative semi-structured interviewing of previous self-harmers had a positive cathartic effect upon well-being.

These potentialities were discussed verbally and addressed in my initial correspondence with previous clients. I upheld and communicated the principle that the rights of the participant are more important than the rights of the researcher. Of over-riding importance throughout was that the dignity and welfare of participants is upheld.

Health and Safety issues were addressed by interviewing participants in working hours within the campus of Highlands College, a Further Education College, in rooms which had adequate fire and building insurance.

All participant information, transcripts, recordings and so on were stored in a locked filing cabinet at the College. All electronically stored information was password protected and participant names were changed to pseudonyms. After submission of my final thesis all transcripts and tapes will be destroyed.

Participants were also provided with contact numbers and postal addresses for my PhD Supervisors at the School of Health and Social Care at Bournemouth University.

Access to participants

Both sets of interviews took place at Highlands College. This was done to differentiate the context of interviewing from the therapeutic setting. All participants were able to drive to the College as distances in Jersey do not present a challenge and as all participants owned cars. The College receptionists were informed about their arrival and a light and quiet room was allocated for interviewing. One hour was established for each interview. Several clients finished before the allotted time, having used Focusing to clarify that they had said everything which they wanted to say.

The interviews

The primary aim of phenomenological interviewing is to gather rich life-world descriptions and to be attentive to ambiguities in meaning which can open understandings and challenge assumptions. The more nuances and textures to experiences of 'lightness' and 'aliveness' I could receive, the richer and deeper my understanding would be. I chose to use semi structured interviewing in order to direct participants back to the phenomena being explored while also giving them sufficient time and space to clarify their own experiences and to 'feel into' the rightness of their responses using Focusing techniques. To adapt the steps of Focusing specifically for research purposes, I substituted the enquiry into a problem at steps two ("finding the unclear sense felt sense of all of that") and five ("asking what is in this sense, being with the felt sense till something comes along with a shift, a slight 'give' or release") into an enquiry into an experience. All research participants in my study were already familiar with Focusing techniques from their own experience of therapy and often went straight into a felt sense without having to be guided.

After asking the initial question, I added:-

“Give yourself permission to completely relax knowing everything you say is welcome...”

Interjections I made after this were frequently questions seeking clarification, as when a participant talked at length about her experience of 'lightness' and I asked:-

“I am curious about how you experienced this sense of 'lightness', whether it was a feeling of 'lightness' or a colour. Can you take some time to describe this to me exactly as you felt it?”

On another occasion, in response to a participant saying it was hard to find the right words I suggested “Maybe create your own language, take time”.

I included many prompts, validations of experience and checking of meanings:-

“Tell me if I am not getting this right, doing breathing and seed syllables helped you to feel integrated and also to notice more of what you are feeling?”

“Can you describe the heart space, as you are in touch with it right now as we talk about it?”

“So this place you are describing, this zinginess, it feels very palpable, very alive but in a very pure way, is this right?”

“As you are talking I get a sense of stretching out, of not being compressed is that right?”

“Let me know if I'm getting this right or not ...”

“Can you describe by letting your body talk through you what's it like to be feeling really free?”

“Can you deepen into that experience where you feel it in the body, visualise an opening drawer and see what is there?”

“Could we take a moment to check in with the middle of your body and ask if there is anything else that might like to be expressed?”

All participants seemed to engage easily with Focusing techniques in the interview context, many responding with very embodied answers to my questions: “I feel an energy running down my arms as you say that”, “I notice that I need a wee”, “I feel very clear that I have said everything that's there”, “I notice I need to yawn”. I found that tentativeness on my part created time for an inward trying out and sensing into questions, resulting in a different quality of time and space:-

“The purpose of an interpretation is to generate new inwardly arising processes, so room must be left open for them ... clients should always have the space in front of them so that they can lead where their impulses take them ... if room and time is left right.”

“Let that be sensed ... What does that feel like? Sense it a little longer.”

“Go to the concrete experience, pause and let more come” (Gendlin 1996, p. 28).

I also utilised the therapist techniques which Gendlin has identified for engendering process, adapting them to explore their felt sense experiencing in relation to their own description as opposed to an area of emotional difficulty. These include reflecting or listening – saying back exactly what the person is trying to say – as well as developing a rhythm in which the participant says something, the interviewer reflects it, the participant then corrects it, and the interviewer then restates the corrected reflection. The participant asks themselves, does the reflection say just what I meant?

Gendlin (1996) believes that there will generally be a missed nuance that the researcher has not grasped, and so the participant is given space to repeat the missed nuance. In this way, the participant is accompanied in each nuance and sits in the silence at the edge of what could be said. When the next word comes, it often emerges from a deeper level. I also asked participants to find 'handle' words from direct inward sensing: “as with the handle of a suitcase, the whole weight of the felt sense is brought to bear by that one word or phrase when one repeats it to oneself.”

I also frequently said:-

“This which you talked about, can you feel it now?”

“Welcome everything that comes.” (Gendlin 1996, p.45).

I noticed a new horizon of significance emerging during interviewing. My new intention and identity as researcher provided a different layer of meeting, one which implicitly acknowledged a movement forward and progress from client to storyteller. This created a quality of temporality, in addition to the reconnecting at-homeness of

our meeting again. The richness of this fusion of interior territories is conveyed by Husserl:-

“The particular object of our active consciousness, and correlatively the active, conscious having of it, being directed toward it, and dealing with it – all this is forever surrounded by an atmosphere of mute, concealed but cofunctioning validities, a vital horizon into which the active ego can also direct itself voluntarily, reactivating old acquisitions, consciously grasping new apperceptive ideas, transforming them into intuitions. Because of this constantly flowing horizontal character, then every straightforwardly performed validity in the natural life-world always presupposes validities extending back, immediately or mediately, into a necessary subsoil of obscure but occasionally available reactivable validities, all of which together, including the present acts, makes up a single indivisible, interrelated complex of life.” (1936/1970, p.149).

On several occasions, participants disagreed with my words, going into the body to find words which they sensed as more accurate. I noticed how, if a participant was experiencing an emerging sense of 'lightness' or 'aliveness', I would be impacted in the manner of embodied mutuality. I used Focusing techniques on myself, noticing and having a calm acceptant response to my own feelings and sensations. This slowed down habitual responses and helped me to find positions of non-attached openness, described by Finlay as “an open, empathic, embodied presence to another’s personhood.” (2008, p.23). On occasions, my prompting addressed my other research aims, such as exploring whether any of the Vajrayana practices had related to the phenomena and exploring what other areas of generic therapy had elicited experiences of 'lightness' or 'aliveness'.

As I was applying Galvin and Todres’ model of breadth and depth, the first interviews were transitional ones in which horizons of intentionality crisscrossed more frequently as the participants and I were assimilating new roles. I was aware that researching the past experiences of participants- to whom I held two active identities – researcher and previous therapist – may have impacted upon the participants’ descriptions. I hoped that the high degree of reflexivity within descriptive phenomenology, in addition to the use of Focusing, would make specific horizons of

intentionality and layers of relating visible and transparent. Giorgi (2009) has stated that an intimate knowing of a participant is preferable for in-depth interviewing of personal experiencing. Truths in phenomenological interviewing pertain more to freedom and reflexivity than fixed meanings from which the complexity of lived experience has been negated.

After each interview, I thanked participants and asked them if they would like to see the recorded transcripts. All of them said they would like to do so. After they had left the room, I took some time to apply Focusing techniques on myself and wrote down my sense of how I had been impacted. After transcribing the interview I replayed the interviews twice while rereading the transcripts, to eliminate errors and increase methodological rigour.

Method of analysis

The interviews were transcribed and each stage of Giorgi's stages then applied in relation to the texts. The first step was to assume the phenomenological attitude, which differs from the natural attitude in that habitual perception based upon one's every day assumptions and attitudes is put to one side, or bracketed (Husserl 1931) to prevent meanings being posited upon the phenomena. I read each transcript with a view to gaining a sense of the overall meaning of what was actually being communicated. I noted in my Focusing diary my embodied responses to each transcript. Each participant's transcript generated a different felt sense in me, which had the distinctive qualities of my sensing of them and of our relationship. I noticed that I was surprised by the free flow of their descriptions (the potential reasons for this are explored in my analysis section). I was also warmed and excited by their journeying.

The narrative at this point is referred to as “naïve description” arising from the participant’s natural attitude (Giorgi 2009).

This first step was also necessary to enable me, in the second stage, to identify how the different parts fitted into a meaningful whole. When the whole had implicitly imprinted itself, the second stage involved re-reading each transcript, seeking and identifying changes in meaning. At each point a change in meaning was discernible I marked the text, having found discrete meaning units which could be considered in their own right. Giorgi writes:-

“The attitude that has to be assumed is that one is in the phenomenological scientific reduction, within an overall psychologically sensitive perspective, and, finally, one is mindful of the specific phenomenon being investigated.” (2009, p.128).

I noticed this was an embodied process of differentiation, there was a 'felt shift' each time a change in meaning was identified.

In the third stage, I altered the language, from the specific meaning units in the participant’s narrative, to more general expressions which captured the essence of that meaning. Giorgi describes this third step as being the “heart” of the method (1009, p.130). An example of this from my own research is M1’s reflections on the movement from seriousness to laughter within therapy:-

“I’m not sure what was the bridge between the kind of seriousness and the laughing, but that really gave me a lot of energy during the treatment, being seen with what was and... um... yeah... and some way or another bringing that out and yeah just seeing the 'lightness' in it rather than the heaviness, when before only I could see it or only I was feeling it, it hadn’t yet been properly expressed or brought out into the open.”

This was transformed into the following meaning unit, which contained more generalizable and more psychologically orientated meanings:-

“Being seen with what was being experienced and expressing it led to M1 seeing the 'lightness' within situations. This was in contrast to times when only she could see or feel the situation. Then it felt heavy.”

As a psychotherapist I found I had an innate sensitivity to underlying psychological meanings, but this sensitivity needed to be reflexively explored to ensure I was not making assumptions and taking ownership of participants' experiences as a consequence of my previous role as therapist. My Focusing diary recorded that I was anxious about getting this right and ensuring nothing important to the participant was lost or glossed over. My ethical therapeutic responsibility to hear my clients as opposed to my interpretations of them was active in my body. I also had a concern that nothing should be wasted and the image of peeling a lemon came to mind: I was seeking the essences of meaning – the juice – but the discarded idiosyncratic resonances within the description – the rind – was put to one side to be utilised more implicitly later, in the forming of the general structure, the constituents and their nuances. The discarded pieces of the transformed meaning units also remained imprinted in me, in relation to implicitly sensitising me to other potential themes in other transcripts, i.e. from the excerpt quoted above from M1, the experience of not knowingness and the experience of an increase in energy were added to my research antennae. Imaginative variation is present in this stage, in that the researcher alters the object of analysis – the participant's narrative – to convey which qualities in the narrative are essential to the distillation of meaning and which can be discarded. This was achieved largely by using my embodied felt sense.

The transformed meaning unit was then merged with other participants' descriptions which were similar to become, in the above example, a component of constituent one: 'lightness' as a release from the heaviness of interpersonal aloneness. The generic therapeutic skills of 'seeing' and hearing the client and her story were identified as contributory factors to this increased sense of lightness.

The final phase of the analysis involved comparing the transformed meaning units from all the participant's transcripts and gathering the key essential meanings which were consistent through all of the participants' experiences (the invariant essences) into a general structure. This also required the use of imaginative variation, finding general psychological consistencies which are shared and essential to the phenomena amongst the range of descriptions presented and creating a description which was faithful to the essence of the emerging phenomena. From a Focusing perspective, as recorded in my diary, descriptions pertaining to 'aliveness' had a very different feel to descriptions of 'lightness'. Descriptions of 'aliveness' felt vivid and forward moving, 'lightness' I experienced as being unburdened and rising upwards.

At this point, I found my attempts to convey an integrated description for the general structure were too textured and poetic. My felt sense naturally moved forward to capture *more of* the quality of the participations descriptions, as opposed to finding a structured matrix capable of holding all the distinctive facets of the phenomena. I felt the identified invariant essences needed room to move and breathe. To find the balance between attention to the detail of what was actually described and finding the all-encompassing frame of the general structure I had to go back and forth from one to the other in a manner reminiscent of Gadamer's description of a hermeneutic rule:-

"Thus the movement of understanding is constantly from the whole to the part

and back to the whole ... the harmony of all the details with the whole is the criterion of correct understanding. The failure to achieve this harmony means the understanding has failed". (Gadamer 1995, p.291).

I finally found an integrated description of the phenomena of 'lightness' and 'aliveness' which brought together all the variations of meaning into a unifying whole. To achieve this, I had to establish broad constituents with distinctive and detailed emphases and nuances. This was very much an embodied experience, I had a sense of finding water when the general structure and constituents were finally identified and felt innately coherent with each other.

Having completed the general structure and the constituents, I then used the transformed meaning units to write individual situated descriptions for each participant, including contextual details (one of these is included in the next chapter, and others form Appendix C). The purpose of writing individual situated descriptions was to enable the reader to meet the phenomena from the life-world perspective of the participants and to allow participants to take ownership of their own stories, within the parameters of this methodology. The psychotherapist in me was resistant to the idea of distilling the experiences of my previous clients into constituents and general structures without also being faithful to their individual identities and the manner in which they integrated their experiences.

Mode of presentation of findings

In addition to the individual situated descriptions in the Appendix section, I present my findings in Chapter Ten, firstly by presenting my overall essential structure which includes naming and describing each of the constituents: heaviness as pain, freedom as independence, a sense of possibilities opening up, the integration of freedom and possibility into one's life, and pathways to freedom and integration. I then proceed by presenting and elaborating on each of these constituents in detail, expressing the essential meaning of each and their particular nuances and

variations. Excerpts and quotes from participants' interviews are used to provide examples and to enable the reader to feel the textures of the rich descriptions and the participants' life-worlds, which formed the general structure and the constituents. To further facilitate this, I have included one individual situated description within the main body of the text, and it is with this example that the findings begin. The individual situated descriptions consist of an integration of all the participants' meaning units gathered from both their interviews and therefore provides a detailed overview of participants' experiences in therapy.

Chapter 5:- Findings

Example of an Individual Situated Description: Participant M1

Biographical summary

M1, aged 36 had been in therapy for two years, with intermittent breaks. Her initial presenting problem was difficulty in relationships. She would be attracted to men who seemed unobtainable and if they became interested in her she then frequently ceased to find them attractive. The therapy contained many generic elements, such as exploration of childhood experiences and her feelings towards a father who had left her as a baby to establish a new family from which M1 was excluded. M1 felt consistently judged and undermined by her father and also experienced feelings of anger and resentment towards her mother. M1 had childhood memories of feeling neglected and not valued by her mother and of making faces at her to receive some attention. In the therapy she often expressed a fear of taking on her mother's difficulties in forming relationships. During the therapy, M1 was often overwhelmed by the experience of abandonment in her body. This found expressed in a range of different forms. Sometimes M1 would feel an abyss of despair and loneliness and at others a sense of self-disgust and a harsh contempt for herself and others. She experienced this as alien to the person that she wanted to be and struggled to find the balance between authenticity and her vision for herself. M1 also felt conflicted when she was in a relationship by her drive to love and her need to control. Relationships therefore often caused her acute anxiety and, at times, paralysing pain and grief.

Response to the research question

In response to the question of M1's experience of 'lightness' and 'aliveness' during the therapy, M1 identified several elements of these phenomena which related to her

experience of the therapeutic relationship. She remembers talking and laughing about certain things and situations and although she was not exactly aware what the bridge was between the seriousness and the laughter, this process in itself gave her a lot of energy. Using Embodied Focusing in the interview to explore this further, M1 felt that being seen in her experiencing, and expressing it, enabled her to see and feel the 'lightness' within situations as compared to a sense of heaviness that she felt when she was alone in her experiencing. M1 also felt that the way in which the therapist tuned into and named her sense of what was going on in M1's body was helpful, giving M1 a spacious feeling and a sense that things could be transformed and released. M1 felt that as the therapeutic relationship developed and, as certain practices were used, she began to feel the ridiculousness in the heaviness of situations. This gave her more energy and more 'aliveness'. Using Focusing during the interview to explore this, she identified a particular deity practice – a Vajasattva practice – as helping her to move from heaviness to humour. She felt that the way in which it was described to her and the energy which she felt coming from the therapist made the experience more intense. The combination of the practice and this feeling enabled M1 to breathe the practice into her. Since we did the Vajasattva practice in the therapy, M1 has found friends who do that particular practice and she believes that they hold a particular quality which she called groundedness. This Deity Yoga practice also gave M1 a sense of doing something, of taking positive action and having a focus. Originally M1 had felt unsure about Deity Yoga, having a sense that she was not very good at visualisations. At the time of M1's first interview she had forgotten bits of the Vajasattva practice but remembered how hearing it audibly from the therapist had conveyed its flavour. She remembers doing the practice a few times and being quite mesmerised and excited by the way it was

described to her. She felt it accurate to describe Vajasattva as luscious, which made her laugh, and the image of him stayed with her. She remembered the colour blue associated with him and the long dark hair. She also remembered being shown a small black and white picture of Vajasattva during the therapy. She now intends to get another picture of him, as it helps her to connect with the visual. It helps M1 to imagine him inside her, clearing and purifying. M1 remembers connecting with Vajasattva strongly, first as outside of her with colours – his gold and his richness and beauty – and then owning the possibility of that manifestation inside herself. She found this very useful. This enabled M1 to feel that there really was a healing and holding presence within herself and her life in a way that she had not felt before. She felt that the therapist's energy behind the practice and her belief in it contributed to this.

M1 has recently been doing some Deity Yoga with the deity Tara and plans to alternate between Vajasattva and Tara. M1 doesn't specifically remember how I first described Tara to her as she has used the visualisation so many times since then. She remembers that the image of Tara was given as a tool for deepening into the mother acceptance energy within her and as a provider of protection. M1 remembers the Tara mantra which she first heard in therapy and which she has worked with since. She had first heard Tara mentioned by someone when she was in India so when she later was used in the therapy M1 knew that she represented a deeper part of Buddhist practice. Recently M1 was feeling vulnerable in a spiritual experience and used the mantra to pull Tara in. She then felt waves of love and gratitude and since then have found Tara's presence even easier to access. She recalls how connecting with Tara's energy in the therapy helped her to deepen into herself and to let go a little bit more. She felt she was letting go of tightness, contraction and

blockages – fear or resistance in the body. M1 feels that Tara enables her to go into places which she is pushing against, enabling a sense of acceptance. Overtime, this becomes established in M1's memory, enabling a deeper connection. At certain points, M1 pulls Tara in to help her in very stressful situations. M has a continuing strong sense of Tara around her resulting from this. M1 also uses Tara for protection when she is doing her beauty therapy and reflexology work and sometimes shares with her clients her experience with Tara.

M1 found that compared to other guided visualisations which we did in the therapy, using deity visualisation enabled a familiar personification, grounding the etheric realm and making it accessible to her. It therefore formed a bridge between the realms. M1 enjoyed the other visualisations but found it easier to reach out to a deity than to something more abstract.

M1 remembers doing quite a few deep breathing practices in the therapy. She remembers one we did when she had to breathe in as deeply as she could, then hold the breath, bolting the door at the top and bolting the door at the bottom and then releasing all the breath. M1 described this as being very innately necessary for her, releasing a good deal and giving a focus and presence to this release. It also gave M1 a sense of being centred. M1 also enjoyed the Mindfulness presence meditation which we did at the beginning of the session. M1 remembers that she would come into the session and naturally use the breathing to feel into what she wanted to do, whether she would like to do deep breathing or not depending on what was arising in the moment, and what would be most beneficial. That made her realise that she had developed resources. M1 still uses these now on a daily basis. M1 also used to make expressive sounds if that was what she felt that her body needed to do. This would happen especially if M1 was feeling very constricted. It felt

good to M1 to do this. M1 also remembers Gestalt exercises in which she visualised herself talking to her parents in the empty chair. M1 found that useful and the experience stayed with her. M1 also remembered the 'Feeding Your Demons' practice; although she did not use it after our session time and thinks that we only did it once or twice. M1 remembers feeling the energy that she no longer wanted any more inside her and then releasing it outwards. It left M1 feeling that something had been seen and dispersed. When the practice is described back to M1 as we did it in the therapy M1 laughs and says that she does not remember the detail of the practice but that she would like to do it again as it sounded fun. M1 also remembers doing the 'Cutting the Ties that Bind' exercise – cutting the ties to old partners, releasing the fragments which she had been left with, the heaviness. M1 describes this as a strong and necessary ritualistic practice; a good and practical thing to do. M1 experienced the therapy as an organic process in which she became more open and trustful over time. As she was able to open up more in the therapy, she felt that there were other influences energetically around her urging her to open still further. M1 named deep breathing as very important to her and as something which she now uses on a daily basis to help her deal with life. She described it as being helpful to her core and feels that there is a strong prayer behind it, something beyond her will but related to it. She described how everything behind the breath helped her with this transformation. She felt that combining deep breathing with therapy was very helpful. Recently M1 went on a three day course in Thailand and found that similar to the work which we had done in the therapy. She felt that the therapy had given her good tools to work in a group setting and she was able to open a healing, open space in herself. M1 feels that is essential, when doing any kind of therapy work to be in the body and to allow the body to respond in its own organic way and to witness this

process. M1 identified feeling more energy in the centre of her body as a consequence of the therapy. She would feel shifting in her stomach, throat and chest. She felt that everything which rose up from her body to her mind was relevant and this enabled her to trust that they co-exist. It took M1 a while to trust this and she felt that this was facilitated and supported by breathing into these parts of the body (Focusing). M1 realised that she had a choice as to whether she resisted what was in the body or not. The therapist's reassurance that everything that she felt in the body was relevant enabled her to have a faith in the process. Using Focusing to enquire into the body once again, M1 became aware that she was feeling a lot of gratitude and that this felt light. She felt so much gratitude at having been able to have the experience of being held and being open and being seen, and to really be engaging with her body. M1 felt that her experience of gratitude follows 'lightness' and that the feeling spirals and expands. M1 felt that the therapy helped her to establish a very good foundation for identifying what is true. This she defines as emerging from just being and not interrupting the flow of being. Now when M1 experiences challenging times she has less fear and resistance and can open more to a transformational process. Therapy increased M1's sense of self nurture as she has found that taking time for herself gives back to her a thousand fold. M1 has also been able to access this space in fearful times of relating to others. M1 feels in touch with this quality as she talks about it and enjoying it. As this happens she is reminded of some commitments which she has made to herself. She has recently become aware that she has a very subtle attraction to drama. As she senses into it she has an image of a vampire and a sense of the detrimental nature of drama and the manner in which it reduces energy. She is making a commitment to herself to

follow what feels good, to follow passion, energy and flow. Her sense of flow has become very real in the past few weeks.

In the final use of Focusing in the first interview M1 describes a sense of gratitude for the therapy, for having a space to come to and the tenderness of being held. M1 cannot imagine her life without the therapy because it was the glue which held her together. M1 also spoke of experiencing a big healing process in relation to the problem which she had with her lungs. She felt that the breath work helped very much with this. She felt that grief had been stored in her lungs and that we had been doing work ancestrally connecting to a lot of work which had not been done before. M1, enquiring using Focusing one last time during the second interview, described how, on many occasions, she left the therapy feeling like a completely different person to the person who walked in as. As she walked away she felt lighter but with a load of tools under each arm.

General structure of experiential 'lightness' and 'aliveness' in this mode of therapy

In response to interviews exploring their experiences of 'lightness' and 'aliveness' in therapy, participants referred to a similar range of experiences, though with different emphases. 'Lightness' resonated as a term that could be best characterised as containing two related but differently nuanced experiences: a sense of freedom and a sense of the possibilities that the freedom could open up. 'Aliveness' appeared to refer most to experiences of the 'sense of possibilities' dimension. These experiences appear to occur within a wider context, which helps to define their essence and elements from this wider context, and thus forms part of their essential constituents. I will first name these constituents before exploring them in greater detail with reference to concrete illustrations from the participants' experiences:

1) 'Heaviness' as pain. A sense of 'lightness' as freedom, release or relief occurs in the context of a previous condition of 'heaviness'. Such 'heaviness' is constituted by different forms of implicit or explicit painful feelings, states of personal identity, and preoccupations of attention. The elaboration of this first constituent will thus concentrate on the nature of the '**from where**' or '**from what**' this freedom – a sense of opening possibilities – occurs. There are different experiential emphases to this 'heaviness' such as bodily sensation, emotional, interpersonal pain or states of restricted self-definition. Each of these variations will be indicated within this constituent.

2) Freedom as independence. The qualities of the sense of freedom may be essentially characterised as a realisation of a sense of independence that is part of the potential of being that is 'already there', to be uncovered. This kind of freedom of self-experience is experienced as authentic, or part of the 'ground' of oneself (presence), and thus becomes an important reference point for living. An elaboration

of this constituent of felt independence can be experienced with different variations and these variations will be explored under this constituent (e.g. Peace as independent of noise, moving into the 'heart' etc.). Such freedom as independence can be experienced in sporadic or sustained ways and this will also be indicated.

3) A sense of possibilities opening up. This experience was referred to in relation to the term 'lightness', but mostly to the term 'aliveness'. In elaborating on this quality, I will show something of the nature of the wider horizons of meaning that become available to the person, as well as the wider horizons of living or acting that become available. These wider horizons of meaning and living appear to occur specifically in contrast to a previous preoccupation (constituent one), and can be understood as a form of experiencing that opens up the possibility of a different future from that, and one which appears to be authentically possible.

4) The integration of freedom and a sense of possibility into one's life.

'Lightness' appears to have an **active or directional** function constituted by a creative ability to transform and mould the self and surrounding concerns and engagements. In elaborating and clarifying this constituent, I will show how there are a number of ways that such direction and integration occur: the experience of freedom or 'aliveness' becomes an ongoing reference for living, practices (tools) that open up this experience become an important reference for living, 'lightness' and integration occur through a tantric entrance into the 'heaviness' and 'pain' rather than an avoidance of it (and this constitutes a greater faith and experiential power), and finally a kind of 'bridging' occurs between one's 'heavy' experiences and one's lighter ones, and this back and forth becomes productive in an integrative way.

5) Pathways to 'lightness' and 'aliveness', some of which can be seen to be generic to the interpersonal situation of therapy, and some of which can be

seen to reflect the distinctive practices of Vajrayana-influenced and Focusing-oriented therapy. Under this constituent I will elaborate and clarify these nuances: how, for example, deity practice is particularly conducive in some cases to facilitate a freer sense of embodied identity that is more independent of previous identity restrictions; how one first experiences this possibility as a separate image, but how then this becomes part of self-experience. A number of Vajrayana-influenced practices will indicate their particular possible strength in relation to facilitating the experiences of freedom (constituent two), possibility (constituent three) and their integration into everyday life.

I will now explore and elaborate on each of the constituents:-

Constituent One: 'Heaviness' as pain

Each constituent operates at a level of generalisation – heaviness constitutes part of an understanding of what 'lightness' is, which, in this study, was frequently expressed as a sense of relief and release from an invisible but tangible sense of weight. I identified three distinct forms of this heaviness which were interconnected and frequently flowed into each other but nonetheless had distinctive qualities that separated them. They can all be categorised as preoccupations of attention which have an experiential quality of weight or sediment in three distinct modalities, each of which I will explore and illustrate as sub-variations of the theme of the release of 'heaviness'. Within this constituent I will therefore be exploring the *from where* or *from what* a sense of the 'lightness' of freedom emerges. I have categorised these existential emphases as follows:-

1.1. 'Heaviness' as interpersonal pain.

1.2. 'Heaviness' as bodily or emotional pain.

1.3. 'Heaviness' as states of restricted self-definition.

I will explore each of the specific nuances which emerged from these-sub variations as identified by participants.

1.1. 'Heaviness as interpersonal pain' had a quality of aloneness and separation from others, a lack of fluidity and ease in relating. I identified four distinct nuances within this constituent, all of which can be understood as one kind of experiential 'heaviness' with differing emphases. These nuances are:-

- a) A kind of interpersonal pain relating to self-neglect and painful past experiences.**
- b) A quality of interpersonal pain resulting from the pain of not being spiritually seen and met.**
- c) A form of interpersonal pain relating to self-doubt.**
- d) A form of interpersonal pain connected to the weight of holding thematised life stories alone.**

Prior to exploring these specific nuances in more detail, I will make a few more general comments about these constituents.

'Heaviness' in relation to interpersonal pain was identified retrospectively as the weight of tacitly felt constriction as participants described a release of something which they had not previously been aware that they were holding onto, or which had weighed upon them. The giving of permission to explore and listen to neglected aspects of the self and its experiences while being witnessed by another person who was attuned to them were significant components of the relief from interpersonal aloneness. For several participants' safety, feeling held spiritually and emotionally, structure and the comfort of the setting – all of which generated a sense of trust – were contributory factors. These nuances provided a holding matrix, both physically in relation to time and space and psychologically in regard to attuned responding.

They facilitated an ability to redistribute onto this supportive matrix the disproportionate weight which had accumulated at specific individual vulnerability points, resulting in the experiential 'heaviness' of compression and depression.

a) *Self-neglect relating to painful past experiences*

Self-neglect relating to painful past experiences was identified as a form of interpersonal pain relating to the subtle impact of painful past experiences upon relationships. This nuance became figural to participants only in retrospect by giving attention to neglected self-aspects, noticing and naming earlier 'wounding' within the safety of the therapeutic relationship. Participants described how failing to seek out and integrate these neglected self-aspects resulted in a reduced sense of potency in relationships. T and J1 both described how avoiding meeting past painful experiences undermined their capacity to make positive changes in their lives and kept them preoccupied with the needs of others. T described how being held spiritually and emotionally, and having a sense of a 'spiritual parent' in the therapeutic relationship, had enabled a structured letting go of painful, previously repressed experiences. T 'had needed to be listened to' and the particular part of the self which T identified as 'dark' did not get listened to, as T is normally too busy to engage with it and does not give her pain priority, even though she recognised that it had something precious to say to her. J1 described how the 'torture' of having had to abruptly stop breast feeding her daughter and leave her behind had created a pattern of holding onto suffering:-

J1: - "I knew that the way I was feeling just wasn't the optimal way to be living. I knew that but I think it's habit, and I do hold onto things and it would be through a series of doing things like that that I would slowly let go. It might not happen in one fell swoop, but it might be that I am down the road somewhere and something happens and I feel I have really moved on, because six months ago or a year ago I might have reacted like this or thought that. I've come a long way in small steps."

T:-“Well, what immediately comes to mind is, um, having a spiritual parent, parent was the word that sort of popped up, and I know they use different terms about... in that respect but, there is ... although I have spiritual friends there was nobody else that I could feel that sense of structured letting go with, even though my exchanges with my spiritual friends do involve some kind of release... that felt like a very structured, it was a structured place to let ... to let things arise, provide a very healing and accepting energy and then, um, move on at the end of it.”

For some participants, the psychological burden of carrying traumatic events originally experienced when alone and unprotected, was dispersed through the process of being witnessed.

S:-“I think it's very important that witnessing aspect, I've thought about that a bit actually, I've had a few conversations with other people about the importance of, why it seems so important to have witness and actually a friend of mine said something that once she said it I realised it's incredibly obvious but wonderful, and she just said well, I guess because there was no good witness when you got traumatised in the first place! – And so you know, it's sort of validation in a way. But I think it seems even if it's new experiences, new positive open experiences that actually there seems to be an additional something that happens when it's in witness, I think because I guess we can't doubt ourselves so much anymore, you know, it's like the human doubting Thomas aspect of us can't, that can't get a hold onto something if there's the witness quality with that.”

The words release and relief were used to convey the dissolving of the weight of implicitly holding interpersonal issues and difficulties alone as opposed to sharing them with a therapist.

b) A form of interpersonal pain which results from the pain of not being spiritually seen and met

This quality of interpersonal pain was described as congested and limiting. Being perceived solely from cognitive or analytical relational fields made it difficult for participants to work with the entirety of the self and increased their vulnerability to restrictive thought patterns. This became evident as participants described the relief of being able to safely explore what they identified as the spiritual aspect of themselves. This was important to participants, as this had more often been an aspect of themselves subjectively and implicitly known rather than explicitly shared in

relationships. The therapist's capacity to see more of the client's field of being in this manner therefore positively redressed participants' previous experience of interpersonal diminishment, or the limitation of potentialities; the perceptual weight of not being fully seen and met:-

J2:- "To be honest, um, I remember coming away and thinking what have I gone to see, who have I gone to see. I have done some psychotherapy in the past but it had never really met me on the spiritual part of myself, it had always been very intellectual and very mental, very mind just I think even for myself bringing in the breathing practice, bringing in that meditative route I suppose it was the first step of understanding how powerful meditation is.. .I think what I felt more it was that I was a little bit surprised by how much it resonated with me afterwards and how that transition began, which led me to a place of calmness and acceptance, whereas before when I have done other psychotherapy I have come out and thought, okay I just am that person. After this I came back and thought, well this is a bit different ... this is also about me and what goes on inside me I think. What I had been doing is letting other people's ideas about me get right into me. I was full of people's projections. Doing the meditation or whatever you want to call it brought about such stillness. I never felt that from psychotherapy before. I think that's important. It's really important."

S described how without exploring her spiritual aspect:-

"It would have been like trying to make myself whole while staring at only a third of myself."

Being seen had specific nuances for different participants in relation to the general phenomena. Several participants described how being seen enabled them to become more of themselves, generating a greater sense of their own presence and an increased confidence in the clarity and compassion of their own perception.

c) A form of interpersonal pain relating to the experience of self-doubt

This nuance was also identified retrospectively, as participants became aware of a previous lack of confidence in their ability to appraise experiences. Participants described a relational aspect to self-doubt, made apparent by the contrasting experience of an increase in self-confidence which emerged from authentic relating,

in which participants felt that their experiences had been more fully seen and understood. This then generalised to a greater confidence in their capacity to congruently bear witness to experiencing. The concept of presence will be further developed as it emerges as a significant experience in relation to constituent two: freedom as independence.

J3 described a quality of interpersonal pain in which he was unable to experience any coherent sense of himself as a consequence of self-doubt, he was rather “seeing himself through other people’s eyes” which resulted in an anxious drive to please.

T described herself feeling “shackled” by the force of her sense of her parents’ judgement to do a job which was completely alien to her own value system.

J1 described a habitual sense that she could not take any time for herself, she was constantly preoccupied with other people’s needs and whether she was meeting them sufficiently.

For M2, the space to be both to be seen by the therapist and to really see things which were happening provided a mirror and brought about what she described as a sense of being in presence as opposed to contraction and self-criticism.

“I am remembering one day I came to see you and I felt so shaky and the wind was blowing and blowing and it was raining and it was really making me anxious and so shaky and I think you saw that and you said to me 'Its okay, M, the roof isn't going to blow off', and I realised that I really was holding that level of fear. That I felt so unsafe in my body and in the world. I felt so vulnerable. And there was something about this being seen that helped me to see it.”

S explained that while she had experienced other practices and trainings, these failed to integrate and embed themselves because they were retained by her as private or self-conscious experiences which were vulnerable to self-doubt. Being

witnessed while being in a state of presence increased the validity and permanence of S's experiencing.

S:-“I think otherwise you don't actually know if it's real. I have an active mind, I can be very analytical, and that can be very useful. That can be very useful but also can potentially be very damaging to myself. I am interested in human behaviour, in what it is to be human. I am interested in myself as my best case example, um, but I think it's very easy to have strong experiences on one's own and to just go 'Was I deluding myself, is this some throwback to when I was 17 and tried a drug.' [Laughter] I think there seems to be something very much about being witnessed. It brings, if you like, the etheric quality of that presence and I think this links to what I wanted to explore in the wording of heaviness and lightness, in that being met, being seen, being invited. That etheric quality meets with the very human physical realm and I guess for me that comes out of the heart.”

The quality of the therapist's presence and her confidence in the therapy was also named by participants as contributing to the potency of being seen.

M1:- “But it was something in the way you were describing it and the energy that was coming from you as well, that really heightened my experience of that practice. And I don't think I would necessarily... [Clears throat] It feels like a good foundation to do it, to begin with, because just me reading it and doing it it's just not the same. You're being seen at the same time, you're being held. So, I think, yeah, there's a real... the kind of mixture of the two together.”

d) A form of interpersonal pain which related to the weight of holding constricting thematised life narratives alone

This aspect of interpersonal pain emerged as participants described feeling less isolated within their thematised life narratives. As recurrent patterns, roles in relationship and personal life goals were explored during therapy, participants began to notice a heavy, determined quality to their story telling. Participants described suddenly finding a bridge between their habitual story and the possibility of new interpretations and meanings. This resulted from the thematised life story being perceived as less real than either the dynamic exchange of the therapeutic relationship or participants' growing experience of their potential in present time. This

sense of freedom from the restricting story frequently gave rise to laughter as participants experienced a release from the heaviness of gravitas, created by the isolation of solitary reflection:-

M1:- “Well first of all I just kind of... I, I... had these memories of, um... us... um... talking about certain things, but then laughing about them too... and I'm not sure what was the bridge between the kind of seriousness and being seen with what was and... um... yeah... and some way or another bringing that out and yeah just seeing the 'lightness' in it rather than the heaviness when before only I could see it or only I was feeling it, it hadn't yet been properly expressed or brought out into the open... I don't know it was something to do with our relationship and..... how you... yeah... I mean it's a very delicate process because at the beginning of our therapy I don't think it happened so much but as time got on we developed certain practices, then... um, yeah... I could definitely... yeah just see the kind of... um... see the kind of ridiculousness in the heaviness of it.”

I will now explore the second sub-constituent which emerged from participants' descriptions of the phenomena heaviness as pain, the experience of the weight of bodily or emotional pain.

1.2. 'Heaviness' as bodily or emotional pain

All participants spoke of the palpable experience of emotional or embodied pain as the converse experience to 'lightness' and 'aliveness'. This pain was often expressed during the therapy in tears or in anger as the depths of individual 'wounding' behind the social mask were explored and expressed.

'Heaviness' as bodily or emotional pain had several nuances which I will now clarify in greater detail.

a) Participants described feeling stuck in generalised embodied or emotional pain which they could not move, resulting in frustration and powerlessness

This nuance was identified by explicit reference to sensing of embodied change, identified retrospectively following an experience of contrasting sensations. These consisted of the 'lightness' of release and relief as weighted sensations changed, or a deeper grounding in the qualities of embodied peace occurred. Embodied or

emotional 'heaviness' was characterised as sticky, dark, cold, or heavy sensations in the body frequently related to the painful impact of analytical, judgemental and repetitive thoughts or contracted anxious feelings which inhibited well-being, expansion and flow. For several participants, embodied pain had been the major feature of their depression and the primary reason for seeking therapy.

M2:-“I remember feeling, my body feeling dark and tense and I don't think I had realised quite how tense I was.”

J3 described how he used to experience a constant state of anxiety:-

“I was running around like a headless chicken all the time, trying to please everybody.”

b) Pain recurrently located in specific parts of the body which was primarily identified as physical rather than emotional

Participants described feeling dark, tense and unsafe with pain in specific parts of the body such as in the hands, the anxious feeling of butterflies in the stomach or trauma in the lungs leading to chest pain and recurrent chest infections. All participants who named specific physical conditions identified breathing practices as helpful, both in terms of moving uncomfortable embodied sensations and providing a means of accessing a level of embodied experiencing in which pain ceased. M2 described how using breathing had relaxed her jaw and enabled her to stop grinding her teeth:-

M2:-“But I want to talk about the breathing first. My teeth were grinding and grinding and I had never had that before at night. And I kept asking myself why, why, why is this happening to me? And things had got better and I had a new job and I went to the dentist and the dentist had given me a tooth guard to help with grinding. Well, that lasted a night and I wasn't going to be messing around with that anymore and then I realised it's the breath. Because when you breathe into your belly it relaxes the jaw helps to open it up and stop the grinding. So I told myself that for a couple of days, you are not going to grind your teeth any more, you are going to breathe. And that's what I did. Literally, within a couple of days, it had stopped.”

c) An aspect of the heaviness of embodied or emotional pain related to an inability to find pathways with which to move forward through pain or discern meanings within it

This generalised into an undifferentiated loss of trust in the body. The intentionality of pain, and subsequently of the body, became distrusted. This form of embodied heaviness became apparent as participants attained liberating embodied shifts and insights. These took a variety of forms. One of these involved a realisation that the body could be nurtured separately and the mind bypassed, thereby reducing mental interference. This resulted in a sense of relief from emotional and embodied heaviness. The impact of critical and self-blaming thoughts was transformed into more 'heart based' responses of compassion, linked to embodied sensations of nurture, connection and comfort.

J2:-“So when I sensed that my head was this computer hard drive and that I was taking it away and turning it into energy I sensed that from my neck down my body ... that's really where the pureness and simplicity of energy and sense of, you know, well-being and love and all these feelings come from, so I felt it was a relief to get rid of... you know, turn my head off and turn it into this pure heart energy.”

For some participants, if therapeutic insight into their experience was sufficiently accurate a physical resonance resulted. J1 experienced a physiological shift when the therapist named her sense of how J1 had been impacted by her relationship with her father which she described as liberating, as if some form of “cellular change” had occurred. Participants described stuck, heavy sensations in the body being released by particular practices. The direct movement of these stuck experiences was clearly described by some participants.

S described how chanting mantra enabled her to feel that she could transform something which felt stuck in her or something which she had experienced which did

not belong to her, creating a sense of movement in which she felt that she could keep her kinaesthetic energy going.

S:- “With sound I think I sometimes use it more cathartically, I think I would experience the world in quite a kinaesthetic way and I think sound enables me to just have a sense that I can somehow transform, um, something that feels like it's stuck in me or something that I've experienced that actually didn't belong to me...”

I will now address the third specific constituent of heaviness as pain and explore participants' descriptions of experiential heaviness in relation to states of restricted self-definition.

1.3. 'Heaviness' relating to states of restricted self-definition

'Heaviness' relating to preoccupations of attention and restricted self-definition was identified by all participants as a state from which experiences of 'lightness' and 'aliveness' provided a release. Four specific nuances of this constituent were described.

a) *An inability to accept, or forgive, previous actions resulted in experiential 'heaviness' and restricted self-definition*

This 'heaviness' of restricted self-definition had a stuck, congealed quality adversely impacting upon personal agency, freedom and self-respect and was often retrospectively identified. A sense of guilt weighed upon participants, making it difficult for them to move forward and develop a more expansive and pliable sense of self. J2 described how blaming himself for the break-up of his relationship had inhibited his ability to access other parts of himself. T described how her shame at being a single parent had prevented her from leaving a job she disliked and being who she truly was:-

“That particular shift in my life, and that was about non-compliance, that's about having the internal strength to say no to certain social pressures, to conforming a certain way, and ... take the harder route which is actually resisting those pressures and saying, and being true to oneself, and I think ... that was about having the strength to know that I could ... that I could, um, take that route and survive because before that I'd felt, particularly as a

single-parent, an unmarried single-parent, that I'd had so much criticism and was under so much pressure to work full time to be financially independent, to prove myself in sorts of ways that actually were, you know, meant that I was compromising my integrity by doing a job I didn't want to do because I earned a lot of money doing it.. And (then) thinking no actually, how I feel about my life matters. I'd felt so trapped before, that had taken me down into a heavy, oppressed mental state and kind of taking off the shackles that I did feel free and alive, yeah."

A sense of a limited ability to access compassion and self-forgiveness was retrospectively identified as a cause of significant degrees of suffering and restriction.

b) Issues of restricted self-definition were often identified by participants as originating from forceful and persistent experiences of having been critically judged or early experiences of abandonment

Participants described how early negative experiences had resulted in subtle patterns of blame, self-punishment and restricted life options. J2 described the effects of a constantly critical mother as:-

"How do I put it um, I think for me I have always had this thing, how can I put it, that I am looking through someone else's eyes... And what would they think of x and what would they think of y and that's lifted quite substantially to me. I am not nearly so judgemental as I was. I don't know how to explain it... acceptance I am far more accepting of myself and also of others... Maybe that judgement I had previously has definitely lifted, which limited what I can do because when there is judgement all of a sudden you have put all these barriers up."

Freedom from these preoccupations was sometimes obtained by insight into patterns of relating which were habitually lived but not consciously known. T described how a visualisation exercise enabled her to meet a more authentic aspect of herself which was angry with her for being compliant, a compliance which had resulted from an experience of parental shame at having been a single parent. J3 described how constant criticism from his mother had left him with a constant fear of being judged by others, which had left him seeing himself through other peoples' eyes and distrustful of his innate instincts.

c) *Restricted self-definition and limited parameters of emotional relating*

The 'heaviness' of restricted self-definition was also characterised by limited parameters of emotional relating. Positions of being angry, being fearful, being incongruent and seeing oneself through other people's eyes were retrospectively described as existential states lacking in space, ease and freedom which had origins in a limited self-concept. J2 found that being in his "mind" was linked to self-blame which restricted his capacity to be fully present and comfortable with others. B experienced a real release of tears and emotion when the therapist pointed out to her that she was not accepting her humanness or her inevitable attachments to the people that she loves and began to identify ways in which she had sabotaged relationships:-

"In a way I have realised that that is a form of detachment and protection that I am creating this intensity, this push-pull, this human level of expanded reality continuously, that I am actually not accepting or loving myself in that human way so it's a defence mechanism of never getting too, um, close."

One participant described the release of this 'heaviness' as akin to suddenly realising he had legs and choices and could choose to disengage from the umbilical cord of his dominating and dependant mother.

d) *Restricted self-definition resulting in lack of choice in self-configurations*

The experience of lack of choice in self-configurations was described as a form of self-entrapment in which unsatisfactory patterns repeated or embedded due to participants' inability to change. At its extreme form this resembled the rigidity of mental illness.

M2:-"But oh yes, I'd forgotten about loving myself, and I know that there was a part of me that erm, I had no control over, you know ... I wonder now whether it was a mental illness, and you know when I hear about other people's situations and the paranoia that can suddenly occur to them, and I was in ... I was paranoid – and that was a very dark area and that paranoia which I had no control over, albeit small in comparison perhaps with other, you know, situations with people who are desperately ill."

Freedom from the weight of restricted self-definition also took the form of greater sense of choice regarding which aspect of the self could be prioritised. B realised she could choose between being an accepting adult or rebellious teenager and this gave her a greater sense of agency:-

“Yes, that's it, to witness them a bit more and to choose, you know, if it that's aspect that's relating to some angry teenager inside, it's to choose not to allow that to lead, you know, to kind of hear her or hear that part and just kind of be in the wiser part that doesn't need to react to that any more, that can just kind of hold her or hold that part. So yes, still very much working with all of that, trying not to ... to witness but not to push away or to ... because I think, well I know for me, when I try to follow that just divine love all the time, because I'm not enlightened yet, I might follow that divine love and keep blessing something and then in the morning wake up and be like so angry and hurt and be like 'argh I didn't mean that!' [laughter] And then it kind of flips and there's this like neurotic behaviour. So it's trying to find a way to hold all of that in some way.”

This was also symbolised by B as the opening of previously tightly clenched fists.

Having explicated a number of different ways in which 'heaviness' as pain is a context from which freedom can be understood, I will now move to the second major constituent, ***freedom as independence***.

Constituent Two: Freedom as Independence

The second major constituent concerns the way in which freedom was experienced as a form of independence. The qualities of *freedom as independence* were essentially characterised as a realisation of a sense of independence that is part of the potential of being that is 'already there', to be uncovered. As I will clarify later on, this kind of freedom of self-experience emerges as an authentic part of the 'ground' of oneself (presence), and thus becomes an important reference point for living.

Elaborations of felt independence can be experienced with different variations and these variations will be explored (e.g. Peace as independent of noise, moving into the 'heart', etc.). Freedom as independence can be experienced in sporadic or sustained ways and this will also be indicated.

Five distinct nuances of the constituent *freedom as independence* were identified by participants:-

2.1. Freedom as independence is an existential state which is a) instinctively recognisable as valuable and liberating and b) contains qualities of stillness and groundedness.

2.2. Freedom as independence involves a trust in embodied impulses.

2.3. Freedom as independence was expressed metaphorically as a means of accessing the heart.

2.4. Freedom as independence reduces the anxiety of dependency.

2.5. Freedom as independence is a state of being which has a positive impact upon others.

I will now describe and elaborate upon each of these constituents.

2.1. Freedom as independence is an existential state which is a) instinctively recognisable as valuable and liberating and b) contained qualities of stillness and groundedness.

a) This nuance was described by participants as a process of stabilising into an inherent coherence in relation to which impingement from external factors and internal habitual thematised narratives was reduced or absent. This new-but-familiar quality of independence was, when discovered or uncovered, instinctively recognised as valuable, motivating participants to continue to seek it out.

Participants' described a quality which was simultaneously liberating and enabling.

J3 described:-

“Um, I think what’s coming through now and I don’t know if its answering your question but it’s the whole thing about perfection, you don’t have to be perfect and the space that was created in therapy holds you in this perfect place, it’s just where you are at really. And that’s fine... Yes, how do I put it um, I think for me I have always had this thing, how can I put it, that I am looking through someone else’s eyes...Yes it is like that, like a sense of

'lightness' of almost liberation that I remember so clearly between sessions one and two so strongly and I remember I hadn't actually booked the second session with you and I suddenly felt, I just have to book another session because I just wanted to get back into that zone. I wanted to undo some more and it was almost like a place of safety."

b) Participants described a domain in which they felt peaceful, liberated from noise, accessing an existential territory which felt both lighter and fuller. "Presence" was the most frequently used word to describe the uncovering of a more expansive quality of self which was also significantly relational. Being in presence was described by participants to contain stillness, groundedness, potency, aliveness, security, centeredness and hope. Participants often related this sense of presence to the application of embodied enquiry (as described in my practice chapter on Focusing), and breathing practices, which had the effect of creating a closer relationship with the rhythms of the natural world. Presence also had a nuance which was enabling, and emphasised becoming real and stronger and finding a bigger picture rather than the momentary issue.

J1:- "I have an internal dialogue all the time about all these things that I need to do for work and about all these things that I need to do and then when I just take time to be by myself and tune in, all that is inconsequential really. It just pushes away that away or it dissipates and I just feel more like I can get in touch with this very peaceful part of myself. When I am in that space I feel connected with everything and I feel real, this is the real me and I feel stronger as if I am in control, these things are doable and there is no need to be talking to myself like, 'Oh God, I need to do this or do that'. It brings me a lot of patience."

It also was described as having a particular texture.

S:- "I think the difference for me is that with the presence I feel quite a potency of space, it's almost as if the air is pregnant with possibility or just being or just awareness that is not necessarily either light or heavy, it tangibly feels, as if there is a weight to it, but it's not contracted."

M2 described presence as having a quality of connecting with and witnessing:-

"Its present and it doesn't have thought and it doesn't have a name. It has stillness which tells me that's it's not my ego, it's just joy of being in community. I think presence comes a lot for me when I am with other people

who can also be present, when I am dancing, when I am listening and noticing I am listening...”

An experience of presence also had the function of changing the perspective from which problems had been habitually viewed.

S:-“It can feel a bit frightening to be in that utter presence, it feels a bit frightening to notice I can move my fingers and actually that’s awesome. [Laughs] If I am in that utter presence you cannot notice the breath anymore. It’s like breath is happening to you. You become the actual thing that you are focusing upon. It’s very hard to relate to your problems in the same way after that.”

2.2. Freedom as independence involves a trust in embodied impulses.

This nuance was characterised by a developing trust in embodied impulses, either as reference points for establishing the authenticity of one’s personal thoughts and feelings, or for gauging a sense of how to proceed in specific situations. This resulted from accessing and embedding themselves, even momentarily, within a quality of space from which participants could re-emerge with a greater sense of clarity. Applying Embodied Focusing or using breathing techniques to scan the body were frequently named by participants as facilitating this.

M1:- “Just being and identifying the flow of being helped to identify what was true.”

A sense of safety was also named as a contributory factor to this increasing trust in the body’s innate sense of direction. Participants had to feel sufficiently safe externally to be able to turn attention inside. Trust in embodied impulses and sensations had both individual and interpersonal nuances, an increase in self-acceptance, even if this was a temporary rather than sustained experience. B described the feeling of accepting her humanness as akin to her being descending, and becoming more embodied and at rest. The fact that this was sporadic rather than sustained she believed resulted from a sense that she was not able to do a

practice regularly enough to embed it. Interpersonally, participants described an increase in confidence. The element of trusting in the inherent wisdom of the self-structure was the essential component for the experiential freedom of independence.

M1:—"Everything was relevant in our sessions... So...Whenever I felt that, although according to my mind, or something, like that, when we were focusing on the body – which I don't know maybe that's happening there I'm not sure – but, um, it was relevant. You know, whatever was kind of arising up from the body, perhaps through the body up to the mind. Maybe that is the process...They co-exist."

2.3. Freedom as independence was described metaphorically as a capacity to access the heart.

A capacity to 'access the heart' was associated with qualities of softness, 'limitlessness' and compassion, as well as lack of judgement, nurturing and divinity. This provided a different foundation for living, as participants experienced a freedom from habitual thought patterns, enabling more freedom in states of being and interacting.

Many participants related the freedom of independence as a capacity to access the heart:-

J2:—"The heart space is the place where I can experience emotion. I don't think I really cried at all before treatment and I now can get to that space where I can do that ... yes it's a much softer place to be."

B:—"Well to me it's like, the heart, it felt very healing and like a bridge, like it was connecting the two aspects of where I feel separate sometimes, that kind of divine self and then that human part that feels everything."

J2 described a sense of wallowing in a nurturing bath and connecting to a pure source, which he related to a quality of heart which he recognised as authentically true and on which he wanted to base his life.

J3:—"There was ... I think I remember having a conversation, or you encouraging or facilitating having conversations with my heart, and I remember, I guess for the first time, learning a sense of trust that the answers are actually inside me. So, that was very much almost starting a relationship with my heart and almost treating it as a loved one, so I do recall

that being very beneficial, very gentle, and very compassionate and very self-empowering, to understand that, you know, I had the answers inside me. And for me its learning to manage that duality, that yes we need our brains and maybe for some jobs we need them more, but we also need our heart space to make sure I am in my truth. So the benefits to the relationships I have are to make sure that the quality of them is increasing, that they are more heart felt and they are deeper and more connected. It is the right place to be, it's the only place to be."

This developed into a contemplative space which he could access outside of the therapy for short periods of time. Several participants described how accessing the heart resulted in them being more confident when engaging with others, reducing self-consciousness and anxiety, and giving them a sense of expansion and peace.

2.4. Freedom as independence reduces the anxiety of dependency.

Participants described a freedom from the need to behave in a manner which would secure the approval of others. This also impacted upon habitual patterns of negative rumination relating to what others might think of them either before or after interactions.

S:- "I think I did notice that to communicate from within that presence of myself, I never became disappointed or regretful in myself as a consequence of what I said... I feel peaceful, I feel that, you know, however I have communicated it feels integrated, even if someone doesn't necessarily agree I've managed to accept peacefully that they don't...on a primarily personal level, it helps me to find a state of trust in either the other person or in my own instinct. It helps create, seemingly create, a very true monitor, observer, wisdom which enables me to feel I can apply a part of myself I quite trust even if another part of myself might want to be going *bleughk* [laughter]."

This lack of dependence upon the approval of others gave rise to a sense of relief from the social layering of expectation and anxiety.

J3:-" It's just so much easier to be the person you are than maybe the person that somebody wants you to be, or expects you to be, or the person you expect them to expect you to be."

2.5. Freedom as independence is a state of being which has a positive impact upon others.

Participants' confidence in interacting from more authentic aspects of themselves was also expressed in a sense that, rather than being driven by a need for the

approval of others, interactions with others were potentially liberated from habitual tensions if participants were interacting from the 'heart' or from a place of 'presence'.

J2:- “I know that I want to strengthen that connection with my heart and have more conversations with it. And why not have conversations with it, having conversations with your head is a no brainer it can go in a million directions it's like having a conversation with the internet. I don't want to beat myself up but at the same time I want this relationship. It needs practice and every day I become stronger and more aware of myself and you know it's really important. I actually find that if I am in the company of people who are very much in their heads, and I think there is a significant limitation as to how deep or meaningful that interaction can be. But you know it is important to be able to connect with people who are in their heads, so you know sometimes we have to have this duality and this subtleness of how much can I be in my head with this person and how much I can be in my heart, and maintaining some connection and maybe drawing them into the heart. So maybe they sense something in you and the can be drawn into that, because I think most people are drawn to this place of the heart, but most people don't know how to tap into it. Hopefully by me being there more it will help other people to be there and it's a great place to be.”

Some participants described the impact of locating themselves in this territory to enable others to move into deeper states of presence and heart consciousness, as if they have received an unspoken 'subliminal invitation' to access their own freedom:-

S:- “ I think it helps someone to find that place in someone else because that's the place I'm communicating from in myself... I think it's almost like an unconscious invite, while I say its intangible there seems to be some sort of subconscious tangibility to that unconscious, or whatever we want to call it.”

Having explored the nuances identified by participants within the second major constituent, I will now turn to the third essential constituent: ***a sense of possibilities opening up.***

Constituent Three: A sense of possibilities opening up

This experience was referred to in relation to the term 'lightness', but mostly in relation to the term 'aliveness'. In elaborating on this quality, I will show something of the nature of the wider horizons of living or acting that become available. These wider horizons of meaning and living appear to occur specifically in contrast to a

previous preoccupation (constituent one), and can be understood as a form of experience that opens up the possibility of a different future from that preoccupation, and one which appears to be authentically possible.

Participants described four distinct but overlapping ways in which new possibilities emerged:

3.1. A sense of possibilities opening up resulted in an increase in energy, of feeling enlivened.

3.2. A sense of possibilities opening up resulted in an increase in vivid sensory experiencing.

3.3. A sense of possibilities opening up occurred in conjunction with a more expansive sense of self.

3.4. A sense of possibilities opening up occurred in conjunction with new meanings to being and acting.

I will now explore each of these nuances as they were described by participants.

3.1. A sense of possibilities opening up occurred in conjunction with an increase in energy, feeling enlivened.

A significant characteristic of the opening of horizons of living and acting was a sense of having more energy; of being enlivened. This energy empowered individuals to break through previous obstructions and move towards new possibilities. Some participants described feeling this as energy emerging in specific parts of the body:

M1:-“I often left therapy feeling like a different person than the one who came in. I felt lighter and with a set of tools under each arm.”

M1:-“I could feel more energy shifting in the centre of my stomach.”

Others described a greater sense of movement both psychologically and physically.

M2 described being able to dance and feeling incredibly alive after previously having

felt contracted and depressed. This quality of increased energy came from talking and laughing and from certain practices which were described as facilitating subtle shifts of embodied change. For others there was a sense that energy had been repositioned and had reshaped them. This sense of an increase in energy also had a nuance which related to non-separateness, which contrasted with earlier preoccupations of attention relating to interpersonal aloneness:-

M2:-“I no longer feel alone because the energy I feel belongs to everyone.”

S:-“I feel neither separate nor singular.”

Increases in energy frequently came from being able to access more of the self quickly and easily and by giving neglected self-aspects regular attention. Many participants named a greater capacity to notice and express sensory experiences through Focusing as enlivening. The experience of energy altered participant's sense of self and of their own capabilities.

S: -“This is what comes from going into my body and kind of listening, I hope in a present way to what's going on, what's behind the initial emotions, this sense of physicalness. There's this me that I guess I had before I explored this with you, it felt a lot more recessed, like it was sitting a lot further back. Rather than being a back seat driver, more like the back of a double decker bus. Whereas I feel now, through the therapy, I've gradually come forward and forward in myself to the point where I can fairly quickly go 'There I am', so who I am becomes something different than I might have thought before.”

J2 described the value of embodying practices into his life, particularly practices which developed masculine qualities, as the most helpful aspect of the therapy.

3.2. In some cases, a sense of possibilities opening up occurred in conjunction with an increase in vivid sensory experiencing.

Participants described a sense of underlying 'jingliness', liveliness and potency and hope.

S:- “I guess for me to experience that kind of feeling, just noticing what's going on in myself... I feel it often. I think it feels like an expansion. Even if the human emotions are quite raw at the time, with the noticing of the emotion there's also even pleasantness when you meet the feeling and the

sense of expansion...it is also like tingly... I don't know how, sort of reminds me of the spring in a way [laughter], the growth and spring has an almost innocent cheekiness to it."

This embodied experience also resulted in shifts in perception and in more vivid sensory experiencing, a more intense sense of participants' own colour and vitality. For some participants this contrasted with the colourlessness of their experience of depression. M2 spontaneously visualised beautiful colours and light emerging from a crystal, an experience which she described as very lovely. Fire and heat and colour had also helped her to internalise 'aliveness':-

M2:-"I am remembering now something else about colour and about warmth and 'aliveness'. I felt I had no colour and you said your colours will come back and I remember how grey and cold those winter months were, and I said how much I missed the sun and you said something about how in the winter you used the fire to find that heat and light and that helped me to see in the fire."

T found that she spontaneously experienced colours in her body when doing Focusing. All participants described the Deity Yoga and the 'Planet of Healing' visualisations referred to in chapter 4 as contributing to an awakening of the senses. J3 described his experience of the 'Planet of Healing' visualisation as akin to "being both fed and fertilised".

3.3. A sense of possibilities occurred in conjunction with a more expansive sense of self.

The possibility of living from what the participant's perceived to be the spiritual part of oneself, or of living from the heart, generated a sense of excitement at the possibility of being existentially capable of more than had previously been assumed.

J2:- "It doesn't have to be a battle, it's a gentle process.. when I go into my heart space, I feel this unconditional love where the ego is not around and there are no attachments or needs and there is just this infinite space of just pure love that's all I have. It's warm, it has a tingliness and very much a peacefulness and a 'lightness' and sometimes I see colours, green or gold or blue, whatever works at the time and it's a real sense of stillness and purity and it's a real refuge of safeness, where the mind is not throwing words in. I

am excited that it will continue to enrich my relationships with others and myself and it needs practice, it needs daily practice, but that practice doesn't need to be a battle it can be a very gentle journey and for me I am excited that as one does it more it pervades one's being and I am hoping that, my goal is that it pervades my being the whole time. That has become my main life goal."

Many participants spoke of the loss of fear in relation to further self-exploration and a sense of intrigue about what else might emerge from further therapy, or from lived experience. This contrasted with earlier feelings of apprehension or habitual restrictive preoccupations of attention.

J3:-"I had a sense of excitement before each session waiting to see what would emerge."

T:-"Now I am no longer afraid of meeting parts of myself, I am free from the shackles. I can be the person that I truly am."

3.4. A sense of possibilities opening up occurred in conjunction with new meanings to being and acting.

Wider horizons of meaning and acting were often expressed in more spontaneous and fearless ways of relating, and a growing respect for the creative autonomy of the self. New meanings emerged to replace previously weighted thematised life narratives. These meanings were often associated with more valuing of the self and resulted in programs of self-care and contemplation. T discovered that she herself also mattered; it was not about always being selfless. J3 described how therapy had secured his sense of self during a time of endings and new directions, allowing him to look into the possibilities of a future without feeling fearful:-

"I became excited before each session to see what was about to come up. It's about growth and being open, being open enough to welcome who or what is coming up and its okay. It gave me that sense of, its okay to be who you are and where you are. That that's acceptable. I think at that time as well there was a sense of... There was a sense of new direction coming with my divorce, my marriage ending but I think the therapy assisted to secure ... secured my sense of self, but also allowed me to look at the possibilities of the future without feeling fearful."

Qualities within feelings were increasingly differentiated as a more autonomous and inherently pleasurable experience of the self-structure enabled the emergence of new sensory meanings to being. J2 described how the 'Planet of Healing' visualisation took him to a new place within himself which he described as his “pure source.”

J2: “Because there's so much vivid description in there that's very ... takes you to an energy, I think it all takes you to your pure soul or your source, that's what all your descriptions are doing all the time, so it's a repetitive thing. You took everything out that could play with my thoughts – everything was experiential and feeling, there wasn't one thing in there that took me into a thought pattern. Which was great, because that's where we wanted to be, we wanted to be at source, peaceful, you know, feeling that pure love that we all have in our soul that is messed around with when we allow other thoughts to come in. So that was the whole thing, there wasn't one thing that took me away from my source. Yeah ... that was powerful, yeah.”

An increase in the embodied energy of 'aliveness' enabled participants to have a greater sense of being carried forward to a future which felt open and potent with creative possibilities.

Having reviewed constituent three, I will now move on to explore participants' descriptions of constituent four, ***the integration of a sense of freedom and possibility into one's life.***

Constituent Four: The integration of a sense of freedom and possibility into one's life

Participants described a process of integration of freedom and possibility into their lives in which the sense of 'lightness' appears to have an active or directional function constituted by a creative ability to transform and mould the self and surrounding concerns and engagements. In elaborating and clarifying this constituent, I will show how there are a number of nuances relating to how such direction and integration occur, which I have summarised as follows:-

4.1. The integration of freedom and a sense of possibility ('aliveness')

becomes an ongoing reference for living.

4.2. The integration of freedom and a sense of possibility involves practices

(tools) that open up this experience and become an important reference for living.

4.3. The integration of freedom and a sense of possibility is a process in which

'lightness' and integration occurs through a 'tantric' going-into the 'heaviness' and pain rather than avoiding it (and this constitutes a greater faith and experiential power).

I will begin by exploring the first nuance.

4.1. The integration of freedom and a sense of possibility ('aliveness')

becomes an ongoing reference for living.

Participants' descriptions of accessing qualities of freedom and 'aliveness' made reference to corresponding shifts in their sense of self. These were characterised by movement from rigid and defensive self-definition to a more open and expansive self-identity. This was combined with a determination not to surrender newly gained existential territories.

J2 describes how a shift in a sense of self occurred by finding access to the "heart space".

J2:- "Maybe we overuse the brain and it's introducing the heart space back into one's life and allowing it to become the driving force for me rather than allowing your brain to be your driving force. To let your heart, your body and your soul to drive you. And you know it's not always an easy thing to do because your brain, it's like a computer, the heart is more ethereal and visceral and not as tangible as maybe a thought and I think especially if you are a guy it's harder to tap into. But that said, once tapped into and you have that feeling you feel very fortunate and lucky that you discovered it and you can use it to keep being in your truth. And that really is such a much more peaceful place to be."

Participants demonstrated an increasing alignment with movement, expansion and authenticity, a commitment to being who one truly is in the wider world. This resulted

in a shift away from self-destructive habits. As a result of experiencing stillness and peace, M1 identified a pattern of attachment to “drama”, and committed herself instead to following the “flow of being”. Many participants experienced a developing altruism. This was expressed in a variety of ways, a mission to bring presence into the community, to offer a depth of heart relating to others, to be more understanding and forgiving of the behaviour of others. Some participants described the excitement of developing self-responsibility and agency and an increasing ability to differentiate between helpful or unhelpful responses. B described an ongoing process of drawing upon these emerging experiential resources in her everyday life:-

B:-“ Yeah, I still feel I resonate with ... it's almost like taking more responsibility, or like standing more in self, I still feel my awareness is still growing in that, of like yes I can remove myself or can just shift my energy and breath and not be so reactive or ... trying to push something, you know, find ways or tools within a circumstance, take myself inside myself or ... and that part with the door did really help when some thing's on fire, just walk out, yet at the same time I had to be careful because that was my pattern always was to just walk, so it's like a fine ... I'm learning how not to walk, but I think it's erm, walking out on that pattern, you know. What's just coming then, I don't know what words exactly you said or when, but just a sense of feeling how much I'm creating or responsible for my life, and that brings a sense of real 'lightness' and freedom, to really see and feel that authority of self, and realising that, you know, it's only when we choose to do that, there's such freedom in that. I don't know, I remember that, it's more of a feeling of that, awareness.”

The association between a sense of freedom, 'aliveness' and authenticity became increasingly developed. Qualities of embodied energy 'felt' true.

4.2. The integration of freedom and a sense of possibility involves practices (tools) that open up this experience and become an important reference for living.

For all participants, the experience of having tools to regularly work with assisted in the development of a holistically orientated self-reliance, an embodied owning and experiencing of qualities and textures which were described as “beautiful”,

“limitless” and “nurturing”. T described a huge sense of release and relief that she had acquired a tool with which she could access her darker side, meet the anger that was there and also nurture and heal it. The sense of empowerment afforded by having tools and resources was important for many participants, giving them a sense of control even during times of acute vulnerability or perceived external threat. T described the relief of having a “key” to her own well-being. Other participants had similar words for this experience: a “set of tools,” a “magic tool box,” a “set of keys,” a “walking staff” to take with them and apply in challenging situations. This generated a sense of experiential freedom. For T, the fact that she was not dependant on anyone and could go inside herself and do this as a daily practice was very important. She described this as “the thing I really needed to move forward”. J1 described her sense of relief at having tools which she could use immediately and which were simple and effective. S expresses the value of these practices in this way:-

S:- “Through these practices you notice, you suddenly realise, now I’m engaged with myself, now there’s this presence, this expansion, this potency and if I drop off that I notice how superficially I am talking to myself [Laughter].”

The capacity to use these tools to change experiences quickly and easily was described by participants as generalising into an increased sense of resource in different life situations. Previously feared challenges relating to thematised life narratives were reduced by moving attention from the fear or the specific situation to the autonomy afforded by creating a different experiential space.

4.3. The integration of freedom and a sense of possibility is a process in which 'lightness' and integration occurs through a 'tantric' going-into the 'heaviness' and pain rather than avoiding it (and this constitutes a greater faith and experiential power).

The freedom and vitality required to creatively mould the self instead of passively absorbing experiences resulted from experiences which made expansion exciting and safe rather than threatening. Participants described how going into previously avoided experiences of heaviness or pain contributed to a sense of fearlessness and empowerment. For T meeting the part of her which was angry with herself and allowing it to speak to the other part of herself in a symbolic form enabled two opposing self-aspects to meet and become integrated. Being able to meet and nurture pain herself was intensely liberating as previously the religion she had been brought up in had mechanisms which had protected her from meeting and managing painful or painful experiences independently. Finding different tools to do this without a mediator was liberating and reduced the potential of being shamed by sharing experiences with someone else.

T:- “Mmm, [pause] well what first comes up in response to that is ... growing up with, erm, in a Catholic environment and the darker side of oneself is something that ... you do look at but you can confess on a regular basis so, the way I was brought up was that I would go and I would tell my sins, or the darker side of myself, to the priest, and then I would get penance, which was about ... cleansing myself I suppose – But and there was a feeling of ... of guilt and seeking forgiveness, so this kind of mechanism for accessing that side of yourself and listening to it as actually needing to be listened to in its own right and it having something precious to say, is so different – Yes it does, it was giving me ... it was empowering me to, erm, deal with it myself, not through a priest or ... what had happened in the past was an intermediary”.

Participants described how this shift from avoidance to exploration, was sometimes facilitated by using specific tools:-

M1:-“I think we used it once, when maybe once or twice when I sort of came across something quite big quite suddenly and I maybe...my initial reaction was to let it go or push it away rather and we used breathing there to see if we could go deeper and see if there was anything else really going on there.”

S:- “The breath helped me to become more present in my body and made me more integrated... an integrated sense of self...The breath helps me, um, come into that... and notice my state of being and what actually needs to

exercise itself [laughter] in a way, or be heard. Yes, I guess, once I had become familiar it using breath and sounds an awareness begins to grow that I am not just thought, not just emotion....It would now seem bizarre in a therapeutic environment not to explore into those elements of self, the breath, the sound. I am not greatly comfortable with the word spiritual but spiritual aspects, the things that encourage a sense of being, that seems to me to have been a very important sense that I can come into a sense of being integrated in myself, that I can get through challenging times, or even that in those times I can meet myself.”

Some participants systematically combined using Focusing to explore painful experiences in the body and then consciously invited 'lightness' into those places. They described this as generating compassion, shifting attention from self-as-wound to self-as-healer. For example J3 describes how she uses visualisation to “explore” rather than to “avoid”.

J3:- “I am sure it was the light coming in and then I would visualise that coming down and then bring up each layer of what was happening at the time, what came into my mind or my heart or however it was felt and sat with it...that helped me to prioritise what to work with, like a filter. I was feeling light and listening and healing myself.”

J1 described how she was able to reveal new parts of herself through the therapy. She began to sing and write new songs and at one point suddenly visualised herself as having grown a dragon's tale when she had been applying Focusing to explore pain in the base of her spine. To J1, this represented her hidden strength which had finally been allowed to reveal itself. B discovered a new territory within herself during one therapy session which gave her a sense of 'lightness' and space as it could accommodate all of the inner battle which she had previously felt unable to either manage or withdraw from.

Constituent Five: Pathways to 'lightness' and 'aliveness', some of which can be seen to be generic to the interpersonal situation of therapy, and some of which can be seen to reflect the distinctive practices of Vajrayana-influenced and Focusing

Many participants described the manner in which particular adapted Vajrayana practices and other generic therapeutic interventions engendered experiences of 'lightness' and 'aliveness'. Within this constituent, I will explore particular pathways to 'lightness' and 'aliveness', some of which can be seen to be generic to the interpersonal situation of therapy and others which reflect the distinctive practices of Vajrayana influenced and Focusing-orientated therapy. Under this constituent I will elaborate and clarify these four nuances:-

5.1. Deity Yoga practice is particularly conducive in some cases to facilitate a freer sense of embodied identity that is more independent of previous identity restrictions. This possibility is first experienced as a separate image, and then becomes part of self- experience.

5.2. A number of Vajrayana-influenced practices will indicate their particular possible strength in relation to facilitating the experience of freedom (constituent two), possibility (constituent three) and their integration into everyday life. The Vajrayana-influenced practices explored in this section are:- a) breathing practices b) mantra and c) Vajrayana-related visualisations.

5.3. Focusing techniques as an explicit pathway to experiences of 'lightness' and 'aliveness'. Some participants made reference to the impact of Focusing as a 'stand alone' technique as opposed to its use in conjunction with Vajrayana practices. These descriptions are explored in this section.

5.4. Generic visualisations: the application of Gestalt techniques and the 'Cutting the Ties that Bind' exercise, descriptions of which are explored in this constituent.

I will begin by exploring participants' descriptions of adapted Deity Yoga practice and its impact upon a change in previous restrictions of identity.

5.1. Deity Yoga practice is particularly conducive in some cases to facilitate a freer sense of embodied identity that is more independent of previous identity restrictions. This possibility is first experienced as a separate image, and then becomes part of self- experience.

Participants described a greater freedom in their sense of embodied identity as a consequence of Deity Yoga. This new identity was independent of previous identity restrictions, resulting in a lightening of the burden of fixed identities. Participants' alluded to a developing the capacity to escape from or transcend beyond habitual feelings of overwhelm, whether they were related to guilt, sadness or lack of self-love, and which became blocks to expansion. These newly sensed freedoms frequently related to an increase in creative flexibility, a greater sense of the 'limitless' in relation to giving and healing, lovingness and self-nurture and a corresponding increased sense of 'lightness'.

In response to a question about any moments within the therapy when he had experienced embodied change, J2 described his experience of visualising the deity Tara.

J2:- "At the time I ... because I was needing a sense of self-nurturing and compassion, actually Tara was very powerful because of how you described her and how you asked me to embody her whole being and sense of her into myself, so that I think, because nurturing is potentially a more feminine energy, I probably needed that at the time, and erm ... actually it did work for me."

Some participants originally felt they would not be able to work with visualisation, but with practice found they had developed an embedded resource for times of vulnerability:-

M1:-". And then especially recently I used her when I was away, because I was having quite a big sort of spiritual experience and, um, I was feeling quite vulnerable in that experience and I really called upon her and really tried to pull her in strongly, and at the same time while I was doing that, while I was reciting her mantra over and over again, I was also getting these

waves of love for people I knew just kind of coming through me without making it happen or trying to make it happen I suddenly realised what was happening and I was just kind of in this really open state of gratitude of love flowing, and since then – and that was about three weeks ago – I've kind of felt almost like her presence nearer or even more easy to access”.

A further effect of Deity Yoga identified by participants was a sense of “bridging.”

Some participants described this as an integration of vulnerable and more impregnable self-aspects. B described her experience of merging different self-aspects as follows:-

B:-“It was the part that, that part of ourself that is, is that divinity and connects with that. So it was that part that isn't hurt and isn't, you know, shaken by the day to day pains of being human. It felt really beautiful and it felt like it was really connecting the two, connecting, erm, that kind of divinity within the heart space, within that landscape of the heart, and from that place kind of cleansing what's still a very physical, painful emotion or sensation in the body. So it felt very healing and like a bridge, like it was connecting the two aspects of where I feel separate sometimes, that kind of divine self and then that human part that feels everything.”

For M1, the fact that the deities were essentially human in appearance helped to facilitate this quality of “bridging two distinct dimensions”, which she differentiated as “grounded experience” and the “etheric”.

M1:-“Um, there's something about personifying it I think, because it's familiar, there's a real sense of familiarity, and something about bridging that groundedness into the etheric realm, or bringing that from the etheric realm in the grounded experience or vice versa. The other visualisations are really wonderful but ... and maybe I can think, oh yes I'll do that one, but it's easier for me to reach out to a deity rather than to reach out to a specific visualisation, a more abstract one.”

Appealing aspects of the image of the deity were identified as activating subtle, fast moving currents of attraction, emulation or a need for nurturing. This immediate sense of movement towards the deity resulted from participants seeing within the image of the deity whatever they individually needed or wanted. For some, the deity originally signified an attractive member of the opposite sex and then became an

aspect of their own self-experience. M1 describes the value of this attractive dimension as follows:-

M1:-“The way you described him made him sound quite luscious and exciting and I’ve looked at a few pictures of him and they differ slightly and er ... it’s hard to find one actually with the way you described. But I saw one recently, um yeah and I could really see him again and actually I’m going to get another picture of him and blow it up a bit bigger so I can really connect with that visual again ... because I find it really helpful ... and to really kind of imagine that inside of me ... to clear and to purify ... So with the Vajasattva practice, we’ve used it a few times and I remember being quite kind of mesmerised and excited by the way you were describing him, um, the first time as this very kind of luscious deity. Yeah, yeah, just really connecting with him strongly and him being first of all outside of me and, um, and the colours and the gold and just the richness and the beauty of him, and then, yeah, really sort of owning that possibility, that sense inside myself of that manifestation of energy.”

M1 also described how she used the same sex deity Tara to find the extra resources to go beyond her habitual patterns of limitation. She described her capacity to access Tara as enabling her to explore parts of herself which she would habitually push against. Her experience changed from an acceptance of the practice, to a memory which she could then more deeply connect with and access in stressful situations:-

“There’s something about connecting with her energy that helped me to just deepen into myself, to let go a little bit more and, um, some kind of tightness, contraction in my body, some kind of blockage or fear or resistance and, erm, she helps me to just go ... go into the places I think that I’m pushing against, somehow, and to just kind of allow it to be, and as I’ve used her more over time I think there’s more of a ... that acceptance becomes like a memory that then I can connect with a bit deeper maybe, you know, and at certain points of really pulling her in, in more stressful situations I think, I don’t know, for some reason that seems to build a stronger sense of her around me which continues.”

For other participants, the same sex element was significant for collective and “archetypal” reasons. To J1, Tara was associated with a wise woman archetype, a grandmother capable of understanding women’s suffering. This helped J1 to transform her own personal and pathologised experiencing into a wider existential,

collective suffering which merited a compassionate response. In the original dialectical relationship between the image of the deity and the perceiving subject, the emotions associated with solitary reflection tended to disperse as the relational positions of vulnerable seeker and 'limitless' healing became all-absorbing. For example, J1 described how visualising Tara enabled both the experience of nurture and of healing:-

J1:-“She was kind of giving as much blue light as you need, kind of thing, and I think the reason I really went for that as well was because when I first started meditating, a long, long time ago when I was probably about seventeen, so about twenty years ago, um ... one of the first methods of meditation that I did was when we imagined somebody ... well I don't know how we go to doing this, but I remember imagining, visualising, my grandmother who had passed away – maybe it wasn't that long after she passed away – and that she was feeding me blue medicine. So that visualisation of being healed by the female, with this blue energy, with this blue healing energy or light, was one of the first sort of methods that I used, I suppose, or one that stuck in my mind anyway. And, um, so I've always imagined this sort of like being fed a blue healing light or blue medicine, which contains whatever it was I would need in order to restore or heal, and so the Tara practice probably picked up on that, and, um, I think that's why, and obviously with it being female, so ... I think that's why it appealed to me. And within the practice I just imagined this sort of vivid character that she is, sort of all-knowing and sort of very motherly, but not in a motherly ... it's difficult to say, nurturing not motherly, nurturing, like a wise woman would be. And um, understanding me, as a woman, understanding women's suffering. Yeah, that's what I remember really.”

J1 then used the internalisation element of Deity Yoga to find the nourishment she needed to heal her relationship with her daughter, and others with whom she was experiencing difficulty. She applied Tara's capacity of 'limitless' giving to facilitate a sense of giving without depletion. This then impacted upon a previously held implicit belief that damage done to others, or herself, in the past could not be healed or transformed. Participants spontaneously and creatively took from the deity the self-aspects which were most helpful to them and which were relevant to their own psychohistory.

J1: - “A practice we did involving, was it Tara? It was female and that was really, really helpful for me ... Um what we did was, you were saying that when we are healing ourselves we are healing the world as well and so I just felt this connection. I remember quite vividly this sense of sharing that with the world and I just felt like it was a source of comfort to imagine her um and her capacity to understand suffering so that was really, really, useful. And I think there was another really, really powerful thing, um, that I found was imaging someone sitting opposite you, maybe C [participant's daughter], or someone else or myself and imagining taking C to my breast and letting her take whatever she needed ... And I suppose there were two different things there, there was looking at the person sitting opposite and seeing what was needed, maybe it was me when I was younger or someone I was having an issue with or something like that, and there was this sense of having no limit to my physical body and being able to give, to make up for what had happened in the past ... I think just nurturing, a nurturing feeling, of being able to ... Because sometimes I felt like I just didn't have enough energy to give, um, and sort of whether it being the physical, or emotionally or even mentally, and using that meditation was, just felt like it was infinite and there was no worry over having to feel depleted, or, it was feeding me as it was feeding her”.

J1 also described how using the deity Tara impacted upon her capacity to view situations and others differently, giving her a greater sense of vision and interpersonal resource:-

“I was able to have a different perception of that situation and um to see that person in a different light because we had had a conversation on another level.”

The “archetypal” aspect of the deity engendered both general and idiosyncratic “projections” and associations. For some participants, the image of a symbolic spiritual “helper” developed in distinctive and unpredictable ways and was retained in memory in the form most culturally acceptable for integration. For M2, the deity Tara became an angel:-

“Then there was there was this vision in front in my head, quite small at first about this size, like an egg and that was very light and bright either I went into it or you suggested I go right into it to go and observe it closer to see what it was and it turned into an angel and it was my angel. So that that angel was bright white but I could see, I could feel, that it was a her and I think this business of nurturing has been incredibly transformational for me. I suppose I am still learning how to ... how to deeply nurture myself and love myself so this was just the start. And she was so beautiful and she accepted me and she was completely unconditional love, which I hadn't realised was

there for me in the universe, that began to lighten that darkness so I went into her and she held me and I cried and cried and I cried a lot ... so that's what began that transformation into the light. That beginning to understand that I was loved and that um, that the pain that I had could be transformed from a dark, dark colour to a gradual turning ... Of course it doesn't just go from black to white. It had a process of transformation that it had to go through, but that was the beginning of it."

The realisation that this angelic, nurturing symbol was an aspect of herself was also identified by M2 in her second interview as important for her recovery from depression and as a self-aspect which had now become sufficiently integrated to be almost unnoticeable:-

"At the time I had forgotten how to love myself, and I was so critical of myself and that ... that self-nurture, when I realised that, and that was definitely through your guidance, because that angel is myself, self-nurturing, being kind, and unconditional love and compassion for myself, and it took that, it took the therapy to draw me into that, make me see that. So yeah. Oh yeah, yeah ... I don't think of that so much now, I probably just sort of do it without realising really ..."

Some participants remembered particular fragments of Deity Yoga visualisations. T described her experience of accessing the light energy in herself and how it generated a sense of movement. The confessional, compassionate and transformational aspect of Deity Yoga, all contributed to an increased sense of 'lightness' and integration.

"I liked our ... I liked the work we did on the sutra of golden light, the confessions, I loved that and that did used to make me feel very ... I suppose, transcendental is a bit of an exaggeration, but it does ... it felt like an opening up to that aspect of my consciousness and that certainly did give me a feeling of 'lightness' and ... compassion for the universe and... the release of suffering of all beings ... the relief I should say, of suffering of all beings, which is what ... it really is a kind of plea for, really. So, yes, that certainly did. And also the practices with light, the ... just that, the use of light, the use of the golden light, healing light ... that did also make me feel lighter, for sure ... it was, it was ... accessing that energy in myself and giving it its movement, releasing the stuckness or something, you know, because I can remember feeling quite thick and sticky and stuck, energy-wise, so somehow it was ... giving it a little bit of momentum, yeah, and then working with the light did that, you know the kind of... and turning it into nectar and that kind of thing."

Participants' descriptions suggest that Deity Yoga facilitated points of connection and expansive fusion in which blocks to expansion could dissipate. Participants described these blocks as occurring in relation to issues with the opposite sex, with family members, friends or with their own self aspects.

5.2. A number of Vajrayana-influenced practices will indicate their particular possible strength in relation to facilitating the experience of freedom (constituent two), possibility (constituent three) and their integration into everyday life. These Vajrayana-influenced practices include:- a) breathing technique b) mantra c) specific Vajrayana-related visualisations.

a) Breathing techniques

All participants identified breathing practices as contributing to a sense of freedom from 'heaviness' ('lightness') and as generating a sense of both new possibilities and integration ('aliveness'). Two specific breathing practices were used: normal breathing with attention on the breath, which was often combined with the application of Embodied Focusing), and deep slow breathing techniques. Some participants described these as having specifically different effects, the former facilitating a sense of "centring" and moving attention into the body and the latter generating an increase in "power" and life force. As breathing practices also formed part of guided visualisations, I have included within this section descriptions of the contribution breathing practices made within these visualisations.

Participants' descriptions suggest that breath can be a direct portal, giving rise to a grounded sense of space and identity in which they felt enlivened. Breathing connected participants to feeling grounded in the body, which then linked to a sense of being in the present moment and to the surrounding context. This resulted in a

greater sense of 'aliveness', with the corresponding freedoms which renewed energy brought.

Participants' descriptions suggest that breathing practices gave rise to both a contextually related grounded 'aliveness' and the 'lightness' associated with moving forward through stuck and painful experiences into a greater sense of awareness.

J2 described his memory of the deep, slow breathing as an essential prerequisite to the possibility of experiencing a "sense of self", and "moving out of the head", in addition to providing the necessary power for an experience of healing.

J2:- "I definitely retained that we always started off with slow breathing and that we often focused that breathing into the heart. So we had as much, you know, deeper breathing to get us into our sense of self and move us out of our heads. So I always remember that being a prerequisite. I couldn't have done it without, I mean, I wouldn't get the same powerful sense, you know, I've done different things whether it's reiki, or, you know, other energy healing and without the centred-ness of your breathing, and slow breathing, you just don't get the same power in your experience."

A similar sense of using breath (and in this case, also mantra) to move into a more expanded sense of self than the "head" was also described by S.

S:-"I experience it on a feeling level, but the practices help me notice what I am feeling in my body, but I think if I was to stay in my head I wouldn't be able to release into the expansiveness, feeling able to expand myself ... it wouldn't come from the mind aspect, it comes from the sense of self and then this unknown or known quality that we seem to have."

M2 described the deep, slow breathing as being the most significantly helpful aspect of the therapy for her, helping her to "hold onto life" at points of acute vulnerability.

When asked in her first interview to use Embodied Focusing to see if there was anything else which her body wanted to say about the experience of lightness, she responded:-

"Yes, it's about the breathing, about how important that has been. I have to talk about this. You see when I first came to see you I thought I knew how to breathe; I had done it before when I learnt transcendental meditation. So I was irritated at first when you said we should breathe. And that first breath

we did, it was so tight and constricted in my body, it was so hard to push through. And I went home and I wrote down in my journal exactly what you said. Look, here it is [shows page in book] you said: "Breathe, M, Breathe, breathe, breathe, hold, hold, hold, release, release, release." And I hadn't been breathing like that, not like this, really taking it in holding it in the whole body and releasing like this. [Does the breath] Now this feels so easy to do, it feels so light and it brings me energy, so I do that every day. That has really, really helped. And I can feel it does activate the parasympathetic nervous system like you said ... I think the breath was incredibly significant because I hadn't realised I had stopped breathing, I had forgotten how to breathe deeply, my breathing was very shallow and it was ... my neck was so restricted and my shoulders were so tight that ... that was probably the most significant thing that we did together."

M1 also described the essential nature of the deep slow breathing for her:-

"So, there's been a few, and I think I remember one, probably more recent, where I had to breath in quite ... really deeply, actually – as deep as I could – and then hold it in and bolt the door at the top and bolt the door at the bottom, and really just hold it in and then let it all out, and that feels very innately necessary for me, I think".

Two participants felt uncomfortable with the therapists' deep slow breathing as if it was reminding them of self-aspects which they were resistant towards or unaware of:-

T:- " There is one last thing, but it's not really... it's not a direct response to your question, it's just something that has arisen that I'd like to say, which is an aside if you like. Which is that I can remember doing deep-breathing with you ... and I was always kind of fascinated by your deep breathing ... which is really deep-breathing, and it felt like ... that the depth that you went to within yourself felt quite almost like you... you know, like it was really sort of, sounded like quite primitive deep-breathing, almost like cat-like or something, and I kind of sometimes used to find that a bit unnerving a little bit, and that made me think well is there a kind of ... that really deep primitive part of myself? Does that still frighten me a little bit? That somehow something about what you were doing that used to make me feel a little bit ... mm, you know. And so I'm kind of curious about my response to that and thinking maybe there's something deep down in me that is still kind of ... there's something there that I'm not a hundred percent comfortable about accessing, the really deep primitive kind of energy maybe ..."

M2 also described how the deep, slow breathing enabled her to have a sense that she was returning *into* herself. Each time she brought her attention back to her regular breathing she gained a sense of presence:-

“Did it help me to feel more alive? ... I think [laughter] I think it helped me to ... I think it helped to, to just to ... um ... like, um hold onto life, really – I think the ... alive, the way I'm feeling now is incredibly alive and my life has been a long journey and a change, I wouldn't have said to be alive then because it would have been to ... to have ... to have become ... it was a healing, it was a gradual healing – a gradual return to myself, so the breath was a return into myself, very gradual.”

Breathing practices therefore made different contributions to well-being at specific points in the therapy and afterwards. M2 described in detail how she used breathing practice many months after the therapy had finished to stop her grinding her teeth at night:-

“But I want to talk about the breathing first. My teeth were grinding and grinding and I had never had that before at night. And I kept asking myself why, why, why is this happening to me. And things had got better and I had a new job and I went to the dentist and the dentist had given me a tooth guard to help with grinding. Well, that lasted a night and I wasn't going to be messing around with that anymore and then I realised it's the breath. Because when you breathe into your belly it relaxes the jaw helps to open it up and stop the grinding. So I told myself that for a couple of days, you are not going to grind your teeth any more, you are going to breathe. And that's what I did. Literally, within a couple of days, it had stopped.”

“The breathing brought me into a new space that's for sure and allowed me to access what's really going on for me. I found that really, really comforting and calming.”

J3 found breathing enabled him to relate to himself empathetically and to connect with his heart and his mind. He found the more regular “centring” breathing particularly helpful as combined with visualisation, it enabled him to heal damaged self-aspects and experiences.

J3:- “Um I remember you saying take a moment and feeling into what was going on at the time as well as the breathing. The breathing allowed me space to really find out what was going on inside. You would ask me to explore what in my body would like space and attention right now and my breath would seek it out ... It made me realise that it isn't so much that I need yoga but that I need meditation because that is what takes me into that place, the breathing ... Breath, time out, surfing, that's amazing, the ocean enables me to connect with my heart and my mind.”

J3 also referred to the positive effects of breathing when combined with visualisations and how this became integrated into his life outside the therapy:-

“Yes, it was a visualisation where we brought down light through layers, first we did breath work and then this light came through the body and there was also the 'Planet of Healing' where every breath was cleansing. That was really healing, that was really good as pain relief through that whole divorce process ... I think because I got married so young, actually it was actually all I could remember and that process, I thought it went on for longer than it did, it felt like it didn't stop in the therapy room it went on extending outwards it was like I was being fed and I was using it a lot to check in with I mean outside the sessions as well.”

S described how both breathing and mantra gave rise to a spring like quality of potency and hope and breath became a metaphor for life, of giving in and giving out. This had the additional component creating an embodied equilibrium. S also described how using both breath and mantra created a sensory quality of sweetness which was accessible even during times of difficulty.

S:-“Breath I've learnt also to be for me, a metaphor for life, taking things in, giving them out. Being able to create a sort of even-ness of in and out breath and also being able to be okay with its changes.”

““The breath helps me, um, come into that. And notice my state of being and what actually needs to exercise itself [laughter] in a way, or be heard ... Yes, I guess, once I had become familiar with breath and sound an awareness begins to grow that I am not just thought, not just emotions ...the practices lent a sweetness to meeting even difficult emotions. It would now seem bizarre in a therapeutic environment not to explore into those elements of self, the breath, the sound. I am not greatly comfortable with the word spiritual but spiritual aspects, the things that encourage a sense of being, that seems to me to have been a very important sense that I can come into a sense of integrated in myself, that I can get through challenging times, or even that in those times I can meet myself.”

S also described her use of breath and mantra as reducing her sense of aloneness and isolation by affirming a sense that she is neither “separate” nor “singular.”

S:-“It feels a very personal experience, but it also makes me feel very aware also of a sense of greater connection which, looking at it purely from a therapeutic point of view, what it's done for me is when you are feeling very challenged, no matter how many family or friends you have you can feel very alone and that in itself can cause a lot of additional suffering and from the

practices again I feel there is some kind of intrinsic sense of comfort. Comfort sounds almost too reactive or too needy, it comes almost before that, it's like some sort of just knowing for me that I'm not, I'm not singular, and I'm not separated."

For some participants, combining attention to breath with Embodied Focusing gave a sense of active direction in addition to reducing anxiety and generating "stillness":-

J3:-"I suppose it's almost a form of direction, breathing and finding when you're taking that time to breathe its giving you and your body space and that takes you to that place. So I mean I used to do it, I don't so much now, but at home I would make a decision when I was going through the divorce and all that. I used to use breathe to check out my wellness, checking into each organ, is it grief, is it bereavement? It brings stillness ... it really helped with the adrenal rush that I was experiencing, that butterflies feeling in the body."

Participants' descriptions suggest that breathing practices gave rise to both a contextually related grounded 'aliveness' and the 'lightness' associated with moving forward through stuck and painful experiences into a greater sense of awareness.

b) Mantra

Two participants described mantra, a combination of visualisation and sound, as making a significant contribution to freedom, possibility and integration and therefore to 'lightness' and 'aliveness'. S described mantra as having a quite different function to breathing practices, in that rather than generating a sense of equanimity, "seed syllables" or "sound" had a more of a function or the release and transformation of energy, the accessing of a distinctive quality to 'aliveness'. For S, the power of the sound aspect of mantra was intensified by regular practice, enabling her to develop an expansive sense of self:-

"With sound I think I sometimes use it more cathartically, I think I would experience the world in quite a kinaesthetic way and I think sound enables me to just have a sense that I can somehow transform, um, something that feels like its stuck in me or something that I've experienced that actually didn't belong to me ... Yes, moving, it seems to be able to come out, something about it feels as if I am somehow jangling my soul clean. [Laughter] And then I think after a period of time if the sound mantra is continued um it allows me to find a more continual sense of expansiveness

because I don't feel that I'm kind of bogged down, you keep your kinaesthetic energy going."

These "moving and "cleansing" aspects of mantra prevented the "congealing" of emotional experiences into the weight of sediment. Together with breathing practice, S experienced mantra as generating a felt sense of sweetness and potency, reducing aloneness and giving her a subtle strength to explore previously avoided territories.

J1 named the sound and visualisation elements of mantra as being extremely helpful in generating a sense of the 'lightness' of relief from 'heaviness', a release that enabled access to another part of herself quickly and easily:-

J1:-"Yes, we did some breathing and you told me the sounds, *Om*, and to visualise a white light at the top of the head I think it was and then red at the throat and the *Ah* sound and then blue at the heart. That was really, really effective for me and I would use that at home and take myself off and do that and just get myself back to balance. I felt that was really, really effective and I had never used, I had looked at chanting when I had looked at meditation but I had never used it and it was only when I first came to you and we did that, with the visualisation, that really unlocked it for me and I really found that a benefit through that. It appealed to me because well, you introduced it to me as something that would just sort of help slow things down and sort of ... clear? It felt like sort of like a cleansing, and like a connection. And with the ... because it was visualizing colour, which I ... and visualizing the chakras that really, really spoke to me because I'm very visual – and I just could feel a tangible change in my body, and I think the reason why I really liked it is because it felt familiar in some way to me, and also because it was just so simple and so effective, so even if I did just have five minutes to take myself away, then it's something I could do and I think at the time also ... the timing, it was a very, very ... you know, things were going on with C, it was a really, really, stressful home life. And, just to ... it sometimes felt like the only way I could be alone was to sort of lock myself in the bedroom where she couldn't, perhaps, sort of force her way in. Um ... and so, that was really helpful for me because I'd just disappear upstairs, lock the door and do my sort of *Om* and do the whole thing and I did feel, I did find it was immediately effective for me. Yeah, I do remember, I remember saying 'oh I really like that', I just remember sort of saying 'oh I really like that, yeah I really got a lot from that', and I almost felt like a relief, that I had some sort of tools that I could immediately work with, and I think I just started using it myself at home straight away."

J1 clearly remembered using the visualisation at the same time as chanting the mantra, which gave her a sense of being in a temple and of the body itself being a temple.

J1:-" With the mantra could just feel the change in my body, things slowing down, and things becoming peaceful. I felt that my body was a temple, I have never really said that before."

She described the effects of mantra as resulting from a "filling of the space", and "pushing back" everything else.

"Because it's almost like being in a temple then isn't it? It's what you imagine, because of the chanting. And it's kind of reverberating in your head, in your eyes, and it just sort of does push everything back doesn't it? It just –it fills the space doesn't it? It fills that space that might be filled with ... if you're trying to start off meditation and you've got chatter going on or any anxieties or 'what's that noise outside?' or anything like that, but when you're using that particular exercise, it does just fill the space. And it just focuses you on ... well it doesn't focus you on anything, it just becomes what you're doing, so everything else is pushed away and it does feel like a relief, yeah."

This also impacted upon her sense of time:-

J1:-" With the mantra could just feel the change in my body, things slowing down, things becoming peaceful. I felt that my body was a temple, I have never really said that before. That whole thing was new and I would take myself upstairs and do that two or three times and just feel that I had had enough space to tune in with myself even if it literally was just a few minutes."

Descriptions suggested that mantra had, for some participants a capacity to liberate them from "congested" and uncomfortable emotional and mental states, enabling a connection to something rejuvenating, expansive and cleansing. Its immediate positive effect for these two participants resulted in it being frequently utilised, enabling an integration of habitual experiencing and rapid transformation, an irrepressible quality of 'aliveness'.

c) Guided visualisations: Three Vajrayana-related visualisations were identified in participant's descriptions as Pathways to 'lightness' and 'aliveness'. These were (i) the 'Planet of Healing' (ii) the 'Fire of Purification' and (iii) 'Feeding Your Demons'.

(i) The 'Planet of Healing'

The 'Planet of Healing' visualisation was named by both male participants as generating a deep sense of fulfilment by means of providing a multitude of sensory experiences which were linked to specific qualities. While participants gained idiosyncratically derived meanings from the visualisation, the shared constituent was an overriding sense of comfort and nurture. Experiencing different self-aspects and an amplified sense of the body's capacity to heal itself in a different place generated the 'lightness' of possibility and brought wider horizons to the experience of 'aliveness'. For J3, this visualisation worked effectively as pain relief during a difficult divorce process:-

J3:-“There was also the 'Planet of Healing' where every breath was cleansing. That was really healing, that was really good as pain relief through that whole divorce process ... I think because I got married so young, actually it was actually all I could remember and that process, I thought it went on for longer than it did, it felt like it didn't stop in the therapy room it went on extending outwards it was like I was being fed and I was using it a lot to check in with, I mean outside, the sessions as well.”

The visualisation of the nectar evoked a range of positive sensations and associations for J3, leaving him with an overriding sense of safety and security in which the heaviness of interpersonal or embodied aloneness was entirely absent:-

J3:-“Yes absolutely I particularly remember the nectar. That was kind of like ... it was almost like ... I remember at that point there was an element of, I don't want to use the word fulfilment but like nutrition, almost like a feeding. I felt like I was being fed, like I was being fertilised. Um, I suppose I just felt totally secure I suppose. There was a sense of security .I suppose it's a bit like, I am relating it to um, yeah it's like um how do I put it... it was almost like an emotional physical....Okay when you have a connection with food and I don't know why I am linking this with food, but you know what it's like when you have ... There, I suppose when you feel fulfilled, you feel full but you feel satisfied. It's that comfort, its feeling comforted really.”

The 'Planet of Healing' visualisation linked qualities of compassion and healing to beautiful sensory experiences, and this was integrated outside of the therapy in

different by each participant. J2 found that the most significant aspects of the guided visualisation was the sense of 'lightness' which came from being able to detach himself from his mental processes and transform an attitude of self-blame into compassion and self-healing:-

“The healing planet was much more um ... fruitful, because it allowed me to go into a place of, you know, I guess physiological nurturing, which, you know, and my physiology holds my energy – I think that's what it was, the use of colour energy, temperature and visualisation that were very easy to step into because I could recall all those things quite easily from my own experiences, it wasn't an effort to visualise it”.

J2: “One practice I remember that we did was more when I was going through, you know, the aftermath of a break up and we did quite a few healing practices on the self and there was one where we went to a healing planet, and it was a beautiful place and I remember that instilling inside me a sense of how to have compassion for yourself and nurture yourself and nourish your soul and your emotions and that made me aware that when you are suffering you are putting yourself in that place and I remember initially having more of a blame attitude. One can think that the external factors in one's life like a break up or a boss, whatever the situation, are the causes of one's own suffering, but when one takes responsibility for oneself and has compassion for oneself, I can change it and reformulate it into a healing.”

J2 described his sense of the relief from habitual, heavy preoccupations of attention afforded by the vivid description within the visualisation. The connection between external beauty and internal qualities such as compassion also provide a sense of coherence between the inner world and the outer. This enabled him to access the 'lightness' of pure source or pure love in which there were no obstructions:-

“Those things on their own could be nurtured more in a healing planet and I could detach myself away from any mental interference or in the sense of blame, whether it's blaming the other person or myself in a break up. So I felt that was much more nurturing for me, because I think at that time I needed more – I didn't need to understand why the break-up had happened – but I needed more, and I know this sounds like a bit of a cliché, I needed to know how to nurture myself in a self-loving way, and it's a bit like having a bath or a shower. You know, a shower can be very practical whereas a bath can be very ... you can wallow in and nurture ... And that wallowing and nurturing is so much better than any medicine or even thought patterns and I felt that for me that healing planet was a very simple but very powerful thing to do because I can do it very easily, whereas I didn't find cutting the cord was that easy because my mind was too involved. Erm, so my overall sense, because

there's so much vivid description in there that's very ... takes you to energy, I think it all takes you to your pure soul or your source, that's what all your descriptions are doing all the time, so it's a repetitive thing. And there were so many things in there, obviously the use of colours, which is a very pure thing, the use of ... taking things out, that maybe limiting thoughts or things like the sun could burn you, you know, you've taken that out of the equation. So you've taken out things along the way that just strip everything down to source, so very very quickly opens ... so at the beginning you said there are no people there, so instead of having a sense of loneliness it was the opposite, I felt totally at one with my soul, you took the people out, you took the sunburn out, you took any ... it was all nature, there was nothing man made there. You took everything out that could play with my thoughts – everything was experiential and feeling, there wasn't one thing in there that took me into a thought pattern. Which was great, because that's where we wanted to be, we wanted to be at source, peaceful, you know, feeling that pure love that we all have in our soul that is messed around with when we allow other thoughts to come in. So that was the whole thing, there wasn't one thing that took me away from my source. Yeah ... that was powerful, yeah.”

In participants' description of this visualisation, experiences of 'lightness' and 'aliveness' resulted from accessing an environment which was devoted to healing. This moved attention away from defensive, contracted, self-destructive relating and into an awareness of the potential of creative and sensory expansion.

(ii) The 'Fire of Purification'

Two participants described the 'Fire of Purification' visualisation as having generated feelings of relief from habitual preoccupations which had an embodied impact of constriction and 'heaviness'. This resulted in a greater sense of 'lightness'. For J3, the visualisation also gave him a greater sense of freedom and choice in relation to how he used his own energy and provided an easy and effective method of moving attention from his thoughts to his heart :-

“For me, I had this image of my computer head firing away and it was such an easy thing to do. I still do it and even in a couple of seconds my perspective is changed. Burning away all those thoughts to fuel my heart centre was one of the very easiest practices and it was clear and easy. I think I will use that for a long time. ... We spent a lot of time in heart space and sensing that heart space, and warming it, and working on the chakra there. So when you add the fire into it and when you're also using, er ... the thoughts you were taking away, the thoughts in the head and using it as energy to fuel the fire, for me it was a sense of, you know, how do you ... how am I using my own energy: is it spent on thoughts, or can I diffuse that

thought energy to give myself a much more sense of nurturing and heart focus, which was going to make me feel better.”

When B enquired, using embodied focusing, into which practices had generated an experience of 'lightness' or 'aliveness' during the therapy, she immediately identified the 'Fire of Purification' visualisation:-

“I am feeling a sense of like expansion in my chest and heart and a real lightness, a kind of an inner smile. These practices did really help, there was definitely some resistance just as there was with the breathing, yet there was a real impact. There are two things coming to mind and one was this particular practice and it just kept coming to mind, it was something like burning this [points to head] on the fire. [Laughter] And, like as I'm feeling into it now, it's like, almost like, decapitated, I feel like ... it was very obvious that my, I was just spiralling around in thoughts and patterns, and I remember you really clearly saying, just imagine this huge fire and so I got a really clear picture and sensation of this big fire burning. And really burning this, taking my head off I think I remember it was. And it was just so liberating and it was quite a hilarious, it brought a real 'lightness' of humour and a sense of like relief, like its again just coming in to that wider perspective, which again just really helps me. It's like if I haven't got that wider sense of spirit then I just kind of drift off [...] so the practices really helped me.”

The humour which B gained from having a wider perspective contained the 'lightness' of relief at a release from “crazy thought patterns”. This visualisation was remembered differently by each participant. B did not remember where the fire was placed in the body, or how it was used to generate more heat in the heart. Instead, she recalled the “bigness” of the fire which mirrored her thought patterns, and the humour and relief at being able to detach herself from her constricting “head”. This also engendered a sense of peacefulness. Visualising the fire made B aware of the extent to which she had been dominated by the “noise” in her head:-

“I don't remember a landscape as such, because I was really concentrated on this fire, but it felt like a sacred fire, like a ... well, all fire is sacred but like a, yeah, a big ... it was very big! And it felt like the flames and the energy of that kind of burning was really matching the thought pattern that were going on in my head and I just really became aware of ... it was all in my head, I was completely in my head. I was completely in my head, so when you said

... I remember feeling quite surprised, when you actually said: 'no, just take your head off'. [Laughter]

So, then this, erm, just like element of humour and its like, that was the medicine I needed, I actually just needed to get my head off. And it was like, almost as I'm feeling into it now the head, my head coming off and being burnt in these flames, yet as I was witnessing it, I was still there witnessing it, so that self is there witnessing, so it was as if like, by doing that there was this real humour and sense of laughing at myself, yet a tremendous amount of kind of peace, of 'thank god my head's off!' Or like, that that's stopped that noise. And I could kind of see it burning in the fire, and almost could see it for what it was, because it was my head, and I'm there witnessing, so there was just a detachment, a healthy detachment from my crazy thought patterns that were happening at the time, or the spirals of patterns. Erm, yeah and it just really brought a 'lightness' to it because no matter what was ... how intense I felt that my thoughts were, you know, when they were off and burning in the fire with my head, it was kind of ... I had to laugh at it all! Because there was that, yeah I was there witnessing, so I could see, yeah that this was all just in my head, it wasn't really happening to my true being, or self. to it because no matter what was ... how intense I felt that my thoughts were, you know, when they were off and burning in the fire with my head, it was kind of ... I had to laugh at it all!"

B described unnecessary parts of her mind being burnt away, leaving her with a sense of clear mind.

"It was long ago, but erm, I'm getting a sense of, at the beginning I felt like I had no head, because I was watching it burn and then as it was burning it wasn't like I felt like I took that back and put it on in any kind of way, it felt like what was burning was all the unnecessary parts of my mind. So there that was clear, that sense of clear mind."

For both participants, B and J3, in different ways, this visualisation brought about a sense of 'lightness' and freedom from an enclosing self-aspect and finding a method in which unhelpful thoughts could be used to benefit "the heart" or a "wider sense of spirit".

(iii) 'Feeding Your Demons'

One participant described the 'Feeding Your Demons' visualisation as the experience in therapy which gave her the greatest sense of 'lightness' and 'aliveness'. This resulted from finding a means of accessing, releasing and healing her "dark side":-

T:-“ When I thought about the question the first thing that came to mind was the practice that we used to do which involved going inside and finding a place in your body and then giving ... giving some kind of form to the pain which, erm, one could then communicate with and I seem to remember using a black dog, and then conversing with the dog which told me how angry it was ... about what I was doing job-wise and how I was compromising my integrity ... and then after having listened to the dog, feeding the dog with nectar, so actually the kind of healing process as well, and after. ... and actually after that feeling a huge sense of relief that, that I had a tool with which I could access my dark side, I suppose, and the anger, and ... that I could also nurture it and heal it and somehow that this particular practice gave me a sort of tool to release but also to heal, and it felt empowering, it felt as if I ... somehow had control and didn't need to be so frightened of the pain and the anger. Yeah, so that's one of them.... And I had a huge, somehow, it gave a huge sense of relief ... to be able, to be able to do that, and also to listen to it...”

This was empowering for T as she felt freed from the weight of dependency upon others and the responses of others to her:-

“I think the thing is that I'm ... I do find, um, crying hard, but to actually dialogue somehow for me I can cope with that, but actually to sort of physically sort of release a feeling of pain and suffering through tears is hard. So, um, that actually ... that dialogue, some mechanism is much safer for me...pause] Well what ... what arises is that um, I ... I have a tool, I have been given a tool to work with myself that means I can heal myself, I'm not dependent on anybody else, I can ... I can go in there and do it myself, as a daily practice and that felt ... good, just so, um, I suppose the... I say relief, and joy, and empowerment, sort of, the feeling of just somehow being ... I had the key to my kind of well-being.”

T described how this particular practice changed her by enabling her to transform previously feared experiences and to have a real compassion for herself:-

“And I do think it changed me, I think it made me much more confident in the sense that in my tool box I had these magic tools... [laughter] to er, you know, work with something if it really needed to come up, I could... I could work with it, I knew how to do it, and I knew how to respect it and um give it the love and nurturing that it really needs and not to be frightened of it. That's what...that's the beauty of that particular practice, the nectar and the real compassion of it, is having that compassion towards oneself and, and dark deeds that one might have done or you know all that that's stored inside.”

The 'lightness' and 'aliveness' in this case resulted from the combination of “relief, joy and empowerment” at being able to make changes to her own experiencing which had previously felt impossible.

5.3. Focusing techniques as an explicit pathway to experiences of 'lightness' and 'aliveness'.

Embodied focusing featured as a pathway to 'lightness' and 'aliveness' in two distinct ways, one as an essential feature of all applications of Vajrayana-adapted practices, as they were dependent upon by the participants' embodied responses. Secondly, Focusing was combined with generic psychotherapy to enable participants to find embodied answers and explanations to arising issues. Sessions would begin with clients being asked to explore, by using breath, attention and compassionate embodied enquiry, what aspects of their experience would most benefit from space and attention. Participants therefore sometimes made explicit reference to the positive impact of Focusing. J described how Focusing clarified exactly what was happening for her, bringing into her awareness significantly helpful images to engender new possibilities and their integration into her life.

J1: “It just clarifies exactly what is going on for me so to use that is always really, really helpful to me, to figure out what exactly is going on in my body and in my emotions. And the tail. I use the tail as well, that is something I use and I sometimes I feel angel wings. But the tail was particularly important in terms of who I am ... Well I think what it was, there was something I had injured in my back and you were guiding me through, helping me to find where it was in the body and what it felt like and I think it felt like it just wanted to grow and then keep growing into a thick dragon's tail. In Chinese astrology I am a dragon and I suppose I always quite liked the idea of that and, um, and that, I know I can sometimes be a bit bossy and I know the tail made me not be embarrassed about that. That it's just a part of me and it's important for my balance. A tail can be important for balance; I really feel it's a part of who I am.”

Participants described how Focusing enabled them to trust that they had answers inside themselves.

J2:- “I discovered that I could find answers from inside myself, from listening to my heart. That was so helpful.”

Some participants described how Focusing helped them to realise that the mind and the body work together:-

M:- “I learnt that everything which came up from my body to my mind was relevant ... that they were interconnected. ... I think at the beginning it was kind of offered like this would be a good way to start, and then after that it was suggested or, no, it was kind of up to me: 'how would you want to start it?' And then to the point where I think I'd just come in and I'd just sort of breathe and I'd feel: do I want deep breaths? What do I need right now? And so that would be really good because I'd taken on those resources and actually um ... you know as I do in my daily life now, just feel into what is needed right now, or what actually would be sometimes most beneficial right now depending on what was arising at the moment.”

(The use of Focusing in the interview process is discussed in the Methodology section.)

Focusing enabled participants to engender new possibilities and their integration into their lives and increased confidence in their own inner resources.

5.4. Generic visualisations: 'Cutting the Ties that Bind' and the Gestalt 'Empty Chair' technique.

Two participants described finding the visualisation of 'Cutting the Ties that Bind' helpful. J2, in his second interview, compared the 'Planet of Healing' visualisation and the effects of the 'Cutting the Ties that Bind' exercise. His description conveys finding the former more effective but reflects that may have been because he did not do it repeatedly. He also reflected that the very image of cutting a cord brought up feelings of attachment, whereas the 'Planet of Healing' released non-specific energy and healing. He described his experience of this as being akin to wallowing in a bath, which he found preferable to the more functional experience of having a shower, which he related to the tie-cutting exercise. He believed that everyone would prefer the sensory pleasure of wallowing in a bath as opposed to having a shower:-

“I needed to know how to nurture myself in a self-loving way, and it's a bit like having a bath or a shower. You know, a shower can be very practical whereas a bath can be very ... you can wallow in and nurture ... And that wallowing and nurturing is so much better than any medicine or even thought patterns and I felt that for me that healing planet was a very simple but very powerful thing to do because I can do it very easily, whereas I didn't find cutting the cord was that easy because my mind was too involved.”

“Well I remember two ... so, along with the healing planet there was, so the cord cutting by way of a cord of light. [The healing planet was] more of an energetic as opposed to maybe, sometimes what's described as a physical cord cutting, and I remember, well just thinking now about it, how the two really positioned themselves against each other and I found that the cord cutting can work sometimes but for me it hasn't worked fully, and I've done it many times um ... because it, and it sounds a bit ironic this, but there's still too many things attached. Even when one cuts a cord, it isn't as simple as just visualising me and a break off of that person— Because one still carries a lot of things either in one's head or in one's cellular memory. Um ... that said, it wasn't a waste of time, because I think that it's a thing that if repeated it can engender a sense of letting go. So, it can be a tool to train oneself to let down and I think for some people, maybe it's just me maybe I need to do it more repeatedly, but it wasn't enough on its own. So, compared to that, the healing planet was much more um ... fruitful, because it allowed me to go into a place of, you know, I guess physiological nurturing, which, you know, and my physiology holds my energy.”

M1 described her sense of 'Cutting the Ties that Bind' as providing a relief from the fragmented heaviness of previous relationships and negative encounters with others:-

“We also did, I think we did like cutting of ties, as well, like that kind of work ... Yeah, I think like a figure eight, and since then I've done it with other people and on my own, where I'm on one part of the round bit, the figure of eight, and then they're in the other part. And oh yes, cutting ties to old partners, we did that, and all of the fragments that I felt that I'd been left with, or the heaviness from our encounters. I think I felt a relief, actually, and to do the work for it felt really ... felt like a strong, necessary ritualistic process ... It felt like it was, um, what's the word? Um ... practical, yeah, a good practical thing to do, on an etheric level.”

She also described this as a “Strong and necessary ritualistic practice.”

M1 also described finding the Gestalt 'Empty Chair' technique helpful, as the experience of allowing herself to express her true feelings towards them was retained in her memory:-

“Yeah, and I remember also doing some visualisations of, you know, my mother and father and that's maybe more of a Gestalt thing, but you know and really speaking to them as if they were on the chair, and that stayed with me. The usefulness of that.”

An overview of the specific contribution of each pathway:-

In relation to these four pathways, each contained components described by participants as being conducive to 'lightness' or 'aliveness' in distinctive ways and in relation to specific issues. I will now briefly summarise the contribution of each pathway:-

5.1. Deity Yoga was described by participants as being helpful for bridging vulnerable and divine self-aspects, transcending beyond stuck and painful places in relationships, enabling the healing of parental wounding, providing new perspectives and resources in relationships, allowing positions of vulnerability to be fully explored and met, and reducing self-doubt.

5.2.

(a) Breathing Practices were described by participants as generating experiences of “grounded but spacious” identity, finding new directions and new internal territories, developing a trust in the coherence of life and the self, revitalising “heavy” and “contracted” self-aspects, facilitating embodied healing and the natural movement of attention from the mind to the body or the heart. It was also described as reducing states of isolation and anxiety by providing access to a sense of embodied equilibrium which helped participants to “hold onto life” at times of crisis and overwhelm.

(b) Mantra was described by participants as helpful for the immediate cleansing and movement of “stuck,” anxious sensations by facilitating a connection to different self-aspects. Participants descriptions suggest that mantra worked by creating sensations of “sweetness and potency,” reducing feelings of isolation by providing

buoyancy and kinaesthetic flow. It was also described as generating peaceful sensations in the body, “pushing back” habitual anxieties and both “filling space” by generating positive spiritual associations and resources, and creating a “sense of space” in tense interpersonal situations.

(c) (i) The 'Planet of Healing' visualisation was described by the participants as imbuing a sense of 'lightness' and 'aliveness' by evoking sensory experiences of comfort and nurture. The nuance of 'lightness' associated with this visualisation related to the 'lightness' of creative possibility and an awareness of the capacity to heal. Vivid sensory description and experiencing provided relief from heavy and habitual preoccupations of attention, particularly those related to the ending of relationships and feelings of guilt. This visualisation provided a sense of freedom from obstructions to well-being and healing.

(ii) The 'Fire of Purification' visualisation was described by participants as providing an experience of 'lightness' and 'aliveness' in which the nuance of 'lightness' was associated with freedom from constriction. Liberation from this constriction involved gaining a wider perspective on thought processes and realising there were other options other than being trapped in the “noise” of the “head.” This visualisation was described as conveying a sense of choice as to how energy and attention were used. An element of humour was associated with this visualisation as participants described the sudden awareness that fire could be purifying and that the mind which had previously dominated attention could be used to generate energy for the heart, being replaced by a sense of “pure mind.”

(iii) The 'Feeding Your Demons' visualisation became a pathway to 'lightness' and 'aliveness' by providing the 'lightness' of sensed freedom. This emerged as a consequence of finding keys to well-being and an ability change experiencing of the

past and the present. This occurred by accessing, listening to and healing repressed and previously denied self-aspects. A sense of 'aliveness' was also evident in the participant's description of "joy and empowerment" and a release from the "shackles" of a guilt-related social compliance.

5.3. Embodied Focusing gave rise to feelings of 'lightness' and 'aliveness' by providing a method of feeling and speaking from the primary sensations of 'aliveness' in the body. A nuance of 'lightness' also emerged from the realisation that the body's intuitions could be accessed and trusted and that the mind and the body could work together. Focusing also provided the creative 'aliveness' which resulted from spontaneously arising images providing answers to both implicit and explicit questions and facilitating new possibilities and integration.

5.4. Generic visualisations included the 'Cutting the Ties that Bind' visualisation, and the Gestalt 'Empty Chair' technique. The sense of 'lightness' associated with the 'Cutting the Ties that Bind' visualisation resulted from the release of the embodied pain of internalising 'heaviness' from previous relationships. Descriptions suggested that this visualisation was most helpful if a period of time had elapsed since the ending of a relationship, as otherwise the pain of attachment itself became reactivated. One participant described this visualisation as "a strong, necessary ritualistic practice" which cleared away forgotten fragments from painful relationships.

The Gestalt 'Empty Chair' technique was described by one participant as providing a sense of empowerment as a consequence of speaking freely to imagined parental figures. This sense of release was then retained in memory.

To reiterate, this study revealed that there were five essential constituents to participants' experiences of 'lightness' and 'aliveness', each of which contained a range of sub-constituents, conveying specific nuances of 'lightness' and 'aliveness'.

Chapter 6:-Discussion and analysis of Findings

In response to the aims and interests expressed in my introductory chapter, I will now address these concerns more directly by focusing on three specific questions.

These are:-

- a) What is the phenomenon of 'lightness' and 'aliveness' as experienced in psychotherapy and how does it impact upon process and outcome?**
- b) Can Vajrayana Buddhist practices be effectively integrated into Western Psychotherapy?**
- c) What happens when Gendlin's Focusing is combined with adapted Vajrayana practices?**

I will begin by answering question one.

1) What is the phenomenon of 'lightness' and 'aliveness' as experienced in psychotherapy and how does it impact upon process and outcome?

In answering this question, I will first explore what my findings reveal in terms of my own understanding of the phenomena of 'lightness' and 'aliveness' in psychotherapy.

I will then explore these phenomena in relation to how my findings affirm, challenge or add to contemporary research in the psychological therapies.

I originally wanted to explore these two phenomena as a consequence of my own experience of 'lightness' and 'aliveness' being central constituents to my own wellbeing. I also felt they were the closest approximation I could achieve to a phenomena one of my severely depressed clients once described as 'zinginess'. I had asked him how he could gauge, when he first woke up, how he was feeling

emotionally and having reflected for a few moments he replied that on good days he experienced a feeling of 'zinginess' in his chest.

Following this study, my initial sense of the value in using such experiential language has been confirmed. Researching this phenomenon has provided descriptions which are free from psychological jargon and which are trans-theoretical and trans-cultural. Participants' descriptions moved naturally from the personal (the province of the West) to the transpersonal (the province of the East). 'Lightness' and 'aliveness' may perhaps provide an ontology and epistemology of human identity which is capable of bridging these cross-cultural differences. In addition to this, 'lightness' and 'aliveness', in their evoking of positive potentialities, implicitly open horizons to being and living, creating a language of psychological enquiry which contains an inherent movement towards well-being.

My overall sense of the experience of 'lightness' and 'aliveness' as experienced in therapy is that these phenomena convey an escape from or a triumph over constriction, and a movement towards joy. Participants' descriptions of 'lightness' and 'aliveness' suggest an inherent buoyancy to the human condition. The words themselves form part of the common language of emotional, subjective trajectories, in which lived freedoms and deeper sensations can be uninhibitedly explored. In a Heideggarian (1971) sense, the words themselves call these states into existence. Language invites or denies potential territories; the language used in my research question was invitational, evocative of intentional movements towards wider horizons, the 'lightness' of transcendent states potentially integrating with the grounded 'aliveness' of embodiment. I am curious as to how differently my participants may have responded if I had enquired into the phenomena of 'heaviness' or lethargy. Some descriptions related to the joys of authentic meeting another,

perhaps best identified in Martin Buber's (1937) concept of I-Thou relating. Being connected to wider fields, discarding previous identities for more liberated ones, also brought forth experiences of these phenomena. Before systematically exploring their relevance to the language and discourse of the psychological therapies, I am charged by my own drive to authenticity to name my sense that these are enclosing rather than expansive territories. My felt experience in so doing is akin to placing wild birds in an aviary. The horizons become more constricted. Closer to these participants' actual experiences are the richly textured descriptions of Emmanuel Levinas (1961) and Martin Buber (1937) on the experience of ethical relating and Merleau-Ponty's (1964) exhilarated prose on the possibilities inherent to being.

'Heaviness' as Pain

The first emotional territory identified in this study was that of obstructions to 'lightness' and 'aliveness', feelings of 'heaviness'. The constituent 'heaviness' as pain revealed distinctive nuanced descriptions of pain and suffering. Meeting and understanding client's pain has been identified by all the main theoretical traditions – psychodynamic, humanistic and cognitive behavioural – as an essential aspect of therapeutic process, regardless of whether pain is identified as traumatic experience in need of catharsis, underlying negative automatic thoughts or as existential blocks and fears. Without an awareness of the client's experience of pain, empathy, trust, safety, the therapeutic relationship, empowerment and problem solving are impossible to achieve. Research has consistently affirmed the importance of clients' need to understand and gain insight into their experience of pain (Timaluk 2007) which in turn impacts upon meaning-making, and the depth of trust in the therapeutic relationship. Pascual-Leone's (2009) investigation into client's process identified that beneficial sessions of therapy began with experiences of pain, and that successful

therapy involved micro-regressions, meaning-making and the development of capacities to self-soothe. From Freud's (1895d) identification of the significance of catharsis, psychological therapies have acknowledged that painful experiences from the past and the present need to be expressed.

This study's identification of 'heaviness' as embodied pain endorsed humanistic therapy's emphasis upon the importance of organismic movement and blocked energy. Descriptions of 'heaviness' as embodied pain conveyed a lack of flow and a sense of stuckness, and the search for meanings and understandings which could enable a regaining of trust in the body's intentionality, endorsed Logotherapy's (Frankl 1952/2002) emphasis upon the importance of meanings. These phenomenological results regarding pain as embodied resonate with Freud's (1895d) theory of conversion in which emotional pain becomes physical. However, participants' descriptions resulting from embodied enquiry in this study revealed that physical and emotional pain occurred simultaneously as opposed to being unconsciously transferred from emotions to the body.

The importance of the therapeutic relationship, empathy and 'mirroring' was affirmed by participants' descriptions of how being witnessed by an attuned and trusted other dissolved the weight of interpersonal aloneness. My findings revealed specific experiential nuances of interpersonal pain. Qualities and presences of pain arose in specific social contexts, painful past experiences which had been overlooked inhibited potency in social situations, as the body activated a sense of self-neglect at the point of being perceived by others. This supports the psychoanalytic hypothesis that repressing pain reduces social ease and empowerment and activates defence mechanisms. Two forms of interpersonal pain identified by participants related to the perceptions of others. Not being spiritually seen and met diminished client's sense of

themselves and, overall, clients became more fully present when more of the self was seen. The importance of being spiritually seen and met affirms Sperry's (2012) research into the increasing importance of spiritual identities in Western culture. The power of being witnessed while in deep personal processing reduced previous self-doubt, illuminating how the experience of being perceived by others can be self-revelatory or undermining depending upon the depth of perception and presence of the perceiver. This finding resonates with Merleau-Ponty's (1945) belief in the contribution of perception and interconnectedness to experiencing. The experience of being seen while in a state of presence was described as bringing an etheric quality to presence, the therapist's confidence in the practices, her own perceived presence, also added to the potency of being seen. This has resonances with Kunz's description of subliminal communications of trust and freedom between client and therapist:-

“Even without speaking, the client asks the therapist to use the freedom he has invested in her to attend to him.” (2015, p. 228).

Participant's descriptions revealed a subtle multi-layering of presences and perceptions arising in any single moment, activating meanings and feelings. This is eloquently conveyed by Merleau-Ponty:-

“Each time I experience a sensation, I feel it concerns not my own being, the one for which I am responsible and for which I make decisions, but another self which has already sided with the world, which is already open to certain of its aspects and synchronised with them.” (1948, p. 214-16).

Participants' descriptions in relation to 'heaviness' as pain affirmed the relational component of suffering, the importance of sharing life narratives and themes, and of a warm and secure holding frame. Descriptions identified the importance of stories coming into the open, conveying a sense of the importance of 'airing' a story; of bringing it into the space between therapist and client as much as to the therapist. A

need to trust in a forward moving and comprehending sense of being was explicated by descriptions of 'stuckness', 'heaviness' and confusion at being unable to find pathways or meanings within pain. The quality of lived 'heaviness' relating to restricted self-definition and lack of choice in identity formation was described as resulting from both internal guilt and powerful experiences of judgement or abandonment by others. Participant's descriptions of being judged and then subsequently judging themselves revealed a subtle flow of projections and introjections forming an inner landscape of distorted mirrors. Descriptions of 'heaviness' relating to states of restricted self-definition affirmed Carl Roger's (1948) emphasis on the self-concept as critical to well-being, and the need for a liberated, forward moving organismic self.

All participants described the importance of a good therapeutic relationship; of a therapist who was attuned to them and felt safe and was genuinely engaged with the adapted Vajrayana practices being transmitted. Castonguay and Beutler list the following therapist characteristics as enhancing treatment outcomes.:-

“Among patients who experience depression, therapist flexibility in changing strategies, adapting to patients presentations, tolerance, and creativity are related to improvement [...] Effective treatment is enhanced when therapists strive to develop and maintain a positive working alliance with their clients [...] If the therapist has high levels of empathy, treatment outcomes are improved across a wide range of problem conditions and patient types. Effective treatment is facilitated when therapist and patient share common goals of treatment and are collaborative in seeking to achieve these goals. Therapist positive regard is a positive contributor to patient benefit. Therapist congruence in the expression of feelings or the transmission of knowledge is likely to improve therapeutic outcome.” (2006, p.113).

Client's pain became identifiable by the emergence of something different; a new, lighter and more spacious interior horizon which felt more like home. It was only by attaining experiences of greater 'lightness' and 'aliveness' that past 'heaviness' became visible.

Freedom as Independence

The second constituent, freedom as independence, related to the discovery of inner resources, an increasing at-homeness within the body and a trust in its forward moving impulses. This is consistent with research findings on the power of the client to facilitate change and the importance of client's agency and empowerment to positive therapeutic outcome. This finding was also consistent with research studies into Focusing (Hendricks 2002), which reveal the contribution that the client makes by identifying felt shifts in the body which provide answers to positive therapeutic outcome, as well as Rogers' (1954) emphasis upon the existence of an organismic self-actualising tendency. The description of accessing qualities of stillness and groundedness is illustrative of the importance of a secure internal base from which to move forward. The recurrent use of the word "presence" to describe freedom as independence was variously described as relating to a sense of being in the world, of indwelling and connection, of witnessing the self and experiencing sensory textures inherent to being.

Inner and outer experiencing became fused in a manner resonant of Merleau-Ponty's (1964) descriptions of the visible and invisible, a sense of being intertwined in the "flesh" of the world. Participants described experiences of becoming breath as opposed to witnessing it from a fixed and separate identity.

Within the experience of freedom as independence was a nuance of relief from the "clutter" of projections and expectations as a consequence of finding "a perfect place" just as one is. Participants accessed an existential territory which felt lighter and fuller than previously, the felt sense of "fullness" decreased feelings of isolation and fear, and this resonates with Bradford's (2009) description of a quality of an unconditioned space, which can be evoked in therapy. This "zone of undoing" was immediately identified by participants as desirable which increased motivation for

therapy and self-development. In the language of cognitive behavioural therapies, this sense of embodied pleasure became a powerful reinforcer, from a psychodynamic perspective the pleasure principle (Freud 1900), our fundamental drive towards pleasurable experiences, is a dominant drive overruling others.

A particular aspect of the 'lightness' and relief of freedom as independence related to participants' descriptions of "accessing the heart". This had associations with qualities of softness, emotion, 'limitlessness', compassion, lack of judgement, nurturing and divinity. This sense of heart-based rather than head-based experiencing provided a combination of factors associated with successful outcome in psychotherapy, a sense of increased resourcefulness, empowerment, self-soothing, self-reliance, new meaning making, changed assumptions about life, self and others, an improved self-concept, an internalised secure base in which experiences of transcendence, 'limitlessness' and nurturing could be experienced and anchored. These experiential 'tasters' of internal qualities within therapy functioned in a similar manner to B. Giorgi's (2011) study of pivotal moments in therapy, in that they were described as leading to enduring change. Participants continued to access the "heart" as a contemplative space outside of therapy. A further consequence of "accessing the heart" for several participants was an increase in confidence and a reduction in dependency in social situations, a sense of expansion and space instead of self-consciousness. An increase in social skills is correlated with positive therapeutic outcome. Wampold writes:-

"The contextual model posits that the specific ingredients not only create expectations [...] but universally produce some salubrious actions. That is, the therapist induces the patient to enact some healthy actions, whether that may be thinking about the world in less maladaptive ways and relying less on dysfunctional schemas (cognitive-behavioral treatments), improving interpersonal relations (interpersonal psychotherapy and some dynamic therapies), being more accepting of one's self (self-compassion therapies, acceptance and commitment therapy), expressing difficult emotions

(emotion-focused and dynamic therapies), taking the perspective of others (mentalization therapies), and so forth. The effect of lifestyle variables on mental health has been understated. A strong alliance is necessary [...] without a strong collaborative work, particularly agreement about the tasks of therapy, the patient will not likely enact the healthy actions". (2015, p.271).

An ability to access the embodied "heart", as described by participants, could be seen to function as a social skill, in addition to positively impacting upon the self-concept. Accessing the heart was perceived by some participants as having a positive impact upon others, enabling them to move into deeper states of "presence" and "heart consciousness." Maslow (1964), and Seligman (2006) and researchers into the benefits of compassion practices have affirmed the importance of altruism and caring for others to well-being and self-esteem. The emphasis which Acceptance and Commitment (Hayes 2012) therapy has given to value-based living also acknowledges compassionate actions as central determinants of well-being. This form of experiencing also resonates with Merleau-Ponty's description of embodied empathic, instantaneous responding to another and the interconnected nature of human journeying towards the truths of experience:-

"Our relationship to the true passes through others. Either we go towards the true with them, or it is not towards the true that we are going." (1970, p.31).

Mazis has commented:-

"Both Merleau-Ponty and Buddhist thought rely on reclaiming embodiment's access to the heart – the heart of compassion – which is the deepest source of the ethical and entails breaking the claim of the intellect to master the world through its categories and dictates." (2009 p. 197).

Descriptions of freedom as independence endorsed the value of a new epistemological and ontological frame for the psychological therapies, one closer to the reality of embodied experiencing and faithful to the lived experience of freedom which, in these descriptions, has roots in the transpersonal. This would also provide a more expansive and nuanced matrix for self-identity. Todres writes:-

“Client’s experience and understanding of themselves as being 'more than' any fixed definition given by 'nature' or 'nurture' is an important liberating factor in psychotherapy.” (2007, p.106).

He describing this to be:-

“Crucial in restoring psychotherapy clients to a sense of themselves that remembers a freedom at the centre of human identity that transcends all the ways that are defined into specialist categories and judgements.”

A Sense of Possibilities Opening Up

The third constituent – a sense of possibilities opening up – involved descriptions of wider horizons of living and meaning, and the possibility of a different future which appeared to be authentically possible. A central feature of this emotional and psychological territory was an increased sense of being enlivened, of vitality and vivid sensory experiencing. Research into this particular quality of experiencing is harder to find in psychological research literature. Participant’s descriptions had associations with Jung’s (2011) definition of libido or life force energy as psychic, forward moving energy. An increase in energy and sensory experiencing has also appeared in psychological literature in descriptions of hypomania or bipolar disorders, although without the qualities of calm self-reflection and authenticity described by participants in this study. Participants’ increased sense of energy involved a capacity to witness the self and a closer relationship to the rhythms of the natural world. Another participant’s description of being both “fed and fertilised” conveys the multi-sensory aspect of experiencing within this nuance. Experiences of increases in energy and sensory experiencing were described particularly in response to embodied focusing and two specific visualisation practices, Deity Yoga and the 'Planet of Healing' . This nuance involved an increasing capacity to find qualities within feelings – such as compassion and peace – as a more autonomous and inherently pleasurable self-structure began to emerge. Participants described

feeling excited before each session to see what might happen. This was evocative of a developing hopeful sense of expectation (Snyder 2000) and an awareness of their innate creativity. An increase in the embodied energy of 'aliveness' merged with a sense of trust in the inner and outer world, of being carried forward to a future which felt open and potent with creative possibilities. This has resonances with Bradford's description of process in transpersonal psychology:-

“It seems to me that the ontological and epistemological basis for a mature Transpersonal Psychology must be the recognition that human experience is quintessentially trans-, impermanent, a phenomenon of motility that cannot be captured within the notion of a Self (or Other) as a static, encapsulated entity. To maintain fidelity to transpersonal experience and experientially based therapies, selfhood is best understood as a process that is both intersubjective, embedded in and inseparable from the world of others and otherness, and intentional, a meaning seeking project hurtling through a time that it co-creates.” (2009, p.124).

It was again difficult within the psychological research literature to find detailed descriptions of an integration of qualities and sensations within the self-structure, as Western psychological literature tends to focus upon the attaining states of normal functioning as opposed to exploring higher levels of experiencing. However, the work of Seligman (2006) and Maslow (1964) affirms what these findings suggest: that a more expansive and more open sense of self generates an increasing sense of well-being and happiness. Humanistic and existential theories explore what Maslow described as “peak experiences,” enhanced insight and sensory experiencing. Psychosynthesis, a model of human functioning adapted from the Torah by Assagioli (1965), developed exercises to open the senses, increase experiences of beauty and awaken the higher transcendent elements of human functioning. Findings from this particular study make visible the manner in which transcendent experiences can infuse both day to day living and the most damaged aspects of the psyche. Contrasting with more theoretically based and analytically orientated explorations;

participants' descriptions conveyed an idiosyncratic, creative and adaptive transpersonal experiencing which was intrinsic to embodied enquiry.

Specifically in relation to therapeutic outcome, Carl Rogers' (1958) perceived the more fully functioning person who emerges from therapy as someone open to new experiencing, trusting a coherent flow between their own organismic experiencing and their external environment. In Pascual-Leone's (2009) study, positive change was linked to clients experiencing an increased range of states, a higher variability in the range of experienced emotions. Participant's descriptions convey a sense of interconnectedness and non-separateness in addition to an increase in their own sense of vitality and the establishment of new sensory meanings to being.

A nuance of constituent three which is more widely explored in psychological research literature is the development of the self-concept. Participants in this study began to identify a sense of self more existentially capable than had previously been assumed. For some participants, this developed from a realisation of the possibility of living from the "heart" or from the spiritual part of themselves. The descriptions of the value of a new or improved sense of self and its links to feelings of 'lightness' and 'aliveness' affirms Rogers' (1948) emphasis upon a good self-concept as the essential determinant of resilience. Wampold (2006; 2015) also identified a change in client's expectations, occurring as a result of a credible and culturally acceptable explanation, as a crucial component of change. New meanings to being and acting were expressed, which resulted in more spontaneous and fearless relating and a growing respect for the creative autonomy of the self. Carl Rogers (1958) described this as a moving away from the pole of defensiveness to the pole of openness to experience, and Bradford (2009 p.6) as resulting from a "freedom from the preconceptions of our own constructs and openness to the self-world."

The Integration of Freedom and Possibility

The fourth constituent involved the integration of freedom and possibility into participants' daily lives. There was an organic sense of purpose, of being able to mould and transform the self and surrounding concerns and engagements which resonates with Western themes of agency and empowerment, without any loss of sensitive responding.

This newly gained sense of self combined with a determination not to surrender existential territories gained represented a commitment to being who one really is in the wider world. This was linked to an increased emphasis on values and a developing altruism, involving self-insight, being forgiving of others, bringing a quality of presence into the wider community. A further nuance of this constituent was the use of tools to maintain and develop the new sense of self. Participant T described the relief of having a "key" to her own well-being. Other participants had similar words for this experience: a "set of tools", a "magic tool box", a "set of keys", a "walking staff" to take with them and apply in challenging situations. These gave participants a sense of empowerment, agency control and a freedom from dependency upon others. Previously feared challenges relating to thematised life narratives were reduced by moving attention from the fear or the specific situation to the autonomy afforded by a different experiential space.

The tools described by participants related to the application of Vajrayana-adapted practices and will be more thoroughly explored in my response to question two. In this section, the use of tools relates to the process of clients' experience of integration of self-aspects and new skills in psychotherapy. Another central component of integration was loss of fear. The freedom and vitality required to creatively mould the self instead of passively absorbing experiences resulted from

experiences which made expansion exciting and safe rather than threatening.

Participants described how going into previously avoided experiences of 'heaviness' or pain contributed to a sense of fearlessness and empowerment. This meeting and integrating of painful experiences was named by participants as resulting from Embodied Focusing and specific Vajrayana practices, such as Deity Yoga and the 'Feeding Your Demons' visualisation.

The participants in this study came into therapy as a consequence of suffering from what would be classified within the psychological literature as degrees of anxiety and depression. In describing effective treatments for anxiety disorders Woody and

Ollendick write:-

“Improvement is enhanced when successful efforts are made to facilitate clients’ knowledge and awareness of the relationship between their interpersonal and physical environment and how they think, feel and behave. Effective treatments skilfully use non-directive interventions, facilitate client self-exploration [and] help clients accept, tolerate and at times fully experience their emotions. Interventions aimed at controlling emotions can also be helpful, eliminate avoidance of feared situations, improve skills for handling feared situations, social skills training such as making small talk, applied relaxation skills, coping skills and problem solving.” (2006, p. 94).

Castonguay and Beutler in their summary of effective treatment principle for dysphoric conditions (mood disorders which include depression), identify several change processes described by participants in this study, albeit in a less standardised theoretical language:-

- 1) Challenge cognitive appraisals and behaviour with new experience
- 2) Increase and diversify the patient’s access to contingent positive reinforcement while decreasing reinforcement for depressive and avoidant behaviours.
- 3) Improve the patient’s interpersonal social functioning.
- 4) Improve the marital, family and social environment to reduce the establishment, maintenance or recurrence of depressive behaviours.
- 5) Improve awareness, acceptance, and regulation of emotion and promote change in maladaptive emotional responses.” (2006, p.94).

The interventions used in this study can similarly be mapped to the above. However, a considerable amount of the content of participants’ descriptions cannot be psychologically mapped, as it makes reference to existential territories which are not

yet identified or acknowledged in the psychological literature. Woody and Ollendick acknowledge the need for more research into the felt experience of anxiety:-

“Anxiety and fear are behaviour, they are cognition and they too are biology. Above all however, anxiety and fear are felt and subjective experiences. As clients describe this experience, it is more than cognitions, more than avoidance and more than physiological arousal. This felt experience seems to be lacking in our current depiction of these core emotions and their treatment. Critical to furthering our knowledge in this domain are recent studies that have begun to examine the subjective experience or meaning of anxiety and fear to the individual client [...] achieving a more complete understanding of the phenomena of fear and anxiety including the felt aspect may be a window through which to expand our research.” (2006, p.181).

Bohart and Wade also conclude their analysis on the role of the client in psychotherapy by endorsing the need for a greater understanding of the client's actual experiences and what is meaningful to them:-

“We have previously mentioned that simply correlating client characteristics with early termination and with outcome frequently has not proved fruitful [...] it seems more useful to investigate what these characteristics mean and then study how they might facilitate or detract from the degree and quality of the client's participation [....] Given a negative relationship of client impulsiveness to outcome, what does that mean from the client's side of the coin?” (2013, p.246).

To summarise, researching the experience of 'lightness' and 'aliveness' within this study has provided an affirmation of the common factors which enhance psychotherapeutic outcome. It has also made visible the subtle networks that form relationships to others, to the body and to the natural world, and their contribution both to well-being and to depression and anxiety. This study of the phenomena of 'lightness' and 'aliveness' has provided idiosyncratic and generalised descriptions of the felt experiences of heaviness and pain which bring clients into therapy, thereby increasing the potential range of therapeutic empathic responses as a consequence of knowing more about how these states are lived in personal and interpersonal domains. Investigating the client's experiences of 'lightness' and 'aliveness' has also facilitated attentive tracking of the processes involved in positive change. In so

doing, it has made apparent that for these participants, freedom and identity had deep roots in transpersonal experiencing. This study has therefore also affirmed the need for a more expansive ontological and epistemological frame for psychological research literature, one more inclusive of the manner in which the transpersonal dimension infuses lived experience. In relation to the phenomena of 'lightness' and 'aliveness', collecting these life-world descriptions suggests an inherent buoyancy to the human condition.

2) Can Vajrayana Buddhist practices be effectively integrated into Western Psychotherapy?

I will now discuss the second question identified for analysis in this section: can Vajrayana Buddhist practices be effectively integrated into Western psychotherapy?

I will first explore the evidence from my findings in support of this theoretical assumption, making links to relevant literature, before exploring factors which are facilitative both of this integration and those which might present challenges.

The evidence from my findings which has most relevance to this question are participants descriptions within constituent five: "Pathways to 'lightness' and aliveness" contains the most explicit descriptions from participants of their experiences of adapted Vajrayana practices in psychotherapy. Research into adapted Vajrayana practices in the psychological literature often group breathing, visualisation, mantra and Deity Yoga together as "advanced practices", "integrative meditations" (Loizzo 2013) or "process meditation" (Loizzo 2000) This is because these components traditionally occur simultaneously or in closely connected stages to maximise their impact. Compassion-inducing meditations are also sometimes referred to as "positive affect meditations" (Loizzo 2013) to differentiate them from the more specifically attention-orientated Mindfulness practices. Neuroscientific research has identified these meditations have distinctly different effects on the brain

(Loizzo 2013). In my study, participants differentiated between the components which related specifically to their experiences of 'lightness' and 'aliveness', thereby separating Deity Yoga from breathing and mantra in their descriptions. Participants also took from the adapted practices what they found particularly helpful to work with and this will be emphasised in my discussion.

My findings identified that using Deity Yoga combined with Focusing can result in a reduction of the constriction of fixed identities. The sense of 'lightness' which then emerged enabled participants to move beyond habitual feelings of overwhelm, depression and anxiety, whether these related to guilt, sadness or lack of self-love. The nuances of freedom which participants described as having been imparted by adapted Deity Yoga practices related to increases in creative flexibility, a greater sense of the 'limitless' in terms of giving and healing, lovingness and self-healing. These experiences translate in the psychological literature to an improved self-concept, a reduction in negative affect and negative rumination and an increased sense of resources in previously personal and interpersonal situations.

Philosophically, they are also reminiscent of Levinas' description of the processes by which external enjoyment becomes internal nourishment:-

“Nourishment, as a means of invigoration, is the transmutation of the other into the same, which is the essence of enjoyment; an energy that is other, recognised as other [...] recognised as sustaining the very act that it is directed upon, it becomes, in enjoyment, my own energy, my strength, me.” (1961, p.111).

I will now review descriptions of each deity described, to identify particular nuances of experiencing and their relevance to psychotherapeutic efficacy.

i) Adapted Deity Yoga practices: the female deity Tara

The deity Tara was described as having been particularly facilitative of experiences of self-nurture, the manner in which she was described having adding to the power

of the practice. Participants also made reference to her representing all-enveloping feminine energy, facilitating feelings of love, nurture and openness to self and others. She was described as having a parental, archetypal quality, as someone who understood and had compassion for women's suffering. In this respect, she provided both a role model for living and a secure internal base as a holding mother. The archetypal element of Tara made her easier to reach out to than more abstract visualisations. She initiated an open state of gratitude as opposed to more enclosing self-orientated ruminations. Tara was also described as facilitating a "bridging" between self-aspects which normally felt separated, between a divine, impregnable aspect and one which experienced emotional pain, thereby providing a means of integrating previously "split" and separated identities. Tara was described as a resource which developed over time and became easier to access during stressful situations. Further specific nuances relating to Tara Deity Yoga can be summarised as follows: helping participants to explore beyond their comfort zones, healing damaged relationships in the past and present, providing a different perspectives on relationships, reducing depletion and exhaustion by providing a sense of infinite abundance, realising that the qualities of Tara were within themselves thereby leading to improved self-esteem and self-valuing. In some participants' descriptions, the Deity Yoga adapted practice of Tara was sometimes remembered in fragments and mixed up with other practices such as Tonglen and the 'Planet of Healing' visualisation, the themes of which also related to compassionate giving and 'limitless' receiving.

ii) Adapted Deity Yoga practices: the male deity Vajasattva

Participants' descriptions of Deity Yoga practice with the male deity Vajasattva conveyed feeling sequentially mesmerised and excited by his external appearance, experiencing his qualities within, then believing oneself capable of manifesting those

energies. Further descriptions involved the purification of states of suffering and loss of guilt, appreciation of beauty and healing, finding unexpected resources, and excitement at accessing a sense of the creative possibility of the 'limitless'.

Translated to the language of the psychological therapies, this relates to the activation of a positive cognitive triad (Beck 1979) as opposed to a negative one.

Participants experienced increased interest and trust in the self, the future and the outside world. They also experienced less negative rumination and affect relating to past behaviours and experienced an improved self-concept.

Overall, Deity Yoga involving both Tara and Vajasattva enabled points of connection and expansive fusion in which blocks to expansion could dissipate, whether they involved issues relating to the opposite sex, family members, friends or with own self aspects. These adapted practices were described as instilling a sense of 'lightness' and 'aliveness' particularly by clients who were currently experiencing issues in relationship or had experienced childhood neglect. This affirms Preece's (2006) belief that Vajrayana practices work most effectively in contexts in which there is an understanding of child development, as the use of Deity Yoga archetypes can provide a profound release from early traumatic experiences. This finding also lends support to Jedrczak's (1985) study which found Deity Yoga to be effective with clients experiencing shame-based inhibitions, which can result from the complexes which Preece identifies as resulting from early wounding in relationships. The increased sense of creativity identified by some participants affirms Preece's (2006) belief that creativity is a central component of Buddhist tantra. Participant's sense of integration and agency is reminiscent of Ann Klein's (1995) reflections that Tibetan Buddhist practices provide a means of integrating the conditioned and unconditioned elements of experiencing into a creative coherence of individual power, agency and

unstructured potential. Loizzo explores the pro-social aspect (described by participants in this study as increases in capacity to understand, love and heal) of the visualisations and rich description inherent to Deity Yoga functioning from a neuroscientific perspective as follows:-

“A likely mechanism for process practices is that prosody- and imagery mediated activation deepens the lateral hypothalamic driving of septal-hippocampal theta by recruiting pontine neurons that promote REM. This induces a REM-like state in which pro-social consummatory emotional response patterns not prefigured in instinctual programs can be rehearsed and consolidated.”(Loizzo, 2013, p.169).

In terms of the impact upon the therapeutic relationship of using adapted Deity Yoga practices, participants' descriptions suggest highly subjective experiencing which was relevant to their own life-world as opposed to feeling they were simply absorbing the therapists' values and perspectives. Tjeltveit (1997) has identified the inevitable influence of the therapists values upon clients in psychotherapy. The adapted practices, while introduced by the therapist as helpful techniques, also contained an element of shared participation which may have heightened mutuality. Some participants mentioned that the therapist's confidence and belief in the Deity Yoga practices contributed to their effectiveness. From a therapist's perspective, I had a sense of meeting participants at distinctly different points of experiencing, wounded vulnerability and embodied pleasure which enhanced my understanding of their capacity for each.

Loizzo (2000, p 56), comparing meditation practices with psychotherapy, cites the research studies of Cooper (1999) and Shapiro et al. (1998) and concludes:-

”The positive health bias of meditative therapies may heighten therapeutic optimism, but meditative traditions recognise the depth of resistance and base their optimism on depth-analytic methods and empathic skills that may help correct the pathologizing bias of disease based conventional models.”

This study affirms the view that adapted Deity Yoga practices work effectively in psychotherapy by combining beauty, pleasure and depth of exploration.

I will now review participants' descriptions of other Vajrayana-adapted practices, breathing techniques, mantra and specific visualisations in relation to whether Vajrayana practices can be successfully integrated into psychotherapy.

iii) Breathing techniques

Breathing was identified by all of the participants in this study as giving rise to experiences of 'lightness' and 'aliveness'. Feelings of 'aliveness' were particularly identified as resulting from the sense breathing practices gave them of being "grounded" in the body and of consequently noticing the present moment and its surrounding context. Breathing practices were described by participants as eliciting the following responses which related to 'aliveness': creating an embodied equilibrium, providing a grounded sense of space and identity which they could attach to, adding power to experiences of healing, enabling a shift in focus from the mind to the heart, generating a sense of presence, returning participants to "themselves", feeling connected to others, and to life. Breathing also gave rise to the phenomena of 'lightness' by enabling participants to move forwards through stuck and painful experiences into a greater sense of awareness.

Breathing techniques are now widely used as a treatment for stress reduction in cognitive therapy (Segal et al. 2002). Yogic breathing, which has strong similarities to the Vajrayana deep slow breathing applied in this study, has been shown to reduce stress (Brown et al, 2005a).

Findings from my study reveal that both attention to normal breathing commonly associated with Mindfulness practices and the deep slow breathing associated with Vajrayana contributed to therapy. Mapped to the language of psychological literature, its effectiveness resulted from the provision of an instantly accessible resource developed in therapy but highly transferable to situations outside.

Participants' descriptions suggested that breathing techniques restored participants to a state of well-being by promoting self-reliance, confidence, agency and empowerment. Breathing techniques helped to "ground" participants into the body at the same time as generating expansive feelings of pleasure and healing described by Loizzo (2013) to be the result of as a combination of euphoric experiencing and reduced defensiveness. Breathing techniques combined with Focusing were also described by participants as enabling them to find answers to questions arising within themselves. Several participants made reference to breathing as being the most significantly helpful aspect of their experience in therapy.

An unexpected finding was that two participants found hearing my own deep slow breathing discomforting, describing how it brought to their awareness a sense of distrust of primitive self-aspects and reminding them of areas of their own resistance. In terms of therapeutic relating, breath practice, although initially demonstrated by the therapist, was a joint participatory practice resulting in a sense of shared journeying and increased mutuality. This potentially resulted in a loosening of roles and an equalising of the power base. Loizzo (2000 p.60) writes:-

"The relationship in meditative therapies is often more collegial than in conventional therapies, perhaps because vulnerability and responsibility are more shared."

iv) Mantra

The experience of mantra was directly described as contributing to the experience of 'lightness' and 'aliveness' by two participants. Mantra had two specific components, a visual description and the making of sounds. Mantra was described by participants as giving rise to experiences of 'lightness' in the following ways: by providing a relief from 'heaviness' – a relief at being able to access another part of the self quickly and easily, by filling the space and pushing back everything else, by cleansing, and by

providing tools to work with. Mantra was described as giving rise to experiences of 'aliveness' by generating a felt sense of potency, reducing aloneness, transforming stuck energy, keeping kinaesthetic energy going, slowing down the rhythm of the body and creating peace, as well as generating a felt sense of freedom and potency. Research into the effectiveness of mantra is limited, but recent studies have explored the impact of mantra on the nervous system and upon memory. Gurjar (2009) has demonstrated the potential of mantra to have a positive effect upon relaxation and healing, and Balaram et al. (2012) found mantra could improve memory function. Gurjar concluded his research into the effects of mantra on the nervous system with the following summary:-

“We could conclude that chanting OM mantra results in stabilization of brain, removal of worldly thoughts and increase of energy. It means that concentrating on OM mantra and continuously doing it slowly shifts our attention. It is a reflection of the most fundamental interlocking processes in our bodies [...] the harmony we play echoes the harmonic relationships of every vital system i.e. our heartbeat, our breathing, our brainwaves pulsing, our neuronal firing, our cells throbbing, our metabolic, enzymatic, and hormonal rhythms and our behaviours in our addictions and our habits”. (2009, p.366).

From a psychotherapeutic perspective, mantra worked both visually and through the medium of sound to move attention from habitual preoccupations to more positive experiences. This appears to have made immediate positive impact upon the self-concept. Mantra was introduced as purifying body, speech and mind and was dedicated to the benefit of all beings, which introduced the concepts of high expectation combined with altruism before the mantra began. Gassman and Grawe (2006) found that unsuccessful therapists focused on problems but neglected client strengths and research into placebo effects, and Kirsch (2008) has demonstrated that client expectation of change stimulates innate self-healing capacities. This may also have contributed to the effectiveness of mantra for these participants. Feeling a

sense of control over the body and being able to instantaneously alter negative affect and rumination generated a sense of agency and empowerment while the pleasurable sensations elicited by mantra encouraged participants to practice regularly. Similarly to breathing techniques, mantra was introduced by the therapist but then became a communal activity which helped to dissolve a sense of separateness between client and therapist, creating a common goal of working together towards positive transformation and the benefit of others. Kunz writes:-

“Pathology is isolation from ethical responsibility. Health is getting outside oneself in responsibility to others.” (2015, p.230).

Guided visualisations

The three guided visualisations based on adapted Vajrayana practices, the 'Fire of Purification', the 'Planet of Healing' and Lama Tsultrum Allione's 'Feeding Your Demons' practice, all elicited different responses from participants. **The 'Planet of Healing'** visualisation was described by both male participants as generating a deep sense of fulfilment by activating a multitude of sensory experiences which were linked to specific qualities. Participants named the fact that every breath was cleansing, the taste of the nectar, being taken to a pure source, feeling both fed and fertilised, a sense of security, comfort and nurturing, finding a place of physiological nurturing, lack of mental interference, being very easily accessible, and wallowing in a nurturing environment. This visualisation also involved altruistic intention (part of the breathing practice involved imagining breathing the suffering out of the world) and high expectation of positive change which may have added to its effectiveness. The power of imagery upon the body is well known (Simonton 1980), and this combined with breathing practices will also have contributed to the impact of the practice.

The 'Fire of Purification' visualisation was described by two participants as providing feelings of relief from habitual preoccupations which resulted in constriction and 'heaviness'. This visualisation was described as working as a consequence of generating humour, a fresh perspective, a sense of freedom and choice as to what one does with one's energy, liberation at being able to move from the head to the heart. These had the psychological effects of empowerment, agency and renewed creativity.

The 'Feeding Your Demons' practice was described by one participant as generating the most intense experience of 'lightness' and 'aliveness' as a consequence of enabling the accessing, releasing and healing of her "dark side." The high expectation of healing and integration is likely to have added to the practice's effectiveness. This visualisation specifically works with split off, repressed shadow elements of the self in a manner not dissimilar to object relations and Jungian models, and the visualisation aspect has similarities to psychosynthesis' model of lower and higher aspects of the unconscious.

In relation to the therapeutic relationship, visualisations delivered by therapist to the client have similarities to the more didactic, educational aspects of cognitive or psychodynamic models. A particular difference here lies in the strong element of the transpersonal. In relation to the application of particular techniques in psychotherapy, Castonguay writes:-

"Principles of technique usage are only of value if carried out within the context of a good therapeutic relationship. Advantageous techniques directly focus on presenting problems and concerns, a laissez faire approach to therapy in which the therapist fails to confront the patient, fails to direct the patients' efforts or avoids raising the patients' distress has limited effects. Effective treatments directly focus on increasing adaptive way of feeling [and] behaving." (2006, p.114).

The creative, adaptive capacity of Asian meditations has been affirmed by research linking them to so many different forms of therapy. Loizzo cites the research of Lineham (1993), Snaith (1998), Teasdale (1995) and Kabat-Zinn (1985). Reviewing recent research into studies of neuroscience and meditation, Loizzo writes:-

“As I look to the future advancements of our field, I see research on the diverse array of such integral practices-including Hindu and Buddhist Tantra, Kundalini Yoga, TM Siddhi, Qi-gong, Cabbala, Christian mysticism and Sufism-converging with research on the parasympathetic nervous system. Stephen Porges’ ground breaking synthesis of the neuropsychology of the vagal nerve has opened a new horizon for meditation research that goes deeper than the increasingly accepted link between Mindfulness and the prefrontal cortex and deeper than the emerging link between compassion meditation and the limbic system, promising to help explain how integral meditation may affect the primal centres of mind/body regulation in the brain stream [...] the fact that the smart vagus and its related neuropeptides can modulate the defensive fight, flight, or freeze reactions of the primitive sympathetic and vagal systems overlaps with research on embodied cognition and fearless immobilisation states like diving, hibernation and orgasm, clarifying one plausible basis for integral movement and breath holding practices that induce seemingly paradoxical states of profound physical relaxation and peak heart brain arousal.” (2013 p.67)

As neuroscientific research becomes more frequently referenced within psychological research literature, first person research into Vajrayana-related practices and psychotherapy may become increasingly useful.

In terms of psychotherapy in general, my research provides support for an emerging cross-cultural movement in psychotherapy which encroaches into the territories of Buddhism and phenomenology. This movement acknowledges the 'limitless' as an aspect of human experiencing which the profession must address, acknowledging that psychotherapy is more than a journey out of suffering, or into an understanding of suffering; it is a journey towards something which instantly, inherently feels better to the body and contains more points of connection to the transpersonal world.

Findings from this study suggest that the rich, celebratory, sensually and ethically

integrated territory of Vajrayana Buddhism may have something to offer both to this emerging discourse and to clients in psychotherapy.

This research has also, however, made me aware of the importance of respecting the distinct codes and ethics of traditions, psychotherapy and Vajrayana Buddhism. The recent concerns raised about the contraindications of Mindfulness practices in the West could equally apply to adapted Vajrayana practices. In respect to the Buddhist tradition, I would recommend the adapted practices used in this study be applied when clients have some understanding of interdependence, of the value of compassionate action and have a sincere desire to change. In my experience, clients who come for psychotherapy often have an innate grasp of these principles, which can be further developed if they are so interested. The United Kingdom Ethical Framework for Psychotherapists' emphasis upon working to the client's agenda at all times provided a valuable boundary which I feel needs to be firmly adhered to in this area of work so that the client's agenda remains dominant. Sensitivity and attunement to the client was crucial in helping me to identify whether and when to use these adapted practices and when to return to the clients' experience in the body or to simply listen. Research findings that spiritually orientated therapists are only successful when they are highly flexible (Castonguay 2006) and do not hold a rigid world view, and this was affirmed for me in this study.

This study also showed me how easily spiritually by-passing areas of pain could occur. I also feel that the flexibility required to use these practices can only come from the confidence gained from one's own experience. (This is also the Dalai Lama's prerequisite for any Vajrayana-related teacher).

The adapted practices used in this study were integrated into Western psychotherapy by means of Embodied Focusing, which for me provided a vital

safeguard, ensuring I worked to the client's process and always at a degree of embodied depth at which buried sedimentary material could be met. I will now explore the contribution which using Gendlin's Focusing made to the particular cross-cultural therapy used in this study.

3) What happens when Gendlin's Focusing is combined with adapted Vajrayana practices?

In answering this question, I will begin by summarising participants' descriptions of Focusing, making connections to the relevant literature, particularly in relation to the literature involving imagery and Focusing which is relevant to adapted Vajrayana visualisations. I will then explore Gendlin's views on crossing cultural boundaries and conclude with my own sense of how these two models combine.

Participants' descriptions often referred to the positive impact of Focusing, both on its own as a particular method of embodied enquiry and when combined with adapted practices. Focusing was implicit to all the psychotherapeutic work as the techniques of Focusing were introduced in the first session and all subsequent sessions then began with breathing and moving attention inside the body to notice what might benefit from space and attention. Focusing as a stand-alone technique was described by clients as contributing to their experience of 'lightness' and 'aliveness' in the following ways: by clarifying what was happening, bringing into awareness significantly helpful images which engendered new possibilities, enabling a trust that whatever occurred answers would be found either from the heart or the body, realising that the mind and the body work together, that all sensations emerging from the body were relevant to the mind, feeling increasingly enlivened and losing fear of meeting experiences buried in the body. Participants' descriptions also conveyed that Focusing combined with attention to breath generated feelings of peace and spaciousness.

Focusing was an essential element of using adapted Vajrayana techniques, enabling me to be confident that I was not imposing religious experiences upon clients, that spiritual by-passing was prevented and that participants would take whatever was relevant to their own process from the visualisations and practices.

In relation to imagery and Focusing, Gendlin describes the use of imagery as follows:-

“Images are powerful, but we do not bring forth their full power if we only work with images. Impressive strings of images can leave people unchanged. Therefore experts on imagery are now increasingly paying attention to the role of the body. With Focusing, imagery becomes increasingly connected to the body.” (1996, p.212).

The method in which the adapted Vajrayana practices were applied in my study has similarities to the manner in which Gendlin integrated Simonton’s (1980) healing method for cancer patients with Focusing. Simonton’s original method involved asking cancer patients to find an image of a shark and visualize it killing the cancer cells. Gendlin’s Focusing-related application differed by firstly finding what is in the body, then, forming an image of a shark, then letting that image generate a bodily sense of being the shark, then exploring what sort of body sense emerged. Any feelings which blocked the sequence of images would be worked with as they arose. In relation to Deity Yoga visualisations, the area of client’s embodied pain was first enquired into and met, then if the therapist had a felt sense of a particular deity or visualisation being helpful or relevant, this would then be described to the client to see how it resonated with their experience and the emerging feeling, whatsoever it might be, would then be met and explored. Clients often experienced their own idiosyncratic images spontaneously forming. One participant, when an image of Tara began to be described, saw an angel which then started to move and change into the form of a pyramid. Gendlin writes:-

“The bodily quality is a felt sense. By attending to it as such, new steps are possible. If the client asks the felt sense what it implicitly contains then it may open [...] after a Focusing step like this, if the image is allowed to come spontaneously, it will have changed.” (Olsen and Gendlin 1970, p. 213).

Gendlin describes a conversation he had with Lazarus, who used images within systematic desensitisation:-

“Lazarus told me [that] he often found more happening with imagery than the method had planned [...] He would suggest an image but the image which the client had in response to his suggestion would be quite different. The spontaneous image arising from the client would relate to what the client needed to address and work with, the client’s process which no fixed procedure can reveal.” (1996, p.214)

Gendlin also believes that the carrying forward aspect of imagery moved naturally to generate solutions:-

“Images bring new and more intricate possibilities. Ordinary objects and alternatives are poor and few compared to the vast number of strands that cross in an image. But why is it that alternatives that come in images move toward solutions? It is similar to the reason a wound heals, or why when we are hungry we seem luckily to hit upon the idea of food.” (1996, p. 216).

In addition to Focusing’s capacity to act as a bridge between Deity Yoga and other visualisations, Focusing also enabled participants to bypass culturally challenging conceptual aspects of Vajrayana and have access direct embodied experiences.

Gendlin has also articulated his sense of fluid and interconnecting strings existing across different cultures in the realm of implicit understandings:-

“What we all have in common exists only as variously carried forward, and always still open for further carrying forward. The variety does not make a bridgeless difference, because further carrying forward is not determined by the present form. The implicit intricacy can open all the forms. If we can speak of what is not fixed-formed but can be carried forward, we can say how great is that which is shared – far greater than the differences. Then we can celebrate our differences. The more different people we have known, the more easily we understand the next new person, although that one is again different. That is because understanding does not depend on a common content. Rather, the new thing crosses with our implicit experiential mesh. That is what makes us say, “Oh ... I see ...” Finally, see how terms in one of my strings cross when they all work-in the ... at the end of the string. On any topic (including human nature) we can have (think, say, feel, be ...) the ... which comes after the variety. After the string each is implicit in our

experiential mesh. Each is now implicit in our understanding of the others. In the..... they all cross and open each other so that they do not confine, but help to shape our next-implied step of speech, thought, and action.” (1997, p. 250).

(Here, once again, Gendlin’s use of the expression “...” refers to a gap which contains multiple possibilities beyond any singular term).

This study has demonstrated to me the richness which can emerge when Vajrayana-adapted practices and Focusing techniques “cross and open” to each other. The images of Deity Yoga and other adapted guided visualisations from the Vajrayana tradition emerged from the deep implicit processing of teachers and reclusive meditators, compassionately driven to find embodied, transformational answers to the challenges inherent to the human condition. The techniques they found accelerate and expand upon normal processes of finding solutions. This study has shown me how effectively these two distinctive keys to embodied enquiry work together, facilitating the consistent grounding of transcendent experiencing in the embodied and relational.

Reflections on Methodology

The methodology used in this study involved practice based research, descriptive phenomenological interviewing and analysis combined with embodied Focusing. In this section, I will review what I learnt from using this methodology, including the experience of conducting practice based research with previous psychotherapy clients. I will first explore them together as they presented themselves to me, using excerpts from my Focusing diary as illustrations. I will then identify points from my learning which may be helpful to future researchers.

My decision to use Focusing during interviewing, during the reduction and in the process of imaginative variation, had its basis in my own experiences as a practitioner of Focusing and as a therapist confident of the positive benefits of using

Focusing with clients. Focusing has helped me personally to find authentic meanings. As a therapist, I have also witnessed its capacity to liberate clients both from their own interpretations of situations and from the transference aspects of our therapeutic relationship. It has facilitated shifts into new, fresh experiencing which often surprised clients, but which contained such a degree of authenticity that more habitual, thematised approaches to their difficulties were overridden. My rationale for using Focusing is explored in the Methodology and Methods chapters in more detail.

My experience from this study has been that applying Focusing in these ways can aid authenticity and transparency. In relation to interviewing previous clients, I was fortunate that they were all extremely comfortable using this technique turning attention inwards instantly and easily to explore what arose in response to my interview questions. As a consequence I felt more confident that participants were able to speak from their present time experiences, sharing freshly arising implicit phenomena with me as opposed to viewing me as their therapist and trying to please. Participants frequently disagreed with my choice of words and used Focusing to find ones which felt right. The reflective pace of silent enquiry followed by a confident flow of speech also gave me a sense that we were finding the authentic voice of their experiencing. Using Focusing techniques on myself, I found that in the in the first interviews, particularly the first interview which I conducted, I experienced relatively high levels of anxiety which took the form of repetitive thoughts. These related to concerns that the tape recorder might have switched itself off, and that we would be interrupted during the interview process in our college room. When I moved my attention to the middle of my body to enquire into the root of these anxious thoughts and increased heartbeat, I discovered two distinct fears: a

fear of failure and a fear of 'cheating'. I explored these in more depth after the interview and found that the bottom of my stomach was saying:- *“Well, this is the feeling you asked for trying to practice non-attachment to whatever is said. It could all go terribly, terribly wrong and you will look very silly trying to pretend that you don't care when it will be obvious that you do.”* There was a sense of having lost control. I was reminded of Krycka's description of the importance of allowing the unknown, of the horizon of potential discomfort and “asymmetry”:-

“I define the horizon of asymmetry as our capacity to exceed, to overflow [...] the desire for the permanence and harmony [...] orientating towards symmetry is adopting the already known as the basis of the work. Orientating towards a horizon that unsettles but frees, while a lesser known path is one at least pregnant with discovery.” (2015, p.232).

I needed to hand over to the participant my appropriation of the truth of their experience of therapy, and the potential risk involved was that my felt senses and instincts could be utterly negated in this process. This made me reflect later on Merleau-Ponty's (1945) comment on the impossibility of a complete reduction. I could not deny this feeling, all I could do was explore it and allow it to move. The other feeling at the root of my anxiety, when enquired into, said: - *“You will manipulate your ex-clients into saying what you want them to say and what you are doing is wrong, both to psychotherapy and to Buddhism.”*

At this point, before my first interview actually began, I moved attention to my breath and there was a felt shift, an exhilarated roller coaster type feeling saying:- *“Whey-hey-hey ... I have bought the ticket, I can't stop now, let's trust the process and see what happens.”* Gendlin (1996,p.26) has written:-

“The felt shifts of Focusing bring feelings of physical relief [...] These are bodily indications that what was said or recognised is meaningful or 'feels right', equating therefore with a release of energy rather than the finding of

an ultimate truth [...] its emergence – the step of finding – always brings relief, like fresh air.”

There was for me something which strongly 'felt right' about what I was embarking upon, despite my anxiety and this elicited a strong sense of relief. I was working within my ethical frame, even if it was uncomfortably unsafe. I noticed when I later listened to the tape of my first interview that my voice rose and fell at the beginning and my words were too fast. At that point in the interview, it was very helpful to be able to ask my first participant to turn attention inside and see what she noticed in response to my question, as I could then also turn attention into my body where I met a sense of peace and calmness. This helped to facilitate embodied presence and openness as opposed as to embodied projection, which I may otherwise have been at risk of, an unconscious pushing into the participant on an embodied level what I might have wanted them to say. Part of me was dependant and invested in what would be said, and I was meeting raw allegiance effects (Lubrosky 1999). The layer of experiencing that followed my direct experience of this was anxiety and guilt, which then shifted into excitement. I knew I had no control over this part in the research process but that in itself was genuinely exciting and there was also an emerging sense of cleanness inside, of the rightness of trusting and listening and hearing the story of my participants' experiences. When I played this tape afterwards, it struck me that my participants' first sentences related to her feeling a spring-like sense of excitement, of potency and hope and I wondered whether something from my experience had transmitted itself to my participant in the manner of intercorporeal communications (Merleau-Ponty 1964). I checked in my Focusing diary and did not find any other further similarity between my experience and participants' descriptions. This may be because my emotions were running particularly high at the onset of the first interview, and transmitted themselves, or

simply that the first interviewee and I were having a similar experience as we embarked upon the interview.

Prior to interviewing, I had been concerned that I would need to firmly bracket my habitual, therapeutic response in order to meet the phenomena rather than the client. The therapist's horizons of intentionality are concerned with supporting and meeting, often at preverbal levels. As a researcher, I had to establish a different horizon of intentionality, one in which I was not moving towards the client's improvement or the development of the therapeutic relationship but meeting the phenomena itself, waiting for its emergence from any presenting gaps rather than filling them with therapeutic presence. I discovered that, overall, there was a natural difference in my responding. I felt freer, at times less empowered and less responsible as an interviewer than I did as a therapist. The difference in setting helped, participants and I were meeting at a centre for education, and they had stories to tell me which I could learn from, which changed the power dynamics. At certain points, if participants shared something very raw, I experienced a felt shift in my heart, a moving towards them. As explored in my Methods section, my roles as researcher and previous therapist criss-crossed. I was pleased when two participants named that they had found my deep slow breathing unnerving as it reassured me that they were talking to me as a researcher as opposed to wanting to please me as a therapist. I was also pleased in a different way when a participant described at some length how much more helpful he had found the Vajrayana-related 'Planet of Healing' visualisation to the generic 'Cutting the Ties that Bind' visualisation. There was an astonished aspect to this pleasure as I had prepared myself to expect that there would be no evidence that Vajrayana-related techniques would create experiences of 'lightness' and 'aliveness'. This attempt at fear driven self-discipline was

sometimes lost, as at one point I reminded a participant of a particular visualisation he had found helpful in therapy which he might otherwise not have named. It helped me to keep the discipline of moving attention repeatedly back to enquiring into their experience of the phenomena. Those words kept repeating themselves in my mind. Using Focusing gave me resources to find a more 'centred' position, of enjoying these arising phenomena without attaching to any position other than experiencing the 'fresh air of finding', which had its own felt sense of rightness. Gendlin

comments:-

“A felt sense is already a datum [...] When I have a conflict between this or that, I check inside and I say I don't have to get torn up between this or that because I know what I want, I want the right thing.” (2012b, p. 86).

I was surprised by the contents of participants' descriptions. On reflection, I realised that I had become inadvertently habituated to my role as therapist to the extent that it had become a mode of being which partially obscured my view of my clients. My attention was habitually upon getting someone better, seeking and meeting suffering, which involved various therapeutic engagements and techniques to the extent that this intentional horizon had become a form of 'totalization' (Levinas 2000) based upon my identification of myself as therapist and they as clients. As I listened from my researcher role, I became more aware of participants' autonomy and distinctiveness. They showed me a different face as they turned their attention inwards to find the truth of their experience and then spoke to me as people in confident possession of a unique knowledge. This was a humbling experience.

Claire Le Beau writes:-

“Our perceptions are incomplete. Our comfort in feeling that we have “got it” lulls us into a false sense of security, and more detrimentally, often leads us into hubris [...] Only when I am able to make room for not knowing, for ambiguity and surrender, am I open to being surprised and find them in always evolving newness.” (2015, p. 179).

I wondered if my habitual identity as psychotherapist to some degree infantilised my clients. An interesting aspect of my research has therefore been that I will take the reduction back into my client work, bracketing the quality of sameness, of being-in role rather than being-under the client's experience. I am now in a better position to witness my application of the therapeutic role.

In relation to using Focusing within the process of imaginative variation, Focusing enabled me to find a still space in which I could be impacted by the distinctive elements of the descriptions. I consciously 'cleared a space' (the first step of Focusing) before I identified specific meaning units and trusted the felt sense of rightness in the process of imaginative variation. I originally identified more general constituents than I later retained, having had an embodied as well as a cognitive impulse to simplify, and create a broader holding frame which could then contain detailed, textured descriptions of specific nuances. The embodied impulse came first as a sense of overwhelm in the head which said: *"Ahh too much ..."* I was helped by participants' rich descriptions, but there were times when I felt there was almost too much experience to be contained and I was rather manically putting shared aspects of descriptions in little boxes to form the general constituents. I realised that both the descriptions and I felt constricted and required a more spacious philosophical frame. At these points, Focusing helped me to stay calm and take it one step at a time, trusting that clarity would come. I would, if doing this study again, leave more time to take detailed notes of my experiences of Focusing in the process of imaginative variation. I was worried about how much time it was taking which led to an urge to push forwards which said: *"I don't have time to witness anything, I have to produce something"*, rather than reflect and indwell.

This study has affirmed my sense that Focusing has a significant contribution to make to phenomenological interviewing. I would also recommend the use of practice based research to other psychotherapists. I learnt much about my clients' experiences of therapy which I would not otherwise have found out, and, inadvertently, about my experience of being a therapist. The participants all told me they had benefited from telling me the story of their post-therapy experience and felt empowered by being part of an academic research study in which their experiences would be included.

Strengths and weaknesses of my study

A weakness of this study could be seen to be the purposive nature of my sample. All participants were already in some way engaged in body work (yoga or reiki) or had some experiences of meditation. They were therefore particularly open to the healing ideology which they were presented with in the therapy. This may also have been a feature of their location: Jersey is a small island in which complementary therapies like yoga are frequently utilised and Mindfulness courses are common. However, Sperry (2012) has emphasised that psychotherapists are increasingly expected to include the spiritual as well as the psychological dimension in their professional work. As the evidence for the positive effects of Mindfulness and yoga continues, arguably more of the general population will find a Vajrayana-related model of psychotherapy culturally acceptable. In view of recent research into the importance of culturally adapted techniques in psychotherapy (Wampold 2015) it may also be that for the particular sample which I used, Vajrayana-adapted practices presented a highly acceptable "cultural myth". A further weakness of my study is the strong allegiance effects when conducting practice based research. I have been as transparent as I have been capable of being about this process, and it has for me

been one of the most enriching aspects of this study, providing an opportunity to view and monitor my own processes of attachment, moving into embodied senses of openness and freedom and back again. Finlay describes how researchers need to “manage subjectivity” (2014 p.125) rather than attempt to eliminate it. Dahlberg et al. recommend that researchers develop a “capacity to be surprised and sensitive to the unpredicted and unexpected” (2008, p.98). I was surprised by the descriptions, but I am left wondering whether I was surprised enough. On reflection this is possibly because doing this research has opened new horizons for me, both as a psychotherapist and a researcher. With more meditative practice I feel I could be less unconsciously attached and assumptive in many domains, giving space to clients and participants through my own increased understanding of emptiness. This personal reflection forms part of the 'gathering more' aspect of phenomenological research. I realise how much more there is to be gathered.

The findings from this study could also be challenged on the grounds of client-therapist deference (Rennie 1994), which could have led the participants to want to please me with their descriptions of therapy. There was one long silence during an interview which was not directly related to the participant using Focusing to find an answer and had a quality which to me felt 'thin'. This silence could have indicated client deference; however it occurred at the point at which I asked my participant at the onset of the second interview what he remembered from the first. The quality of the silence had a felt sense of someone seeking and not finding a memory and feeling anxious about this. When I then began to read sections from his first interview transcript he relaxed and started to answer my questions.

The high degree of reflexivity required in the reduction has therefore made a positive contribution to my psychotherapeutic practice.

It would have been helpful to have had another psychotherapist experienced in Focusing and Vajrayana-related practices to conduct the interviewing and I would recommend this in future research. However, it is also arguable that the nature of our previous therapeutic relationship facilitated a depth of exploration and disclosure which may not have been possible without a strong sense of trust (Giorgi 2009). The strengths of this study relate to its creativity and its potential contribution to psychotherapy, to Embodied Focusing and to phenomenological interviewing and it is these areas which will be addressed in my conclusion.

Conclusion

My original aims in undertaking this PhD were as follows:-

1. To describe an innovative model of conducting psychotherapy that combines a Western approach (Gendlin's Focusing) with Tibetan Vajrayana practices of transformation.

2. By means of a phenomenological research method, to clarify the essential structure of two pivotal experiences relevant to clients' experiences of change in this form of therapy: 'experiential lightness' and 'experiential aliveness'.

3. To answer the following three research questions that are enabled by pursuing the above two aims:
 - a) What is the phenomenon of 'lightness' and 'aliveness' as experienced in psychotherapy and how does it impact upon process and outcome?

 - b) Can Vajrayana Buddhist practices be effectively integrated into Western Psychotherapy?

 - c) What happens when Gendlin's Focusing is combined with adapted Vajrayana practices?

In relation to these three aims, I have discovered that, in the process of exploring the phenomena of 'lightness' and 'aliveness', subtle networks of relationships, qualities of presence, projections and movements forward to more vivid and integrated experiencing become visible. I have also been left with a sense of the value of gathering textured experiences from participants which implicitly point towards different horizons of living and being, whether they are external, relational, internal or transpersonal. I have learnt a good deal about the breadth and depth of clients' experiences within therapy and how these impact upon well-being and depression and anxiety. By providing idiosyncratic and generalised descriptions of the felt experiences of 'heaviness' and pain, a contribution of this study has been to potentially extend the range of therapeutic empathic responses as a consequence of a greater understanding regarding how states of pain are triggered and maintained in personal and interpersonal domains. Investigating the client's experiences of 'lightness' and 'aliveness' has generated insight into the processes involved in positive change. This left me with a sense that freedom and the self-identity have deep autonomous roots in the kind of transpersonal experiencing which integrates self-respect, responsibility and the accessing of wider horizons. Participants' descriptions also went deeper and wider than the current ontological and epistemological frame of the psychological therapies can accommodate. A further potential contribution of this study is therefore to argue for a framework capable of being faithful to the manner in which freedom and self-identity are experienced and lived.

In relation to my second aim, to ascertain how experiences within psychotherapy impact upon the client's sense of self, this study suggests that experientially satisfying and expansive experiences occurring within therapy do make impact upon

the self-concept. Many of these positive experiences described by participants in this study related to the therapeutic relationship and gains in trust. Participants' descriptions also relayed how accessing new sensory experiences associated with particular self-aspects also led to an improved and liberated sense of self.

A further contribution of this study is to affirm the value of integrating Vajrayana Buddhist practices and Embodied Focusing into Western psychotherapy. My research provides support for an emerging cross-cultural movement in psychotherapy which intertwines Buddhism and phenomenology. This movement acknowledges that idiosyncratic transpersonal depth, ethics and impulses towards expansion are central aspects of human experiencing which the profession may be enriched by directly addressing. For my participants, psychotherapy was more than a journey out of suffering, or into an understanding suffering, but also constituted a journey towards something which instantly, inherently felt better to the body and contained more points of connection to the transpersonal world. Findings from this study suggest that the rich, celebratory, sensually and ethically integrated territory of Vajrayana Buddhism may have something to offer to this emerging discourse and to psychotherapy in general. This study has also provided an example of the refinements and specific aspects of contributing to a more transpersonal perspective. It represents a movement from being analytic and academic to an embodied application of a transpersonal model, identifying how transpersonal experiencing is lived and therefore illustrating how actual experience can inform theory.

I have been surprised by how effectively Vajrayana Buddhism and Focusing can work together. The final potential contribution of this study is to advocate increasing

use of Focusing during phenomenological interviewing and within the reduction and imaginative variation.

I have learnt a great deal in conducting this research, about my clients, about psychotherapy, about Vajrayana Buddhism, Embodied Focusing and phenomenology. On a personal level, I am left feeling more grateful to the body than I was before. Despite the many challenges to authenticity and truth-telling, I am more confident than I was that these processes are inherent to embodied experiencing.

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Appendix A

Participant information sheet/ recruitment letter

Title of Study:

Integrating Psychotherapy and Vajrayana Practices: A Focus on the experience of 'lightness' and aliveness.

Dear *****

I am currently conducting some research with previous therapy clients to help me to establish what is effective in therapy and I wondered if you might be interested in participating.

The purpose of my study is to establish whether there were any significant moments in therapy in *which you may have experienced a greater sense of 'aliveness' or 'lightness' and a change in your sense of self.*

This is to help me to understand both your experience of what made a difference to you, and also to help me to establish if Gendlin's Focusing techniques and adapted Vajrayana Buddhist practices played any part in you getting what you wanted from therapy or impacted you in either of the above ways. I would be very interested to explore with you any responses you have to these questions.

Why have I been chosen?

You have been chosen because during our therapeutic work, Gendlin's Focusing technique (the manner in which we worked to engage your embodied felt sense of what was best for you and to find answers to your questions from your body) and Vajrayana Buddhist practices (breathing practices, physical or spatial movement and guided visualisation techniques adapted from Buddhism) were utilised. Seven other participants who have also been previous psychotherapy clients will also be interviewed.

Do I have to take part?

No, there is no need for you to take part. It is your choice *and will not affect in any way* our therapeutic relationship should you wish to return to therapy in the future.

What is the intervention being tested?

The intervention being tested is the use of specifically adapted Buddhist practices used with Gendlin's Focusing techniques on clients' sense of self and their experience of 'aliveness' or 'lightness' of being. I am also very interested in hearing your individual experience regardless of whether you experienced these practices as helpful.

What are the possible disadvantages and risks in taking part? What are the possible benefits?

Disadvantages may be that the processing of being interviewed by your previous therapist in this way could lead you to feel a shift in our therapeutic relationship and may disincline you from returning to therapy in future. You may also feel uncomfortable that information from your interview is presented, albeit anonymously, to a wider community. You may feel a pressure to tell me only what you think I might like to hear to support my academic interest.

A benefit you may experience could be a sense of satisfaction in contributing to a deeper understanding of the potential Vajrayana practices and Gendlin's Focusing have in mental health. Even if you did not find these elements of the therapy helpful, you may gain some satisfaction from knowing that you have

contributed to a wider understanding of what clients find helpful and unhelpful in therapy. There is also a possibility that your sense of what you gained from therapy may be consolidated and enhanced.

Will my taking the part in this study be kept confidential?

Yes. Your name will not be shared with others and you will have a right to request that whatever you would prefer to be held back from the research will not be exposed.

What will happen to the results of this study?

The findings may be used for publication or presentation at a conference. You will not be identified in any published material. Findings will be kept in at Bournemouth University within the form of a PhD thesis.

What will happen if I take part?

If you take part, you will be interviewed and the interview will be recorded and transcribed. It will then be analysed and the results of the study, including your interview, may be presented to the wider therapeutic community.

The interview process would involve an hour of semi structured interviewing which will be tape recorded and then transcribed to help me identify if there were any pivotal moments in which you felt a sense of change relating to feelings of 'lightness' or 'aliveness' and in your sense of self and if so, at what points they might have occurred. You would be free to withdraw from this process at any point should you decide to do so and your responses would remain entirely confidential. You will not need to plan what to say in advance of the interview.

I would be very happy to discuss this on the telephone and would suggest you use your own instinctive felt sense to explore whether this is something you may or may not wish to engage with.

Thank you for taking the time to read this letter, I look forward to hearing from you.

With very best wishes,

Vicky Rice Weber.

Address of Supervisor:- Professor Les Todres, School of Health and Social Care, Royal London House, Christchurch Road, Bournemouth 3LT.

Appendix B

CONSENT FORM

Organisation: Bournemouth University.

Title of Study:- Integrating Psychotherapy and Vajrayana Practices: A Focus on the experience of 'lightness' and aliveness.

Aim of Study: To explore, using the phenomenological approach, how clients in psychotherapy describe the impact of Vajrayana Buddhist practices and a Western body based form of psychotherapy called Experiential Focusing. Specific attention will be given to exploring changes in client's embodied sense of 'aliveness' or 'lightness' and a shift in the client's senses of self.

Researcher' Position: Psychotherapist

Researcher's Name: Victoria Rice Weber.
Contact Details: 2 Willow Grove, Green Rd, St. Clements, Jersey JE26QB. Telephone 01534 888647

Consent:

- I.....give consent to have an audio recording of myself while being interviewed by the researcher.
- I understand that excerpts of the taped interview will be given in the researcher's final dissertation paper. The taped interview will not be shared by anybody other than the researcher and the researcher's supervisor of the study.
- All excerpts of the taped interview given in the final dissertation paper will remain anonymous and I will not be identified
- I am not required to answer any specific questions if I chose not to and have the option to withdraw at any time from the interview or study and the tape destroyed
- The researcher will retain the taped interview until completion of the study, a period of 36months and then it will be destroyed. The tape will be destroyed in accordance with Data Protection and the Records Management Code of Practice (DH, March, 2006).
- The procedure and intended use of the taped interview have been explained to me by
- I understand that I will not be identified in the study and any information given will be anonymous
- I.....agree to take part in the study

Signature of Participant.....Date.....

Signature of Researcher.....Date.....

Appendix C

Individual situated description, participant J1

Biographical summary

J1 came to therapy for a year. Her final therapy session occurred 11 months before her first interview. J1 was a 37 year old female who initially came to psychotherapy with symptoms of anxiety due to acute family problems. She had recently remarried and this marriage was very unpopular with her 15 year old eldest daughter who had developed problems with anger management and alcohol. On one occasion she had invited friends round to trash the house when her mother and new step father were out; on another she physically attacked her mother, kicking her in the stomach. These behaviours were putting J1's new marriage under pressure and upsetting her eight year old son from her second marriage. J1 felt emotionally pulled in different directions. Her son had experienced major health problems and had a deteriorating eye condition which gave him limited vision. She perceived the fathers of both her children as inadequate and experienced herself as their sole responsible parent. Her elder daughter's father had been investigated for child abuse. J1's new husband had moved to the island to be with her but subsequently felt frustrated by his reduced career prospects and lack of an established group of friends. He had episodes of heavy drinking which he felt resulted from the stress of his new circumstances. J1's own father had a heart problem and her childhood had left her with low self-esteem in regarding her own attractiveness to men. She felt this had resulted in two failed marriages to men who she now perceived as inadequate. J1 was the main bread winner who worked full time hours doing research for the Public Health department. She often felt overwhelmed by exhaustion and guilt, feeling responsible for everyone's problems and caught in a double bind, unable to make one family member happy without upsetting others.

Response to the research question

As J1 first listened to the research question, she described how she felt an answer coming from her body. She had a sense of a clear light energy coming from the top of her head and then moving down her arms to her fingers. She interpreted this as a communication from her body that yes, there had been powerful changes in herself which happened in stages through all the sessions we had. She had experienced changes happening one stage at a time. Sometimes she notices how differently she is responding to things now and she is pleased with how far she has come. It feels like a long way in small steps. J1 felt that in different ways all the sessions helped her. She felt that the therapist was very sensitive to what was going on in her which enabled her to open up. She does not usually find it easy to open up, indeed, J1 had been aware from the beginning of therapy that it has always been difficult for her to trust enough to share personal material. Over the course of time in therapy, however, she felt that her barriers came down. J1 also thought that perhaps at that particular point in time, she was at a state of readiness to begin to trust.

When J1 was first asked to focus her upon what made her feel lighter and more alive during the therapy she identified two specific experiences. The first occurred when the therapist named her sense of how some elements of J1's relationship with her father had impacted upon J1 when she was young. J1 experienced a real physiological shift at this point, as if something in her recognised a truth which had been seen by the therapist. J1 described this as liberating, as if, as if some sort of cellular change had occurred. The second significant experience was related to breathing, mantra and visualisation. This had really helped J1. She remembers first doing a mantra practice a few sessions into the therapy. It had immediately appealed to her because the therapist had introduced it as something which would slow things down and help them to clear. J1 could experience a tangible change in her body

when she did the mantra practice. Things slowed down and became peaceful. It felt familiar to J1 and was simple and effective.

J1's memory of how the mantra practice was described to her during the therapy was of first doing some breathing. The therapist then told J1 to make the sound Om and to visualise white light at the top of the head, then red at the throat and the Ah sound and then blue at the heart, Hum. Because J1 is a very visual person, visualising colours at the chakras really spoke to her. She has not used the mantra for a while but during the interview the body memory came back to her. It could be done even if J1 only had five minutes to herself. J1 was experiencing a very stressful home life at this time in the therapy as problems in her relationship with daughter were particularly acute. J1 sometimes felt that the only way she could find to be alone was to lock herself in the bedroom where her daughter could not force her way in. J1 therefore found it very helpful to be able to just disappear upstairs, lock the door and do the whole mantra. She felt an immediate benefit from doing this and had a very positive reaction to the mantra. She described how she experienced a sense of relief to have some sort of tools which she could immediately work with and she started using it at home straight away. J1 found that making the sounds gave her sense of almost being in a temple. That is something that she had never expressed before.. The image of the temple arose because of the sound of the chanting, which had reverberated in J1's head and ears. It felt almost like a memory to J1. She imagined herself being a Buddhist monk in a temple. J1 had never used chanting before the therapy although she had heard of it. Doing the chanting with the visualisation unlocked something for J1. She found a real benefit doing through doing this. She described how she had sensed that the mantra had pushed everything back and filled the space. It did not so much focus her on anything as

much as become the totality of what she was doing, so that everything else was pushed back. J1 experienced this as a relief. J1 found that the mantra pushed away and dissipated her habitual inner dialogue related to other people and things that she felt that she had to do. The mantra also gave J1 more of a sense of proportion and of calmness, enabling her to see the humour in situations and alleviating her tendency to worry. The whole thing was new to J1. She would take herself upstairs and do the mantra two or three times and feel that she had been able to tune into herself, even if it was only for a few minutes. This enabled J1 to access a very peaceful inner part of herself. When she was in that space, she feels connected with everything. She feels real and stronger, as if she is in control and can manage everything that she has to do. This brings J1 a greater sense of patience as anxious thoughts relating to everything that she has to do are reduced.

Another practice, a Deity Yoga visualisation involving Tara, was also very beneficial for J1. Her memory of the Tara practice begins with the therapist saying that when we are healing ourselves we are also healing the world. At that point, J felt a sense of connection which she quite vividly remembered relating to sharing personal healing with the world. J experienced it as feeling like a cleansing and a connection.

J1 remembered looking at an image of Tara in the therapy and in the interview has the image of a woman with dark hair and lots of vivid colours around her. She is just being. She is seated cross legged. A peaceful, loving, knowing and very wise female archetype. She remembers the Tara practice as beginning with visualising breathing in blue light. Tara was giving out as much blue light as was needed. J1 thought that the reason that the Tara visualisation appealed to her is because when she was seventeen, one of the first meditations that she did was of visualising her grandmother who had recently passed away feeding her blue light or blue medicine.

The visualisation of being healed by a female with this blue medicine or light which contained whatever she needed to heal had stayed with her. During the practice which we did in the therapy, J1 imagined a vivid character that was all knowing, nurturing and motherly but not in a normal motherly way. She described her as nurturing in the manner that a wise woman would be. The fact that J1 sensed that Tara was understanding her and understood women's suffering in particular was also significant. J1 had found it a source of comfort to imagine Tara and her capacity to understand suffering. That was very useful to her.

Using the Tara nectar visualisation gave J1 the sense that she was receiving from an infinite source. J1 imagined that her body was filled with nectar and there was no limit to what she could give out. She felt that there were two different elements involved with this. One involved visualising a person opposite and sensing what was needed. This could be J1 herself when she was younger or anyone she might be having an issue with at the time. In relation to her daughter she imagined taking her to her breast and letting her daughter take as much nectar as she needed. The other element involved J1 having no limit to her physical body and of being able to give, to make up for things which happened in the past.

Doing this enabled J1 to form a different perception of her situation and to see the person visualised in a different light. She had a sense of having had a conversation with that person on another level. This made a difference and also helped J1 with some issues that she was having with her husband. With the nectar practice, J1 did not have to worry about feeling depleted as it was feeding her as she was feeding her daughter. This was important for J1 because when her daughter was very young J1's husband had wanted her to go on holiday with him. This had meant that J1 had had to very suddenly stop breast feeding. This had caused J1 terrible suffering. She

had missed her daughter and knew that her daughter would also have missed her intensely. It had felt like torture.

Using the force of Tara and visualising the nectar from Tara feeding her and her daughter gave J1 a nurturing feeling of being able to give. J1 actually spoke to her daughter about her sense of being able to feed her nectar and having as much as she needed to pass on. J1 thinks that her daughter could see that it made sense. A feeling of being able to give at times when she just felt that she didn't have any energy to give anymore, physically, emotionally or even mentally. With the nectar practice, J1 felt that she would have as much as she needed to pass on to her daughter. That was what gave her a sense of peace. It did not matter if there was any left for her. It was being able to give enough to her daughter that was very important.

J1 has fairly recently used an adapted Deity Yoga practice of having no limit to her physical body when she was having an issue with somebody and looking at them from her nectar body or light body. She remembers dripping nectar but not Tara coming into her body. J1 cannot remember exactly how she had used Tara to make a bridge with female friends who had hurt her feelings in the session but does remember the work. The difficult feelings shifted and that she was able to make a bridge with friends and begin again. This felt very nice. J1 described this work as not quite forgiveness, and not quite acceptance, although acceptance formed a part of it. The closest word she can find to it is understanding.

When asked to use embodied Focusing to enquire into the middle of her body and to check if 'lightness' or 'aliveness' were the right words to identify this shift in her experiencing, J1 found different words, relief and release. This release and relief resulted from no longer having to hold onto suffering.

J1 had already been aware that holding onto suffering was not the best way of living; however despite consciously knowing this, it was nonetheless habitual for her to hold onto experiences. J1 felt that by doing a series of things like this visualisation exercise, she is slowly beginning to let go of this habit of holding onto suffering. This has not happened all at once, but she feels that she is moving towards it. On occasion, something happens which enables J1 to see that she is reacting differently now to how she might have done in the past. This makes J1 see that she has come a long in small steps. J1 feels that she honours her own feelings more now and understands herself better than when she first came to therapy. She can still be reactive, but is less so than she was and now knows her patterns. J1 now has a different relationship with herself. She no longer gets angry with herself and is more accepting and understanding of herself and others. J1 also feels that she now has more insight into why people behave as they do. She feels that it is a much healthier perspective to see that they are suffering in their own ways and that much of their behaviour is caused by fear. At times J1 can see this clearly. The old anger and lack of self- acceptance is not completely gone, but J1 can see how she might have got upset by certain things in the past but now does not. This, she feels, indicates progress. J1 feels that she is now more able to stand up for herself and is quicker to speak out if she feels that something is not right.

J1 also found doing the breathing at the beginning of sessions very helpful. The breathing took J into a new space in which she could access what was really going on for her. J found this very calming and comforting.

J1 remembered how the breathing practice was first described to her. She would come in and get comfortable and the therapist would then ask her how she would like to start and she would say breathing. Then the therapist would ask how many

minutes she would like for this. J1 is not sure whether the therapist said this to her or whether she thought it to herself but she remembers words about breathing peacefully and giving herself space to land, just to be present as this was her time and to use breathing to see if anything was coming forward for attention

Doing the breathing enabled J1 to connect with herself. She would tend to prioritise doing things for other people and then feel that she had no time to connect with herself because these other things were more important. Doing the breathing would recharge her. The breathing took J1 into a new space in which she could access what was really going on for her. J1 found this very calming and comforting.

J1 also remembered the therapist suggesting that she use that sort of breathing on one or two occasions when she was feeling something quite significant and her initial reaction might have been to let it go or push it away. On these occasions the therapist suggested that she used breathing to see if she could go deeper and if there was anything else going on.

When asked if she could use Focusing and enquire into the middle of her body to see if there was anything else either about the experience of 'lightness' or 'aliveness' or any other experience that her body wanted to say knowing that it would be welcome, J identified two more experiences.

She had an image of the drawer which we used to open and to bring into the room whatever was being implicitly held in the body. J has used this a lot and finds it very useful. It clarified for her exactly what was happening in her body and her emotions. J1 also found Focusing very useful particularly at the beginning of the therapy. She recalled that after she had said that something was happening in her body, she would then breathe and visualise opening up the drawer of that part of the body to identify what was going on.

J1 feels that she is a very visual person and is naturally able to see a symbol which would match with a feeling in the body and find its meaning, either straight away or later. J1 has always found pictures and imagery a useful way of clarifying what is important. She describes this receptivity to imagery as an access point which could arise because the body is not yet able to translate an experience into words or because the body speaks in pictures. J1 feels that when she was using visualisations to relate to or talk to others this would definitely make a difference in the way that people would respond to her. J1 sometimes uses her sense of having a tail in her everyday life which she first experienced when applying Focusing during the therapy. Sometimes also feels angel wings. J1 felt that the tail image was particularly important for her self-identity. The image of the tail first emerged from when J1 had been injured in her back and the therapist was guiding her to find where these sensations were in the body and what it felt like.. When J1 tuned into this using Focusing techniques, she felt that the sensation in her back wanted to grow into a thick dragon's tale. J1 has always liked the fact that she is a dragon in Chinese astrology. The tail helped to give her a sense of her own balance, that there was no reason to be embarrassed about her capacity to be a bit bossy on occasion. J used the visualisations to give her a sense of balance. She felt that her daughter reacted to her very differently when she was visualising as if she could sense that something was different even if she did not know what it was. This gave J1 a sense of being in her own power.

J1 felt that the experience which she got from this sense of being balanced by a tail was strength. It represented a part herself which was finally allowed to be revealed. J1 was able to reveal new parts of herself through the therapy. She began to sing and write new songs. She found that doing these things made her feel very alive as

they involved being seen as opposed to being hidden. J felt that working on the tail related to this also.

When J1 was asked to go into the body one final time and use embodied Focusing to explore whether there is anything else that she would like to say about the experience of 'lightness' or 'aliveness' as she experienced it in the therapy, J1 said that the way the therapy setting really worked for her. She described the setting as a lovely with welcoming space, full of love and a sense of family. She liked the sense of dogs and birds, the couch and the blanket and tea. This gave her a sense of comfort, that this was a safe space to let go into.

Individual situated description, Participant J3

Biographical summary

J3 attended therapy for 2 months and then returned 6 months later for another 4 sessions. His second interview took place one year after his final therapy session. J3, male aged 30 presented for psychotherapy initially during a stage of unhappiness and change. He had begun to feel that divorce was the only answer to longstanding marital difficulties despite having two very young children. He was living upstairs in a large family property, his wife lived downstairs and his parents next door. He had long term difficulties in his relationship with his mother who was constantly critical of him, and telling him what to do and he perceived his wife as also both dependent upon him and critical of him. He had a history of being bullied at school, and of feeling that he did not fit in with others as a child. This sense of social isolation and difference combined with constant challenge in his relationship with women had left him with low self-esteem and lack of confidence in relationship. He was experiencing feelings of anxiety and depression, worried about the effects of divorce upon his children but increasingly sure that he needed to end his marriage for his own well-

being. J3 worked as a nutritionist at the time he first came to therapy and later trained as a yoga teacher.

Response to the research question

J3 remembered very clearly his first session with the therapist even though he is unsure about what actually happened in it or what the main theme of the session was. Perhaps two or three days after the session, or possibly slightly longer, even a week or so afterwards, a sense of 'lightness' came to J3 which he linked to his acceptance of himself and where he was in that moment. J3 described this as being akin to a sense of realisation which has remained with him until today. J3 came away from his first session feeling he had had a very different experience to his previous experience of therapy in which he felt that the spiritual part of him had not been met. It had been intellectual and very mentally orientated. In his previous experiences of therapy, J3 had left the sessions thinking ok I am just that person. After the first session here he came back with a sense that this is a bit different, who have I been to see? The difference he sensed was that this type of therapy would be about him and his inner experiencing. This was important because he had been letting other people's ideas about him get right inside him and form him. Had become full of other people's projections. J3 had been surprised by how much the first session had resonated with him afterwards. It had begun a transition in which J3 found himself becoming calmer and more accepting.

Bringing in the breathing practice in our therapy was the first step for J3 towards understanding how powerful meditation is. When asked what he remembered regarding how the breathing practice was introduced in the therapy, J3 coughed and said that if he remembered correctly it involved doing three deep breaths. J3 remembered that the breath was held and released for a period of time. He found that doing the meditations that we did in the therapy brought about a real sense of

stillness. He had never experienced this in psychotherapy before. This was very significant for J3 because he had perceived himself as someone very much into his head, a constant thinker. J3's normal mode of escaping from this was yoga, but in the therapy some kind of connection took place which moved J3 from his head to his heart. On reflection, J3 feels that his problems start when he is focused in the mind and cuts off from his heart. When this happens, he can be very harsh on himself. During the therapy, J3 became empathic towards himself and this has, as a general rule, stayed with him. J3 realised that it was not yoga that he needed as much as meditation because it was by doing the breathing practice that he was able to access this empathic place. Doing the breathing gave him a sense of stillness. J3 remembered that in addition to this form of breathing we did another type of breathing at the beginning of each session in which attention was simply brought to normal breathing to centre the self. J3 had found this type of breathing the most helpful. He remembered that at the beginning the breathing was linked with some visualisation and a sense of light. It was the centring breathing at the beginning which gave him the greatest sense of leaving the chaotic outside world behind. He took that practice away to use at home. J3 remembered that that type of breathing was introduced by the therapist asking him to take a moment to feel into what was going on in his body, as well as focusing on the breath. He thinks that it was the combination of the breathing and the searching which gave him the sense of centring. He may have come into the therapy session in an angry state but during those moments of breathing and enquiring he would be able to find the bigger picture rather than the momentary issue.

In his birth family, J3 felt that there had been a great deal a lot of noise. He perceived his mother as being very loud. The breathing enabled J3 to realise that it

is ok to be still and not doing anything. He started to realise that he was able to do what he wanted. When asked to apply embodied focusing once again during the interview to see if there was anything else that he wanted to share in response to the research question, J3 felt that what was coming through to him related to the concept of perfection. He had realised during the process of the therapy that he did not need to be perfect. This related to his sense that the quality of space which exactly where he was and as he was at that point in time. That had felt fine.

Previously, J3 has always had a sense that he was looking out through someone else's eyes. He was frequently preoccupied by what other people might think about this or that. J3 feels that this has now shifted quite substantially. He also experiences himself as being not nearly as judgemental as he used to be. He has become more accepting of himself and others. The judgement which he experienced previously has definitely lifted. His sense is that it was this judgement which had limited what he had felt able to do. The judgement had created barriers.

The experience which J3 had between sessions one and two, consisted of a sense of 'lightness' and of something akin to liberation. He remembers this very clearly as being a powerful experience. It was this that had made him feel that he had to arrange another session in order to get back into that zone of experience. He wanted to undo some more and the therapy had felt like a place of safety for him. He was hungry for freedom.

J3 described this feeling of freedom as being so much easier. This is because it is so much easier to be the person that you are than to be the person somebody else wants you to be, or the person you expect them to expect you to be. He realised that he had been projecting onto others expectations of him. This had been damaging.

Asked one final time to apply Focusing during the first interview to see if there was anything he wanted to say in response to the research question, J3 said that he feels there is still a piece which needs to be unravelled but overall he experiences a great deal more lightness. Now when issues arise with his mother, he simply gets up and leaves the table. He can just get up and walk away from her nonsensical justifications. While he might still experience the initial angry reaction in his body, straight afterwards he has the realisation that he does not have to listen. He has a choice. It is having this choice which sets him free as regardless of the limitations of his mother's perspective he can still choose to move forwards. Therefore, despite the challenge of sharing a house with his mother, J3 has been able to maintain a boundary which feels right for him. J3 believes that one of the biggest benefits of the therapy for him has been a sense of embodied empowerment in which he can feel that the umbilical cord has been cut. For years he had felt that his mother had a dependant emotional attachment to him. Now he feels that this umbilical cord has gone, or perhaps it is more that he has a choice as to whether he engages with it or not.

J3 described his experience of the head space as erratic, very busy and a space in which he feels quite detached from himself and from others to the extent that it feels quite hard and harsh. It is in the heart space that J3 can experience emotion. J3 thinks that before the therapy, he had never really cried. Now he can get to the emotional space where he can cry. He finds this a much softer place to be. He feels that what he calls the heart space is a much nicer place to come from but accessing it does not happen automatically. He can find a way to the heart space by breathing; taking time out and surfing enable him to connect with his heart and mind.

When asked using embodied Focusing once again if there is anything else which J3 experienced in the therapy which helped him to find the zone he had identified as so important, J3 described the visualisation in which light was brought down in layers. He remembered that it had begun with breath work and then light came through the body. He also remembered the 'Planet of Healing' visualisation where every breath was cleansing as being significant. During the second interview, when reminded of the 'Planet of Healing' visualisation practice which he had referred to in his first interview, J3 said that he particularly remembered the nectar. He described his experience of it as having an element of nutrition, almost like feeding. J3 felt that it was akin to being both fed and fertilised. It contained an element of nurturing. J3 related this sense of being fed to a sense of being totally secure. It was both an emotional and physical experience. To him, it was similar to food in that when you feel fulfilled you feel both full and satisfied. Feeling comforted as if Gran has done her cooking. J3 therefore took from the visualisation a homely and nurturing element. J3 also recalled that we also used mantra during the 'Planet of Healing' visualisation, but he cannot remember what the experience of doing this was like. The healing process related to this visualisation had felt to J3 as if went on for much longer than it had and as if it had not just happened in the therapy room, but had continued extending outwards.. He used it a lot outside of the therapy to check in with. His overwhelming sense of this was of light coming down into him which would meet with each layer of his experience of that time, whatever was coming up in his mind or heart and sit with it. J3 would normally do this at night or before going to bed as an end of day practise of breaking things down. This would act as a filter, helping him to prioritise what it was that he needed to work with. This also helped J3 to feel empathic towards himself as he was feeling light and listening to and healing himself.

J3 found that the 'Planet of Healing' visualisation very healing. It functioned as pain relief during his entire divorce process. He had got married at such a young age that being married was all he could really remember. It was also important to J3 because of the poor relationship he had with his mother. At that point in time J3 felt that his relationships women were unmanageable. J3 used Focusing one final time during the first interview and affirmed that light was definitely the right word for what he was experiencing.

J3 found that the breathing and enquiring into the body gave the body and the self a sense of space. By doing that, he was able to be directed to his heart. The direction finding was made easier for him by the breathing. J3 used to do this while he was going through the divorce process. He used breathing to check out his well-being, moving attention to each organ, asking is this grief? Is it bereavement..? His work as a nutritionist helped him with this. The breathing and the visualisation created sufficient space for J3 to step back and to avoid judging himself. They were therefore very important to him.

When asked one final time to use Focusing in his second interview to see if there was anything else that he would like to say about his experience of 'lightness' or 'aliveness' or therapy in general, J3 said that the therapy really helped him with the adrenal rush which he was experiencing at the time, the feeling of butterflies in his body. That was a big physical experience for him. He had found that the breathing and the therapy enabled him to take ownership of time and to investigate himself. That was very important, giving himself time to invest in who he is. Prior to this, he had been running around like a headless chicken looking after everyone else. J3 said that he would become excited before each session in anticipation of what would come up. It felt to him about growth and being open enough to welcome

whatever might happen. It gave him a sense that it was ok to be who and where he was instead of feeling "oh my God!" J3 therefore felt that the therapy secured his sense of self during a time of endings and new directions and allowed him to look into the possibilities of the future without feeling fearful.

Individual situated description. Participant B.

Biographical detail.

B, female aged 30 presented in psychotherapy suffering from anxiety and confusion following the life event challenge of ending her marriage and forming a new relationship while trying to support her 2 year old daughter. She was dealing with profound experiences of guilt and loss combined with an overwhelming sense of the rightness of the new relationship, despite a continuing love for her husband. She felt unsure of which impulse she could trust and in conflict with herself. The situation was further complicated by her best friend then becoming her ex-husband's new partner. B's childhood experiencing involved an intense sense of jealousy and loss at the arrival of her younger sister when B was two and a constantly challenging relationship with her father. They never got on well and he died unexpectedly of a heart attack when B was 18 immediately after they had had a major argument. B also felt very challenged in relation to finding a career and establishing a lifestyle which was in alignment with her spiritual values. She often experienced somatic positions of deep rage, loneliness and powerlessness during the therapy. B, in addition to raising her daughter, ran occasional dance workshops. B was in therapy for 6 months and the therapy ended nine months prior to her being interviewed.

Response to the research question.

B felt several different responses and feelings rising in her when applying embodied focusing to the research question during the first interview. The first one which she mentioned was experiencing a response to the therapist using the metaphor that if the house is on fire that it is ok to leave the room, just to walk away rather than

feeling you have to find a door. This gave B a sense of having permission to let go in a way that she had not had before. B felt that she was causing a lot of drama and intensity. She was aware that it wasn't all coming from her, but nonetheless there was a lot of emotion and B felt that she was involved in an inner battle fighting these patterns. It was at that point that the therapist had said when something is on fire instead of looking for a door you can just walk away. This gave B a greater sense of choice. If she was trying to do something and it wasn't working she could just do a very simple and practical thing instead.

In the first interview B described how she had felt that she was in a very tight corner and that she had to go deeper into it. Then she had realised that there was the option that she could move into a different space without that being a denial of what was happening. This shift in feeling resulted from a pattern arising related to very intense behaviour which she experienced as too close to her to be pushed away. This level of experiencing was not about a feeling or vision of what was there, but instead involved a sense of 'lightness' and space and an awareness of a place that was different and which could accommodate all of the inner battle. B used the words surrender and expansion to describe this shift. This did not remain solid and embed itself in B. B thinks that this is largely because she struggles with the discipline of meditating regularly. She described this as something that she knows she needs to do but she struggles with imposing the discipline of this.

B knows on both a heart and body level that the place of in which she experienced a shift would become much more permanent if she continuously did her meditation practice. It would enable her to breathe into that expanded level of awareness. B feels that because she does not do this, she still goes into the battle field to try to find a solution when she actually knows she really needs to come out of the battle field.

When asked if anything else happened in the therapy which gave B more of a sense of 'lightness' and 'aliveness' B remembered two scenarios. One related to B experiencing a real release of tears and emotion when the therapist pointed out to her that she was not accepting her humanness or her inevitable attachments to the people she loves or to be able to enter into something and then let it go.

B described that particular place of intensity in which she thrives on seeing what has arisen as quite unhealthy. B has realised that creating this push-pull dynamic is a form of detachment which protects her from accepting loving herself in that particular human way. It is a defence mechanism for never getting too close. B described the feeling of accepting her humanness as akin to sensing her being coming down and being more embodied and more at rest, as a type of relief or an outbreath. Giving herself permission to have human emotions has also significantly impacted upon B's relationships. While B can still feel the real vulnerable spaces when these emotions come up, she feels that she is now able to explain them. She explains to the person concerned what she is wanting to do and what she would normally do but that she is choosing to take another route.

When asked during the second interview to use embodied Focusing to expand upon comments in her first interview made about feelings of 'lightness' and 'aliveness' relating to being more accepting of her humanness and being able to move attention into places of surrender and expansion, B said that this still resonates with her. She associates this now with taking more responsibility and standing more in herself. She feels that her awareness is growing in that she can remove herself or can just shift her energy and breath and stop being so reactive. She can find ways or tools with a particular circumstance and take herself inside. She reflected upon how the image of the door did really help, although B has to be

Careful with this as her pattern has always been just to walk away. B is learning how to walk out on that pattern rather than walk away from the challenging circumstance. This is a fine line for her.

At that point in time, during her second interview, B felt very much that this is still somewhat of a battle field between the high self and the human self. The issues involved are a desire to feel everything and wanting both to always choose love and to encompass everything that is going on. B is continually aware of the part of her which still wants to battle, to be defensive and to take some part distance or control. B thinks that she is still very much in the process of learning how to soften around this and just walk away from it. B is able to witness and choose between different aspects of herself, noticing that angry teenager inside and to choose not to allow the teenager to lead. Instead of doing, this she can listen to that part and be kind, to be in the wiser part of the self that doesn't need to react to that anymore and can just hold the angry teenager. This feels a very vulnerable experience to B but she is in a place right now where she feels able to share this. The intensity is still there but when it arises she is learning how to hold herself in that, to hold the inner part which is in panic. She breathes with that and communicates what is going on.

Previously she would have pushed them away but now she has more of a sense of surrender. She is not trying to hold it so tightly and the battlefield is still there so this is a very fragile territory. She is learning that with someone she really trusts she can articulate this sense and allow herself to be seen. This is a very new territory for B. B did find the breathing very helpful and she also noticed her reluctance to go into that space, as if she would prefer to work it out another way. This relates to a sense of trying to work out or get out of the body in some way and that feeling has remained. B is aware that is where she would like to be feeling embodied and yet

she knows that there is definitely resistance to this, in a similar manner to there being resistance to her practice. When asked by the therapist of what B remembers of how the breathing exercises were presented to her using embodied Focusing B experienced a sensation in her lower back, as if she is finding breathing very hard at the moment.

B has a lot of resistance to breathing. She has a sense of both knowing what deep medicine breath is and at the same time experiences a resistance to surrendering into that aspect of letting go or letting it be. It is as if she wants to rise up into the mind or into something akin to a kind of control. This is something which B is finding very prominent in her life at the moment. She notices how much she is holding her breath and then suddenly needs to gasp for oxygen. She is not breathing properly B senses that where there is resistance, there is also a key to an inner place of awareness or healing. B notices this with sleeping also. She tries to take some deep breaths before going to sleep and her mind will tell her not to bother.

B is not sure exactly what her resistance to really going inside herself is. She feels resistance when the therapist is introducing the breath and when she can hear the therapist breathing. At this point she felt that would help and feels the motions of how deep the therapist's breath was. At the same time she would be annoyed by it, feeling "I don't want to go there, I don't want to relax and let go." B does not understand what this response is about, but knows that she cannot connect with the breath right now.

B thinks that it might be that when she tries to follow that sense of divine love all the time she might then wake up feeling angry and hurt, feeling that she did not mean all the practices which she did the night before. B does not yet know how to unclick this, she is just not doing it and has not found her way through it yet. While B longs to be

in this place, she fears that she has had to put so much effort into grounding herself and bringing her spirit into her body that she fears that if she enters that embodied space she will not stay, but will experience a disconnection again. B knows in her heart that this is not true and senses that the opposite is more likely to be true. B describes this flipping from one position to another as neurotic behaviour and is now trying to hold all of these elements in some way. At this point in the interview, B has a sense of how much she is creating her life and is responsible for it. This brings B a real sense of 'lightness' and freedom, to see and feel the authority of the self. B has awareness that we are only free when we choose to do that.

B feels that it is not as if she is completely at that point now, but even the awareness of that truth brought with it a real lightness. She describes this as getting a real flicker in your deepest being. She may be struggling with this, but when she perceives the freedom and expansion which reality can become when this is seen, she no longer feels as if she is the victim of circumstances, of whatever might be going on.. When asked to use embodied focusing to see if any of the practices we used in the therapy sessions to help integrate these two elements, such as using mantra or Deity Yoga helped or whether she had also wanted to push these away. B said that she was feeling a sense of expansion in her chest and heart and a real 'lightness' which she described as a kind of inner smile.

B felt that these practices really did help her although there was definitely some resistance, just as there was with the breathing but there was also real impact. Two things in particular came to mind. One particular practice which just kept coming to mind was the visualisation of taking her head off and burning it on the fire.

Remembering this made B laugh.

B found this very liberating and also hilarious. It brought a real 'lightness' of humour and a sense of something akin to relief, giving B a sense of that wider perspective which really helped her. B cannot remember exactly what the therapist said to bring about the feeling but remembers the feeling that the therapist was very aware that all B's energy was all in her head B remembered that the fire was in front of her. B did not remember a landscape because she was really concentrating on the fire. It felt like a very big sacred fire.

B felt that the flames and the energy of that kind of burning was really matching the thought patterns which were going on in her head. B became really aware that it was all in her head and that she was completely in her head so when the therapist said "no, just take off your head" she remember feeling quite surprised [laughter].

This provided an element of humour which was the medicine she needed, she actually needed to just take her head off. As B feels into this during the interview she remembers the combination of her head being off and in the flames and still being there to witness it. By doing that there was a real humour and a sense of laughing at herself and yet also a tremendous amount of peace, of "thank *God my head's off*" or like "*that's stopped, that noise*". When it was in the fire, B could see it for what it was, so there was a detachment, a healthy detachment, from her crazy thought patterns that were happening at the time, or the spirals of patterns. That really brought 'lightness' to it, because no matter how intense her thoughts were, when they were off and burning in the fire with her head she had to laugh at it all. This was because B could see, as she was there witnessing it, that it was all just in her head and therefore that it wasn't really happening to her true self or being.

Asked what she experienced instead of her head when she could see it on the fire, B could not initially remember but then got a sense that at the beginning it felt as if she

had no head because she was watching it burn and as it was burning she did not feel as if she was going to take it back and out it on her head but rather that it was all the unnecessary parts of her mind which were burning, which left a sense of clear mind. When B was reminded of the actual adapted practice, in which the pyramid of fire was at the base of the body, she remembered that was how it was but she had related it to the way that she normally sees fire when she does shamanic work or dances where she would normally see fire outside of herself. If B cannot access that wider sense of spirit she just drifts off so the practices really helped her.

The particular practice which really, really helped involved B's experience of a lot of hurt and guilt and sadness about a situation, a good deal of entwined pain. She remembers really praying for the jewelled lotus and taking it home and doing the practice for a week or so and it feeling so beautiful. Asked what she could remember of the second practice which she had described as helpful during her first interview, B remembered how much it helped at that point in time. She remembered a real sense of calling in the divine to the situation which showered it in purity and love and acceptance. This was beyond what B could do because she felt that she couldn't do anymore. She remembered not being able to do anymore and feeling guilty. Feeling things were in a mess and there was nothing more she could say. No more words or anything could be scattered on that place. It really helped B to feel and really pray from a place of spirit and divinity.

B remembered the therapist talking about the jewelled lotus and B felt that it encompassed everything, that everything was accepted. She remembered praying for the healing of that from that really divine place. This was very healing for B because that was all she could do and it was also the highest way of seeing the situation and feeling it. This also brought a lot of surrender because that was the only

thing which she could do. Asked by the researcher if B had felt enabled to work with the issue from a different part of herself, B said yes and described that part of the self as the piece that is that divinity and connects with that. That part is neither hurt nor shaken by the day to day pains of being human. B remembered the nectar dripping from her heart like tears of healing, a healing balm down from her heart into her base, dripping healing into that place of pain.

B described this as feeling beautiful and as if it was connecting the divinity within the heart space, within the landscape of the heart and from there cleansing what is still a very physical painful emotion or sensation in the body. This felt very healing and like a bridge connecting two aspects which feel separate sometimes, that kind of divine self and the human part which feels everything. B could then hold the pain but without being so focused on it, instead being in the heart space with the nectar dripping and soothing that place. The practice was therefore like a bridge.

When asked what the heart space meant to her, B described it as an all-encompassing vast landscape inside the heart and a real sense of divinity. This is B's experience when she feels into her heart. There was nothing more she could do as she had said all the words she could say and she really prayed from that place of healing and gave it light and love. It was definitely a jewelled lotus which gathered up all of B's pain. There was dripping nectar and the memory of that still makes B's body shiver, and healing and the white nectar garland. B mainly used the heart sense of that and some imagery and praying for healing and the removal of pain. This freed B.

B described her sense of surrender as being releasing the clenching of fists which to her symbolise holding and controlling. Surrender is the opening of fists, palms outstretched, surrendering to what is. B describes herself as repeatedly trying to

come back to this place of surrender instead of pushing away. Learning to commit herself to this is very important to B and involves a kind of holding.

When asked to enquire whether anything in her body resonated with the word 'aliveness' B had a sense of the word possibility. She had an image of getting back into her car after a session, having previously gone into the session with a concern regarding how to manifest herself and her purpose. This is stressful for B because she does not know what she wants to bring.

Suddenly, getting back into her car she was in touch with simplicity, 'lightness' and possibility. She was in touch with the possibility that it might be possible to do what she wanted to do here. The possibility felt almost like a certainty. B feels that this is the main battle for her. That she is battling to do what she wanted to do in this life, she is so determined to do it and yet at the same time she is not doing anything. B cannot remember exactly when the sense of possibility came. It usually happens when she is doing something simple and practical like being in touch with what she is eating and drinking rather than with her dreams. Simple things like being in touch with the day to day. When B got into her car after the session she had a sense that what she was experiencing was perfectly normal and that she could get through it. B had a sense that everyone experiences problems. It isn't that everyone else is flying and flowing through their lives and she is the only one that is stuck.

When asked one final time, during the first interview, to use embodied Focusing to see if there was anything else which she wanted to share in response to the question, B said that there was something coming from her body which she didn't know if it was relevant or not.

B relates this feeling to her father. That something is left open regarding lots of things which relate to her father. When these things came up in therapy and the

therapist pointed them out B would feel frustrated as she had a sense that she had been working on these issues for years. In one session the therapist had said about waiting. because until those issues are explored the tightness she experienced would remain. At this point B felt a sense of intrigue and possibility surrounding where she might go with this.

Individual situated description Participant J2.

Biographical summary

J2, a 46 year old male, first presented for psychotherapy as a consequence of the end of a two year relationship, in which he had been very emotionally invested. He is the youngest of seven children and felt that he had never received much attention from his mother. With five brothers and one sister, J2 had grown up in a household biased towards the masculine, a factor which he felt accentuated his vulnerability in relationships. His recent relationship had ended dramatically at his sister's wedding when his partner had accused him of prioritising his family instead of her. She was unable to give him any reason for this accusation that he was able to understand and despite every attempt on his part to apologise and continue the relationship, she was adamant that it was over. The fact that there was a difference in cultural background between them created a greater sense of confusion for J2. He experienced an intense grief reaction with symptoms of acute somatic pain and sleeplessness. He was able to maintain working as a financial consultant but outside of working hours he was finding it very difficult to engage with friends and leave his apartment. J2 was in therapy for 3 months, and was interviewed 18 months after his final therapy session. He came to his first session with a Cognitive Analytic map of his thoughts which he had created during a few sessions he had previously had with a Cognitive Analytic therapist.

Response to the research question

J2 remembered that during the aftermath of his relationship break up we did quite a few healing practices on the self. One practice in particular came to mind strongly during the interview, the guided visualisation in which he travelled to a healing planet, which he remembered as a beautiful place. He also had a clear memory of another guided visualisation in which he visualised cutting a cord to his ex-partner using light. The cord cutting was an energetic experience to J2 rather than a physical one. He has found that that visualisation can work sometimes, but has not completely worked for him. He has done it many times and while it feels ironic for him to say this, there are still too many elements of attachment for it to be really effective. J2 reflected that even when one visualises cutting a cord, it was not as simple as visualising the end of an actual relationship. Many things are still carried either in one's mind or cellular memory. If the visualisation is repeated however, he has found that it can engender a sense of letting go and therefore was not a waste of time. Overall, J2 experienced the guided visualisation of the healing planet as more fruitful. He believes that this was because it enabled him to access a place of physiological nurturing. This was important to J2, as he senses that his energy is located in his physiology. J2 found that during the healing planet visualisation his physiology could be nurtured separately and he could detach himself from any mental interference or blame. That was much more nourishing for J2 because at that point in time he not need to so much understand why the relationship had ended as to know how to nurture himself in a self-loving way. J2 described the difference between the 'Cutting the Ties that Bind' exercise and the 'Planet of Healing' exercise as being akin to the differences between having a bath and having a shower. While a

shower can be very practical, a bath can be wallowed in and makes one feel nurtured. J2 found the experience of wallowing and nurturing afforded by the 'Planet of Healing' visualisation highly preferable to addressing any thought pattern or taking medicine.

A main feature of this visualisation for J2 was that it gave him a sense that he could have compassion for himself and nurture his soul and his emotions. The visualisation helped him to see that he had a choice as to whether he suffered or not and to move away from blaming himself for the end of his relationship. Initially J2 had felt the end of the relationship was his own fault, but the visualisation helped him to see that by taking responsibility and having compassion for himself, an attitude of blame can be transformed into a healing. Another factor which made the 'Planet of Healing' visualisation effective was he could do it easily. This made it very simple and very powerful. He did not find the cutting the cord exercise so easy because his mind was too involved. J2's memory of the 'Planet of Healing' visualisation being described to him was of the therapist talking at some length about light and colour and temperature and nature. He found all those elements to be very energetic and almost visceral in their impact. They can be experienced very quickly without much effort. By contrast, the cutting the cord exercise takes more effort to do as there are so many attachments around the cutting a cord. J2 felt that nothing like that is required when journeying to a nice place. The skilful way in which the 'Planet of Healing' was described, using colour and energy and visualisation was also a factor in making it very easy for him to be there. Colour, energy and temperature were all easily accessible to him from his own experience and it therefore required no effort to visualise them. When J2 listened to an exact description of the 'Planet of Healing' visualisation repeated by the therapist during the interview, he described how his

overall sense was that the vivid and repeated description had taken him to an energy which he associated with his pure soul or source. J2 found that the use of colour and the removal of potential threats such as the use of limiting thoughts or a sun that can burn, or other people or loneliness from the equation gave him a sense of feeling completely at one with his soul. There was nothing man made on the 'Planet of Healing' and nothing which could play with his thoughts. Everything was experiential and feeling and nothing activated a thought pattern. J2 felt that the reason this was so beneficial was because everyone innately wants to be at source, peaceful, where there is a sense of the kind of pure love which is uncontaminated by thoughts. It was a significantly powerful experience for J2 that nothing took him away from his source.

J2 found accessing this healing easiest during the therapy session, but he did learn to go into a quality of contemplative experience outside of therapy. He referred to this as the heart space. J2 described how doing this this would allow everything to settle down for short periods of time. He feels that discovering this quality of space has been an incredible gift. He felt that although he had always had this gift inside himself he had not known how to access it. J2 described this gift as learning to be compassionate to himself and as neither expensive nor time consuming. He believes it to be one of the most valuable gifts he got out of therapy. J2 further described what he has termed the heart space as somewhere where he can experience unconditional love and no ego. There are no attachments or needs in this place, instead there is a sense of an infinite space and of a pure love which is warm and tingly. It also has peacefulness and 'lightness' to it. J2 saw colours when he was in the heart space, green or gold or blue, colours which felt appropriate and relevant to

his experience. He described sensing stillness and purity, a place of refuge which was protected from words and the mind.

J2 feels excited at the prospect that the more he does this practice, the more it will pervade his whole being. He feels this need to be done every day. It can be a gentle journey rather than a battle. J2's main life goal has now become experiencing this all the time. He also believes experiencing the heart space to be essential for him to have a sense of his own authenticity or truth. He has learnt to manage moving from the mind to the heart. J2 finds that experiencing this quality of the heart space has also improved the quality of his relationships. He believes that they have become deeper, more connected and more heartfelt. He is confident that the heart space is the right place to be. It feels authentically right to him. J2 describes this experience further as feeling connected to his own soul and the purity of his own inner truth. This has now become the driving force for him instead of overusing his brain. J2 feels that it is not always easy to be motivated by the heart, body and the soul instead of the brain, especially if you are male. However, once this has happened, it can be used as a place of peace and truth. J2 feels that he has now been using the heart and soul as the conductor of his life for about a year and he wishes he had been taught this at school. He feels this would have reduced anxiety for him and others.

J2 feels that sometimes he does get lost in anxiety and then suffering begins. When he moves back into his heart he finds that there is only peace there and no suffering. He feels that the intention in his heart is to be peace. J2 wants to have more conversations with his heart and sometimes finds talking to people who are mainly in their heads very limiting. He hopes that by spending more time in his heart he will enable other people to find that place within them.

J2 found the visualisation practice we did of placing his head of the pyramid of fire at the base of his body one of the easiest practices he did in therapy. He described it as being clear and easy and he feels he will use it for a long time. When J2 was asked what he could remember of the actual description of the head purification visualisation and whether there was anything going on in his life or in the therapy at the time which made it particularly relevant for him, J2 said that it was very simple because it demonstrated to him that the head is full of thoughts which cause him trouble and strife and struggle. When J2 detached his brain in the visualisation he just saw it as a computer- hard drive which he could transform into pure energy. At that point J2 sensed that from his neck down was where there existed pureness, simplicity of energy and a sense of well-being. Love and all those other feelings came from there. It was therefore a relief for J2 to take his head off and to transform it into pure heart energy. Remembering this practice made him laugh.

This visualisation was helped by the fact that we had previously worked in the therapy on oxygenating the fire underneath the heart without actually visualising removing the head.

J2 remembered that we always started off with slow breathing and often focused the breathing on the heart space as a way of experiencing the heart. He felt that doing the deeper breathing was essential to move attention out of his head and towards a deeper sense of self. While J2 had practised Reiki and other energy healing in the past, he feels that without the centeredness and the depth of the breathing which we did in the therapy, it is impossible to access the same degree of power of experiencing.

When asked to apply Focusing techniques one final time in his second interview to ascertain whether there was any particular experience in the therapy which gave J2

a real sense of the embodied change which he had referred to in his first interview, J2 remembered working with a goddess, although he could not remember her name. The interviewer asked if it might have been Tara and J2 said yes it was Tara. Since doing that practice, J2 has worked more with his masculine side but he remembers finding the Deity Yoga practice we did using Tara being very powerful at the time he did it early in the therapy. He needed self-nurturing and compassion. He also experienced the manner in which the therapist described Tara to him, asking him to embody her whole being and absorb her into his body as very powerful. The nurturing feminine energy was what he had needed at that point. J2 also found the practices we did about embodying masculine practices and intentions very helpful. He felt that with all the practices we did, it was important to step out into the world and do something from one's body, to feel alive. That is what makes therapy manifest to J2. The essential and valuable part of the therapy for him was to go away having embodied the practice rather than thinking about it

At this point in the interview, J2 also remembered the therapist facilitating him having conversations with his heart. That was significant for J2 because it was the first time that he had learnt to trust that the answers he needed really were accessible inside him. That was the beginning of J2 having a relationship with his heart and treating it almost like a loved one. That was very beneficial, gentle and compassionate and also very self-empowering for J2, to discover that the answers were inside him.

J2 felt glad to have had the opportunity to summarise and reflect on his experiences in therapy, as the process had brought these experiences back into his current awareness. J2 described his sense of realising how powerful his experiences had been. As he looks back he can see that they have been very, very effective.

**Individual Situated Description. Participant S.
Biographical details.**

S, a 35 year old female, presented initially for psychotherapy due to anxiety caused by a work related issue work which had highlighted for her wider issues regarding relationships in general. She had reported what she had perceived to be a breach of boundaries between a staff member and resident at the Care home in which she worked but it had not received appropriate management attention.

S had a general sense of confusion around how to be in contact with others, either in intimate relationships, at work or with her peers. This had its origins in her mother having a borderline personality disorder and having been frequently unable to care properly for S and her sister. On one occasion, both children were admitted to a Children's Home. S had also experienced sexual abuse as a consequence of her mother's inability to protect her. S experienced difficulties in adult relationships in that she seemed very drawn to damaged or very vulnerable partners who she would try to help, mediating between them and the world as she had done with her mother. When they did not seem to learn, she would feel betrayed and disassociated, despairing of ever finding coherence between her inner and interpersonal worlds. S worked as a carer for people with learning difficulties. She was a talented singer and a trained yoga teacher. She aimed to bring these gifts into the community of her workplace to enable staff members access inner resources.

Sacha was in therapy for 18 months. Her first interview took place 12 months after her psychotherapy sessions had ended.

Response to the research question.

S initially responded to the interview question by exploring where the impact of the therapy was felt in her body. She described it as not very tangible and S does not

think that we have an easy language for these experiences. S then noticed in herself in response to the question a feeling of expansion and described how, even if the human emotions are quite raw at the time of therapy, there can be almost pleasantness to meeting both the feeling and the expansion. S described how this would give her a tingly feeling. This feeling almost reminded S of the Spring, as she feels that both a sense of growth and spring share an almost innocent cheekiness to them. S then went on to liken this feeling to a childlike joy and sense of intrigue. She finds it quite interesting to notice the presence of these factors when she is experiencing challenging emotions. In response to the question as to whether anything else had caused this Spring like feeling, S named the breath and the sound, which she called the seed sounds (mantra.) She described them as adding a bit of sweetness, enabling her to be present to the challenge. S identified that through the breath practice, she gained a sense of presence in which she was able to notice that emotion was not her only experience.

S described the breath as enabling her to become more present in her body. This helped her to access a more integrated sense of self and to notice her state of being and what actually needs to exercise itself or be heard. S described how, when she had become familiar with using breath and sound, an awareness developed in S that she was not just thought and not just emotion. S feels that it would seem to be bizarre for her now not to explore those elements of the self, the breath and the sound, in a therapeutic environment.

S does not feel comfortable with the word spiritual but she felt that the spiritual aspects of the therapy were very helpful to her. S then defined her sense of spiritual aspects as things which encourage a sense of being, which S feels is very important for integration, enabling S to meet herself in challenging times and not only from

places of suffering or confusion. S described her sense that the breath and the mantra facilitated a movement into another part of herself, a part which she sensed she had implicitly known, as being not just a truth to her, but a very big embedded Truth. During her second interview, in response to the researcher asking S if there was anything else she wanted to say about mantra and breathing, S said that she feels that the vibration of the sound, the cellular movement, created a clearing. This means that she no longer deny this part of her, because she can hear it and feel it. This is very strengthening for S. S feels most confident when she is aware of this part of herself as she feels she can be very misled by her head and her thinking. S feels that while the head and the soul are linked and are ultimately non separable, until integration happens, these parts of the self-experience things in different ways. S described how the head thinks one thing and then there is the depth of the self-experience which feels calm. When S is in this place which she has always implicitly known and is experiencing it, she is then able to recognise it in others. S thinks that this can also positively change relationships and interactions. On a personal level, it has helped S to find a state of trust either in the other person or in her own instinct, creating an authentic monitor which enables her to feel that she can apply a part of the self which she quite trusts even if another part of herself is anxious or unsure of its coherence. S feels that communicating from that part of herself also enables other people to find that place within themselves. It is as if she is giving them an unconscious invitation which also has a subconscious tangibility to it. When asked if S found communications with others more successful when she was in the more expansive part of her S said that there was more chance of this happening, although it would also depend a great deal on the other person and their ability or desire to notice that capacity in themselves and others. Regardless of this, whenever S did

manage to communicate from her sense of presence she was never regretful or disappointed in herself. Instead she feels peaceful and integrated. Even if someone does not agree with S, she manages to accept this peacefully. As a general rule, S thinks that when she is able to be in that presence it has a very powerful effect on others. S has also noticed that when she is not using practices like these regularly, her communication with herself becomes busier and more reactive.

S described, during her second interview, how she has recently felt she has been experiencing the reverse of presence, the very human aspect, in relationships recently. This is a much less comfortable experience for S. When she is with someone in presence it can be a very beautiful, possibly very intense and vulnerable experience. S described her ability to notice when other people have a sense of presence or are starting out on a journey. S describes there being many different faces to presence, in some ways it is similar to a 360 degree circle. Since having had therapy, S feels that she is more able to perceive an auric field rather than feeling she stops at her skin.

Exploring her experience of integration more during her second interview, S described how integration can actually feel quite raw and uncomfortable. S notices that when she feels very contracted it is because she is trying to ignore a discomfort. She feels that when she does this, she can never be congruent with herself because at those moments she is not hearing herself.

S experiences emotions as actual physical feelings, like physical blocks or constrictions or obstructions within the body itself, so in taking a breath she would bring awareness to those blocks so they can be shifted. This would often be facilitated by the therapist asking "What does that feel like in your body?"

S thinks a combination of things which happened in the therapy gave her a greater sense of presence. It was also multiple complexities which had brought her into therapy. Essentially self-esteem had been a very challenging territory for her. The ability to explore her low self-esteem in a safe place and the subtle affirming which was woven into the therapy helped to give S a greater sense of her own presence. This was coupled with the spiritual aspect of the therapy. S feels that her spirituality is a huge part of herself, which she needs to recognise and experience. Otherwise, S feels that it would be like trying to make herself whole while staring at only one third of her. S feels that it would be absolutely impossible for her to do this. All of the aspects and the ability to bring in practices like breath work have helped S. Even if she and the therapist were just sitting in silence, it enabled S to tap into positive resources or body memories of kinds of practice which she had experienced outside of therapy.

S has taken the breath work and mantra which we utilised in the therapy into her life. She described breath as being for her a metaphor for life, taking things in and giving them out, symbolising the evenness of the in and out movement of breath and also being comfortable with its changes.

In contrast, S uses mantra more cathartically. She thinks that she experiences the world in quite a kinaesthetic way and sound gives S a sense that she can transform something which feels stuck in her, or something which she has experienced which does not belong to her. The sound or mantra facilitates a sense of movement, enabling her to feel that she is somehow jangling her soul clean. In time, if the sound mantra is continued, it enables S to find a more continual sense of expansiveness. This result from S not feeling bogged down but instead able to keep her kinaesthetic energy going

The practices, the breathing and the sound, also help S to notice what she is feeling in her body. This is important because of S's sense that if she was to stay in her head, she would not be able to release into this expansiveness. That feeling of being able to expand herself does not come to S from her mind. It comes from her sense of self and the edge of the unknown or known quality that we seem to have. This feels like a very personal experience to S. It has also made S aware of a greater sense of connection.

Purely from a therapeutic point of view, at points S has felt very challenged and she can feel very alone. This can cause a good deal of additional suffering. At these moments S gets an intrinsic sense of comfort from the practices. S then clarified that the word comfort sounded almost too reactive or too needy, as the experience she is describing precedes that and is more like a form of implicit knowing that she is neither separate nor singular.

S took time to feel into the middle of her body using embodied Focusing in response to the researcher's enquiry into whether the feelings she was describing related to a shift from heaviness to lightness. Having done this, she then described that when she experiences presence she can feel quite a potency of space. The space becomes pregnant with possibility. Just being or just awareness is not necessarily either light or heavy. Rather, it tangibly feels, as if there is a weight to it, but it is not heavy. S feels that she can best understand this process in terms of a contraction. Feeling tense mentally and emotionally produces a sense of gravity, of downward pressure. What S experiences has more of an etheric quality which then meets a very human aspect.

This does not necessarily feel light to S either. S describes how while there is a light to her experience, she knows other people who incorporate these practices into their

lives and who always talk about light and ascension. S described herself as feeling a bit twitchy whenever this happens. When asked by the therapist if the word 'lightness' has associations with a sanitised 'lightness' S agrees that this happens. On the occasions when S has really experienced meeting herself in these practices she does not feel suddenly unearthly. This gives her a sense that people are making a mistake. It is almost as though they want to escape from the physical realm. Instead, S thinks that this quality can be realised in our most dark and challenging aspects, that we can absolutely find this etheric expansion in those places. In meeting these aspects so fully and not resisting them there is no actual sense of wanting something else. S feels that people do often resist what is uncomfortable or frightening. Sometimes she resists going into herself. S feels that the way forward is to utilise these practices to meet and accept what is happening very fully. When fully met, the underpinning quality of information of that feeling is accessible. There is an experience of it and then a dissolving of the initial feeling. She might feel the imprint of it for a little while. S habitually experiences first a very physical body awareness and then an awareness of a more finite energy. S notices it dissolving from the physical body and then from her energy field. At that point it is completely gone. S thinks that this results from utterly meeting what is there without resisting. Alternately it could be that she has allowed herself to go through the process of resisting whatever is there.

What strikes S most about the practices is that they help her to feel a subtle strength. This which gives her an ability to feel support when she goes into things which might previously have felt too frightening. Previously S would not have known what to do if she went there. This subtle strength which she got from the practices strikes S as the most beneficial aspect of the therapy.

S reflected that even if she was just sitting on her own as opposed to being interviewed this would be clear to her. The practices gave her a walking staff. S feels that the ultimate value would be to take them out of the therapeutic environment. S feels that it is healing to become self-sufficient, having previously had the support and the witnessing which occurs in the sessions.

For S the allowing of experiences and the witnessing of them in the presence of someone else has been a very important part of the therapy. S has experienced other practices and trainings but for her these were not integrated because they were retained by S as a private or self-conscious experience. It was very helpful to be witnessed by someone whom S felt was tangibly in that state of presence themselves. This gave S sensory information, was very powerful for her.

To have the courage to allow herself to be seen in that utter presence, is in a way, the most powerful experience. This is because it is difficult for her to know what is a real experience. She has an active and analytical mind which she feels can be very useful. However this can also be damaging to herself. She feels that it is very easy to have strong experiences on her own and then wonder if she is simply deluding herself. She wonders if the experience could just have been some throw back to when she was 17 and experimented with drugs. When asked by the researcher if S wanted to say any more during the second interview about the importance of being witnessed in the therapy she said that she had found it both obvious and wonderful when a friend of hers had said that it was because she had had no good witness when she got traumatised in the first place. Being witnessed also validates new positive experiences, preventing self-doubt from getting hold of them, the doubting-Thomas part of the mind is therefore contained. S also described how she had found that having her distress witnessed in the therapy by someone who was positively

affirming created a quality of presence and a shift in consciousness. It was as if something had been exorcized. S feels that this results from these internalised experience taking up negative space within the body. By allowing them to come through then the space is clear. There is then just space. The sense of having new space after having met raw emotions is very important to S. If she feels blocked up with uncomfortable thoughts and emotions, then it is impossible for her to be in an expanded state. Each thought and emotion has to be able to express itself before S can access this sense of space. S senses that there are many parts of the self which need to be tending to these thoughts and emotions, her mind, her being, her soul. Being busy prevents the momentary pause required to open out and integrate them and also perhaps something in their nature seems to separate them out S described how it was as if she saw in herself all these circular water vibrations. The meeting of a feeling is akin to the first ripple from the outer layer .As she went on to meet herself more and more and go more into the core, this changes .There can be a bitter sweetness even within a very traumatic meeting of the self. The pain becomes miniscule without being diminished. As she goes more and more to the centre the original feeling may no longer exist. S speculated that this may be because she has gone beyond that, released it or it is simply no longer relevant because there is a deeper or greater experience.

When the researcher asked if this was similar to a different perspective coming through, S said yes, absolutely and perhaps is able to feel less consumed by that aspect of her experience. S feels that within the breathing or mantra, cellular memory comes through. She described this as being like little threads. This is a very real experience for her. S feels that this experience also results from enquiring into her body. It is almost as if, when she does this, she can feel her brain going down

inside her body. Then it is as if the inside of her body opens up into an entirely different realm. S described this as if the brain coming into the heart space and the brain is working for the heart when this happens. Trying to do this the other way around is always slightly uncomfortable for S. When enquiring into the body S feels that her brain has something to do in a different sense to its habitual mode of working. S feels her brain becomes useful to her rather than just dragging the rest of her around with it.

Being witnessed brings a quality of presence to S which she wanted to explore in the words heaviness and lightness. When S is being seen, being met and being invited, her sense is that the etheric quality meets with the very human physical realm. For S that comes from the heart. S thinks that holding a space from this heart energy is something that the therapist did particularly well. It is not sympathy but a genuine compassion reaching out. The difference is comparable to sitting in the middle of a flower bed rather than appreciating it from the outside. When asked to take time to enquire once more into the middle of her body to see if there was anything else any part of her wished to express S was silent and then said that her body was saying that it needed to wee. On her return from the College toilets, S then returned to differentiating sympathy from presence.

She feels that once this presence has been experienced, sympathy has an unintentional aspect of being patronising. When the slightly more qualitative space or connection has been experienced instead, it becomes easier to suddenly reprioritise herself and things which have happened.

This enabled her to reorganise things in a way which feels more real. Through the practices S notices that she is suddenly engaging with herself. There is this presence, expansion, potency. If S falls away from that, she notices how superficially

she is talking to herself. S thinks that the therapist must do practices herself to enable her to offer this quality of presence. . By contrast other communications can seem superficial. When asked by the interviewer if she can feel any of this now as she talks about it S describes feeling a very alert kind of mind body feeling in the interview.

S commented that it can feel a bit frightening to be in that utter presence, to notice that she can move her fingers and that is actually an awesome thing in itself. To be present and to be witnessed can feel both exhilarating and weird. S clarified that these feelings are interesting, alive and hopeful. The practices lead to a reprioritisation for S, in that the aliveness, potency and spring quality tells her that there is always some sort of hope, some sort of “ its ok” feeling. Without applying these qualities, S believes that it is very easy to feel quite desperate. She does not think that this occurs only in people who are prepared to put their hands up to say that they are struggling emotionally and need a therapist.

It is actually more akin to everyone’s day to day environment everywhere S goes. She believes this can saturate us if we are not really inviting presence and noticing breath. If S is in that sense of utter presence, she cannot notice her breath anymore. It is as if the breath is happening to her, as if she has become the actual thing she was focusing upon. Nothing else necessarily exists apart from that. S thinks that after experiencing that, it is hard to relate to her problems in the same way.

When asked one final time to apply Focusing at the end of the first interview to see what else may want to be said, S described how she noticed that she was tired but had also had had lots of coffee so she had a tired-wired kind of feeling. This gave S a jingly tension which she is feeling in her body. The sense of right- now- ness, of the immediacy of this, makes S want to shout with joy from the rooftops. To be able say

“This feeling is ok!” S feels that it would be wonderful if everyone was actually able to do that whilst still maintaining elements of responsibility. At that point in the interview, S noticed a sense of jingliness underneath at the joy of being able to express this and have it met. That in itself felt sufficient to S. There is no need for anything beyond that.

S then reflected that even a discomfort can create a sense of elation but from a grounded place. A sense of liberation, but to S, it's as if it's almost coming from behind. This is what S experiences when she goes into her body and listens in a present way to what is going on behind the initial emotions and her sense of physicality. S described how an aspect of herself, prior to the therapy, had felt much more recessed as if it was sitting a lot further back. Not so much a back seat driver, more akin to being at the back of a double decker bus. Now through the process of therapy, S can gradually come further and further forward in herself, to the extent she can fairly quickly have a sense of “there I am”. The “I am” therefore becomes something different from what she might have thought.

Individual situated description Participant M2.

Biographical detail

M2, female aged 49 presented for psychotherapy having been signed off work for 3 months with anxiety and depression. M2 had retrained as a primary school teacher later in life as a second career and had loved her work. She was struggling to come to terms with her lack of confidence and anxiety. M2's anxiety and depression had been in part triggered by stressful situations in the classroom. She had several students with severe emotional and behavioural problems and her teaching assistant had also gone off long term sick. These life event stressors had activated a profound

sense of worthlessness which related to her sense of rejection from her father as a child. M2 experienced profound grief, failure and abandonment during the therapy. Her first interview occurred 18 months after her final psychotherapy session. She had been receiving therapy for 12 months.

M2's first response to the interview's request that she turn attention into her body using embodied Focusing to enquire into her experiences of 'lightness' and 'aliveness' was to notice the her body wanted to yawn. She then sensed that her centre was alive to the question. M2 recalled that in either the first or the second therapy session that the therapist did a guided meditation. This involved the image of something akin to a pyramid at the base of her stomach.

It was difficult to M2 to differentiate between what the therapist had said and created for M2 during the visualisation and what M2 had imagined at that point in time, as the two have become blended together in M2's mind. M2 was clear that the therapist began the process through the guided visualisation and that had brought M2 a good deal of light.

M2 remembered feeling very upset at one point and her body had felt tight and hurt. The therapist then created something whereby somebody, possibly an angel, which was going to love her at that moment and gather up all the pain which she was experiencing at that time and embrace her.

M2 reflected that she cannot be sure if the therapist described the angel or if M2 just saw it. When asked to describe the experiences of the practices named by her in the first interview which she had named as a guided visualisation, M2 remembered that the therapist had asked her to go into her heart. She had then seen a light in front of her which may even have become a feather. These words, light and angel, were not

the words which the therapist had given her instead these images emerged spontaneously for M2 in the course of the guided visualisation. M2 remembered saying "I think there's an angel there".

It was very small and in the distance, but light was radiating from it. The angel was very beautiful and completely compassionate. M2 felt that the angel was taking everything that M2 was able to give her and receiving it with loving kindness unconditional love. M2 recalled that then there was a beautiful moment of allowing herself to fall into the angel's arms and be loved.

Then the therapist and M2 began talking about the pyramid underneath. A vision appeared in front of M2's head which was quite small at first like an egg. It was very light and bright it was black at the bottom but not jet black and as she and the therapist began to talk about it the pyramid became white like a quartz crystal. White light was coming from it enabling M2 to see right through it. She could see quartz and could see that the tip of the pyramid was light.

M2 could see a light coming from it both during the guided meditation and during the following week when in her vision it descended and began to change its colours. At one point it became completely white, the whole of it becoming like a quartz crystal.

M2 experienced this as very, very lovely and described it as strongly grounding her during the course of the week. M2 felt this strongly in the body as well as visualising the image.

When asked by the researcher if this experience of the pyramid which she found so helpful during the week had occurred as a result of deliberately meditating upon it, M2 did not think that this was the case. She described how she would simply be doing a task at home and she would find herself feeling suddenly shaky and needing

to root herself. As a consequence of the image being there like a talisman, M2 was able to go back and look at the pyramid, remind herself about the pyramid in the base of her body and breathe into her root.

Whenever M2 found herself experiencing a difficulty that week, she would visualise the pyramid at the base of her body. M2 described this as incredibly useful, as it grounded her and whenever she was anxious or nervous it was there like a touchstone.

It stayed with M2 for 2 or 3 weeks and then it was either not needed or another touchstone replaced it. As far as the angel was concerned, M2 cannot really remember thinking about her other than feeling very grateful towards her.

When M2 needed a touchstone it was the pyramid that she returned to. The pyramid was grounded in the body, in the lower abdomen. Possibly even lower than that, in the base chakra. M2's sense was that the angel, by contrast, was very much from her heart and the pyramid was very much from the base. While these visualisations were occurring, M2 had had the idea in her heart that because both her heart and body were very dark at this time these images represented the beginning of a slow, graduated process of changing from darker to lighter colours over a period of time enabling her body to become lighter.

The colours changed in time from very dark jet black to the slightly paler 'lightness' which came from the dark purple to the tip of like quartz, so it was almost like an amethyst at the top and then graduating down. It went through shades of purple but the base was always darker than the tip. The pyramid tip was always experienced by M2 as the lightest part.

M2 clarified that the light she was describing was not the sort of light one can read a book by but rather 'lightness' in terms of colour, 'lightness' noticed in shade. It was

also not as if a light coming from the pyramid was shining at her but rather that the colour was lighter.

In M2's opinion, it was this experience which began M2's personal sense of a transformation into light. The image of the pyramid and the angel began the process for M2. She did not think that she had realised at the time quite how tense she was at that point.

M2 described how the whole business about breathing had really come home to her during the summer holidays after the therapy had finished. While at that point the therapist and M2 had talked about the breathing, M2 felt that she had not completely sorted it out.

This was because she was still processing and even now she is aware that she is not 100%.

M2 found it interesting to look at this during the interview, as she can still feel now some of the tension that she had then. That felt fine because as far as M2 is concerned it is also part of the process and so much that has been beneficial has come from that time, so many other things.

M2 then wanted to talk about the breathing before talking any more about these beneficial off shoots of her period of vulnerability and depression. M2 explained that during the holidays, after the therapy had finished, her teeth were grinding and grinding away at night. M2 had never experienced this before. She kept asking herself, why is this happening to me? Things had got better for her and she had found a new job. So she went to the dentist and the dentist gave her a mouth guard to help with the grinding.

After trying that for just one night, M2 decided that she was not going to mess around with that any longer. She then just told herself that for a few days she was

not going to grind her teeth anymore. M2 then realised breath was the answer to this problem! Because when she breathed into her belly it relaxed the jaw to help it open up and stop the grinding. When asked during her second interview if she had felt that the breathing was directly for stopping the grinding of her teeth she said yes. It was breathing into her belly which had done this. Also M2 thinks that because we had talked so much about the pyramid her focus came back into her belly and reminded M2 that was where her strength was, her grounding at that point in the body. When asked to take time to move attention into the middle of her body and see if there was anything else which she wanted to say about her experience of 'lightness' and 'aliveness' towards the end of the first interview, M2 was silent for one minute and then said that she sensed that it was all about breathing and how important breathing had been. M2 described how when she had first come to therapy she had thought that she knew how to breathe. She had learnt this when she went to transcendental meditation. M2 was therefore irritated when the therapist had first suggested that we breathe. When we did the first breath M2 found that her body was very tight and constricted. It was hard to push through.

Therefore M went home and wrote down exactly what the therapist had said "Breathe M. Breathe, breathe, breathe, hold, hold, hold, release, release, release".

M2 had not been breathing in that manner of really taking it in in the whole body and releasing it slowly, which she then demonstrated in the interview. M2 now finds this easy to do. It feels light and it brings her energy therefore she does it every day.

This has really, really helped her In her second interview, M2 described the breathing as having been incredibly significant for her because she had not realised that she had stopped breathing properly. She had forgotten how to breathe deeply.

M2 felt that her breathing had become very shallow because her neck was

constricted and her shoulders were tight. M2 remembered the therapist telling her about a form of breathing which would allow her to access the power of her parasympathetic nervous system in the body.

This was the breathing method of breathing in and holding and then releasing breath as slowly as you can. M2 felt that that form of breathing was probably the most significant thing which she and the therapist had done together. She remembered going home and writing it down in a book. This book was on her table for 8 weeks of perhaps even 3 to 4 months. It was there for a long period of time. It was therefore right in front of her:- "Remember to breathe." Of all the things we did in the therapy it was undoubtedly the breath which was the most important thing for her. When asked by the interviewer during the second interview if this breathing helped her to feel more alive M2 laughed and repeated the question rhetorically to herself. She then clarified that it really helped her to hold onto life. M2 described how the way she is feeling now, at the time of the second interview, is incredibly alive. Her life has been a long journey and a change.

M2 reflected that she would not have said alive then because it was more of a process of healing, a gradual healing. She described a healing through breath and a very gradual return to normality. During her first interview, M2 described how the last few months had been a process of getting back into a sense of grounding, a sense of earth.

She described herself as feeling much, much better but feels that sometimes it is good to be reminded of the process that she has been through. She has not lost the awareness, has not forgotten how precious life is and how very grateful she is for it.

M2 reflected upon how she had thought that when she had gone back to her new school she would want to have her own class and her ego would come in. This had

turned out not to be the case at all, a fact which made M2 laugh. Instead, M2 had found that she is was very happy doing what she is doing now, working four days a week and covering for other staff.

The reason for this happiness because she can experience a sense of being. It has been an inward journey for M2, to be. This is what M2 is currently working on, the sense that what is important is not in the future. Instead the journey is always onwards, and involves being in presence and bringing it into the world, with her community.

M2 has a sense of wholeness arising from bringing consciousness into the world. Therefore, while M2 may not be going to save a child in Africa and or doing an outwardly big thing that does not matter because her purpose is being in presence.

M2 described presence and beingness as something which does not have thought and does not have a name. It has a quality of stillness and it is this which tells M2 that it is something other than ego. Instead it is simply the joy of being in community. Presence comes when she is with other people who can also be present, when she dances, when she is listening, when she meditates and every time she brings herself back to the present and brings herself back to breath. M2 feels that breath and presence are related, breath bringing in a sense of presence which impacts upon the body as a combined sense of 'lightness' and groundedness experienced at the same time.

M2 described how her hands feel so much lighter than they were. Previously she had been unaware of how much pain there had been in her hands and now they feel so much lighter.

M2 explained that she had brought her journal with her because the researcher had wanted to talk about lightness. She had kept a journal during that very painful time.

One day she had come home after a therapy session and had wanted to draw and the colours she chose were yellows and blues. M2 had chosen the yellows first because they symbolised lightness. This yellow represented both the colour which M2 wanted to bring into her life and the feeling of transformation and changing.

When the researcher commented that she thought she could see pain in the picture as well as beauty and colour, M2 agreed that there was pain there and that she believes there had to be pain, it had to be allowed.

M2 has learnt and is learning that to surrender to pain is not such a bad thing.

What is helpful is to transform pain and if she is safe and she is held then pain will not be dangerous. M2 has learnt that pain has to be acknowledged, there cannot be a quick fix. Neither is time fixed. When asked by the researcher if the image of the angel and receiving love from something external to her had stayed with her, M2 said yes very much so.

M2 explained that during the past few years Buddhism has become an important part of her life but she had seemed to need something extra such as a person or a god like thing.

This is not there in Buddhism or at least not in sotto Zen practice. M2 wanted something greater than herself in order to be able to lean into it, to be nurtured by it, to allow it to love me and that love to be an unconditional love. She had wanted this and feels that she is now able to find it. M2 needed to find something else and also to keep her integrity to her committed path, not to mix things up. Now M2 is quite happy to talk about the stillness within and God and also to have Buddhism.

When asked by the therapist if this is because she feels that she is big enough to integrate them both M2 agreed. During the summer, M2 had gone to Findhorn and

had experienced the chanting there as wonderful. She also experienced a sense of stillness and God. They were together and that was fine.

When asked if she had anything to say from her body which resonated with the word 'aliveness' in terms of anything which M2 might have experienced in therapy M2 remembered coming to therapy one day feeling very shaky. The wind was blowing and it was raining. This was making her very anxious. M2 felt that the therapist saw this and said to her " Its ok, the roof isn't going to blow off."

At this point M2 realised that she really was holding that level of fear. She felt so unsafe in her body and in the world. She felt very vulnerable. Something about this being seen had enabled M2 to see this also. M2 described how she used to talk so much about very powerful raw, painful things and then she would go home and sleep and sleep. When she woke there would be peace and light as if the pain and darkness had all been a dream. It was gone. This helped M2 gain a sense of 'aliveness'. M2 thinks that other people also benefitted from the process she went through. Her husband has also gone through something. She had not realised how loved she was. Now she feels that she can see him more. M2 senses that he is also changing. He came into her room the other morning and asked if M2 wanted a cup of tea. As he turned to go he drew a big smiley face on the window.

M2 does not think he would have done this before. The process of transformation which M2 went through helped her both to see and to receive love in her life. She would not have known before this journey how loved she was. At first she was so contracted, there was so much pain in her body.

M2 recalled that one day the therapist told her to dance a dance of transformation of the old to the new. M2 had thought that she had to do it that week and she had tried to do so but it had felt slow and awkward. Now she dances a lot and feels a great

deal of energy. She feels very light but also very grounded. They are not separate experiences to her. She can move the light which comes down to her head to the groundedness at her base.

M2 has just completed a 5 rhythms dance workshop and this was a wonderful experience for her. M2 is no longer in one class anymore at school instead, she moves from room to room. As she does this, all the children are pleased to see her as she is new to them. She comes and goes and the children look forward to it.

M2 used to have so much fear being in one class and she also feared losing her class.

Now she can see how much her ego was causing this fear and can choose just to be in presence, to be receiving nurture and nurturing others. This is the change in her sense of self. She no longer feels alone anymore because this energy which she feels and expresses belongs to everyone. The work which we did in the therapy and some other things which M2 did out of therapy helped her to see this.

M2 also remembered that she had felt no colour and the therapist had said to her your colour will come back.

She also remembered how grey and cold those winter months were and how much she missed the sun and the therapist had said something about how in the winter she used the fire to find that heat and light. That helped M2 to see it in the fire.

M2 felt there was a link between warmth and colour and fire and aliveness.

When asked to check one final time using embodied focusing to see if there was anything else which she wanted to express, M2 said that it just felt good to revisit this and to notice how much she had changed. She had been anxious at first about revisiting this material and picking up her journal which she had looked at last night, but she had also wanted to come to contribute to this work moving forward.

It has been very helpful to M2, she can now sense the benefit. She feels that everyone should have this chance to look back and notice how far they have come since the end of therapy.

During her second interview M2 described her experience of something in her soul having been lost, which she missed greatly and the need therefore to find her way back to a place of creative flow. The therapy enabled M2 to have the space to really see things which were happening, providing a mirror. It was this which brought about what M2 called a sense of being in presence. M2 knew that when she was in this place of presence then she was also engaged in a process of healing. When she is in that mode, she feels that it benefits not only her but all other beings. M2 is has no doubt as she looks back that this is 100 percent where she is now, not all of the time, but most of the time. That is a real joy to her, and looking back M2 feels that she must have known somewhere in herself that this was the kind of healing that she wanted to come back to.

When asked if she wanted to say more about the importance of self-nurture which she described as being very important in her first interview M2 said that this is now something which she does without realising.

M2 recalled that she had forgotten about loving herself. There was a part of her which she had no control over and she wonders now if this was an element of a mental illness. When she hears about other people's situations and the paranoia which can occur to them M2 realises that she was paranoid at that point in time. That was a very dark area, the paranoia which she could not control, even if it was relatively minor in comparison with what other people who are desperately ill experience.

In order to soften and reduce, the paranoia needed to become so small that it was almost invisible, like a chia seed. Envisaging it as a chia seed during the second interview suddenly gave M2 a sense of joy because chia is such a healthy, giving thing.

At that time M2 had forgotten how to love herself and was very critical of herself. The self-nurture resulted from the guidance of the therapist because M2 had recognised that the angel in the guided visualisation was part of herself, self-nurturing, being kind and having unconditional love and compassion for herself. It had taken the therapy to make her see that.

Individual Situated Description. Participant T.

Biographical detail.

T, a 52 year old woman working in the finance industry, first came to therapy due to feelings of depression and guilt. She had two children, both teenagers and was worried about her 14 year old daughter who was drinking heavily and presenting problems at school. Her daughter was also very critical towards T and seemed to be happier staying with her father and step mother. This gave T a real sense of anxiety and failure. T's childhood had also given her a sense of inadequacy as she had always felt very different to the rest of her birth family. When she became a single parent, T's own family had been very judgemental, communicating clearly that she could not accept any financial help from them. T's ex-partner and father of her children had also been consistently critical of her. He had been a much more materialistically and conventionally orientated person than T and had left T with the sense that she could not be true to herself and in any intimate relationship. At the

time of therapy, T had also been unhappy in her job. It was meaningless to her and took up time which she would have preferred to spend with her children or deepening her spiritual enquiry. T was a Zen Buddhist who had attended several retreats at the time therapy began. Some elements of her spiritual beliefs, combined with her parents' moral values led to self-critical and restrictive thoughts while other elements of her spirituality gave her a real sense of freedom and excitement. T was in therapy for 8 months. Her first interview took place 18 months after her final psychotherapy session.

Response to the research question.

T expressed that when she thought about the research question the first thing which came to her mind was the practice which we had done which involved going inside and finding a place in her body and giving some kind of form to the pain, enabling her to communicate with it. T remembered using a black dog and conversing with a black dog. The dog had expressed to T how angry it was with what she was doing job wise. It was angry with her because she was compromising her integrity.

After having listened to the dog, T remembered feeding the dog with nectar. This made it also a healing process. After this, T experienced a huge sense of relief that she had a tool with which she could access her dark side and meet the anger which was there and also nurture and heal it. Therefore, this particular practice gave T a tool to both release and also to heal

This felt empowering to T. It made her feel as if she had some form of control and did not need to be so frightened of the pain and anger. T remembered the 'Feeding Your Demons' practice which this experience had emerged from, when the researcher described it to her. She could not remember if, within the practice, the dog became her friend but she did remember that she had encountered that

particular dog before. He had appeared her many years ago in a previous therapy scenario. It had been many years since she had had any communication with the dog. Then, suddenly, the dog cropped up again. It had given T a huge sense of relief to be able to do this and also to listen to the dog.

T explained that she finds it hard to cry. She can cope with dialogue but to actually physically release a feeling of pain and suffering through tears is more challenging for her. A mechanism through which to dialogue was therefore much safer for T and did not feel threatening for her, or humiliating as T sometimes experiences crying. For T, crying is quite a private experience.

When asked by the researcher to use embodied Focusing to describe her experience of relief T noticed that she has a tool to work with which means that she can heal herself. This means that she is not dependant on anyone else. Instead, she can go in there herself and do this as a daily practice. This felt good to T. She used the words relief, joy and empowerment to describe her sense of having a key to her own well-being. That she alone had the key was significant to her, no one else but T had been given it. T did not have to take any medication for depression. T described how depression is part of something which she has been grappling with all her life and while the meditation practice which T does provided her with mental stability, somehow she needed to be able to go into the darkness and actually release. It was important for T to have a mechanism which enabled her to do that, rather than being overwhelmed by the darkness and sinking into another depression.

T described how that particular 'Feeding Your Demons' technique which T had learnt was the one thing which she had really needed to move forward. It enabled her to release anything that came up from the pit of suffering of her past. T does not feel as if she has been seriously depressed since then and she continued to work

with variations of the model. Sometimes T will just use crayons and allow an image to arise. She is not using Focusing in the sense of going into a particular part of her body but she is allowing an image to form. She then reflects upon what it might be trying to communicate to her and then speaks and says what she is feeling. T feels the shape of the being she has just created and it somehow forms an outlet for whatever T notices when she explores inside herself. When asked by the therapist if she would like to take a moment in the interview to use embodied Focusing to see if there was anything present at that point in the interview which might want to communicate itself, T noticed that what immediately came up for her was that she needed to be listened to and that particular part of herself does not get listened to. T speculated that this might be because life is so busy and the processing of pain is not given priority. She does feel, however, that things which have caused pain do need to be voiced, even if this is only to be able to release them and put them behind her. As a general rule T tends to just put the lid on them and then, every once in a while she has a chance to process something. Therapy provided the space for T to meet those experiences.

She could just go into the therapy room and allow these feelings to arise. Normally there is just too much for T to do in life. The other thing that T wanted to say at this point was that generally she finds it very hard to release emotion. If she goes on retreat it takes her about 3 days to be able to let emotions arise and release. It had felt as though what we had done in the therapy was taking quite a big short cut. She feels that she was lucky to be able to achieve what she did because there are so many protective layers within her to get through.

Usually, one hour is not enough for T to actually get through all the defensive layers which she experiences. When asked by the researcher whether there was anything

else which enabled her to cut through the defences, apart from that particular practice and the space offered in the therapy, T once again emphasised the value of the therapeutic space.

Although T has used the drawing space which she described earlier in the interview occasionally, she does not feel she uses it as much as she could. In the therapeutic space, T had felt particularly safe to fully embrace this practice.

This was because the therapeutic space had enabled her to feel held spiritually and emotionally, enabling her to do the practice without feeling threatened, and sensing that it is ok to just go with the practice. When asked if she had felt that this process was akin to feeling some kind of organismic movement in herself, of something arising naturally which wanted to come out, T said yes, absolutely. As T explored her answers to these questions she felt that she is experiencing the same quality of space that she used to be in during the therapy. T thinks that the therapy changed her. She feels that it made her much more confident. This is because if she wanted to work with something in herself which really needed to come up, she felt that she could do so. She knew how to do it; and how to respect it and give it the love and nurturing that it really needs and not be frightened of it. This is the beauty of that particular practice for T, the nectar and the real compassion of it and having that compassion towards oneself and the dark deeds which one might have done or which are stored inside.

When asked to apply embodied Focusing to see if there was anything else which resonated with her experience of 'lightness' or 'aliveness' in the therapy which she wanted to name, T mentioned the guided visualisation of the Golden Light. T then described how this used to make her feel almost transcendent, giving her a feeling that that part of her consciousness was opening up. This certainly did give her a

feeling of 'lightness' and compassion for the universe and the release of suffering for all beings. She described this as really being a kind of plea which definitely gave rise to a sense of lightness. The practices which involved visualising light, the simple use of golden light, and of blue light were described by T as certainly made her feel lighter.

When asked to describe what she remembered specifically about this in more detail, T said that it had felt as if she was accessing that energy in herself and giving it its movement, releasing the stuckness. She remembered feeling thick and sticky and stuck energy-wise. The golden light somehow gave this a little bit of momentum and then working with the light turned it into nectar. When asked how this experience of light impacted upon the depressive felt sense which had brought her into therapy, T said that the light was really something which she could wrap around the darkness and feed the darkness with it. It then somehow became loose and could move and dissipate. It helped to somehow hold the darkness and by feeding it, it had felt as if there would be an exchange. T remembered that we also did another practice which she described as breathing in light energy and breathing out dark energy. She could not remember the details exactly, but she thinks doing that helped her. She also named discussing Vajasattva and doing the mantra as practices which would also have helped her. T then remembered another practice which she did a bit of work with and remembers discussing with a friend of hers. This involved breathing in suffering and then releasing it up. Then she recalled the light coming down so that there was a sense in which she was channelling the suffering, either from another being or from a part of herself, and then using the golden light to heal. She has not done anything like that for a long time.

When asked by the researcher if doing any of these things had impacted upon her self-concept, T said that she had gone on to continue practising Zen and had had lay ordination. She felt that her decision that this was the direction in which she wanted her life to go was very much helped along by the therapy and also by the conversations which she had had with her dark side which reinforced her sense that she did not have to do a job which she did not feel in her heart was doing good for the world. T felt that she had the strength to realign her life and to actually truly be the person that she is. To have the confidence to know that she can work with everything that she has done and is without being frightened. When asked in the second interview if she wanted to say any more about the experience which she had described in the first interview which related to having the strength to realign her life, T said that that particular shift in her life feels very important and related to non-compliance. She defined this further as having the internal strength inside to say no to certain pressures, to conforming to a certain way. This internal strength enabled T to resist those pressures and to have the strength to take the harder route, knowing that she could survive it and be true to herself. Prior to this, T had felt that particularly as an unmarried single parent she had received a great deal of criticism. She was under pressure to work full time to be financially independent and to prove herself in ways which actually involved compromising her integrity by means of doing a job which she did not want to do simply because it was well paid. Then this changed to T thinking that this was wrong, and that the way that she felt about her life mattered. When asked in the second interview if this experience was linked at all to any sense of more 'aliveness' T said yes, definitely because she had felt so trapped before. This had taken her into a heavy and oppressed mental state. Taking off the shackles had helped T to feel alive and free.

When asked to apply embodied Focusing one further time to see if there was anything else which her body wanted to say in response to the research question, T wanted to endorse that working with the different colours of light was important. T does not really understand this, but she felt that it worked without her really knowing what was going on.

She vaguely remembered being asked to go into different parts of the body and to find the part of the body which was holding pain or where there was something which needed to come out. The colour which T experienced when finding pain in the body was the same colour as the demon. Something about working with colour felt right to T. It was helpful and working with colour had communicated something in its own right in a manner that was beyond language. Asked by the researcher if she had found it to be a deeper and more implicit communication than language T agreed and said that she could just have drawn a black dog and with the colours and by giving it shape T felt that she could have communicated what she needed to say.

T has recently been on an art therapy course and if she cannot articulate what she wants to say, which is often the case when she is not in therapy, she finds it easier just to make an image and then to do something with colour than to speak about it or write words. T explained that she has her colours at home and while she is aware of the fact that she does not use them very often, she likes to have them there. She has booked herself on another art therapy course. T is currently, at the time of interview, thinking of doing some more regular art therapy. There is a Buddhist that she knows who offers art therapy and T quite likes the idea of a combination of the two.

When asked by the researcher if she can sense the dog which she described around her T said that he has been around for many years but he does not get

listened to very often. When asked if she would like to enquire into the body and see if the black dog wants to speak T took time to enquire and then said that she sensed that the dog was interested. She felt as if she could see the dog and had an image of both a black and a white dog. Both dogs were asleep, but the black dogs' ears had pricked up and his eyes were open. When asked to describe how this feels, T said that the fact that both dogs were resting under a tree and that they are not looking defensive or particularly angry and they were physically in quite good shape was significant. T sensed that the dog is interested in doing more work, but is not jumping up and demanding to be listened to. When asked by the researcher what the dogs represent to her, T said that what came up in response was that they symbolised her conscious and her unconscious. The white dog is her conscious self and the side of her which makes judgements and the black dog is the repressed part. The black dog feels in some ways stronger more robust. He is a bit scarier and to T, he is the unconscious repressed energy. T likes the fact that they are there and that they both feel like her friends. In response to the researcher's question as to whether having the light dog made it easier for T to listen to the dark dog said yes, the dogs could talk to each other and she could have written a dialogue between the two of them. When asked to apply embodied focusing one final time and see if anything in her which would still like to respond to the question, or whether she has said everything that her body wants to say, T noticed one last thing. She described this not a direct response to the question but more of an aside which has arisen and would like to speak. She can remember doing deep breathing with the therapist and being fascinated by the therapists' deep breathing. T described this as being really deep breathing. The depth that the therapist went to within herself sounded like quite primitive deep breathing, almost cat like. T used to find this slightly unnerving. It

made T think is there a really deep primitive part of me? Does that frighten me a little bit? T is curious about her response to that and thinks that perhaps there is something that she is not 100 percent comfortable about accessing. Perhaps a very deep, primitive kind of energy associated with a very primitive and animalistic level of being in the world which is reactive rather than reflective, an anger which can be very destructive.

The breathing touched that side of her. T feels that she does need to explore this because she felt a bit unnerved by it. She senses that there is something there definitely on the black dog side. She feels that she is now in her fifties and has now been working with things for a while but that there is still further work to be done.

At the beginning of her second interview, T asked if it would be possible to listen to the tape of her first interview. She had been thinking that she may not remember what she said in the first interview. The researcher then offered the transcript of the first interview to T to read if she needed to refresh her memory. When asked how T had experienced the feeling of relief at being able to accept and listen to the darker side of the self which she had described in her first interview and what had brought it about, T described that what came up first in response to that question was her sense of the significance of growing up in a Catholic environment.

In that environment, the darker side of the self is something that you do look at but you can confess on a regular basis. The way in which T was brought up was by going and telling her sins or the darker side of herself to the priest and then receiving penance. This was therefore about cleansing herself. T had found it empowering to deal with this process on her rather than via an intermediary like a priest.

When asked during her second interview if she could use embodied focusing to describe any further her experience of the golden light visualisation which she had

mentioned as significant in her first interview, T spoke of a sense of love and compassion surging up within her. It was difficult for her to describe the light energy. There was the heart opening feeling and at the same time.... something else. It was easier for T to explain it as the opposite of the heavy stuck energy. Somehow, at the other end of the spectrum there is a very loose, light energy which for T relates to the release of very positive and loving emotion.

When asked during the second interview to use embodied enquiry to see if T would like to say any more relating to her description in her first interview of finding the tools to release and also to heal, T described the major tool as being able to feel experiences and give them a form, a body which they could speak from. T had gone on to take forms into some art practice. This is still a tool for her. She has been on a workshop where the clay is allowed to take a shape and speak and she is that shape. T feels that this is exactly the same practice as we did in sessions.

When asked if she would like to say any more about her first interview description of what facilitated T's sense of "channelling the suffering" during a Vajrasattva practice and what that experience had been like for her, T described her sense of this as gathering the suffering and surrounding it with positive pure healing energy which can then help to disperse it. When asked if this was a collective or a personal sense of suffering, T described it as her own suffering rather than the collective. Asked if she wanted to say any more about her experience of feeling held spiritually and emotionally T said that what immediately came up was the significance of having a spiritual parent. Although she has spiritual friends, there was no one else with whom T could feel that sense of structured letting go.

While T's exchanges with her spiritual friends do involve some kind of release, the therapy provided a very structured place to let things arise. Therapy therefore

facilitated a very accepting and healing energy, with a forward movement at the end. The boundary at the end of sessions was helpful to T as it enabled reflection as to how she was at the end of the sessions. For T, this enabled the gaps between sessions to get wider. Towards the end we were meeting only every 6 weeks because T felt that all she needed was to release and refuel.

When asked, using embodied enquiry to describe how her sense of being listened to, which she had described as giving rise to a sense of 'lightness' and 'aliveness' in her first interview, had worked for T she described how she had realised that while others are important, she matters too. T thinks that within Buddhist practice there is a good deal of emphasis upon the welfare of others and while T feels that that is wonderful, it is also important to take stock of where she is at and what is good for her. When asked one final time if there was any more she wanted to say about her experience of 'lightness' and 'aliveness' or anything else at all about the therapy, T said that a week would be preferable for her to an hour. This is because T feels that people bring a good deal of compacted suffering to therapy which needs to be heard. Therefore T feels that to have a longer therapeutic space for working compassionately with whatever emerges would be perfect. This would enable a slower pace for the work, as it is not easy to go from a place where people feel quite tender and then suddenly go back out there into the world again.

T would also like to have an environment in which if she wanted to dance or do a piece of clay work she could do so, at the same time as being in a nurturing, healing surroundings with mediation occurring.

