SELF-BALANCING SANCTUARYING: A GROUNDED THEORY OF RELAXATION AND AUTOGENIC TRAINING

by

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Abstract

The purpose of this study was to discover how relaxation in general works, and how components of Autogenic Training (AT) (Luthe and Schultz, 2001), a relaxation therapy, may be working together and separately in an anxiolytic process. A corollary purpose was to develop recommendations for clinical practice.

Data consisted of personally and historically collected interviews (n=46) and diaries (n=34). Participants with less than moderate anxiety volunteered from the community at large; and, participants with moderate to severe anxiety were drawn from the Royal London Hospital for Integrated Medicine's AT Department and British Autogenic Society therapist's client lists. A classical Glaserian grounded theory analysis methodology was used to determine participants' main concern (self-balancing) and the way they continually resolved this concern (sanctuarying).

The theory of relaxation as a self-balancing sanctuarying process emerged from analysis of what 21 people from the community at large say they do to relax in everyday life. The activities they choose for sanctuarying are self-emergent, and their continuing use is contingent upon managing hindrances and integrating feedback to the process so that the benefits of doing the activity are maximized. Three switching strategies, distracting and blocking, managing and controlling, and letting go and allowing, are central. Benefits which are not consciously or analytically generated are: restoring, refreshing and re-energizing me; maintaining and building me; and growing and developing me. Maintaining and building me are characterized by integrating and strengthening the core self and connecting to the community; growing and developing me is characterized by expanding self-discovery. The theory of self-balancing sanctuarying was used on an emergent fit basis to analyse 25 interviews and 34 diaries gathered from people with symptoms of moderate to severe anxiety whilst learning to practice Autogenic Training. This analysis broadened and deepened the grounded theory.

This thesis contributes to knowledge in many areas. It is the first classical grounded theory of relaxation and of Autogenic Training, theoretically situating and/or challenging extant descriptive and conceptual models of both relaxation and AT. It supports the clinically functional equivalence of certain forms of relaxation and supports Teasdale and Barnard's (1995) Interacting Cognitive Subsystems Model. It supports and challenges certain aspects of core affect theory, of the cognitive appraisal theory of emotions, and of Fredrickson's (2001, 2003) broaden and build theory of positive emotions. It adds a grounded perspective to the spiritual well-being debate, bringing new knowledge to it. It adds new data to the field of the phenomenology of hypnagogic images. It discusses the implication of Self-balancing Sanctuarying for training of AT therapists and for their clinical practice with anxious clients.

Keywords: anxiety, autogenic, broaden and build theory, embodiment, emotion, grounded theory, hypnagogia, Interacting Cognitive Subsystems Model (ICS), mindfulness, positive emotions, relaxation, spiritual well-being

Table of Contents

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List of Figures

List of Tables

Introduction

My broad interest is in finding out more about the experience of using Autogenic Training (AT) in daily life. To learn more, I have chosen to talk with people who do not identify as anxious in how they relax and with people have had moderate to severe anxiety symptoms before learning the AT method. I began my research journey from the following perspective and in the following way.

Years ago, in 1979, I undertook a Jungian Analysis with Dr Mary Watkins, an analyst trained in Zurich, who is the author of Waking Dreams (Watkins, 1977). During that year, while in a self-induced relaxed state in her office, I experienced a very strange, spontaneously occurring visual phenomenon, which 'shifted' my perspective on my life dramatically. As an explanation for the phenomenon, she referred me to the work of Dr Johannes Schultz but I did not consult his work at that time. Then, in 2001, I experienced another visual phenomenon in an entirely different context, a phenomenon which I spontaneously recognized as being a direct follow-on from the first; as before, the experience was 'self-generated' and 'self-healing'. This time, the context was a training workshop held in Dorking, England for learning a recently developed guided inner visualising method for directing people to watch what happens in the visual field with eyes closed, and while taking a relaxed, comfortable seated posture. The developer of the method, William Redpath, who has had a lifetime career on staff at McLean Hospital (2009), the largest psychiatric facility of Harvard Medical School. Redpath (1995) named the guidance method 'Trauma Energetics', documented it, and presented anecdotal reports of 'release' from trauma as reported by a number of clients using the method. I felt spurred on to discover more, and whilst I could see some similarities between Trauma Energetics and Francine Shapiro's EMDR (1995), I was not satisfied. Because of my first experience, I looked again at Mary Watkins' book. Noticing her reference to Autogenics as she described the states of consciousness for 'waking dreams', I went directly to the University of Surrey library where the volumes on Autogenic Therapy written by its developers are held and I read all six volumes (Luthe & Schultz, 2001).

It was in these volumes that I discovered Autogenic Training, or AT. The evidence compiled and cited by Luthe and Schultz (2001) regarding the differences between what

they called the autogenic state and other states such as sleep and normal waking, and for the effectiveness of AT as an adjunct to psychotherapy and as making an impact on physiological states, appeared to me to be extensive. What was most interesting to me at that time were the descriptions of spontaneously occurring visual phenomena, called autogenic discharges, which were said to occur with some regularity for some people during practice. On the strength of the fact that Autogenics was an extensively researched method with an impressive track record of use in Europe, the USA, and the Far East since its development in Berlin in 75 years before, I enrolled in the Autogenic Training Diploma course with the British Autogenic Society in 2002 and earned my qualification in 2003.

The proposal I submitted to Canterbury Christ Church University in 2007 for PhD study was a quantitative study of the impact of AT on depression for people undertaking computerised cognitive behaviour therapy (CCBT) in the National Health Service. As there was a high drop-out rate for CCBT, it could be valuable to offer Autogenic Training as an adjunct to CCBT. The probability that this approach might prove fruitful was supported by a recent study carried out by Krampen (1999), an academic clinical psychologist in Germany. His random allocation to conditions study of 55 depressed outpatient adults showed that AT plus a cognitive psychotherapy for depression yielded a 9% depression relapse rate after 3 years, while the cognitive psychotherapy alone yielded a 40% relapse rate over the same time period. On the strength of my proposal to build on Krampen's work I was awarded a Research Studentship and enrolled at CCCU in October 2007.

My shift to the present research topic and methodology evolved over time and was influenced by methodological factors and a personal crisis when my husband died undiagnosed after a one month illness on March 31, 2008 at the age of 59. Six months later, I asked my first supervisor, Dr Sue Holttum, to suggest an approach and a topic which the university could support. The option of extending Dr Yurdakul's abbreviated grounded theory doctoral research on how various components of AT might be working (Yurdakul, 2004) was put forward. Expanding on the study might also shed more light on AT's mechanisms of action.

Whilst this involved a methodological change, putting me on a steep learning curve for using a qualitative method with which I was totally unfamiliar, I was keen to work in an area I knew from personal and professional practice with AT: the impact of AT on anxiety. I expanded my research programme to include an exploratory look into the phenomenology of relaxation as a process carried out by people who are not moderately to severely anxious. This work front-ended the work I did to expand Dr Yurdakul's exploratory study. Thus it came about that my research question did not arise out of a thorough literature review, but rather as a result of various life and work experiences and specific and pertinent reading arising over time.

The models and theory arising from my work have emerged using classical grounded theory analysis (Charmaz, 2006; Glaser, 1978, 1992, 1998, 2001; Glaser & Strauss, 1967). Whilst my journey into learning an entirely new methodology commenced using a third generation grounded theory approach, within twenty months I shifted to using classical Glaserian grounded theory analysis methodology. To many readers this may appear to be a fine point. To those using a classical approach, it is not. As I shifted my approach, I realized that maintaining an awareness of my pre-conceptions was essential not only for raw data analysis, it was also essential for ensuring my theoretical sensitivity so that logical elaboration did not extend my analysis beyond what emerged from the data.

The grounded theory presented in these pages has emerged out of a dialogic journey between and within myself, my clinical and academic supervisors, and my participants.[1] Chapters 1 and 2 contextualize the starting research issues in the framework of current understandings of anxiety and its management. Chapters 3, 4 and 5 offer an overview of the classical Glaserian grounded theory methodology, a discussion of how I used the

[1] I am grateful to every person who participated in this research by volunteering their time and their stories. Thanks to Canterbury Christ Church University for generously funding my research. Thanks to my academic committee: Dr Margaret Andrews, Dr Sue Holttum, and Dr Douglas MacInnes. Thanks to my clinical supervisor and friend, Dr Jan Marshall, and to the British Autogenic Society, especially Dr Ann Bowden, Dr Marion Brion, Dr Tamara Callea, Dr John English, Mr Chris Perrin and Dr Ian Ross, and the AT therapists who talked with me about their work with clients. Thanks to Blackhorse Apiaries, Woking, to the British Psychological Society, London Branch, to the Grounded Theory Institute, and to the Surrey Economic Business Partnership. Finally, I thank everyone else who supported my efforts over these past few years, giving especial thanks to my late husband, Brian Harold Naylor, to whom I dedicate my work, to Dr Gill Hebb-Walker, to Dr Maurits G T Kwee and his late wife, Marja Kwee-Taams, to John Klinkert, and to my extended family and close friends.

method, and how my use evolved as the research progressed. Chapter 6 presents the grounded theory of Self-balancing Sanctuarying as it emerged from the analysis of narratives about relaxation gathered from people in the community who did not claim to be or present themselves as being anxious at the time. Chapter 7 presents the specific self-balancing activity, Autogenic Training, using the GT on an emergent fit basis as the frame for the analysis. Chapter 8 briefly places the analysis in relation to extant folk and academic models and theories about relaxation and the use of relaxation therapies for people who suffer from anxiety. Chapter 9 outlines the contributions this thesis makes to a number of substantive areas. Finally, the Appendices contain: copies of all ethical approval documents; all interview guides; samples of interviews and diaries; an example of development of codes and concepts, with indicators; handout explaining Autogenic Training postures and body scan; and, a list of somatosensory phenomena arising during AT practice.

1 Healthcare context

This chapter briefly describes the current and historical contexts within which this research is placed. It begins with asking the question 'What is anxiety?', setting out definitions the public might use and those currently in use in healthcare, and the model of anxiety which underpins current treatments. Models of response to stress, which is a factor for all anxiety, are presented. Next, there is a review of what is known about the prevalence and treatment rates for anxiety in the United States and the UK, and its associated costs.

1.1 Anxiety definitions and symptomatology

How is this word anxiety used both by the public and by professionals in the healthcare context? The Oxford Dictionary of English (2003) definition of anxiety is: "a feeling of worry, nervousness, or unease about something with an uncertain outcome; Psychiatry, a nervous disorder marked by excessive uneasiness and apprehension, typically with compulsive behavior or panic attacks; [with infinitive] strong desire or concern to do something or for something to happen" (p. 69). The OED, 6th Edition, CD-ROM (Trumble, 2007) adds to these ideas: "being troubled in mind about some uncertain event; distressing, worrying, and fraught with trouble; full of desire and endeavour, eager for a thing, to do something; Medicine, a condition of distress accompanied by precordial tightness or discomfort; Psychiatry, a morbid state of excessive or unrealistic uneasiness or dread". Finally, the word anxious has its origins in the Latin anxius, and anx-, a stem of angere, to choke, to oppress. The American Psychiatric Association's (APA) Diagnostic and Statistical Manual, IV (DSM-IV) (1994) defines pathological anxiety states in relation to what kind of stressor elicits what kind of responses, symptom states of mind and/or behaviours and these are set out below.

Post-Traumatic Stress Disorder (PTSD) may be diagnosed when the stressor was traumatic, involving death or life-threatening injury to self or others. At the time, the trauma was accompanied either by intense fear, and/or horror and/or a profound sense of helplessness. This sets up a pattern wherein the past trauma is persistently re-experienced. There are intrusive flashbacks, recurrent disturbing dreams, a sense of

reliving the traumatic experience, and/or intense physiological and/or psychological distress at exposure to cues which represent the event symbolically. Behaviour changes are likely, including persistent avoidance of stimuli associated with the trauma. There may also be persistent symptoms of increased arousal (e.g., difficulty with sleep, irritability, angry outbursts, hypervigilance).

Social Anxiety involves marked and persistent fears of embarrassment or humiliation in social or performance situations. While the person recognizes the fear is excessive, social situations are anxiously anticipated and often phobically avoided. This avoidance significantly interferes with the person's normal routines, including family, work, and friendship networks and responsibilities. Social anxiety may result in or be accompanied by Panic Attack (see below).

Panic Disorder (PD) is diagnosed when there are recurrent and unexpected Panic Attacks (see below) followed by at least a month of one or more of these symptoms: worries of having more attacks and/or about the implications of the attacks, or a change in behaviour (e.g., avoidant or unhelpful actions) related to the attacks. Spontaneous remissions of PD are rare, and "almost all panic disorder patients also suffer from agoraphobia [fear of open spaces, with no escape] and frequently are completely unable to leave the house" or able to leave only if a trusted companion accompanies them (Andlin-Sobockia & Wittchen, 2005, p. 39).

Panic Attack (PA) is a discrete period of intense fear accompanied by and/or precipitated by symptoms such as sweating, palpitations, trembling, feeling of choking, nausea, dizziness, fear of going crazy or dying. The attack reaches its peak within 10 minutes. Panic Attack is not a 'codable disorder' which means it does not have a specific diagnostic category. When Panic Attacks are infrequent, they may be symptomatic of a more general anxiety state, which may be diagnosed as Generalized Anxiety Disorder.[2]

Generalized Anxiety Disorder (GAD) involves difficult to control excessive worry about people, events and activities of normal life, along with three or more of

[2] Note that historically GAD and Panic have been lumped into a single diagnosis: anxiety neurosis (Andlin-Sobockia & Wittchen, 2005, p. 39).

these symptoms which are associated with somatic arousal: restlessness, fatigue, difficulty concentrating, irritability, muscle tension and sleep disturbance (Newman & Borkovec, 2002). Behar and Borkovec (2006) outline the nature of GAD as being non-adaptive in patterns of awareness and self-monitoring, physiological functioning, behaviour, and cognition (pp. 183-187). Siev and Chambless (2007) make the important points that "GAD is often chronic, resistant to change, and characterized by early onset (Sanderson & Wetzler, 1991; Zuellig & Newman, 1996, as cited by Borkovec, Newman, Pincus, & Lytle, 2002)" (p. 514). Furthermore, significant health problems, such as cardiovascular disease, and co-morbid mental health conditions are also associated with and may be maintained by generalized anxiety (Newman, 2000).

Summarizing, pathological anxiety is a whole person state at the core of which are: (a) the emotion of fear, (b) cognitions which are negative (anticipating danger or threat where there may not be danger or threat), (c) physical sensations which are uncomfortable, and (d) actions which may be out of proportion to any dangers or threats in the environment. Ongoing worrying, largely about interpersonal problems, may mediate the maintenance of the disorder, and is one of its outstanding features. The order in which individuals become aware of these factors (emotional, cognitive, physical, or behavioural) varies by individual and situation. This eventually may give direction to professional case formulation and therapeutic intervention strategies or to self-help strategies the sufferer tries to employ.

1.2 The cognitive model of anxiety

Beck (2005) makes clear that anxiety is an emotion which "can be best understood in terms of the functioning of the total organism" and it may or may not accompany fear(s) of aspects of specific external life situations (pp. 3-19). The cognitive model emphasises the client's perception of vulnerability and inability to cope when faced with situations where potential for harm is perceived. Loss of a felt sense of personal control and of safety is a central feature to maintaining the anxious state (Clarke & Beck, 2010). A central tenet of this model is that anxiety is not a disease entity. Instead, the cause, or problem, if any, in the development and maintenance of anxiety lies in how the life situation itself and how the ability to cope with it are perceived and appraised. An historically important paradigm shift in the diagnosis and treatment of anxiety followed

from Beck's work, and cognitively based therapeutic interventions (with associated research to confirm their effectiveness) have dominated the last third of the 20th century and continue to dominate treatment approaches today, albeit often alongside medication.

Beck's cognitive model of emotion assumes that there are three reciprocally determining components of states of being – emotion, cognition and behavior. These components are thought to interact in multi-directional, non-sequential ways as people actively construct and make meaning of their realities. In essence, cognition strongly 'influences' but does not 'cause' behaviour and emotion, each of which is assumed to reciprocally interact (Clark & Steer, 1996). Anxiety is the emotional response to the perception and appraisal, to the meaning the person has made about self in the world, and the emotion, anxiety, shows itself in a variety of negative, maladaptive physiological, emotional, cognitive and behavioural responses to the self or to life situations (Beck, 2005, pp. 20-26).

The model is a cognitive-emotion specificity model, with both transient and pathological emotional states hypothesised to be associated with and maintained by perception and appraisal processes. Depression is associated with perceptions of loss, anger is associated with perceptions of unfairness or rule breaking, and anxiety is associated with perceptions of danger or threat (Salkovskis, 1996, p. 48).

1.2.1 The cognitive model of pathological anxiety

Perception and appraisal are cognitive processes which may or may not be immediately accessible to consciousness, since not all cognitive processes are conscious, controlled or effortful. Immediate perception and appraisal of the environment (internal and external) are for the most part automatic, pre-conscious processes. For example, we are not conscious of the action of neurons in our visual cortex deciding where to look next – instead, we are simply aware that our gaze has turned. Nor are we always aware of childhood rules or memories which may be influencing our behavior in adult life. Strategic (or controlled) processing involves "semantic analysis and synthesis" and is used to appraise coping abilities and to develop more complex response strategies to unfolding life situations (Clarke & Beck, 2010, p. 35).

The cognitive model has developed over the last 50 years and recently Clarke and Beck have listed the 12 hypotheses of this model and discussed at length the empirical status of these hypotheses which are summarized (and numbered in parentheses below) as they appear in Table 2.6, Hypotheses of the Cognitive Model of Anxiety (Clarke & Beck, 2010, pp. 55-56). Very briefly, these 12 hypotheses posit that highly anxious individuals have (1) a selective bias toward attending to threats, (2) and a selective bias away from attending to safety cues, (3) whilst exaggerating the potential threat of stimuli, (4) and making more cognitive errors about these stimuli. Highly anxious individuals also (5) interpret their subjective anxious feelings more negatively than non-anxious people, (6) and have more negative automatic thoughts and images about threat and danger in daily living, (7) whilst at the same time assessing themselves as less able to defend themselves from threat and as having less effective defensive strategies, too. (8) A higher proportion of threat related themes and (9) a lower proportion of safety related themes characterize their thoughts, as compared to non-anxious people. When they worry (10), worries exacerbate their anxiety, whereas, when non-anxious people worry, they take action to reduce the worry. Finally, highly anxious people (11) are less self-confident (although it is not clear whether this is a cause or a consequence of anxiety (p. 115)) and (12) have more preexisting, underlying negative beliefs about threats than their non-anxious counterparts. As hypothesized in this cognitive model, after an internal or external threat is perceived, regardless of whether emotion and behaviour precede or follow cognition, and regardless of whether the cognition is 'conscious' at the time, the threat mode, or 'primal' mode of behaviour, a mode which is relatively negative and automatic, is activated (Clarke & Beck, 2010, p. 47).

What might make people 'vulnerable' to experiencing pathological anxiety in the first place? Beck (2005) defines this vulnerability as "a person's perception of himself as subject to internal or external dangers over which his control is lacking or is insufficient to afford him a sense of safety" (p. 67). More recently, Clarke and Beck (2010) define vulnerability as a causal risk factor which moderates "the direction and/or strength of association between stress and symptom onset", noting that individual differences in "genetics, neurophysiology and temperament will interact with a predisposing cognitive vulnerability" (p. 103). They also implicate developmental learning experiences in their cognitive vulnerability model of anxiety (p. 113). In this

model, the body itself, the somatic dimension, and behaviour, both take a 'back seat' and emotion (viewed as being driven by cognitions, whether conscious or not) is in the driver's seat.

Where do relaxation and the body fit into this cognitive model of pathological anxiety? Beck (2005) notes in his chapter in Anxiety disorders and phobias that inability to relax is experienced by 96.6% of pathologically anxious people (p. 87) but the details of this inability are not further specified. Nor is the concept of "stress" further defined by contributing authors to Anxiety disorders and phobias other than by Emery (2005) who notes that "stress, fatigue, or lack of sleep can increase arousal and predispose the patient to anxiety states" (p. 243).

In this regard, there is a question of where relaxation therapies, which have an immediate effect on the body and which have historically been viewed as somatic arousal reduction therapies, 'fit' in the cognitive behaviour therapy clinical armoury. This question has been debated over the last 40 years. Where Generalized Anxiety Disorder is concerned, there are specific relaxation tools in the cognitive behaviour therapist's armoury which directly address many of the symptoms of anxiety disorders – restlessness, fatigue, muscle tension, and sleep disturbance (cf. American Psychiatric Association, 1994; Beck, 2005; and, Newman and Borkovec, 2002). These symptoms can be summarised in lay terms as "an inability to relax". A question arising with regard to relaxation is whether current research points to the probability that the negativity and primacy hypotheses can also be applied to it. That is, does the inability to relax, including negative cognitions regarding this inability, have an impact on other symptoms of anxiety, and if so, how? This question is important as the successful practice of relaxation techniques very directly and through the client's personal experience almost immediately disproves the client's negative cognition of being unable to relax. This realisation may have an impact on other negative cognitions, and on other features of generalised anxiety, as it has an immediate impact on client expectancy for improvement which, as Borkovec and Costello (1993) demonstrated in controlled studies, is associated with positive treatment outcomes (p. 611).

1.3 Stress definitions and concepts

Both the cognitive model of anxiety and the diagnostic categories of pathological anxiety use the word stress so it is important to understand what this word is likely to mean in public discourse and healthcare contexts. Beginning as before, with The Oxford English Dictionary (1982), the definition of stress is: "a constraining or impelling force" (p. 1053). This definition points to the fact that stress, like anxiety, is not an object or an entity, but a concept. It does not automatically carry emotional connotations. It may also be fruitful to keep in mind that distress is: "severe pressure of pain, sorrow, anguish; exhaustion, being tired out, breathlessness, misfortune, and calamity" (p. 279). Colloquially there is an emotional difference between saying a person is stressed out and in distress, with the former condition being more likely to be an acute concatenation of multiple overwhelming stressors, and the latter more likely to elicit help from the outside more quickly (e.g., a ship in distress).

Woolfolk, Lehrer and Allen (2007) discuss historical and contemporary views of the concept of stress, observing that it functions in a number of ways: (1) "at times the term stress may function as little more than a rather crude metaphor"; (2) as an "idiom that allows laypersons to describe life's perturbations without using such potentially undesirable terms as anxiety or depression"; and, (3) "as an umbrella term that fosters communication and heuristically beneficial grounds for scientific collaboration". They conclude thusly:

> The concept of stress may eventually be replaced by a set of more precise terms, such as allostasis.[3] Until that time, however, stress is a term just nebulous enough to facilitate communication among diverse practitioners and to provide a rubric that has allowed a valuable set of scientific and clinical efforts to develop and to flourish. (pp. 9-10)

[3] Allostasis is further defined and explained later in this Section and in Section 1.4 beginning on page 22.

1.3.1 Homeostasis

Goldstein (2004) places the word stress within its historical context, beginning with Claude Bernard's concept of the milieu intérieur (the organism continuously adjusting internal processes in response to environmental conditions), and moving on to Walter Cannon (1932) who extended Bernard's ideas with the concept of homeostasis. Cannon's model hypothesizes an internal adjusting process managed by a series of homeostats. This is a series of multiple, simple, redundant local feedback circuits which respond to negative feedback according to specific parameters, or setpoints. Goldstein (2004) uses the analogy of a home heating system. Like a thermostat in the home, homeostats in the body are mechanisms for comparing information about the body's current state with setpoints, and switching 'on' or 'off' in response to disruption or threat of disruption to the optimal state (which is indicated by the setpoint). The person responds to deviations from the setpoints automatically, both internally (e.g., adjusting temperature) and behaviourally (e.g., drinking water) (pp. 99-102).

Cannon proposed that homeostatic processes automatically monitored and regulated the body so that it was in "a condition, which may vary but which is relatively constant" (p. 24, ref. in Schulkin, 2004, p. 2). In this model, 'the human body is a tuning machine' metaphor applies, with the human mind (emotions and cognitions) being 'back-seat drivers', in essence going where the body takes them.

Cannon's homeostatic stress response model is both the antecedent model and a functional antonym of Benson's 'Relaxation Response' in longstanding medical, scientific, and psychology discourses. The 'Relaxation Response' (RR) – a complex psychophysiological shift – (Benson, 1974) is also a homeostatic model. Benson hypothesised that tension in the body arose adaptively, instinctively, and reflexively in response to consciously or unconsciously perceived internally or externally presented threats, resulting in forms of fight, flight or freeze; this model reflects a focus on the behavioural response to stressors. The 'Relaxation Response' (RR) was hypothesised to be a conditioned response dependent for its triggering entirely upon a person's focus of attention. In other words, the relaxation response would be automatically triggered when attention was shifted from threat stimuli to non-threat stimuli. In this model, both tension and relaxation are reflexive, and are dependent upon the focus of attention for

activation. Taking this approach, Benson suggested that people manage life's stresses and maintain stability by undertaking arousal reduction activities (in addition to sleep) which have physiological relaxation as a core meta-process. Benson's work in the 1970s served to equate seven physically passive structured relaxation techniques in the public mind on the basis that each one elicited the hypothesized Relaxation Response: Transcendental Meditation™, Zen & Yoga, Autogenic Training, Progressive Relaxation, Hypnosis with Suggested Deep Relaxation, and Sentic Cycles (pp. 70-71). These popular approaches train people to shift into altered states of consciousness by focusing attention on either a mantra or on one or many body parts or functions in turn, while maintaining either moving or still postures, thus reducing somatic arousal. Trainers act as guides, and start the training with directing consciousness to the body.

Since the 1980s new research and associated concepts has been 'stretching' Cannon's homeostatic model of the stress response and showing that Benson's arousal reduction model of relaxation also needs revision under certain circumstances. This 'stretching' has implications for treatment of stress-related problems as well (discussed below).

Smith's 1990 exhaustive literature review of over 200 extant text books and articles on the subject of relaxation illustrates how broadly the physiological arousal reduction model continued to dominate both relaxation discourse as a conceptual model and stress related research as a dependent variable up to 1990 (p. 3). However, as Smith and others he cites have suggested (e.g., Borkovec), models of relaxation must go beyond an undifferentiated passive arousal reduction response model to include a cognitive dimension, since, for example, physiological and psychological arousal may or may not be associated with stress, and the ability to relax may more depend on exercising freedom of choice, rather than on reducing arousal (Smith, 1986, p. 109) (Smith, 1990, pp. 8-9). Other contributing factors may be either social or individual or a combination of these.

1.3.2 Allostasis

Along these lines, a proposal to "stretch" Cannon's model of homeostasis with the allostatic load model was set out in 1981 by Sterling and Eyer (cf. (Schulkin, 2004, p. 3)

and (Sterling, 2004, p. 19)), since homeostasis cannot explain "the process of insuring viability [of the person] in the face of challenge and change" (Rosen & Schulkin, 2004, p. 165). The allostatic load model is more complex than, and goes beyond the homeostatic model. In the allostatic model, the adaptability and fitness of the human organism is not maintained by reference to narrow, relatively invariant physiologically regulated setpoints (e.g. temperature); instead, its fitness is maintained through flexible neurological (CNS)[4] processes (including cognition and emotion) which anticipate demands and make best fit adjustments to its operating parameters in order to accommodate to those demands and to buffer against excessive stresses. In addition to physiological fluctuations, there are also behavioural fluctuations, both of which are under continuous adjustment and development through the life course (Rosen & Schulkin, 2004, p. 165).

Basic to this model is a shift from viewing the mean value of a condition (e.g., temperature, blood pressure) as a setpoint to viewing it as indicative of the most frequent level of demand required by external and internal conditions (Sterling, 2004, pp. 23-25). Adaptive predictive flexibility is central to this model. This shifts the focus from physiological constancy to organismic fitness for purpose within a living, ecological context. It accommodates new knowledge arising over the last 30 years from evolutionary biology, social and psychological theory, and modern medical science (Sterling, 2004, p. 22) (also see (Lasley & McEwan, 2005)).

The homeostatic model is thus 'stretched' in this way. Adjustments to physiological variables through physiological mechanisms (multiple feedback loops) when sensors indicate deviations from setpoints such that they are not balanced, is no longer solely under local control. Prediction based on prior knowledge, including knowledge arising from within the web of relatedness to other people (social knowledge), also has an impact on the adjustments and balance. As regards Benson's Relaxation Response, Marr (2006) writes from a learning theory viewpoint:

> stimulus-response [homeostatic] explanatory mechanisms for the somatic effects of the relaxation response and its opposite or muscular tension are untenable, and

[4] CNS: Central Nervous System

> relaxation and tension are not dependent on discrete and consciously perceived Pavlovian-like stimuli of "attention," but rather on indiscreet and nonconsciously perceived patterns of information or "expectancies" that cohere with modern neuropsychological models of learning. (p. 132)

This approach links to the allostatic model, directly pointing to the role of learned patterns of thought and behavior which can be flexibly altered.

Other recent studies of interest with regard to treatment choices in mental health care show that the human response to stressors is wider than previously thought, being wide enough to encompass both active and passive relaxation (e.g., both active sports and meditative techniques). Woolfolk, Lehrer and Allen (2007) briefly frame contemporary viewpoints about the stress response, summarizing experts from multiple lines of enquiry. They suggest that the human response to stressors may vary by gender, with females being prone to 'tend-and-befriend' and males being prone to 'fight/flight' (citing Taylor et al., 2000). Other research suggests that people may respond either actively, like 'hawks' or passively, like 'doves' (citing Korte et al., 2005):

> Although much of the research underlying the hawk-dove formulation is based on studies of infrahumans, the possibility that the stress response may be more differentiated than originally assumed is an intriguing possibility for future research and theory. (pp. 7-8)

All these developments fit the allostatic model, as the responses are influenced by prior knowledge and prediction based upon it. These are cognitive activities which may direct and moderate physiological ones, and are clearly social-environmental in nature. Sterling (2004) concludes that the allostasis model "hints that the biggest improvement in health might be achieved by enhancing public life" with the "guiding principle (being to) do everything that promises to reduce the need for vigilance and to restore small satisfactions". Whenever possible, rational therapeutics should intervene in a preventive, positive, health enhancing way (pp. 57-58).

1.4 The allostatic load model of pathological anxiety

Rosen and Schulkin (2004), in their in depth discussion of the pathology of anxiety (pp. 164-227), write that while the predictive processes that maintain our viability are adaptive, when there is overactive or inefficient responding to circumstances, this can lead to what is called allostatic overload, "and then to pathology" (pp. 165-166). Goldstein's analogy for allostatic load is to the house whose temperature is thermostatically controlled (2004, p. 110). This analogy makes the allostatic overload concept easier to picture: for example, in summer, if the goal room temperature is 70 degrees Fahrenheit and the outside air temperature is 90 degrees, if the house windows are left open whilst the air conditioner is on, this overloads the regulatory system – and at worst the air conditioner breaks, the inhabitants are exhausted with heat, and so on. In summary, when the person perceives that they are faced with too many conflicting choices, capacity to respond has limitations at many levels and components of the system, and optimization is difficult, if not impossible.

With an anxious person, when there is overexposure to danger or threat (whether perceived or real), the neural systems that instantiate fear and which were functioning adaptively before overexposure (e.g. neural processes such as glucocortiocoid secretion, neurotransmitter and neuropeptide release) are adversely affected. They "change thresholds for future encounters [of the fear threat] by sensitizing fear systems so that they respond with exaggeration or at inappropriate times" such that they become "hyperexcitable". In consequence, the ability of the person to adapt is "severely diminished" (p. 167-168).

Whilst review of Rosen and Schulkin's in depth discussion of the underlying neural substrates of fear are beyond the scope of this thesis, their conclusions regarding anxiety are of interest. These offer a basis for understanding the cognitive model of anxiety at the level of physiology and brain function. They include the inputs of cognitions and emotions above the neural substrate level, as follows:

> Normal fear is an adaptation to danger; chronic anxiety and depression is the overexpression of neural systems involved in adaptation to [perceived] danger… (it) is metabolically expensive; expectations of adversity predominate… Other

> consequences… include vulnerability to cardiovascular and bone pathology. (2004, p. 206)

In this model, there are two tipping points. There is one when too much demand on an otherwise balanced system tips it into allostatic load, and there is another when further unmet demands on a loaded system tips it into allostatic overload. In terms of anxiety, a balanced system is one which copes with the normal stresses and strains of everyday life. In cases where there is normal demand, but abnormal perception of it, the system becomes loaded. This would be the case in Generalized Anxiety Disorder, for example. Where there is abnormal, traumatic demand, such as war, accidents, sudden death, or where there is chronic abnormal demand, such as alcoholism and/or violence in the home, and no additional resources are brought in from the outside to meet some of the demand, the system becomes overloaded. This would be the case for Post Traumatic Stress Disorder.

Many lines of research in cognitive neuroscience can be undertaken to investigate when and how the allostatic overload model may apply at the physiological, cognitive, emotional and behavioural levels, including the web of relationship within which the person lives and finds meaning in life.

One which may be of interest to mental health professionals is the study by Chuang, Glei, Goldman, and Weinstein (2007) who investigated the impact of life stressors over a 4 year period on a national sample of Tiawanese people over fifty on “physiological dysregulation”, a concept which was operationalised by measuring 16 biomarkers (reflecting neuroendocrine function, immune system, cardiovascular function, and metabolic pathways) (p. 769). They found evidence to suggest that older people with increased psychological vulnerability and with increased perception of stress were more likely to suffer physiological dysregulation (small to moderate effect sizes) than those without those mediating factors. They also found that individual vulnerability to adverse physiological consequences of stressors may be ameliorated by social supports. They did not study other potential mediating factors. They conclude that these findings are supportive of the stress-buffering hypothesis which is central to the allostatic load model (pp. 772-774).

1.5 *The extent of the 'anxiety problem'*

In a criterion-standard study of GP practices which was funded by Pfizer and undertaken between November 2004 and June 2005 across 15 states in the USA, Kroenke, Spitzer, William, Monahan and Löwe (2007) investigated the mental health status of 2740 patients. Their research goals were to "determin[e] the current prevalence, impairment, and comorbidity of anxiety disorders [GAD, Panic Disorder, Social Anxiety, & Post Traumatic Stress Disorder (PTSD)] in primary care, and to evaluate a brief measure [Generalized Anxiety Disorder [GAD]-7)] for detecting these disorders." Patients completed the GAD-7 (and a battery of health and mental health questionnaires) prior to meeting with their GP. Nine hundred sixty five of the patients had a follow-up structured psychiatric interview by telephone to establish their diagnosis. Reported results were that of those interviewed by phone, 188 people (19.5%) had at least one anxiety disorder (7.5% GAD, 6.8% Panic Disorder, 6.2% Social Anxiety, and 8.6% PTSD). The GAD-7 and the GAD-2 (the first two items on the GAD-7) scales were statistically compared on their sensitivity, specificity and positive likelihood ratios at "various cut-points for each anxiety disorder" (p. 321). The authors suggest three new insights into what is known about anxiety:

> First, 4 of the most common anxiety disorders are more alike with each other than different in terms of functional impairment, disability, and comorbidity as well as with depressive and somatic symptoms. Second, one third of patients with an anxiety disorder had 1 or more additional anxiety disorders, and the number of disorders was strongly associated with impairment and health care use. Third, an ultra-brief 2-item measure [the GAD-2] is a useful screening tool for all 4 anxiety disorders. (p. 323)

Also of interest is that 41% of the interviewees who had anxiety disorder symptoms were receiving no treatment. The authors go on to conclude that "anxiety disorders are common, underrecognized, and undertreated, but they are easy to detect with a brief questionnaire" (pp. 318-320).

This same problem, underrecognition and undertreatment of anxiety, may hold true in England as well. Deverill and King (2009) carried out a household survey in England

in 2007 under the auspices of the National Health Service.[5] They reported that the GAD prevalence rate in the general population had risen from 4.3% in 1993 to 4.7% in 2007; data on Social Anxiety as a separate anxiety diagnosis was not collected; Panic Disorder had risen from 1.0% to 1.2%; and mixed anxiety and depression has risen from 7.5% to 9.7% (p. 41). Depending on the diagnosis, between 50% and 75% of these newly identified sufferers were receiving no treatment for anxiety disorders, and the authors conclude that "overall three-quarters of adults with a CMD [Common Mental Disorder] were not in receipt of medication or counselling, including two thirds of adults assessed by the survey as having a level of neurotic symptoms sufficient to warrant treatment" (p. 35). Finally, this household survey, the first to gather prevalence information about PTSD, estimated that 3.0% of the adults in England screened positive for Post Traumatic Stress Disorder (McManus, Meltzer, & Wessely, 2007, p. 57) and of these, only 28% were receiving treatment (p. 53).

1.6 *The cost of the 'anxiety problem'*

Efforts to develop a macroeconomic picture of the costs of anxiety in the United Kingdom are epidemiologically hampered. This mirrors the problems other E-U countries are having with calculating the costs of mental illness to society. According to Andlin-Sobocki and Wittchen (2005):

> ...the epidemiological database [across the E-U] does not yet allow for describing (the) complex (direct and indirect cost of anxiety) picture in (the same) sufficient detail (as the American epidemiological database allows). (For the E-U,) there are no data describing the type and degree of overutilization of general healthcare resources in anxiety patients... Beyond this and the fairly crude prevalence estimates there is a profound lack of data informing us about EU-specific regional variation. Further noteworthy limitations are that the epidemiological data situation in old age is largely deficient and in children is hampered by numerous problems regarding diagnostic assessment instruments. Other deficits include ...the lack of

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> detailed disability and service utilization data, and the lack of coordination in analyses and reporting. (p. 44)

In 2006, using gross estimates of the size of the problem in the UK, the mental health group of The London School of Economics issued a report on the "new-deal for depression and anxiety in Britain" called The Layard Report (2006). One million people were on incapacity benefits for mental health reasons in 2005. This represented 40% of all Britons on benefits. One-third of physician time in general practice was estimated to be taken up with mental health problems. (pp. 1-20).

The Layard Report emphasises: "when psychologists study how different types of disability affect a person's subjective well-being, they regularly find that mental illness is the single most powerful predictor of distress" (p. 9). The authors then went on to recommend a strategy of increasing provision of talking therapies over the course of seven years (a 7 Year Plan). If implemented as proposed, by the year 2013, 800,000 people in Britain could receive some form of face to face talking therapy from a qualified professional or team; the cost of ramping up this service was proposed to be "fully offset by rapid savings to the Department of Work and Pensions and HM Revenue & Customs" (p. 16). The report included a cost-benefit analysis and whilst question marks were placed in the columns for potential savings for the NHS, there is evidence from the United States to suggest that there could be substantial savings in these areas.

An American cohort design study by Nease, Volk and Cass (1999) comparing 1232 subjects which classified them into four groups according to symptom severity may shed some light on costs and this approach is currently under review by the authors of the Layard report[6]. The American study assessed whether a severity-based classification of mood and anxiety symptoms would predict primary care utilization, as reflected in charges ($). They found that the symptom severity-based classification "predicts (both) statistically and clinically significant differences in health care utilization over most of a 15-month period", with significantly higher charges associated with higher symptom

[6] Email communication with Professor Martin Knapp, London School of Economics, 28 01 10 and 08 02 10.

severity. All significant differences persisted even after "adjustment for medical comorbidity and significant demographic covariates" (p. 769). Macro-economic figures for the UK, by symptom severity, have not yet been developed.

When one focuses on the micro-level, on the person who suffers from pathological anxiety and on those in their immediate web of relationships who are also impacted by their distress, the cost of anxiety is high. Calculating the cost involves many factors. Most important are the value the individuals and their families place on being able to work to their full potential, to develop and maintain high quality family relationships, to maintain social relations, and to move about freely in the world. These will vary from person to person, and must be assessed by them in concert with the clinicians who are charged with their care.

1.7 Conclusion

This chapter has briefly described the current and historical contexts within which my research is placed. Public understandings of the concept of anxiety have been set out, and the concept's use in the healthcare context has been offered. Beck's cognitive model of anxiety which underpins current treatments for pathological anxiety has been summarised. This model has been developed over the last 50 years and is supported by a broad evidence base. Homeostatic and allostatic approaches to understanding relaxation have been set out, including Benson's Relaxation Response model. The central role Borkovec and colleagues suggest worry plays has been noted, and GAD's possible role in many other mental and physical health problems has been highlighted. The role of relaxation in the treatment armoury has been set out, and historical efforts to develop a cognitive model of relaxation have been briefly discussed.

Models of response to stress, which is a factor for all anxiety, and the somatic arousal reduction model of relaxation have been presented. Recent changes to the historically established stress response model have been highlighted, with an emphasis on the allostatic load model of pathological anxiety developed by Rosen and Schulkin and colleagues. This model emphasises the importance of cognitive factors in a person's response to stress and in the ability to maintain a stable, balanced whole organism over time.

A review of what is known about the prevalence and treatment rates for anxiety in the United States and the United Kingdom, and its associated costs, has been presented. This review highlights the importance on both the macroeconomic and personal levels of gaining better understanding of relaxation therapies as an intervention for pathological anxiety. The next chapter expands the evidence base in the contexts of addressing current clinical approaches to helping anxious people and of discussing current hypotheses about their mechanisms of action.

2 Clinical approaches to anxiety

There are four major clinical approaches to helping people who are anxious: psychopharmacology (which is beyond the scope of this research), cognitive behaviour therapy, and relaxation therapy, or combinations of these. This chapter presents a brief look at some of the approaches and techniques employed by cognitive behaviour therapists. And, it discusses relaxation therapies and their proposed mechanisms of action in this order: Progressive Muscle Relaxation and its variants, Meditation, and Autogenic Training.

2.1 Cognitive therapies

Multimodal, multi-component approaches have been part of cognitive behvaviour therapy from its beginning. Kwee and Kwee-Tams (2010) have summarized a list of forty techniques in Arnold Lazarus's work (1989) and Neenan and Dryden (2004) offer 100 key points for and tips on applying practices in common use in CBT skills training. Approaches range from guided discovery, using imagery, assuming the worst, answering back, exaggeration, humour, behavioural experiments, conjunctive phrasing, meditation, anger expression, anti-future shock imagery, hypnosis, meditation, rational-emotional role play, thought blocking, and so on. Cognitive skills training has historically been central to the method.

Clarke and Beck (2010) offer clinical guidance based on the empirical evidence about anxiety, noting where the evidence is thin and where more research is needed to move beyond speculation. This guidance focuses clinical effort squarely on helping clients with correcting their faulty threat appraisals, on increasing their tolerance for taking risks in anxiety provoking situations, on increasing their self-confidence, on improving the way they process safety cues, and so on (pp. 34-52). The focus of suggested clinical interventions is on proximal cognitive causes of anxiety and specifically on the attitudes and beliefs which maintain anxiety. The intervention strategy is focused on moving the person out of the primal, automatic mode of behavior, and into the here and now in healthier ways.

2.2 Relaxation Therapies

Whilst cognitive skills training focusing directly on thought contents and on the way thoughts are processed has always been central to CBT approaches, relaxation-based therapies (RTs) have always been part of the cognitive therapist's armoury. Smith (1999b) lists thirty-two passive relaxation techniques which fall into the following categories: Autogenic methods, breathing, imagery, meditation, prayer, PMR and its derivatives, Tai Chi, Transcendental Meditation™, passive and active Yoga, and Zen (Smith, 1999, p. 15). He briefly describes over seventy health care applications of relaxation techniques. Applications range from addictions, aggression, agoraphopia, AIDS, alcohol abuse, anger control, and anxiety, to tachycardia, tension headaches, tinnitus, Type A behaviour, and writer's cramp.

The major RT in use today in the United States and the United Kingdom for anxious clients is Progressive Muscle Relaxation and its variants, Progressive Relaxation (PR) and Applied Relaxation (AR). Other RTs are not in as widespread use (Öst & Breitholz, 2000). Questions about the choice of relaxation therapies on offer, how they are prescribed, and clinician and patient responsibilities for choice within the English National Health Service at the present time are complex and lie within a larger "Patient Choice" context (Department of Health, 2009). Fotaki (2006) suggests that this dynamic context "in effect denies [patients'] vulnerability and their need for care" (p. 1734). The question of "which therapy for which client?" is within the purview of clinical ethics and this subject has been addressed by many. For example, Linden (2007) focuses on variability of treatment outcomes, and Smith (1990) and Streifel (2004) focus on making a thorough assessment of the acceptability to the client of whatever relaxation approach is prescribed. It appears to me that these important questions rest on an untested assumption that immediate and short-term gains which may come during in situ training sessions and at home practice over the course of 12 training weeks will not consolidate without long term uptake and consistent practice of the prescribed method.

From an evidence based perspective, the issues of applicability and choice have also become more pressing, as there is an emerging evidence base for the effectiveness of RTs for anxiety (specifically Applied Relaxation (AR)), to change the way people think (Öst & Breitholz, 2000). This means that the two interventions, Cognitive Behaviour

Therapy (CBT) and Applied Relaxation (AR) may be equivalent in outcome for some conditions. Of note here is that Öst and Breitholz (2000) did not measure whether AR was actively used by participants once the training course was completed; and as all statistically significant improvements occurred post treatment, with further non-significant gains at follow-up, it is not possible to definitively say that consolidation of gains during treatment requires continued practice of the method.

Borkovec and Sharpless (2004) have suggested that it may be appropriate either to increase the effectiveness of a therapy that targets a specific response system or to offer clients multi-component interventions that target all the relevant (cognitive, emotional, behavioral and physiological) response systems (p. 215). They have chosen the latter approach and have changed their delivery of CBT accordingly. Finally, and most recently, Siev and Chambless (2007) carried out a meta-analysis of the effectiveness of RTs versus cognitive therapy for GAD and Panic Disorder (PD). They reported: RTs and CTs are equivalent in effectiveness for treatment of GAD "across all domains [and] treatments did not differ in terms of anxiety, anxiety-related cognitions, depression, clinically significant change, or drop-out rates" (p. 519) whilst for PD, cognitive therapy was the superior intervention.

2.2.1 Progressive Muscle Relaxation and its derivatives

Edmund Jacobson's (1938) Progressive Muscle Relaxation (PMR) and its derivative methods, Bernstein and Borkovec's (1973) Progressive Relaxation (PR) and Öst's (1987) Applied Relaxation (AR) are at first glance RTs which focus on physiological arousal reduction. They teach people to remain awake and aware while lying down or comfortably seated, while directly experiencing sensations of musculo-skeletal tension in the body, and while actively and completely letting go of tension wherever it is held. Arousal reduction during practice is clearly a preliminary outcome. But this viewpoint of PMR's active ingredient must be tempered remembering that it was Jacobson (1977) himself who experimentally confirmed in his laboratory, and again clearly affirmed when describing the origin and development of PMR: "Mental activity is an activity of *the whole body"* (p. 122). And although Jacobson himself would not likely call PMR or its derivative forms such as Applied Relaxation, 'meditation' methods (cf. (Jacobson, 1977, pp. 119-123), since a component of them is restricting attention to a focused, non-

judgmental concentration on the sensations arising from and of being in the body, it may be safe to suggest that they may also be classed as forms of meditation.

Jacobsonian PMR is a basic self-regulation behavioural training that focuses attention (i.e., mental/cognitive activity) on initiating cycles of muscle tension and muscle release on 200 muscle groups over the whole body, including internal muscles, thus learning to actively and completely let go of musculo-skeletal tension wherever it is held, without judging (except insofar as is required to 'check' that tension is actually released). The muscle tense-cycle is therefore active; whilst the muscle release cycle, by its very nature, is passive. PMR is an intensive training program which takes up to a year to master. Jacobson and his student and colleague, McGuigan (1981), taught people how to generalise PMR learning to everyday life by continuously using a process they called 'Self-Operations Control'. Jacobson (1964) directed patients to 'not watch symptoms' but instead to learn the skill of saving energy by learning to 'run your living instrument' efficiently. Releasing every muscular tension (e.g., furrowed brow, hunched shoulders) which was not essential and not required by the task at hand (p. 2) such as walking, sitting, reading, and so forth was called differential relaxation (pp. 53-85). As he neared the end of his life, Jacobson (1977) wrote that only six or seven training sessions of PMR were enough to be "a highly effective instrument in the practice of behaviour therapy" (p. 123). Here, Jacobson was most likely not only referencing his own clinical work, but also the work of Wolpe (1958), the behavioural psychotherapist who was the first to shorten PMR and apply it systematically for desensitization with pathologically anxious clients (pp. 139-165). Wolpe observed about differential and selective release of tension that "relaxation after the manner of Jacobson, in the life situation, is therapeutically effective insofar as it comes into opposition with unadaptive anxiety responses" (p. 137).

Borkovec (1977) developed Progressive Relaxation (PR) from Wolpe's version of Jacobson's method. The 200 tense-release cycles were combined into 16, thereby significantly reducing the training time from up to a year down to a few weeks. Öst's Applied Relaxation (AR) (1987) is an even shorter version of PMR which, once learned, involves release only cycles. It was developed for treatment of both specific phobias and for non-situational, generalized anxiety (p. 397). This may be a more effective method as it does not include the arousal component of the tense cycle beyond

the first training week. Clients are trained in two ways at first: early recognition of anxiety in everyday life (via self-monitoring and recording of anxiety symptoms as they occur in everyday life, a core component in cognitive behaviour therapy), followed by Applied Relaxation. The goal is for people to recognise and cope with anxiety producing situations before anxiety overwhelms them (p. 398).

An important aspect of PMR, PR and AR training is that it is carried out in clinical settings, with training of individual clients involving detailed and often probing discussion of application of the method within the context of their whole life, not simply in the context of somatic responses to anxiety provoking situations (Bernstein, Borkovec, & Hazlett-Stevens, 2000). Problem areas which are typically discussed in a counselling, medical, or psychotherapeutic context are identified and discussed whilst learning AR (e.g., dysfunctions in feelings, emotions, behaviours, relationships, and so on). Progress toward improved mental health is monitored on a weekly basis (cf., Bernstein, Borkovec and Hazlett-Stevens (2000); Jacobson (1964); McGuigan (1981); and Öst (1987)). Clients are taught cue methods for transferring the method to everyday life when tension is noticed or felt to be arising, whether or not there is a consciously perceived threat.

Explicitly, therefore, in addition to focusing directly on the somatic components of anxiety through physiological arousal reduction, PMR and AR teach other systematic desensitization coping strategies via letting go of muscular tension and remaining relaxed in the face of feared situations. These are cognitive behavioural strategies, such as how to interpret interoceptive stimuli appropriately, even when in threat situations, how to self soothe and give positive self-reinforcement, even in the face of threats from external sources. Along these lines, a recent study which randomized people diagnosed with GAD to twelve weeks of either CTB or AR was reported by Öst and Breitholz (2000). They report that post intervention and at one year follow up Applied Relaxation was as effective as cognitive behaviour therapy for generalized anxiety disorder. The experimental condition for AR included “specific analysis concerning both anxiety and worry eliciting situations and the patient's physiological reactions [to them]” along with training in cued and rapid relaxation, and relaxation in everyday life when not anxious (p. 782). On the basis of this seminal work, Clarke and Beck (2010) have noted “it would appear that AR is an alternative treatment for GAD that can produce results

equivalent to cognitive therapy, but its effectiveness for the other anxiety disorders remains less certain" (p. 265).

In a recent dismantling study by Borkovec, Newman, Pincus and Lytle (2002) the authors compared the effectiveness of Applied Relaxation and self-control desensitization (which directly targets the somatic components of anxiety), with cognitive therapy (which directly targets the cognitive components of anxiety), or a combination of the two for clients with Generalized Anxiety Disorder. Statistically significant improvements across groups were maintained for 2 years, with the same percentage of people no longer meeting diagnostic criteria, and there were no between-groups differences in outcome. One finding of interest as regards anxiety post-treatment is the possible impact of post-treatment personal problems on the maintenance of GAD. They concluded:

> The prediction that CBT would be superior to its components was not supported... and our efforts to increase the therapeutic effectiveness of CBT were not successful. On the other hand, preliminary correlational evidence from a subset of clients did tentatively suggest the possible role of interpersonal problems in the maintenance of GAD. (p. 295)

Manzoni, Paganini, Castelnuovo and Molinari (2008) report the most recent systematic review of 10 years of literature and an associated meta-analysis of the efficacy of RT's for anxiety. Twenty-seven randomised trials (with and without control groups) of either Autogenic Training, PMR, AR, meditation, or a combination of these methods, were included. As with past reviews and meta-analyses, they found medium to large effects sizes in anxiety reduction where RTs are employed, but lack of clarity as to whether RTs play a causal, mediating or moderating role. In the face of mounting evidence for the effectiveness of RTs as an adjunct to CT or as a standalone therapy for treating anxiety, there have been recent changes in the frequency with which and ways in which they are used in clinical settings. Borkovec and Sharpless (2004) describe this shift as "bringing cognitive therapy into the valued present" as this is what relaxation therapies are capable of doing – bringing people into the here and now.

2.2.2 Proposed mechanisms of action for relaxation therapies

Historically, broadly speaking, RTs have been described and marketed as being health maintenance and treatment strategies designed to reduce arousal and thereby support the optimal functioning of physiological body systems, and prevent or reduce the wear and tear on internal organs and structures. This physiological arousal reduction process is thought to support regulation of emotions by putting people into a calm, peaceful, pleasant state of mind, one which opposes the anxiety state. In this sense, relaxation therapies are psychophysiological regulators. The relaxed state is said to allow homeostatic regulation to proceed unimpeded by tension and anxiety (cf. (Jacobson, 1977); (Lenz & Linden, 1977); (Luthe, 1970); (Payne, 1995); (Stoyva, 1975); (Wolpe, 1958)).

Marr, who approached the topic from a stress management viewpoint, has (2006) proposed that relaxation therapies are not simply arousal reduction methods. He hypothesized that by shifting the focus of attention, they also change the content of what clients are thinking and the style or way they are thinking (pp. 131-132). Marr pointed out that muscular tension arises when there is what he calls "conflicted thinking". This can be changed; and it is muscular tension changes and vice versa (p. 147). This hypothesis about the mechanisms of action of relaxation therapies re-states the arousal reduction model, adding a cognitive component. In the sense that it is more holistic, it is more congruent with the allostasis model.

Smith's (1990) older cognitive behavioural model of RTs' active ingredients is also congruent with the allostasis model. His hypotheses of how all relaxation therapies may be working is of particular interest for my research not simply because of its content, but also because Smith uses a variant of autogenic training in his clinical and research work. His "general hypothesis of relaxation" begins this way.

> Three cognitive processes are basic to relaxation: focusing, the ability to identify, differentiate, maintain attention on, and return attention to simple stimuli for an extended period; passivity, the ability to stop unnecessary goal – directed and analytic activity; and receptivity, the ability to tolerate and accept experiences that may be uncertain, unfamiliar, or paradoxical. (p. 11) [Italics his.]

He goes on to suggest that “these are the basic processes that make all relaxation work”. His second hypothesis focuses on the role of restructuring cognitive mental models in relaxation. He hypothesises:

> The central task of relaxation is to relinquish [cognitive] structures [beliefs, values and commitments underlying thought, speech and action] and associated non-affirming behaviour incompatible with relaxation, and acquire and affirm structures conducive to continued and deepened relaxation. (p. 13)

Smith hypothesised a series of what he calls convergent and divergent restructuring processes to be the mechanisms of action for relaxation therapies. Convergent restructuring involves focusing attention away from “thought and worry” and onto the relaxation activity, thus reducing worry and its associated arousal, over time and with continued practice, through a series of desensitization, habituation and extinction processes. Divergent restructuring processes offer “opportunity for skills development”; these processes are, for example, intruding thoughts and physical discomfort. By examining the thoughts in relation to the value placed on relaxation, divergent beliefs and values may be relinquished or modified. Restructuring is said to be followed by a process of generalising these structures to the rest of the life, and a deepening of relaxation within the activity takes place with continued practice. Smith provides numerous examples of these restructuring processes in action from clinical case material.

2.3 Clinical application of RTs

Smith focused his subsequent research efforts away from confirming his hypotheses and onto clinical concerns. His research was aimed at developing quantitative methods for assessing and evaluating “all levels of depth as revealed through the manifestation of focusing, passivity, receptivity, and structure abstraction/ differentiation” (p. 25) and the “beliefs, values and commitments people bring to relaxation” so that “exercises can be firmly linked to [them], increasing the salience of relaxation and the likelihood of generalization” (p. 24). One reason Smith focused in this area of inquiry, which was of practical clinical

relevance, was that the differences between relaxation techniques on arousal-related outcome measures had proven to be minimal up to that time (pp. 9-25).

To address the ethical question of "Which therapy for which client?", Smith (1990, 1999, 2000), who is the foremost researcher in this area, developed a series of inventories for use in clinical settings. For assessing relaxation states, Smith (1990) (1999) developed quantitative measures from 400 words and phrases found in over 200 textbooks and manuals about passive structured relaxation methods. These words were then rated by 282 people while thinking of a time they were passively relaxing. A reduced list of 82 words were then factor analysed to produce clusters of indicators, which derive their meaning by their relationships to each other. These are conceptually named. For example, the concept 'Joyful' includes 29 concepts ranging from fun, cheerful, delighted, and wonderful to glorious, glowing, and fascinated. A series of inventories were developed, and a theoretical model of Relaxation States (R-States) and the 9 Stage Cycle of Renewal were then derived from quantitative research using these inventories.

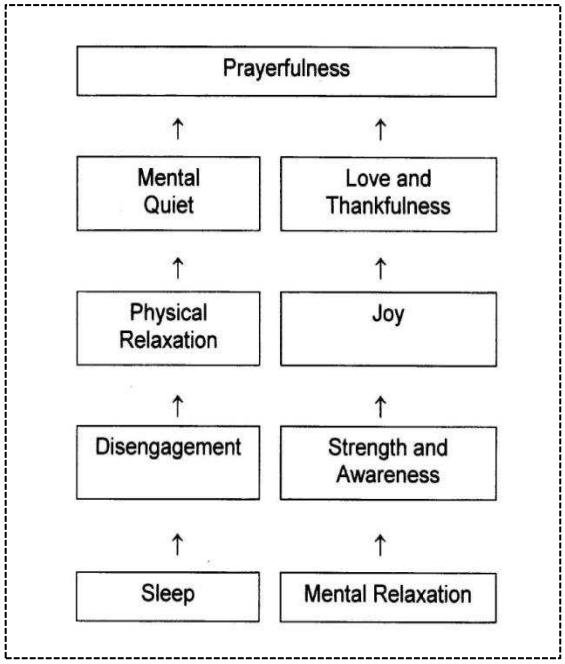
Figure 2-1 is the first of Smith's theoretical models about how relaxation may "deepen". The R-State concepts in the renewal model are: Sleepy; Disengaged; Physically Relaxed; Mentally Quiet; Mentally Relaxed; Strengthened & Aware; Joyful; Loving & Thankful; Prayerful (1999, p. 47). These R-States are emotional, mental and physical states.[7] Initially, Smith hypothesised a hierarchical linear model of how people progress through the R-States (1990), and later hypothesised what he terms a "dual path" model, with the suggestion that any sequence through the R-States may be possible (1999, p. 45). He suggests that the end-stage is an R-State of Prayerfulness, which is a "spiritual factor" involving "relat[ing] to a greater or deeper reality" in a self-transcendent way (p. 61).[8]

[7] An alternative scale for assessing depth of relaxation in use by the UK National Council for Hypnotherapy is the Arons Master Depth Rule (Arons, 1959). The depth stages are labeled hypnoidal, light trance, medium trance, profound trance, somnambulism, profound somnambulism. This is also a hierarchical linear model which is progressed through quickly or slowly, depending upon the individual.

[8] Smith writes (1999), referring to his own and other studies: "Factor-analytic studies consistently reveal one or more spiritual factors, with somewhat shifting content", and noting that the "relative value of various relaxation dimensions [R-States] or sequences [Paths] is an important empirical question" (p.45).

> At this time, I propose two paths of R-States, both perhaps leading to Prayerfulness (Figure 3.2). One might be described as a "path of Disengagement" and the other a "path of Joy." (p. 45)

Figure 2-1: Dual-paths of R-States (Smith, 1999, Figure 3.2, p. 42)



Smith (2007) has updated his conceptual model, changing its name from "Dual-Path Model" to "Window of Renewal". This conceptual model is pictured as having four categories of renewal states arranged on three levels. This model reflects Smith's "current thinking" about R-States and the experience of relaxation (p. 39). The first category, Basic Relaxation, sits at the bottom with states of At East/ Peaceful (Mentally Relaxed), Physically Relaxed, Disengaged ("Far Away, Indifferent"), Sleepy, and Rested/Refreshed*. Core Mindfulness sits at the middle level with its associated states being Quiet, Aware/Focused/Clear, Accepting, Innocent*, Centering*, and Awakening*. Also at the middle level is Positive Energy including Joyful, Optimistic, Energized*, and Thankful/Loving*. Transcendence sits at the top level and includes

Timeless/Boundless/Infinite/At One, Mystery, Reverent/Prayerful, and Awe and Wonder* (pp. 39-41).[9]

Twenty-seven studies using Smith's inventories were briefly reported in 2001 (Smith, pp. 111-217). Anderson (2001) used the Symptom Checklist-90 and a Smith inventory to investigate whether distressed people are relaxed and what benefits they gain from relaxing. She found evidence to suggest that the R-State Disengagement correlated positively with distressed states. The question she then raised was whether teaching PMR, which can strengthen disengagement, is preferable to teaching Yoga, meditation or prayer, which can evoke "Physical Relaxation, Mental Quiet, At Ease/Peace, Strength and Awareness, Joy, Love and Thankfulness, and Prayerfulness" (Anderson, 2001). Holmes, Ritchie and Allen (2001) looked for significant differences in R-States for preferred relaxation activities, including both active and passive activities done alone or with others. They reported:

> No differences were found for stress, At Ease/Peace or Disengagement. Post hoc comparisons revealed that Love and Thankfulness was most associated with prayer and meditation; Joy with playing, talking and chatting, and listening to music; Strength and Awareness with prayer, talking and chatting, and Yoga; Prayerfulness with prayer and meditation; Sleepiness with resting/napping as well as with bathing and taking showers; and Physical Relaxation with Yoga. (p. 188)

Lewis (2001) used archival data from a university, college and local business sample of people whose average age was 28 to investigate the hypothesis "that different relaxation activities evoke different R-States". She concluded that: "although people clearly identify reading, TV, bathing, music, and bed rest as legitimate and effective forms of relaxation, they likely involve too much discursive activity to have deep relaxing impact" (p. 192). The questions of how 'deep impact' would be defined, and for what purpose it would be sought, and how it would be measured was not addressed, however; and, the question also remains of whether doing these "most rewarding and effective" relaxation activities with regularity brings the same benefits over time for everyone, and what these benefits actually are.

[9] Concepts with an asterix are hypothesized R-States assessed using the Smith Relaxation States Inventory-3.

Recently Smith has begun to focus on mindfulness meditation practices. This is not surprising given their uptake in the 1990s by clinicians in the United States and in the United Kingdom in a variety of forms, including mindfulness based stress reduction (MSBR) (Kabat-Zinn, 1991), mindfulness based cognitive therapy for depression (MBCT) (Segal, Teasdale, & Williams, 2002), acceptance and commitment therapy (ACT) (Hayes, Strosahl, & Wilson, 1999), and dialectical behaviour therapy (DBT) (Linehan, et al., 1999) (McKay, Wood, & Brantley, 2007). Kabat-Zinn (1991) described mindfulness as a cognitive awareness skill, an ability to be aware of thoughts, emotions, sensations and actions in the present moment, without judgment.

Smith now defines "relaxation, or centering, as the act of sustaining passive simple focus (sustaining Attention, while minimizing overt Behavior and covert Cognition)", noting that "relaxation tends to suggest the absence of physiological or psychological tension, whereas centering has deeper psychological and spiritual overtones" (2001, p. 5). Smith's "current thinking" on how the R-States should be conceptually organised is by placing them in four categories: basic relaxation (at the bottom), core mindfulness and positive energy (in the middle), and transcendence (at the top) (2007, p. 39). Seven of the 19 R-States in the current model are more recently hypothesised and unfortunately it is not clear whether all questionnaire items relating to them have been developed through the factor analytic process.

In conclusion, Smith (1990) proposes a cognitive behavioural mediation model for the mechanism of action of all relaxation therapies, regardless of type, which generalize the benefits of relaxation to everyday life. He has developed a suite of questionnaires (1999b) which clinicians may find useful for assessing their client's relaxation states and for determining which relaxation process may most closely match client requirements. Newman and Borkovec (2002) also propose a cognitive behavioural model for the mechanism of action for Applied Relaxation. Their emphasis is on relaxation's ability to increase autonomic flexibility and on using relaxation as a cue-controlled coping skill for "letting go of anxious emotions" and reducing worry by getting into and staying in the present, and for desensitisation and habituation to anxiety provoking situations in daily life (pp. 154-156).

2.4 Meditation

Meditation is a ‘broad church’ and thus the definition of and practice of meditation varies. This section sets out definitions, practices, and processes, drawing on a variety of sources. It also presents possible mechanisms of action of the meditative process.

In the most current review of the Western academic literature on meditation, Cahn and Polich (2006) propose that most meditation techniques lie on a continuum between mindfulness and concentration, with this caveat: “meditative traditions often do not characterize themselves according to this schema but rather place more emphasis on the benefits from the practice” (p. 180). As regards these benefits and goals, Cahn and Polich (2006) also observe that: “concentrative techniques incorporate mindfulness by allowing other thoughts and sensations to arise and pass without clinging to them and bringing attention back to a specific object of concentrative awareness to develop an internal ‘witnessing observer’” (p. 181). All passive, structured relaxation techniques which rest on bringing awareness to the body develop this ‘witnessing observer’ to some extent.

Shapiro (1984), noting that the field is vast and that there is no working definition of meditation consistently used in research, proposed that “meditation refers to a family of techniques which have in common a conscious attempt to focus attention in a nonanalytical way and an attempt to not dwell on discursive, ruminating thought” (p. 6). Mikulas (1990) offers a summary description which may also be used to develop both a working definition of meditation and to use as an analytic frame for describing the meditative procedures. He writes, “Meditation is comprised of four basic components: form, process, object and attitude” (p. 151). Three standardized meditation methods, Clinically Standardized Meditation (CSM), Respiratory One Method (ROM), and Transcendental Meditation (TM™), have been employed in the West in the last 40 years (Carrington, 1998). Each has the same form (sitting), process (focusing passively) and attitude (observing), and each has a different object.

Carrington’s Clinically Standardized Method (CSM) (1985), which was developed so that experimental study of meditation could proceed more effectively, focuses passive attention on a mentally repeated sound (from a derived list, based on feelings evoked by

the sound) without intentional synchronization or pacing to any other bodily process (pp. 166-167). Benson's Respiratory-One-Method (ROM) (1974) focuses passive attention on a one-word mantra ('one') 'to prevent distracting thoughts'. This mantra is intentionally synchronised with the un-paced out-breath. Each is best done in a quiet environment in a comfortable posture (Carrington, 1998, pp. 26-27). Neither of these methods, on their face or in the way they are taught to clients, refers to Eastern philosophical or religious traditions. Transcendental Meditation (TM™), the most widely used standardized method, focuses on breath and a Sanskrit mantra given to the trainee by the trainer, and known only to them. This technique was introduced to the UK in the 1960's (Mahesh, 1963) and popularized in the states in the 1970s (Carrington, 1998, pp. 21-24).

Meditation was first recommended for use in healthcare (to control hypertension, along with salt and dietary restrictions) in the United States by the National Institute of Health (NIH) (Goleman, 1990, p. 22). By the late 1970's, a fourth technique was introduced into clinical practice in the United States – Mindfulness Based Stress Reduction (MBSR) (Kabat-Zinn, 1991). By virtue of their length and variant forms (still and moving) mindfulness practices have not been clinically standardized to the degree that Carrington's, Benson's or TM™'s method are standardized. Instead, MBSR is a programme with a suite of components. An abbreviated form of Buddhist mindfulness meditation is central to its practice. According to Kwee and Kwee-Taams (2010), the use of mindfulness in MSBR is abbreviated in that the techniques are used for short periods (an hour or less during training), they are taught with benefits in mind, and they are stripped out of the context within which Buddhist mindfulness is taught and practiced by Buddhists. Contrary to Cahn's and Polich's view, and in line with views of 21st century Buddhist psychologists, the 14th Dalai Lama (Gyatso, 1999) states that meditative traditions place more emphasis on the goals of the process and not on its benefits. Striving for specific near-term benefits is viewed as counter-productive to the process goals which are to develop a tranquilly abiding mind, to reduce suffering, and to increase compassion.

In a summary accessible to laypersons, Gunaratana (2001) places what Westerners call mindfulness out of the benefits context and into its wider goal-directed context, as "mindfulness is only part of the Buddha's teachings" (p. 1). Gunaratana starts from the

point that mindfulness is a way of training awareness, so that reality is seen as it actually is. Using mindfulness, there are eight steps to the "gentle, gradual training in how to end dissatisfaction" at its source, and how to thus dwell in the highest form of happiness (p. 3). In the Buddhist practice of meditation, whether within or outside a healthcare context, two techniques are employed: concentration and insight. Concentration meditation is done seated (form), focusing attention (process) on an internal or external object or process such as breath or mantra (object) (samādhi or one-pointedness, and jhāna or absorption), non-judgmentally (attitude). In early stages of the practice this leads to joy and bliss. Insight (mindfulness or analytical) meditation can be done in any posture. The focus of attention (process) is on the stream of consciousness itself (object) (vipassana), observing it non-judgmentally (attitude) and with the intention of extinguishing what are called the 3 poisons: ignorance, greed and hatred. There must be enough concentration to notice the stream of consciousness, but not so much as to focus on any one element of it. The analytic meditation process enables people who practice it to watch the processes bringing awareness of thoughts, emotions, and states of being as soon as they come into and go out of the consciousness in what the Buddha called a co-arising way. It is said to enable people to let go of attachment to cognitive and affective contents, processes and structures during the meditative process.

Thus, mindfulness practice belongs in a context, the Buddha's eight steps, which Gunaratana (2001) clearly sets out: skillful understanding, skillful speech, skillful action, skillful livelihood, skillful effort, skillful mindfulness, and skillful concentration. These learning-by-doing steps are not like a vertical ladder but are like a spiral, with all the steps supporting each other so that the meditator who makes the effort can learn to break the circle of conditioning, stop acting habitually, and live happily in the present. This way of viewing mindfulness meditation highlights the paucity of Western ideas about mindfulness, and places mindfulness back into its original ethical context.[10]

While 40 years of research on meditation varies in its quality and focus, a recent study of compassion meditators by Pace, Negi, Adame, Cole, Sivilli, et al. (2008) using a randomised control methodology may be of interest as it both adds to the scant

[10] For a complete explanation of how to do the 8 steps, please read Gunaratana,H. (2001) Eight *mindful steps to happiness: Walking in the Buddha's Path.* Somerville, MA: USA, Wisdom Publications.

literature and also offers a clear illustration of the process of training people to use a specific ethically based Buddhist approach, lovingkindness meditation.[11] Sixty six healthy, relatively naive adult student participants were randomized to either 6 weeks of training in compassion meditation, or to a health discussion control group. The goal was to evaluate the impact of these interventions on immune and neuroendocrine systems and on response to psychosocial stress. The researchers report that although there were no main effects, the amount of compassion meditation practice done outside the training sessions significantly correlated with positive changes in immune responses and response to psychosocial stress. They conclude that whilst positive impact of meditation may be dose dependent, even though this line of reasoning is not borne out by other studies using other meditation protocols, it may be that the complexity of the protocol and the fact that each week builds on the prior week do in fact implicate a dose dependent practice effect. In other words, the more the practice is taken up, the more likely positive changes will accrue.

The meditation protocol used for this study is set out in Table 2-1 (Pace, et al., 2008, p. 4). In this meditation protocol, the focus is on the following practice elements: still sitting (form), insight and concentrative attending (process), breath + compassionate thoughts of self and other (object), and non-judgmental observation (attitude). From a cognitive and affective perspective, it is of interest that as from training week 3 considerable work is done to develop compassion toward the self. Work on developing appropriate thoughts and emotions, and of letting go of inappropriate ones (the 3 poisons), continues intensively. By week 6, automaticity of thoughts and emotions arising in the presence of disliked (possibly feared) others is called into question and through training and practice are replaced with compassion oriented ones.

[11] Metta Bhavana, or development of lovingkindness, is one of the most ancient forms of Buddhist practice and is foundational for developing compassion for self and others, empathic joy (rejoicing in others' wellbeing and joy) and equanimity (patient acceptance of both joy and suffering, both our own and others').

Table 2-1: Elements and schedule of compassion meditation training program

Week 1: Developing basic concentration and mental stability. Participants taught basic attentional meditation practice (i.e. shamatha) by using the breath as the object of focus
Week 2: Introduction of mindfulness (i.e. vipassana) practice. Participants instructed in the techniques of non-judgmental observation of the processes of thought and bodily sensation
Week 3: Use of concentrative and mindfulness techniques to explore universal human desires for happiness and wishes to avoid suffering as a prelude toward the practice of developing compassion for the self
Week 4: Continuing meditation on the thought that the self shares with all people a desire for happiness and a wish to avoid suffering, as well as a struggle to attain these goals. Participants instructed to expand upon this awareness to examine the contingent and changeable nature of the distinctions between ‘‘friends’’ and ‘‘enemies’’, with the goal of generating a felt sense that instinctive emotional responses to others do not reflect reality
Week 5: Meditative reflection on the disadvantages of selfishness and a self-centered attitude and the advantages of considering the welfare of others. Participants guided through meditative techniques aimed at generating compassionate emotions and cognitions for those emotionally close to them
Week 6: Meditation aimed at attempting to generate compassionate emotions not only for friends, but also for strangers and people participants do not like. Instructions given for how to continue this practice ‘‘at-home’’ following completion of the class

2.4.1 Proposed mechanisms of action for meditation

Explanations of how meditation may be working centre on meaning making. The main factor is shifting the focus of attention to specific objects in specific ways. While this is done, the meditator can analyse the behaviour of the mind whilst taking the stance of the ‘witnessing observer’ in a dissociated way. By passively witnessing without judgment, deconditioning through habituation and desensitisation may take place, leading to attenuation of automaticity and reconditioning of thoughts, emotions, and

actions and their attendant meaning making structures and processes. A number of psychologists, philosophers, and spiritual leaders describe this shift from different vantage points.

Table 2-2: Pratīty-samutpāda Conceptual Model of the 12 Links

1	*Avijjā*	Ignorance = Before knowing	7	*vendanā*	With contact, the 6 senses engage in pleasurable, painful, or neutral sensations = Judging
2	sa*ṅkāra*	Embodied conditioning	8	ta*ṇhā*	Sensations percolate to feelings of desire and aversion = Affect
3	*viññāṇ*a	Ignorance emerging into consciousness	9	*upādāna*	Conditioning maintains grasping/greed and clinging/hatred
4	*nāmā-rūpa*	Consciousness is "embodied conditioning" instantiating as a sensorial Body	10	bhava	Appropriation, wherein desire and aversion become on-going behavior = Habit
5	*ṣaḍ-āyatana*	Channeled into the six senses (5 senses + the 'mind's eye')	11	*jāti*	The on-goingness coalesces, giving birth = Automaticity
6	Phassa	With the sensory Body, there is sensory contact = Perceiving	12	mara*ṇ*a	To consequences. Trajectories of ignorance and embodied conditioning. Birth is the on-going leading to its inevitable conclusion, death.

Lusthaus (2002), a philosopher, sets out the Buddhist phenomenlogical *pratīty-samutpāda* conceptual model of what is called "dependent origination" of all that occurs. Everything is co-arising and interdependent (pp. 52-73). This model summarizes the Buddha's understanding of how embodied conditioning comes about automatically, with its elements in the body, in thought, in emotion and in action co-arising. Until meditation reveals it, this conditioning process which makes and is made by meanings is largely pre-conscious and pre-reflective and it affects all aspects of life. It is summarized in Table 2-2 on page 49.

The body is the mind's necessary condition and vice versa and the mind and body are not separate. Meaning is instantiated in and by the whole organism, not simply by or in the 'mind', wherever that may be perceived to be located, during this process. Lusthaus explains: "Under careful scrutiny, each link disappears into its surrounding links. There is no such "thing" as "ignorance," "desire", etc.; each term is a prajñapti [concept or marker] for certain aspects of the conditioning dynamics called *pratīty*-sa*mutpāda*" (p. 69). Seeing these conditioning dynamics in action during meditation takes discipline and practice. The time it takes to notice something coming in, the coming in point, grows shorter and shorter the more one practices. As this noticing time becomes shorter, the feelings fall away, just as the thoughts do. In this way the circle of conditioning is broken.

Cahn and Polich (2006), two psychologists, view meditation as a self-monitoring and self-regulation process which impacts on cognition by regulating attention in ways which are also common to hypnosis and relaxation. Adding to this, Amodio and Tirch (2006) point out that insight meditation specifically develops an ability to "dis-identify with thoughts and with thinking [and] is a central skill that Buddhist meditation aims to develop" (p. 105). This is another way of conceptualising the "witnessing observer" stance.

Barendregt (2008), a practitioner, furthers this line of reasoning. He points out that in the Buddhist phenomenology of mind, the basic organization of mind is neurotic (conflicting thoughts and emotions). This noticing that the elements in the mind are as discrete as they actually are (without the 'glue' of the illusion of self as an entity entirely separate) is also the core of the psychotic experience. However, he concludes: "The meditative purification found via insight meditation consists in taking out the existential fear for the dissociation. One becomes like a parachute jumper or astronaut no longer afraid for the experience of falling". Intensive insight meditation, under the guidance of a teacher, strips away the layers in an order which does not yield to neurosis or psychosis but simply "takes out the fear" (p. 138). False evidence appearing real is abandoned. Presuppositions upon which meaning making in anxiety states actually rest are stripped away, and meaning making then rests on a new and healthier reality-based set of premises. Barendredgt explains:

> Once one has successfully completed the course, mindfulness is total and without effort. Then the mental formation of suffering can be fully seen and one is not touched by it anymore. This does not imply that one becomes cold or indifferent. (pp. 8, 42)

Dr. Gyatso, the 14th Dalai Lama,[12] whilst in conversation with Dr. Aaron Beck (2006), described the Buddhist meditation system in this way: "The Buddhist (approach) is using (valid) mind to transform emotions" and "analytical meditation means trying to know reality, bringing (in) awareness that reduces misconception". Valid mind is defined as the "mental elements which ultimately bring peace, happiness, [and] satisfaction" (2006, pp. 29, 39). During analytical meditation, the mind's processes are analysed and in this process, emotions and meta-cognitions are transformed. As Goleman (1990), a psychologist, describes it, this transformation is through a conditioning process which reorients the medium of consciousness. In essence, the altered state of consciousness which one experiences in meditation, one which is not reactive to embodied conditioning, becomes an altered trait of consciousness and is incorporated into the ongoing life (pp. 17-35). Analytical meditation may be described, therefore, as a system for training the self to know itself and thereby to perceive reality as it is. This kind of meditation first restructures cognition and then emotion, with the final emotion, attachment to self as an entity which is separate and abiding, being possible to be extinguished with discipline.

Buddhist psychologists who use insight meditation as an intervention do so because over time it can alter the associative processes of consciousness at their structural level (trait level). For example, Kwee, a clinical psychologist and academic in the field of Buddhist psychology, suggests (2010) that during meditation metacognitive beliefs and underlying schemas may be altered such that when faced with the same internal thoughts and feelings, or the same external threats as before, the person's cognitive processes neither ascribe the same meanings as before, nor by extension, mobilise the same defensive responses in the same way as before (p. 1). But the core problem of suffering arising from attachments is not resolved without discipline and effort.

[12] At the 5th International Congress of Cognitive Psychotherapy, Gothenburg, Sweden, 2005

Given its potential to change cognitive structures, Albert Ellis (1984), the father of Rational Emotive Therapy (RET), calls meditation "a form of psychotherapy (which) can be legitimately seen as one of the many cognitive-behavioral methods that are sometimes employed in CBT and RET". He suggests that its mechanism of action is twofold:

> first there is a cognitive diversion to a specific object of meditation during which time there is temporary interference with anxiety, depression or hostility; and often this is followed by a 'philosophic change', an understanding that one can help oneself and can function more effectively" (p. 671).

Ellis suggests that even superficial changes are beneficial, signalling a minor restructuring of consciousness's contents and processes, including the core processes of making and validating meaning.

Psychologists Williams and Duggan (2006) discuss the use of mindfulness meditation in the Western therapeutic context, focusing on the dissociative element of the process and the embodiment of mind. They write: "in mindfulness meditation we focus on the body in order to be more even-handed about all aspects of the mind" (p. 372). Whilst there is a hint of reference to what Gendlin would call the felt sense of experiencing which functions differently and along with cognition to create meaning, Williams and Duggan do not grapple with meaning making directly. Instead, they focus on how the aims of clinical mindfulness meditation, [as understood by Western clinicians] have been implicit in cognitive therapy.

> (Mindfulness meditation) does not attempt to change the degree of belief in negative thoughts, but instead teaches people to see thoughts and feelings as mental events, passing mind-states. Teaching such a decentred perspective on mental states was always implicit in cognitive therapy. The mindfulness approach makes this explicit, and does so by using direct sensations of the body (as) (sic) a central vehicle for teaching. In doing so, it shifts from a theory of cognitive process, to a theory that includes the body: it uses embodied cognition. (p. 372)

Finally, a compelling reason for engaging in meditative practice is one which Barendregt (2008) makes. This bears on meditation's mechanisms of action in that it

highlights the pervasive functioning of automaticity and conditioning in everyday life. The case that Berendregt makes is that memory can alter the future, therefore paying attention to memory is vital. Paraphrasing Barendregt's argument, as memory is a content of embodied conditioning, and thus has an impact on anything that comes into the sphere of influence over time, memory can alter how future events are perceived, or attach itself to aspects of the future, when that future finally arrives (p. 136). This is the meaning of the concept of karma at the level of an individual life. In other words, memory alters the future by being the perceptual lens through which we view and act in every passing present moment.

In conclusion, Buddhist analytical meditation is more radical in its aims than either cognitive therapies or relaxation therapies, both of which use variants of concentrative and analytical meditative techniques implicitly or explicitly to facilitate change. Buddhist meditation's main mechanism of action is hypothesised to be a radical shift in embodied conditioning as the driving process. This shift involves a series of reconditioning processes at every level of perception, including co-arising thoughts and emotions and actions over time to achieve meditation's aim, cessation of suffering. Altering the contents of consciousness and the processes by which consciousness is populated is done by breaking the circle of conditioning. This circle of conditioning is the perceptual lens through which we view our memories as well as our present reality and our future. As the circle of conditioning alters, we alter the future. It is in this process that both the hope and the therapeutic effects of Buddhist analytical meditation, and of similar meditative processes, inhere.

2.5 Autogenic Training

This section briefly sets out the history of AT's development, development of its current practice in the United Kingdom, its evidence base for use with anxious clients, and current models and hypotheses about its mechanisms of action. (Please see Table 2-3 and Appendix 11.4 for further information on AT in practice.) Krampen (1999) a professor and clinical psychologist in Germany specializing in research on autogenics, summarizes the history of beginnings of autogenic training thusly;

> 1. Very early–in the 1920s– Johannes H. Schultz, the founder of autogenic training, dismissed the hetero-suggestive (directive [i.e., authoritative hypnosis techniques])[13] treatment strategy in favor of an approach focusing on the individual's competencies and capabilities to actively regulate his/her own development, behavior, affective states, and experience… 2. From the beginning Schultz was engaged in empirical studies (for the most part single-case reports, but also some group studies), which not only analyzed the applicability and the effects of autogenic training in clinical samples but in healthy persons too—together with preventive treatment indications. 3. This early research and application of autogenic training was conducted in group settings. Thus, autogenic training was historically one of the first—if not the first—psychological group treatment approach exploiting the economic as well as the dynamic and social learning advantages of group settings in the prevention and treatment of disorders. (p. 12)

Schultz (1973) began his formulation of AT in 1905, having been involved with Vogt's and Brodman's work on sleep and hypnosis, and in fact, AT is considered by many of its proponents and practitioners to be a form of self-hypnosis. By 1959 Luthe and Schultz (1959) had introduced AT into North America and to a limited extent into the National Health Service in England.[14] At this point, the Schultz-type Autogenic Training, which consisted of the core 6 Standard Exercises as described in Table 2-3 beginning on page 56, had been augmented by Luthe with Personal Motivational Formulae (PMFs) and Organ Specific Formulae (OSFs). By the late 1970's Luthe had also added what are called Intentional Expression of Emotion Exercises (IEs) to the autogenic training programme; he trained members of what is now called the British Autogenic Society (BAS) in this augmented form of AT in the mid-1980s. This is the programme of AT which is taught by BAS trained AT therapists in the United Kingdom today.

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[13] Parentheses, Krampen's; [mine].

[14] An article in the British Journal of Medical Psychology by Medlick and Fursland (1984) makes the same points Schultz made early on about the value of AT as a "cost-effective way of helping relatively large numbers of people with physical and psychological problems, with a minimum of professional time" (p. 181).

Both types of AT share characteristics with many relaxation, meditation and CBT practices. These include PMR, and its derivative, AR; TM™, Zen meditation (Onda, 1965), Buddhist meditation (Naylor, 2010), mindfulness based stress reduction (MBSR) (Kabat-Zinn, 1991); mindfulness based cognitive therapy (MBCT) (Segal, Williams & Teasdale, 2002); acceptance and commitment therapy (ACT) (Hayes, Strosahl & Wilson, 1999); dialectical behaviour therapy (DBT) (Linehan, et al., 1999) (McKay, Wood, & Brantley, 2007); and other widely used therapies for anxiety and depression which have meditative components (Smith, 2004; Vaitl et al., 2005).

Autogenic Training (AT), has as its core process the development of the 'witnessing observer' by engaging the practitioner's focused attention away from anxious thoughts and feelings and directly toward and with the body in a passive, non-judgmental way. Thus, by carrying out this series of 6 Standard Exercises (see Table 2-3 on page 56), which focus inner action (thought) on the body, either the workings of thought, body, emotion, and behavior may become apparent or the person may enter a state of deep 'relaxation euphoria', or both may occur. Schultz hypotheses that this process can bring change to the whole person at the level of embodied conditioning (Schultz, 1973, pp. 268-322).

Like the other relaxation therapies, AT is a multi-component therapy, with a specific type of concentration meditation being one of them. Table 2-3 is an augmented and modified version of Yurdakul, Holttum and Bowden's (2009) "Box 1. Autogenic training at the Royal London Homeopathic Hospital: Main elements" (p. 404). When AT is taught in private practice settings in the United Kingdom, this training program may be modified to meet client requirements in ways like these: meeting fortnightly rather than weekly; adding Intentional Expression of Emotion Exercises (IEs) like Appreciation and Laughter which were later developed by Kermani (1990); deleting specific IEs from the training; and repeating a training session.

Table 2-3: (Cathartic) Autogenic Training, as taught in the UK[15]

Number and length of learning sessions**:** Eight or nine 60 minute sessions (individuals) or 90 minute sessions (groups), at one per week for groups, or as required by the individual, with one follow-up session 1 to 3 months after the last session. Trainees may be referred by GPs or other health care and complementary care providers and are assessed for history of and current mental and physical health strengths and weaknesses prior to starting the course.
Schultz's 6 Standard exercises (SEs): Clients are taught six standard affirmative phrases, not more than one per session, for example repeating subvocally three times, 'My arms and legs are heavy', 'It breathes me', and later, 'My forehead is cool'. In week 2 of training, the affirmation phrase 'I am at peace' or 'I am (completely) calm' is added after the last phrase. Discussion with lectures giving the psychophysiological rationale for each phrase accompany the training. These exercises are done in suggested postures using passive awareness, concentration and acceptance. The 6 Standard Exercise phrases are: My right arm is heavy (x1), My arms and legs are heavy and warm (x3), My heartbeat is calm and regular (x3), It breathes me (x3), My solar plexus is warm (x3), My forehead is cool (x3), My neck and shoulders are heavy (x3), My personal affirmation (x3), I am at peace (x3). This series is then repeated three times.
Postures and Body Scan: The SEs are done in one of three postures – two sitting and one lying down. After taking the posture and closing the eyes, the body is mentally scanned for comfort by gently focusing awareness successively on every part of the body from toes to head and face for between 15 to 90 seconds. Steps are taken to connect with each part of the body and its sensations and to ensure comfort, but not to ensure complete relaxation.
Passive awareness, concentration and acceptance: In performing the SEs, clients adopt an attitude of passive non-judgmental awareness rather than active striving for effects, while making mental contact with the body. Difficulties with developing a passive non-judgmental attitude of focused concentration are discussed during training sessions.
Frequent practice and homework: Frequent daily practice of SEs for between 2 and 10 min at a time is recommended. It can be done in private or covertly in public or work places. Trainees are also taught how to use a simplified version of one or more of the 6 SEs as a cue-

[15] This Table builds on "Box 1. Autogenic training at the Royal London Homeopathic Hospital: Main elements" in Yurdakul, Holttum and Bowden (2009, p. 404).

controlled coping technique to apply in stressful situations as they occur in everyday life. Clients keep a Diary of their practice and their experiences with the method, documenting changes in their lives as the training progresses.
Luthe's Organ specific formulae (OSFs): Most are added in later sessions of AT, and focus on specific organs which the client would like to gently modify; e.g., for Irritable Bowel Syndrome, clients may add a phrase like 'My digestion is calm' to their SE practice.
Luthe's Intentional exercises (IEs): According to Luthe, IEs are hypothesized to foster faster development of passive awareness and concentration during SEs (Coleman, 1985). They are introduced after the first two SEs and address anxiety, sadness and anger that may otherwise disrupt passive concentration. They are separate from the SEs, and are only done in private. For example, one anxiety exercise involves repeating out loud one's fears, beginning with 'I am afraid' and modifying the statements as feels appropriate, repeating each word or phrase until 'finished', or until it no longer has meaning but is just noise (Kermani, 1996; Bird & Pinch, 2002). More IEs are: making nonsense noises and making nonsense movements, and these IEs may be introduced from the beginning of training. Clients do homework relating to IEs and may spend from 10 sec to 30 min doing IEs, depending on self-assessed progress and ability to tolerate the exercise.
Luthe's Affirmations/Personal Motivational formulae (PMFs): Most are added in the final session of AT and intoned subvocally just before completing the SEs to support desired positive changes. They are self-developed with the technical guidance of the trainer so that they take a positive form (Kermani, 1990, p.43), e.g., 'I am calm and confident', 'I am a confident public speaker', 'I experience other people's questions as expressions of interest in me", and so on.

2.5.1 The evidence base for treatment of anxiety with AT

The evidence base for AT's effectiveness is international and broad. It spans almost a century and almost every continent. This section will only briefly present the trails of evidence which most clearly bear on the question and which interested me before I began interviewing, and those which describe the progress of AT research over time.

Research on autogenics has increased in its methodological sophistication and its scope over the century.[16] Historically, the focus of research was on physiologically differentiating the autogenic state from other psychophysiological states, e.g., hypnosis and sleep[17], on descriptively documenting the AT process (including typical and atypical psychophysiological responses to the SEs) with cases and with clients treated in hospital, and on seeking to uncover a mechanism of action which had somatic markers. The more recent evidence base is largely outcome focused, often using random allocation to conditions and randomized control trials. It covers a multitude of presenting health and mental health issues and problems, with anxiety often being a primary or contributing factor except where the focus of the research is on health maintenance or performance enhancement. The physiological strand of research continues, most recently with Mui, Heilman and Miclea (2009) who used a bifactorial design to investigate the dependence of heart rate variability on state versus trait anxiety, under a relaxation condition (abbreviated form of Schultz-type Autogenic Training) and a mental stress condition (time limited arithmetic task). They reported that autogenic training "increased HRV and facilitated the vagal control of the heart" regardless of trait anxiety (p. 101).

With regard to AT and anxiety, the first known quasi-experimental design study of AT as an adjunct to behaviour therapy was carried out at the Maudsley with anxious clients of the English National Health Service and was reported by Haward (1964). This was a poorly controlled study, with a confounding inclusion of hypnotic inductions

[16] Online searches in databases which are the most widely acknowledged and used resources for health care information (Ovid, MedLine, PsychInfo and PubMed) were done starting November 2007. The focus was on keywords 'autogenic + training' in the Abstract, and 'Schultz' in any field between the years 1920 to 2007. Over 75 peer-reviewed citations were located. This search was done half-yearly, and a final literature search was done in June 2012. From 2008 to 2012, seventeen further peer-reviewed citations were located. Related articles, books and chapters in seminal texts referenced in the relevant citations were also reviewed. I also had open access to the British Autogenic Society's library of draft conference papers and published book chapters and books related to AT from its inception. It seemed appropriate to draw on this unpublished, original source material which has not been subjected to rigorous peer-review since this material has potential to offer insight into the development of Autogenic Training as it is taught in the UK. It is on this ground that in Section 2.5.1, page 59, I have drawn attention to Dr Luthe's draft paper of a review of similarities and differences between AT and PMR which he prepared for delivery at the American Association for the Advancement of Tension Control's 4th conference in Chicago, Illinois. Other conference papers by Luthe's peers are also in this archive which is held at the Royal London Hospital for Integrated Medicine and which may be of use in future to researchers interested in the history of Autogenic Training worldwide.

[17] Literature Review Note: In early 2011, I discovered that the 'state' 'non-state' debate continues in the field of hypnosis and that cognitive neuroscience does not clearly come down on either side.

prior to the introduction of AT. But, it was a start. Kanji and Ernst (2000) reviewed all extant experimental studies of AT's effectiveness and of these, eight met criteria for analysis; of these, while they suggest that AT appears to reduce anxiety, because of the limitations of the studies more definitive conclusions about AT's effectiveness could not be drawn. More recently, peer-reviewed randomized controlled trials have been carried out. Two in England examine the effectiveness of Autogenic Training for anxiety with nursing students (Ernst, Kanji, & White, 2006) and with coronary angioplasty patients (Ernst, Kanji, & White, 2004). Another study done in Germany focused on teenage anxiety (Goldbeck & Schmid, 2003). All of these trials used a Schultz-type autogenic training protocol only and all show that Schultz-type AT has a statistically significant positive impact on anxiety reduction.

These current findings of AT's positive impact on reducing anxiety corroborate Luthe and Schultz's (1969) reports that up to 70% of their in-patients with anxiety had noticeable relief within a few weeks of learning simple AT practices. The findings corroborate two reports by Farnè and his colleagues who carried out a programme to analyze aspects of AT. In (2000), Farnè and Jimenez-Mũnoz reported an uncontrolled study examining the impact of AT on 60 people in emotional distress (but without a psychopathological diagnosis). Participants volunteered to the study from the community. They found that AT practice brings

> a decrease in the personality traits facilitating the stress response or generated by it (as assessed by POMS [Profile of Mood States] and STAI [State-Trait Anxiety Inventory]) and hypothesise that this indicates that AT practice alone is sufficient to keep these characteristics at normal levels. (p. 266)

In the same year, Farnè and Gnugnoli (2000) reported a wait-list controlled study of 137 self-referred people who were clinically assessed as being chronically anxious. After three months, the 87 participants in the experimental group who learned AT in a 1:1 client to therapist setting showed a statistically significant reduction in Profile of Mood (POMS) "reaching mean POMS standard scores" as compared to their wait-list controls (p. 259). AT is thus presented as a sufficient practice for maintaining a healthy psychological balance in the face of stresses and strains of everyday life.

Another line of thinking as regards AT's effectiveness for GAD is to consider whether, as Smith (Smith, 1999a) suggests, all relaxation therapies have the same cognitive behavioural mechanisms of action. And, they may also have the same physiological mechanisms of action, the relaxation response (Benson, 1974). If this is in fact true, the outcomes of research into AR's effectiveness for GAD, for example, may be analytically and theoretically generalisable to AT.

Functional equivalence across relaxation therapies would suggest that AT might also be as effective as CT for GAD sufferers. Clearly, outcome research of the quality of Ost's and Breitholz's (2000) research would be time consuming and costly to duplicate for AT (and to my knowledge such a project is not in the pipeline). However, it may be fruitful to look at the obvious similarities and differences between these two methods as a start. Needless to say, historically there has been considerable debate, which began with a comparison of Progressive Muscle Relaxation (from which AR is derived) and AT. The debate took center stage when Jacobson and Luthe met at the 4th annual meeting of the American Association for Advancement of Tension Control.[18] Luthe (1977) presented a paper on his views of the similarities and differences between the two therapies, PMR and AT, making the following points.

First, Luthe objected to Jacobson's analogy of the person as a 'living instrument to be run like a car' wherein autosuggestion has 'no place whatsoever' (Jacobson, 1964, p. 9). Jacobson's active approach appeared to be mechanistic and differed from Schultz' and Luthe's passive approach. The passive approach was designed to develop the witnessing observer and to allow somatosensory practice phenomena, for example, to be noticed and expressed as valid practice phenomena. Practice phenomena like the 'feeling of floating', for example, were seen by PMR trainers as a sign of 'engaging in fantasy' and by AT trainers as a sign of homeostatic readjustment taking place via brain directed processes acting at a non-conscious level. Second, Luthe objected to Jacobson's clinical approach in some instances. For example, Jacobson viewed distractions as requiring prolonged drill in PMR instead of reduced exercises, as is recommended in AT, or crying as requiring mechanistic intervention instead of passive acceptance as in

[18] The AAATC is an organisation with Jacobson and his colleague Frank McGuigan founded, and which in 1989 became ISMA (International Stress Management Association)

AT. PMR discourages displays of affect while AT passively accepts and never discourages them. (Luthe, 1974, pp. 7-12). Luthe noted further differences in many areas, such as termination procedures, homework tasks, duration of practice periods, practice patterns and the client's and the therapist's approach and stance within the therapeutic working alliance.

Many of the differences between AT and PMR which Luthe noted (pp. 13-17a) do not hold for AR which was developed after this meeting. Unlike PMR, AR uses active tense cycles extremely rarely, and then only with clients having difficulty with release only, are initially taught to tense and then release; it aims to use passive release cycles only. In my view, this simple change in procedure effectively transformed AR into the first AT exercise (SE1), which passively brings relaxed heaviness to the whole body.[19] Luthe and Schultz (1969) observed that when heaviness occurs during practice of Standard Exercise 1, warmth follows on for 77% of patients without adding the sub-vocally repeated phrase my arms and legs are warm (SE2) (p. 58).

Analytically, Applied Relaxation appears to be PMR effectively transformed into the first two Autogenic Training exercises which induce heaviness and warmth to the body. A body of research shows that at least 50% of the benefit from the Schultz's six standard AT exercises occurs if only these two exercises are practiced.[20] In addition, the cue-controlled use of AR and AT are identical: both are taught to be used during daily life to habituate to anxiety provoking situations, and to bring calm and relaxation. It appears that the similarities of the methods and their application in daily life suggest that should one look for evidence that AT works as well as CT for GAD, this evidence would most likely be found.[21]

Additionally, the limited research on the impact of AT on sleep has always appeared to me to hold great promise. The question of whether and in what circumstances insomnia and sleep disturbance maintain anxiety or even cause anxiety,

[19] This also suggests that AT, AR and the MBSR Body Scan may also comparable in nature. A simple phenomenological study of the three methods, as they are experienced by practitioners, could begin to determine the level of equivalence between them.

[20] Heaviness, warmth and breath are the three SE's Mui, et al. (2009) used in their recent study on heart rate variability under relaxation and stress conditions.

[21] A full discussion of the similarities and differences between the two methods has recently been set out by Linden (2007).

and vice versa, in other words, the question of whether the relationship between sleep and anxiety is bi-directional, has yet to be answered by evidenced-based research. Along these lines, Robinson, Bowden and Lorenc (2010) carried out a controlled study to build on a prior uncontrolled audit of self-reported outcomes for clients of the RLHIM AT Department (Bowden, 2002). They used a pragmatic observational cohort design with wait-list controls. One hundred fifty three patients participated in the research. Repeated self-report measures were taken using a variant of the Pittsburgh Sleep Quality Index. They found statistically significant improvement in self-reports of "sleep onset latency ($p = 0.049$), ability to fall asleep faster after night waking ($p < 0.001$), waking more refreshed ($p < 0.001$), more energy on waking ($p = 0.019$)" (p. 3). The data and anecdotes put forward by both Robinson et al. (2010) and Yurdakul, et al. (2009) in their qualitative study indicate that AT practice improved perception of sleep quality and that disturbed sleep may have maintained anxiety. These do not hint at whether disturbed sleep played a role in initiating anxiety for these patients; nor is it clear whether anxiety caused disturbed sleep which was then improved as arousal and anxiety reduced via AT practice.

Finally, and also of particular interest, is that Yurdakul et al. (2009) found that after learning and practising AT, participants reported clearer thinking and reduced worrying. Each of these cognitive shifts may contribute to anxiety reduction and may in fact inhibit the development of pathological anxiety in vulnerable people who learn AT to maintain or enhance their health. Again, sleep improvement resulting from AT practice may be implicated as a variable contributing to these cognitive shifts. Walker and Stickgold (2006) review a decade of evidence which supports the "role of sleep in what is becoming known as sleep-dependent memory processing" (p. 139), concluding that "it is now clear that sleep mediates learning and memory processing, but the way in which it does so remains largely unknown" (p. 160). This is a complex field of enquiry, and further empirical research to discover the impact of sleep disturbance on waking cognition and on anxiety is much needed. More recently, Walker and van der Helm (2009) reviewed current work in this field and offered "a tentative initial framework", a brain-based model "of sleep-dependent emotional information processing"; they go on to suggest that on the basis of this model, impaired sleep may both initiate and maintain chronic anxiety (pp. 731, 741).

2.5.2 Proposed mechanisms of action for Autogenic Training

As discussed, there is the possibility that improving sleep (and its associated memory consolidation and emotion processing activities) is one of AT's mechanisms of action. This hypothesis, however, was not directly made by Schultz or Luthe, as sleep research was in its infancy. They took other approaches which focus on the specific SE formulae (statements about the body) and on the immediate experience of AT practice. Other models and hypotheses are also presented.

Schultz (1973) framed Autogenics in the context of a bionomic model. Bionomics is a branch of biology which examines the relationship between organisms and their environments, and factors in both which maintain or impede balance. The bionomic model closely aligns to the allostatic model, as it is an adaptive exchange of energy model of transitory balance states. It also closely aligns with and is a forerunner to current models of the biology of consciousness (cf. Noë, 2009).

Retaining Schultz's format, Schultz's model (1973) of what happens during AT practice is set out on page 68 in Table 2-4: The concentrative (authentic/true/real suggestive) experience of the switching process [Das Konzentrative ("Echt Suggestive" Umschaltungs-Erlebnis][22] (p. 322). In this model the whole person (body/mind/action) is understood to be both reactive (using auto-regulatory [homeostatic] processes) and proactive (using dynamic regulatory [allostatic] processes). The whole switching process is hypothesized to "break the [entire psychophysiological] circle of conditioning" (Step 11). Schultz developed this model from his extensive work with clients. Orrù (2007) affirms that this places the whole person within environmental and social contexts. Speaking directly to the issue of self-generated, self-directed balancing in a changing environment, Schultz (1973) wrote:

> It can seen as a basic principle of maintaining life that the organism is searching for ways of defending itself against influences from the environment that are alien to it. This means that everywhere where there is an option for the organism to be guided in its functioning either by itself or by environmental influences, and

[22] Umschalten can be translated into English in these ways: shift, switch, toggle, change, changeover, switchover, shift-out, change over to, change the channel, switch over to, shifting, and reversing.

> where...both are possible, it is more probable that the whole organism will take a course which is more independent of the environment. This, in its truest sense is the bionomical principle, and is at the bottom of hypnosis, and is even in a more perfect form, at the bottom of autogenic training when you sink into your own body (p. 309).

Contrary to the long held view of relaxation therapies and of autogenic training, this "sinking" into the body is not focused on mental and physical arousal reduction per se. Instead, it is focused on reducing vulnerability to stress by moving into the body in a very specific and safe way. This way facilitates the following process: detaching from efforts to control, maintain, suppress or do anything about cognitions or emotions which may come to consciousness and attaching to the felt sense of simply being, in a relaxed state. Immediately with Autogenic Training practice it is clear that the possibility for desensitization to anxiety triggers exists. This can happen as a person moves out of an anxiously aroused state of fear, confusion, disorientation, and alienation, and into the relaxed body in a self-controlled, self-caring, and safe way. It may be helpful for some readers to look at it from the viewpoint of what may be called cognitive, behavioural, and affective components, although Schultz does not break down the components of the switching in this way. Cognitive elements include deciding to start (passive agreement), turning inward with awareness taken to the body, increasing 'objective' self-observation, decreasing judging, and introspecting. Behavioural and body elements in the Schultz model include starting by taking specific comfortable postures, closing off outer distractions, and closing the eyes. Affective components begin with "quiet calm" (which may be viewed from the Buddhist perspective as moments of "tranquil abiding") and culminate in "completely self-generated relaxation Euphoria!'" at Step 10. After Step 11, "breaking the circle of conditioning", in Step 12 new meanings are made as engagement with these interdependent and interpenetrating cognitive, affective and physiological processes is said to increase receptivity and knowing, and to culminate in "visualised comprehension" (seeing the picture) in a way which has a "redemptive quality" about it.

The impact of experiencing "concentrative switching" may be inferred to be dramatic for people who are pathologically anxious. As Schultz concludes from years of clinical experience, the 'circle of conditioning' is broken physiologically and

psychologically, and a redemptive comprehension ensues (p. 322). The implication is that this switching process engenders changes in emotion along with insights. These changes involve transformative changes in presuppositions and assumptions at the metacognitive level, through the communication with and integration with the body, and seem to do so without using a purely lexically driven, cognitively focused process, such as CBT's challenging negative thoughts, to achieve the cognitive and affective re-framing.

The meaning emerges from the subjectivity of experiencing of the connection of mind, body, emotion and action in the switching process. In part, Schultz is describing what Gendlin (1997) would name the felt sense of experience, a form of knowing which is necessary, which is not lexical or cognitive, not experienced as being in the mind or brain, and which arises from and is experienced by the body; furthermore, Gendlin postulates, this felt sense is pre-verbal, pre-reflective and pre-conscious and is essential to making meaning. Similarly, Schultz's switching process closely resembles the meaning making process described in the Buddhist phenomenological model (see page 49) in which meaning is instantiated in and by the whole person.[23] In the Schultz model, Step 12 describes making new meanings accessible to lexical consciousness happening at what appears to be a metacogntive, implicational level. This is the level which Teasdale and Barnard (1995) proposed that schematic implicational models are held, models which can be changed by proprioceptive information arising from the body (pp. 66-67).

Since Luthe (1970) was a central figure in translating and adding to Schultz's original concepts and in collating the experimental work done on AT up to the mid 1970s, his theoretical perspectives on the possible mechanisms of action of AT also deserve mention. Amongst these is a model in which trophotropic (parasympathetic nervous system), or recuperative healing processes, dominate ergotropic processes (sympathetic nervous system) (pp. 124-133). Cahn and Polich (2006), (referencing Fischer, 1971 and Gellhorn & Kiely, 1972) note that "this is an early theoretical model for understanding the neurophysiology of meditative states and traits, (using) a

[23] The similarities of the Schultz switching process to the Buddhist pratīty-samutpāda conceptual model of dependent co-origination are set out in more detail in a chapter on relational Buddhism for psychologists (Naylor, 2010, pp. 289-301).

continuum of autonomic arousal from parasympathetic (trophotropic) to sympathetic (ergotrophic) dominance". They go on to note that as of 2006 there was not enough brain research to make distinctions between different meditative practices at the level of the central nervous system and the brain. As previously mentioned, the work of Miu et al. (2009) continues the investigation into the importance of persistent anxious arousal on the autonomic dysfunction, and the role AT may play in its reduction.

While Luthe references homeostasis, his emphasis is on what he calls "brain-directed" healing on all levels proceeding from regular AT practice. In this sense Luthe's formulation can be seen not only as following Schultz's formulations, and Cannon's, but foreshadowing an allostatic model. In other words, the brain itself, holding conscious, pre-conscious and non-conscious material, 'knows' what to heal, when to attempt it, and what psychophysiological mechanisms to use to do so. This is consistent with the metaphoric idea that the brain is a sophisticated type of homeostat which has very broadly adaptable and flexible mechanisms for instituting self-healing processes throughout the entire organism.

Historically the function of 'reduced arousal', 'attention shift' and 'distraction' have been central to discussions of all RTs possible mechanisms of action. This construct has been further described by Wells (2005) in a paper about detached mindfulness. Taking into account the shifts in the ways psychologists 'language' over the last 60 years, Wells' construct bears striking resemblance to Schultz's model (1973, p. 322). The Wells model (2005, p. 340) features meta-awareness (consciousness of thoughts), cognitive de-centering (comprehension of thoughts as thoughts, not facts), attentional detachment, low conceptual processing, and low goal directed coping. The Schultz model features critical self-observation and elimination of judging (consciousness of thoughts as thoughts, not facts), increased awareness along with relaxation (no goal directed coping behaviours), decreased judging (thoughts as thoughts, not facts), and ego detachment (yielding to no conscious conceptual processing). The increased awareness in the Schultz model is not only of cognitive contents, it includes somatosensory phenomena and it yields to a 'disintegration of meaning'. Schultz proposed that this disintegration, which comes about as the circle of conditioning breaks, brings self-healing changes to meta-cognitive contents and processes without conscious reflection or critical reflection.

Recently, Yurdakul et al. (2009) used "an abbreviated form of grounded theory"[24] (p. 403) to develop a preliminary conceptual model of how Autogenic Training was perceived to be working from interviews of 12 women who were moderately to severely anxious at the time of learning AT. They had learned the technique in a group setting at the Royal London Hospital for Integrated Medicine within eighteen months of the interview. Figure 1 of the authors' report "shows five of the six main categories of experience we derived from the interview data. The sixth was not part of AT itself but rather contrasts it with other therapies participants had experienced". These categories were: "(1) Learning AT in a group; (2) The Core AT experience; (3) Practising AT in everyday life; (4) I'm a different person: enhanced well-being and coping; (5) The offloading exercises; and, (6) AT in relation to talking therapies" (p. 410). The authors' Figure 1, which is their "Preliminary model of the psychological processes in AT for *anxiety*"[25] is reproduced in Figure 2-2 on page 69.

The authors raise the question of how thinking could be changed when AT is a method which does not directly challenge negative thoughts at the propositional level (cf. Teasdale, 1999, and Teasdale & Barnard, 1995). The authors suggest that direct changes at the implicational level of meaning (Teasdale, 1999) along with greater meta-cognitive flexibility (Wells, 1999) may be contributing factors (pp. 417-418) for changing thinking. They further suggest that this flexibility and these changes at implicational levels might come about and may be broadened and built upon during and after experiencing positive emotions, as hypothesized by Fredrickson (2001).

[24] See Strauss and Corbin (1998) and Charmaz (1995).
[25] Numbers refer to number of participants who talked about a specific area of experience.

Table 2-4: The concentrative (authentic/true/real suggestive) experience of the switching process [Das Konzentrative ("Echt Suggestive") Umschaltungs-Erlebnis][26]

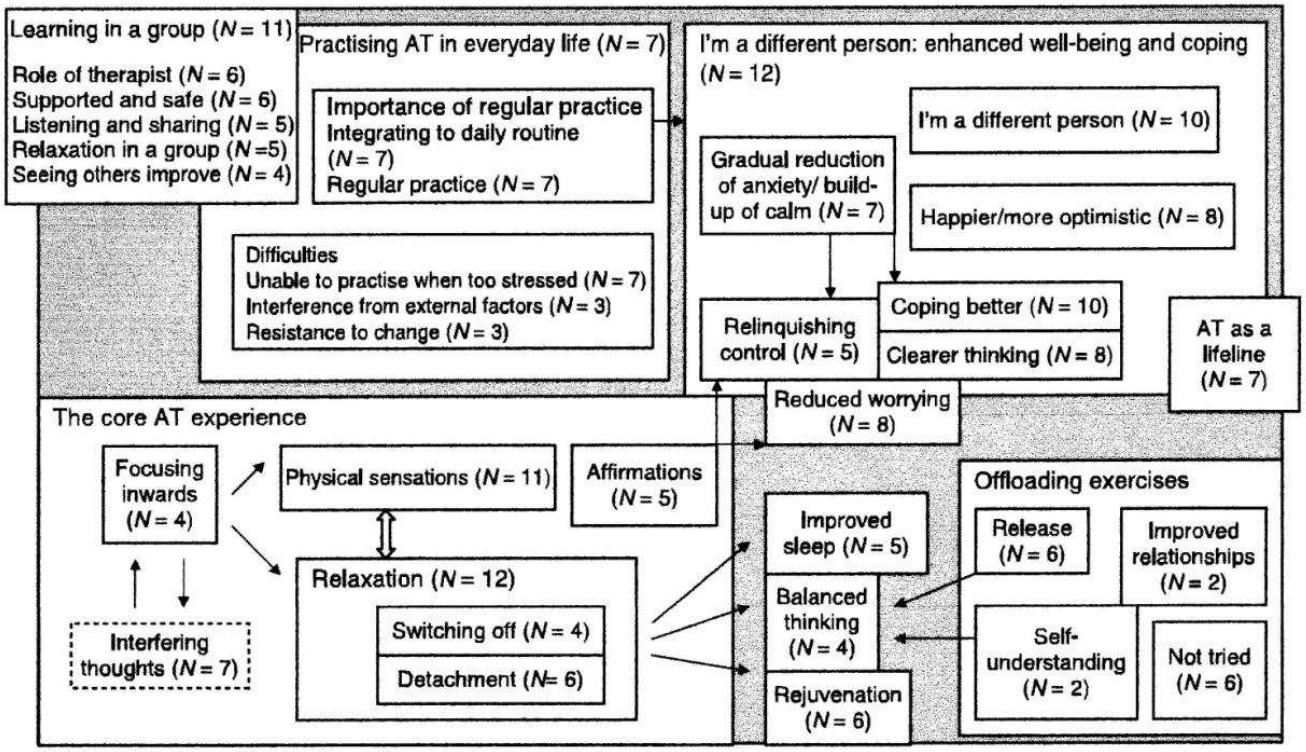
1. Passive Agreement		
2. Centering		
Calmness, through Body Scan		
"Closing Off Outer Distractions"		
"Critical Self Observation"		
3. Closing the Eyes		Passiveness
" Restricting the Visual Field"		
"Introversion – Turning to the Inside"		
4. Somatising		
5. Quiet, Calm, Rest	All is of Equal Value	Deepening
6. Relaxation		
7. Shift from Alert/Awake State of Consciousness		
Awareness of Sensory Stimulation[27] ↑		
Judging ↓ Spontaneity ↓		
"Introspection"		
8. Slowing down		
9. Ego Detachment ("not-self")		
Receptivity ↑		
Knowing ↑		
Coherence disintegrates		
Form transforms & disintegrates		
Meaning changes and disintegrates		
Ego boundaries shift		
10. Affect		
Completely self-generated, Relaxation-Euphoria!		
11. Switching	"physiological"	
Breaking the Circle of Conditioning	organismic	
	"psychological"	
12. Experiencing an evidence that has a quality of redemption[28], *"visualised comprehension", "seeing the 'picture'"*		

[26] A copy of this Table in German is found in Appendix 11.5, page 292.

[27] Getting to the threshold situation, awareness of it from within, refer to autogenic discharges, the ability to be consciously aware of sensory stimulation increases.

[28] To be free, to have freed yourself – this is a healing release which arises from within the self, freeing from all kinds of connections and relationships and ties that bind metaphorically. The imaginary world (the inner world of entertaining possibilities), seems to be opened by the evidence.

Figure 2-2: Figure 1, Yurdakul et al., 2009, p. 410



2.6 Conclusion

In summary, Schultz-type AT is a self-directed passive psychophysiological relaxation practice which focuses attention non-judgmentally on parts of the body in an orderly mantra-like sequence. It includes positive affirmations, or auto-suggestions, relating to the situated body's automatic, self-organizing operation ('It breathes me') and the person's state of mind ('I am calm/at peace'). Like other meditative practices, AT has as its core process the development of the 'witnessing observer' and thus, for some practitioners, the workings of the mind may become apparent. This may lead to analytic or insight meditation experiences. Additionally, and/or alternatively, as Schultz proposes, the person may enter a state of deep 'relaxation euphoria', which is often the outcome of concentration meditation practice. In either case, the 'circle of conditioning' at the level of meaning making is said to be broken.

All current hypotheses about AT's mechanisms of action focus on cognitive factors. Whilst reduction of physiological arousal is integral to AT, it was not hypothesized by its developers to be the most important active ingredient. Instead, development of the non-judgmental witnessing observer takes center stage. The AT trainer and the group (if any) may come into play as active ingredients, serving as witnesses and guides to a developing interest in and ability for self-care. There is also a burgeoning literature on the possibility that disturbed sleep may both initiate and maintain pathological anxiety, and there is expansion of a continuing body of research into AT's impact on autonomic functioning. Thus, ATs ability to improve sleep (functionally reduced autonomic arousal) may be another key active ingredient, a mediator that induces reductions in worry and anxiety, along with concomitant improvements in memory consolidation and clarity of thought.

The important question about AT remains, the same one which Williams (2010) raised about mindfulness: does AT have an impact, and if it does, how does it do so? Deepening our understanding of which components of the AT protocol are important to learners, and how they might be working together has potential, for example, to help AT therapists determine when and how each component is best introduced to trainees and how they are best utilised over time. The same could be true of learning

more about how the cognitive elements of the AT programme may be working to influence action in the world. A theory might have broader application than an outcome study as it has potential to point to ways the training and the application of the technique are best carried out.

Also, because of the overlap in AT's components with various multi−component relaxation therapies, in some areas a theory emerging from a GT study has potential to be analytically generalisable to these. For example, understanding which attentional and focusing techniques people use and for what purposes and in what conditions not only in AT but also in other kinds of everyday relaxation might be pertinent to the ways Applied Relaxation techniques (Öst, 1987) and Mindfulness-Based Cognitive Therapy (Williams & Duggan, 2006) are taught and used as well. And adding to our understanding of how sleep improvements brought about by AT practice are perceived to impact on anxiety may have implications for other relaxation therapists using other methods and for sleep researchers.

Finally, although it is clear to AT therapists and from controlled and uncontrolled studies that AT has an impact on anxiety for most anxious people who consistently practice the method, it is not clear how AT does this. The research questions posed by this thesis, then, are twofold: (1) "How does relaxation in general work?" and, (2) continuing with Yurdakul et al.'s research, "How do components of AT practice work together and separately in an anxiolytic process?"

3 Research strategy: Grounded Theory analysis methodology

To not privilege the healthcare context as an essential element for developing an understanding of how AT may be working whilst building on the work by Yurdakul, Holttum and Bowden (2009) and to provide context to the questions raised about AT, two interrelated studies were undertaken. First, an exploratory study of relaxation as done by people who self-assessed as no more than mildly anxious was done in 2009-2010. Then, a study of Autogenic Training, as done by people who were clinically assessed as moderately to severely anxious at the time of learning the method was done in 2010. This chapter introduces the research strategy for both studies. It begins with a very brief description of the classical Glaserian grounded theory analysis (GT) approach, explains why I chose this method for each of the studies, and briefly sets out my approach to its use.

3.1 Brief overview of the GT analysis methodology

The GT analysis methodology was developed by Glaser and Strauss (1967) in the 1960's to fill a gap in the then current approaches to sociological enquiry and theory development. Grounded theorizing is a method of analysis which can be applied to qualitative and/or quantitative data. Whether the method is used to develop theory in a new area or to build on a trusted extant theory (see Artinian, Giske and Cone (2009)), grounded theory analysis is a method that focuses on data for the sole purpose of developing concepts from it. It is from these concepts, using the comparative analytic method, that a theory grounded in the data then may emerge. The cornerstone of the traditional GT method is that "most hypotheses and concepts not only come from the data, but are systematically worked out in relation to the data during the course of the research" (p. 6).[29] The primary relationship, therefore, is between the analyst and the data itself. The analyst's systematic working out process

[29] Note: In this current study, Yurdakul's raw data was re-analysed, and aspects of the model developed by Yurdakul, Holttum and Bowden (2009) were referenced as appropriate during discussion of the emergent theory. GT analysis thus clarified and extended the model, as Artinian, Giske and Cone (2009) describe. For further discussion of this aspect of GT, see Section 3.4, page 79 of this thesis.

is documented in memos. These memos describe (a) the coding of data, or incidents, at open and conceptual levels, (b) the constant comparative analysis of the data and associated memos, and, (c) the ideas, models and hypotheses arising during analysis. Thus, the two core processes for grounded theory analysis are coding and memoing, and these take place in a contextual process called 'constant comparison'.

The constant comparison process is one whereby incidents, or examples of a concept, are compared one to another as they are coded in order to establish the "underlying uniformity [in the data] and its varying conditions" (Glaser, 1978) and the concepts and hypotheses which arise from them. Particular emphasis at the start is placed on identifying the concepts which express the main concern of participants and how it is constantly resolved, as these concepts are reflected in the data. The process of comparing between concepts is memoed as it proceeds, and the memos themselves then become data for further analysis.

When coding yields no new properties or dimensions for a given concept, this concept is then considered to be fully elaborated and verified, or 'saturated', and no further coding on this concept is done (Glaser B. G., 1978, pp. 49-51). In this way, constant comparative analysis ensures the closeness of fit between the raw data and the conceptual and theoretical codes, and the hypothesised models and theory arising from them. It also ensures that the analysis process is delimited and does not become protracted or overburdened with focus on the data to the exclusion of developing theory specific to participants' main concerns (Holton, 2007, p. 238ff).

Analytic focus involves not only creativity and openness, but also a degree of distance from the area of enquiry. This can be achieved by (a) not beginning the work with logical deduction from ungrounded assumptions and (b) by not ending the work with explanations of the data by opportunistic uses of existing theory. In the middle of working, distance is maintained by using comparative techniques appropriately, and by conferring with academic advisors and peers to surface and reflect upon assumptions which are not grounded in the data and which could thus inadvertently skew the analysis. To develop a parsimonious theory, conceptual memos of these activities (coding, comparing and analysing, and reflecting) are sorted along emerging theoretical lines to develop theoretical concepts, and to

reintegrate them into theoretical models and a substantive theory which fit the data (Glaser & Strauss, 1967, pp. 21-43). Also, as Glaser writes, developing concepts and hypothesising how they may be linked together theoretically using the constant comparison method is an inherently credible process. The final product, a theoretically integrated set of abstract, theoretical codes, brings the concepts together in a workable, practical way.

Theoretical sensitivity is central to the analysis process. Theoretical sensitivity "refers to the researcher's knowledge, understanding and skill, which foster generation of [substantive] categories and properties and increase the ability to relate them to hypotheses..." (Glaser, 1992, p. 27). Glaser goes on to say, "since so much of originality or creativity is not new ideas – since most ideas are already known in some way – but new connections between conceptual ideas, this puts a premium on the discovery and adept use of theoretical codes, which are the connectors" (p. 29). But, categorizing the data along substantive and theoretical lines so that theoretical sampling can proceed effectively may be "contaminated, constrained by, inhibited, stifled, or otherwise impeded" (p. 31). This may happen when the research process is constrained by time, by expectations of supervisors, or by researcher inexperience with the method, for example, or if the researcher imposes extant theories or hypotheses on the sampling process which do not emerge directly from the data.

Classical GT is about developing hypotheses of how the concepts which emerged from the data itself may be theoretically connected by allowing the data itself to guide the analysis; extant theories are not the guide. New connections between conceptual ideas do not easily arise without letting go of preconceptions and without the analyst being willing and able to sensitively open the analysis process to "ah-ha" experience. As Holton (2007) explains:

> Facilitating the emergence of relevant theoretical codes requires close attention to the ideas memoed, submersion at the conceptual level, a balance of logic and creativity, openness to the unexpected, and confidence in following what emerges regardless of how counter-rational [or not, as the case may be] it may seem to extant theoretical perspectives. (p. 256)

During the memo sorting process, the relationships between the concepts emerge along with the theoretical codes which clarify their position and function in the theory. It is in this way, as Glaser points out, that the constant comparison method of analysis "does justice to the data" (Glaser, 1992, p. 5). Clearly, the grounded theory analysis methodology is highly empirical and practical as well as being inductive and intuitive.

3.2 Using the GT methodology for the study of relaxation

A grounded theory tenet is that researchers should be familiar with their discipline,[30] but should not enter their study with a fully conceived idea of what their participants' 'problems' actually are, how they approach them and how they may resolve them. This will emerge early on during raw data analysis (Glaser, 1978, 1992, 1998, 2001, 2005). Whilst there is a qualitative literature on the phenomena of emotion and of cognition, there is little qualitative research on relaxation as a standalone activity, thus entering the field with a fully conceived, literature based idea of what relaxers' problems are would be difficult.

Whilst it is true that relaxation is used as an independent variable or a control condition in many quantitative studies across diverse fields, there were no studies located which focused specifically on practitioners' experiences of the components of specific relaxation techniques as practised in daily life or as learned in clinical settings and then practised in daily life. Theoretically, while relaxation is mentioned in related disciplines, such as in Csikszentmihayli's extensive empirical and theoretical work on 'flow' (1975) in work and play, and in relaxation's role in the extensive hypnosis literature, the largest body of empirical work directly focusing on

[30] To develop my research proposal for CCCU, I carried out literature searches in early 2007 using the keywords 'depression', 'PMR', 'AR', 'Progressive Muscle Relaxation', 'Applied Relaxation', and 'meditation' from 1970 onwards in google, Ovid and BioMed Central. Once my project was approved in late 2007, I carryied out literature searches of Ovid, PsychInfo, Medline, and PubMed using keywords 'relax' and 'leisure' and publication dates between '1920-2007'. Although over 500 citations were reviewed, the only models of relaxation I located were Smith's. In September 2008, as my topic changed focus from depression to anxiety, and as my methodology changed from quantitative to qualitative, I carried out further online searches using the keywords 'anxiety' and 'grounded theory' in Ovid, PsychInfo, Medline and BioMed Central; I also searched the CCCU Library catalogue for relevant books and the British Library for relevant grounded theory doctoral dissertations on 'meditation', 'grounded theory', and 'relaxation'. No further models or theories were located.

relaxation, per se, is Smith's (1999a) work uses structured inventories, and the work of his students published in Smith's edited volume, Four advances in the ABC approach (2001) are based upon these inventories as well.

In comparison to structured inventories, an open interview elicits a first person retrospectively constructed narrative, with all its individual nuances, metaphors, images, and symbols. In contrast, questionnaires constrain the data gathered to the a priori choices of measure, an approach which elicits understandings that are convergent with the measure, while at the same time not eliciting understandings that diverge from the measure. As Tseëlon (1991) points out with regard to methods and systems of representation, "choosing a method is like choosing a language" (p. 299). When seen in this light, a grounded theory approach to qualitative research may be particularly useful in the study of relaxation per se where there is less fully developed theory around the phenomenon.

A grounded theory study of relaxation would not constrain itself to studying only passive techniques. As it would be seeking to understand the main concern of relaxers it would encompass both active and passive techniques, and could include those naturalistically performed as well as those carried out according to clinically accepted standards or protocols. And as it would be developed from the relaxer's viewpoints gathered in interviews, and not from the viewpoint of manuals or clinicians, it may have the potential to more fully reflect the complexity of the relaxation experience unfolding over time and under the influence of a number of emotional, cognitive, behavioural, and physiological states. Core processes and theoretical concepts relating to inhibiting and motivating factors as people proceed through their activity might emerge from such a study. These have potential to offer confirmatory evidence for or challenges to many aspects of the theories and models presented heretofore.

A grounded theory of relaxation might offer insights into the analysis of the experience of people practising the specific components of Autogenic Training. Being more broadly based than the Autogenics study and/or framing the Autogenics study within a wider context might lend more breadth and depth to all the emerging concepts, models and theory, whatever they were. Importantly, as the ethical issue

for clinicians is to ensure that prescription matches symptoms and problems and that prescription is evidence based, a qualitative understanding of relaxation could also be helpful to health care professionals in making ethically appropriate prescriptions for 'worried well' clients and for less well clients who do not or 'cannot' relax.

3.3 Using the GT methodology for the study of Autogenics/Anxiety

Why use GT and why not another approach? One approach for learning more about whether, how and under what conditions the components of Autogenic Training 'work together' would have been to 'dismantle' the components into categories. This approach is problematic from the outset as there is no professional agreement on what the components of AT actually are. Although agreement could be reached hypothetically by discussion with therapists, this agreement would not necessarily reflect the viewpoint of learners. For example, practitioners might categorize components on emotional, cognitive, behavioural and contextual lines; or they might categorize them along structural and functional lines; whilst learners might categorize them on outcome lines, on ease of use lines, or on 'fit' to personality lines.

Setting this issue aside for a moment, and if agreement on how to define and categorise the components of Autogenic Training could be assumed, further research using experimental trials might then be credibly carried out. Barlow and Cerney (1988) used this approach for the evaluation of the treatment of panic disorder. They dismantled their therapy for treatment of anxiety into three components, relaxation (AR), cognitive, and exposure. They then undertook a 30 year cycle of studies beginning in the early 1980s at the Center for Anxiety and Related Disorders at Boston University. Recent work by Huppert, Schultz, Foa, Barlow, Davidson, et al, (2004) focuses on differentiating responses to cognitive therapy and medication, by diagnosis; and, work by Hoffman, Meuret, Rosenfield, Suvak, Barlow, et al., (2007) focuses on searching for cognitive mechanisms of action that may be mediating positive changes in panic disorder, for example.

To be credible, embarking on a dismantling approach for investigating mechanisms of action for Autogenic Training would have to involve at least

pre−test/intervention/post−test with participant random allocation to treatment by different components of AT or to a number of control groups. As can be seen from the example above, this approach would be methodologically complex. It would involve complex statistical analysis (multi-level modelling) and running at least five different treatment groups with different combinations of components, but with the same clinical assessment and management throughout. Such an approach would not be clinically suited to or implementable in either the NHS or a private practice setting in the near term and it would not be cost effective. Finally, it could not investigate perceived mechanisms of action of AT's components from the perspective of practitioners of the method, with the possibility of elucidating why some people improve more than others or why some do not improve at all.

The classical Glaserian GT methodology has the potential to find the patterns of inner and outer experience which may mediate, cause, accompany or follow any changes in anxiety or in the life world, whether for the better or the worse. It also has the potential to let other patterns emerge. These other patterns may or may not initially appear to be directly related to the broader questions: 'What is going on when anxious people are practising AT?' and 'What is their experience of AT's different components?" But these patterns may be central to understanding AT's components and its mechanisms of action singly and together, nonetheless. Thus, GT analysis not only enables unanticipated illumination of the issue being studied, it seeks it. GT then theoretically links the concepts that emerge from the data, illustrating their involvement in any status quo or changes that are reported. This is a feature for potentially building on or incorporating relevant elements of the Yurdakul et al. model (2009), and for commenting on Schultz's model (1973), as appropriate, a feature that is absent from experimental trials.

3.4 My immersion in the grounded theory analysis methodology

When I began data collection, I was immersing myself in the work of Charmaz (2006) and of Corbin and Strauss (2008) as these were the methodologists used by Yurdakul, Holttum, and Bowden (2009). As my analysis of the relaxation data proceeded I began to read more broadly in the development of the method and in its use. Glaser and Strauss's book, The discovery of grounded theory: Strategies for

qualitative research (1967) and Cisneros-Puebla's conversation with Juliet Corbin "To learn to think conceptually" (2004) often appeared to express almost diametrically opposed views. For example, in the Corbin interview, her emphasis was on "put[ing] the effort into doing an in-depth analysis that will lead to theme or concept development" whilst Glaser and Strauss emphasised the development of theory. I then began to familiarize myself more deeply with the debate surrounding the Grounded Theory methodology.

It should come as no surprise to those familiar with the methodology that by the time I came to writing up my first draft of the relaxation theory in December 2009, I realised that what was emerging from the analysis was a 'conceptual description' of my data and that I felt I was in a state of what I subsequently learned Glaser and colleagues call 'data overwhelm'. I also realised to my chagrin that I did not know how to move beyond this stage to emerging theory. Thus, I delved into Glaser's body of work, and altered my approach accordingly. I learned that since Glaser and Strauss wrote Discovery of grounded theory in 1967 divergent paths have been taken by academics and researchers with regard to the way to conduct a grounded theory analysis. Debated in various ways for 40 years, and from a number of viewpoints, discussion of these paths is out of scope for this thesis but for a brief introduction to it.[31]

Broadly speaking the divergent paths are viewed differently by different academics. For example, recently, Emani and Ghezeljeh (2009) explored the differences between what they term constructivist and classical grounded theory as it appears to them to be reflected in nursing literature. They view the divergence as being moves from a critical realist perspective (their view of classical GT) to a subjectivist perspective (their view of Corbin and Strauss GT) (p. 16). Their views, like the other views of classical GT and other methods which take the name GT, are debatable. Indeed, Corbin has remarked to Cisneros-Puebla (2004): "I don't know what the future of Grounded Theory is. There are now many versions of the method

[31] Noting the shift which Glaser clearly describes, Moore (2009) has briefly catalogued the 40 year debate, and interested readers may wish to refer to her discussion of it.

and other than the fact they all share a desire to build theory from data, I don't know exactly what they have in common."

Glaser himself (1992), the author of the classical method,[32] very simply sees the divergent moves of academics and researchers as being away from a methodology designed to develop theories which are grounded in the data, and into methods (not a methodology) which are only capable of developing full conceptual descriptions of the data, and not theories (p. 3). Glaser (1998) terms all the philosophical and methodological debate about the divergence and the reasons for it a "rhetorical wrestle" which has not emerged in a grounded way (p. 35). These points are underlined and reiterated in the training seminars which Dr. Glaser and his colleagues run in Europe, the United States, China, and other locations worldwide (Grounded Theory Institute, 2008), two of which I attended in 2010.[33]

Shifts in the cultural and philosophical landscape arising between the 1960s to the 2000s regarding ways of knowing are implicated in the debate, a debate between positivist, postpositivist, empiricist, social constructionist, and other positions. Symbolic interactionism is also mentioned, but its influence on the classical method is strenuously denied by Dr. Glaser himself (2010). These debates about classical GT illustrate how difficult it has been to place the methodology ontologically. Holton (2007) further points out, "Charmaz has identified the crux of the matter (lack of explicitness in the seminal work of Glaser and Strauss (1967), and the futility of attempting its resolution through such a search [for a philosophical position]... as [the methodology] transcends the specific boundaries of established paradigms to accommodate any type of data sourced and expressed through any epistemological lens" (pp. 265-266).

Meanwhile, the basics of the classical GT analysis methodology remain the same. Glaser (1998) is clear. The goal is to analyse the structure of what is going in the scene of interest in the social world with the aim of elucidating the theoretical relationships between the observed processes and structures, keeping in mind that

[32] Dr Glaser (2010).describes the development of the method thusly: Dr Strauss collected field data in the form of notes, not verbatims, and Dr Glaser developed the analytic method.

[33] As an active participant, I had opportunity to present my anonymised data for open coding with a view to discovering the study participants' main concern and core way of resolving it.

"all is data" (p.8). The basics of the method are that the focus of enquiry is on individuals and groups who together construct their actions or processes within a pre-existing context which is mutable, and that although these actions and processes are described variously by different people, they are real and exist in the world (pp. 8, 9). Thus, they are knowable (forming the 'evidence' insofar as they can be internally felt and described, and/or can be externally observed) (p. 26). Their latent patterns can be described and made manifest in the form of theory when the classical GT methodology is used to guide the knowing (p. 26). This knowing is not to be forced into a pre-existing theoretical frame nor is it to be logically elaborated by the researcher (pp. 81-107). It is always hypothetical and is useful only insofar as individuals and groups agree that it 'works' and 'fits' their processes and actions (p. 17). Thus, it is modifiable and changeable as and when new data emerges which requires the theory to be adjusted (p. 18).

Essentially, the role of the analyst is to gather data using the methodology, to constantly compare, and to elucidate emergent theory in the process. Thus, theory is 'constructed' as it emerges from the scene of interest and from other relevant data, all in the context of the researcher's level of theoretical sensitivity, and in light of the interviewee's 'reality' in the broadest sense of this word. In this way, as Glaser (1978) remarks,

> grounded theory is a perspective [amongst many] on both data and theory... It is a succinct, interesting, and easy way to remember the data and a transcending way to view it... it is but one theory on where theory may profitably come from, and one method of how to obtain it. (p. 3)

Whilst the method is difficult to place ontologically (Andrews, 2003), for the purposes of identifying and clarifying a philosophical approach which might 'work' and 'fit' the method, recent doctoral candidates have anchored it within a number of camps including critical realist (Holton J. A., 2006), positivist (Andriopoulos, 2000), and relativist (Andrews, 2003). As Andrews (2003) remarks: "The writings of Glaser need to be read in their entirety to enable a more complete discussion of these issues to take place, while taking account of its conceptual nature" (p. 69).

Finally, as regards my research, of practical interest is the simple fact that Glaserian GT is a methodology which has been in use in health care settings for 40 years. It has been embraced by the nursing profession, who form a large part of my audience. Most recently Artinian, Giske and Cone (2009) have compiled a series of studies from nursing colleagues whose theoretical propositions illustrate nine of the 18 theoretical category families described by Glaser (1978) in Theoretical Sensitivity (pp. 72-115). Artinian et al. provide two studies illustrating each of nine theoretical coding families. Both my studies fall into the Glaserian basic social process mode.

3.5 My implementation of the method

I am like Glaser in that my ontology cannot be pinned down. My preference is to take the position that everything known is known through the body and in an essentially embodied way. As Lakoff and Johnson (2003) point out, humans conceptualise and speak largely in metaphors arising in infancy and childhood from the body's experience in space/time and in a community of other people and entities. It is from this perspective that I say I am a realist, accepting at face value that what participants in my study tell me is their truth at the time, insofar as they know it and are able to tell it to me. Because saturation of concepts is the benchmark process for moving forward with the GT methodology, and not exhaustive collection of descriptive data from every participant, whether a specific participant tells me their 'whole story' or does not and whether every story told contains incidents illustrative of every theoretical concept or does not is irrelevant to the methodology and to the goodness of fit, practical relevance, and parsimony of the emerging theory.

4 Understandings

This chapter sets out the concept of understandings as they relate to my work. It highlights those I began with, those I surfaced and clarified over the course of the relaxation study, and those I carried forward into the Autogenics study.

4.1 Starting

Lincoln and Guba (1985) suggest that the concept of 'understandings' refers to all criteria which "denote arbiters of preference of choice" which may underpin an enquiry. These include "assumptions or axioms, theories or hypotheses, perspectives, social/cultural norms, and personal or individual norms" (pp. 160-161). On the basis of this definition of "understandings" I am reflectively setting out my positions, focusing on those which I believe materially impinged on my thinking as I progressed through my research.

My lifelong love of research, my association with the British Autogenic Society, my clinical work, and the few 'pet' hypotheses I held in the back of my mind about the way AT might work were strong motivators for me at the start. As for the body of knowledge I brought to the work, this was more difficult to 'suspend'. However, because data gathering and involvement in the analytic process are consuming, I was forced by circumstances to put the knowledge (and the models and theory) into my pre-conscious mind at the start. I then drew on them as and when they were needed to further my thinking, memoing, and data gathering processes. As Glaser (1978) advises regarding the use of data other than that gathered during field research:

> Once it is safe to go outside the data for comparisons with other data, [the analyst] may even take on kinds of incidents that are not arrived at through systematic research, but can be helpful. This class of comparisons is called experiential incidents. This refers to anecdotes and stories, which are given by the analyst himself or by others, that seem to compare to the data.... The prominent class of outside comparisons is the literature. (p. 51)

4.2 Personal perspectives

I have expectations of research developed from my experience on a wide variety of needs assessment, product, price, and performance studies using quantitative and qualitative methods projects which I managed in public and private industry in the 1980s and 1990s. The work was rewarding and political. In business, descriptions of behaviours and explanations of findings with rhetorical power were often used for expanding political, economic, and social capital. That said, when my work underpinned successfully funded projects, like a major mental health centre in a culturally deprived neighbourhood in inner city Boston, or brought welcome organisational change to a bank division soon after the end of apartheid in South Africa, I felt it was worth it. I am, as I have said, a practical person who wants to see bottom line results and in the case of my current research, I hoped to see a theory emerge that 'works' and 'fits' in ways which could be practically relevant.

4.3 Professional experience with autogenic training

I have close associations with a number of British Autogenic Society autogenic therapists in private practice. Because I seek out training in therapies which have a strong evidence base for their acceptability and effectiveness, Autogenic Training appealed to me from the start. At the time I earned my Diploma in Autogenic Training, I was conceptually but not specifically aware of gaps between what was taught in the AT Diploma course and wider pool of knowledge in the field. My hope was to work with the Society to add to their knowledge base and to my own.

4.4 Professional perspective and values

I wanted to add to what is already hypothesised about Autogenic Training. Hopefully, a theory that had practical relevance, was expressed in current language, and derived from the user's, i.e., the trainee's, viewpoint would emerge from the analysis. My business experience had convinced me that customer oriented marketing is always most successful, and through my research I hoped to learn more about issues related to branding and marketing autogenics, messages I could pass along to the British Autogenic Society. Was continuing to brand and market AT as a

'relaxation therapy' counter to the experience of trainees at worst or too narrow at best? Was there an alternative message that could have more power to attract people to learning the method? Was there a way of making the message 'relaxation therapy' more relevant? These and similar questions occupied my mind.

I was particularly concerned that National Institute for Health and Clinical Excellence (NICE) was applying review criteria suited to clinical drug trials to psychotherapeutic interventions. This may have been a factor when Krampen's (1999) work on the significant impact of AT plus cognitive psychotherapies on depression relapse was not considered in the last review of treatments for depression. Alternatively, perhaps it had simply been overlooked. Since review criteria are shifting toward more acceptance of qualitative work, I hoped to add more to the pool of literature which could be submitted to NICE during the next review cycle for treatment of anxiety.

4.5 *Hypotheses about AT's mechanisms of actio*n

At the process level of 'how AT's components might be working', I had a few hunches. I thought that the Luthe's Intentional Exercises, which had never been directly examined in either a quantitative or a qualitative study,[34] were classical self-graded 'flooding' techniques? Were they experienced that way? Another under-researched aspect of AT was the autogenic discharges which Schultz (1973), Schultz and Luthe (1969), and Carrington (1998) suggest are central markers of AT's core healing process. Carrington points out these are common to all meditative processes (p. 96), and as I had also experienced them myself during Jungian analysis, cognitive therapy, and AT practice, I hoped interviewees would spontaneously talk about the discharges. If they did, this had potential to lend further justification to focused quantitative and qualitative work in this area.

I knew not only from the literature but also from personal experience and as an AT therapist that AT can reduce anxiety (Naylor & Marshall, 2007). Many clients

[34] Although these exercises form part of the United Kingdom protocol, they are not in common use in any other country, to my knowledge. None of my literature searches has found extant peer-reviewed quantitative or qualitative studies (including case histories) which directly address the use of these exercises.

had remarked on how some of AT's components worked or did not work for them, but there were gaps in their examples. In any case, I did not want to fall into the trap of 'exampling' (Glaser & Strauss, 1967, p. 5), taking my own hypotheses and finding 'examples' from my clinical practice which 'substantiated' my ideas.

Whilst these ideas might be useful further along in the analysis as what Glaser (1978) terms "experiential incidents" (p. 51), I first wanted to see what hypotheses would emerge from analysis of systematically collected data. Whilst I had had some feedback on the way my own clients thought about how AT components might be working for them, I did not know which components they found most and least helpful beyond the eight week training course as I worked with people only at the start of their practice. Talking with people who had longer term experience with AT had potential to fill in this gap in my knowledge, too.

4.6 Body of knowledge

For the purposes of developing theoretical sensitivity it was vital for me to re-immerse myself in the discipline of psychology, and its related disciplines, with particular emphasis on anxiety. It was also vital to identify and suspend any idea or hypothesis of what participants' 'problems' would be, or to force 'pet' hypotheses (mine or other people's) onto the data collection process at any point. That said, as I was seeking to build on previous research in the area by Yurdakul, Holttum and Bowden (2009), the direction of the semi-structured interview guide was partially set by this prior work, and my initial view of what grounded theory analysis and any emerging theory entailed and could 'look like' was also set by this study.

In this way a number of pre-conceptions entered the work at the start. But as Glaser (1978) observes, "if one is forced to pre-conceive data, for a grant proposal (for example), the *Six C's* of a basic social process (causes, contexts, contingencies, consequences, co-variances, and conditions) are good to elaborate" (p. 74). Although I had not read Glaser's work at this time, retrospectively, it is clear that this Six C approach was reflected in both interview guides and in the submission to the National Health Service Research Ethics Committee.

I brought an area of interest to my work, a tentative research agenda, a completely untried understanding of the methodology from reading Charmaz (2006) and Corbin and Strauss (2008), the Schultz (1974) and Yurdakul, Holttum and Bowden (2009) models of how AT may be working which were discussed in Chapter 2, and a larger body of knowledge directly and indirectly related to the field of inquiry. I went to conferences and read as widely as I could in anxiety, relaxation, methods, autogenics, meditation, Buddhism, philosophy, and social constructionism in order to get a broader viewpoint and to 'catch up' where I had been out of the field academically for 30 years. Whether and how much these diverse literatures influenced my thinking (as true understanding involves reading more than once), or might be relevant to my immersion in the gathered data and my analysis of it, remained wide open at the start of my data gathering. But it was during this time that I finalised a chapter I had written in early 2008 for a book on Buddhist psychology (Naylor, 2010). This book chapter points out some of the intersections between the Schultz model of the Autogenic Switch and the Buddhist *pratīty-samutpāda* conceptual model of dependent origination (Lusthaus, 2002).

In this sense, the influence of my understandings was pervasive and difficult to immediately suspend. But, as a novice user of the grounded theory method I had to learn to trust myself and the data to the analysis process. Wilson (2008) has described in detail the vagaries of this 'learning to trust' process which the novice GT researcher faces and they mirror many of my own. I hoped the relevance of that knowledge would come clearer as I wrote my memos and discussed my interpretations with supervisors and others. I discovered Glaser's extensive work midway in my process, and have revisited and re-worked my analysis based on my clearer understanding of the classical methodology.

As for my body of knowledge, the phenomenology and psychology of meditation was uppermost in my mind, as I have always understood that a meditation process is central to Autogenics. In addition to the two AT models, Smith's (1999) conceptual model of relaxation, also presented and discussed in Chapter 2, continued to interest me.

4.7 Retrospective review of my interests, positions, and assumptions

I moved forward with my initial sampling and interview guide for the relaxation study without a clear understanding of them from a philosophical or methodological viewpoint, and I proceeded less reflectively than might be ideal professionally, but as appropriate personally. On the other hand, within the frame I had set, my mind was then wide open to possibilities, as I had no idea or pre-conceived notion of what people in the community would or would not tell me about their relaxation experiences. Thus I was thinking both concretely (as directed by the interview protocol) and abstractly (as guided by my participants) when I began.

As Kathy Charmaz remarked in dialogue about interviewing ethics with Phyllis Noerager Stern and Barbara Bowers: "If you have an attitude of openness, people pick up on it and they'll tell you the things that you never expected" (Stern, 2009, p. 84). Holton, Scott, and McCalin (2010) make the same point in the Grounded Theory Seminars, saying, in essence, that interviewees will 'spill' what their main concerns are and how they continually resolve them if the interviewer is open and allows time for the interviewee to 'feel' their way to divulging what is important to them, even though the initial set of questions may be viewed as being overly proscriptive. As Holton (2007) points out:

> to remain truly open to the emergence of theory is among the most challenging issues confronting those new to grounded theory. As a generative and emergent methodology, grounded theory requires the researcher to enter the research field with no preconceived problem statement, interview protocols, or extensive review of literature. Instead, the research remains open to exploring a substantive area and allowing the concerns of those actively engaged therein to guide the emergence of a core issue" (p. 269).

How I think the openness I brought to the table played out in my study was this. Even though the interview was somewhat directive in nature, even though there were time constraints, and even though the interview venue was public for the first eleven interviews, people revealed themselves in some depth, and I was able to proceed with a great deal to think about and work with over the coming months.

5 Methodology

This chapter has two aims: (1) to discuss the project's aims, design, ethical considerations, field data collection procedures, and quality issues for both studies; and (2) to illustrate how my data analysis approach changed direction during the first phase of the project.

Sections 5.1 through 5.6 achieve the first aim. Section 5.8, Data analysis, achieves the second by tracing my development as a novice grounded theorist. As I worked with the relaxation study data, I found myself naturally moving away from being an analyst who attempted to follow the Corbin (Cisneros-Puebla, 2004), Corbin and Strauss (2008), and Charmaz (2006, 2009) qualitative data analysis (QDA) approach to grounded theory analysis. As I read more and more about the method, I was drawn to using the classical Glaserian grounded theory analysis methodology (GT) (Glaser, B. G., 1978, 1992, 1998, 2001, 2005, 2010), a methodology which is distinctly different to QDA methods, regardless of whether or not they call themselves GT. As Glaser (2001) notes when comparing the QDA and GT, "GT has a delayed action learning curve that could take 1-1½ years contrasted to QDA which is learned very quickly at points and less so at other points depending on the method mix used" (p. 42). For me, the shift to classical Glaserian GT took almost two years. In the process I matured as a researcher, and it is my intention to show some of the steps I took along the way in this maturation process.

5.1 Research aims

My research aims broadened as my work progressed. The initial intention was to study if and how Autogenic Training, a passive psychophysiological relaxation method, may be working for people who were moderately to severely anxious at the time of learning the method at the Royal London Hospital for Integrated Medicine (RLHIM). I decided to contextualize this study, taking the focus off the single unit of analysis as initially conceptualized. As Glaser (1998) points out, "organizational or unit boundaries constrain the research and frustrate the generation of theory" and "forces conceptual description at best, not theory generation" (p. 85).

Moving beyond the single unit (people who learned AT at the RLHIM) broadens the research aims and increases methodological purity. This broadening was done in three ways. Initially, I expanded my scope to include an exploratory study of how relaxation (whether passive or active) is done by and works for people who are not moderately to severely anxious. This decision is in keeping with the classical GT methodology, which, as Glaser (1998) says, expects the researcher to approach the field of enquiry as broadly as possible and without any "preconceived problem" (pp. 126-127). Later on, and because the substantive theories emerging from the project had potential to impact on how autogenic therapists work with anxious clients, I decided to recruit participants from their client lists in addition to RLHIM hospital trained clients. I also decided to talk with willing autogenic therapists about how they work with anxious clients and to gather materials they used with them. Finally, in the latter stages of data collection and whilst working with autogenic therapists, I was serendipitously offered the AT Diaries of moderately to severely anxious people who had learned AT in groups in the community. This diary data had the potential to be of great value for saturation of concepts, as it was an extensive database of how AT learners described their lives and their learning and practice experience of Autogenic Training as they were introduced to the method. Unlike the interview data, it was not retrospectively recalled description of the AT practice over time; it was a narrative journey documented on the spot.

Figure 5.1, on page 91, is a timeline of the recruitment process. Table 5.1, on page 92, sets out data type, source, collection date and mode, ethical review board and approval date, and word count. Table 5.2, on page 93, sets out participant demographics by data type.

Figure 5-1: Recruitment timeline

January 2009	February	March	April	May	June

Community recruitment and interviewing (0-to mild anxiety)----------→

July 2009	August	September	October	November	December

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January 2010	February[35]	March	April	May	June[36]

BAS & RLHIM clients recruitment and interviewing (moderate-severe anxiety)---→

July 2010	August	September[37]	October	November	December

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BAS Therapist recruitment and interviewing----------]

Diarist recruitment----------→

January 2011	February	March	April	May	June

----------] Yurdakul (2003) data set released ----------→

July 2011	August	September	October	November	December

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[35] Grounded Theory Institute Seminar, Oxford, England
[36] Grounded Theory Institute Seminar, Mill Valley, California
[37] 500 Diaries offered to the project by Dr John English

Table 5-1: Data collection: type, source, date collected, collection mode, ethical approval, interviewee/diarist word count

Data Type & Source	Collection Date	Mode of Collection	Ethical Review Board/Approval Date	Word Count
Interviews: zero to mild anxiety, community volunteers[38], n=21	March – Dec 2009	Face 2 Face & Phone	CCCU[39] 2009	22,000
Interviews: moderate to severe anxiety, RLHIM clients, n=7	April – Oct 2010	Face 2 Face & Phone	NREC[40] 2009	64,650
Interviews: moderate to severe anxiety, BAS Therapist clients, n=6	April – Oct 2010	Face 2 Face & Phone	CCCU 2009	43,520
Interviews: moderate to severe anxiety, Yurdakul 2003 data set from RLHIM clients, n=12	2001 – 02	Face 2 Face	NREC 2010[41]	75,875
AT Diaries: moderate to severe anxiety, n=34[42]	1985 – 95 and 2010	n/a	CCCU & NREC, 2009	151,065
Interviews & training materials: BAS member therapists, n=5	2010 –11	Phone, Post	CCCU 2010	n/a

[38] Two community participants reported learning a relaxation technique when moderately to severely anxious. These interviews are not counted in the n=21, and they were only used in this research as explained in Section 5.9.

[39] Department of Applied Social and Psychological Development Ethics Panel, Canterbury Christ Church University

[40] National Research Ethics Committee, Central London REC 4

[41] These Interviews were conducted at RLHIM. Approval to review the anonymised raw data was sought and granted in late 2010. The data was released to me in 2011.

[42] Thirty diaries collected from 1985-1995 by Dr John English were included in the analysis. Four people I interviewed in 2010 also provided diaries to this project.

Table 5-2: Participant demographics by data type

Data Type, Source & Date	Gender	Age	Marital Status	Occupational Sectors
Interviews: none to mild anxiety, Community volunteers (n=21)[43]	F=12 M=9	Mean, 45; sd=15	Living with others= 12 Living alone = 4 Unknown = 5	Psychotherapist/ Psychologist, Teaching, Coaching, Management, Student, Labourer, Business Owner, Journalism, Financial Services
Interviews: moderate to severe anxiety, Community volunteers (n=2)[44] & RLHIM and BAS Therapist clients (n=13)[45]	F=11 M=4	Mean, 45; sd=12 Mean, F=49 Mean M=36	Married = 10 Single = 3 Divorced = 2	Sales, Homemaking, Healthcare, Financial Services, Student, Teaching, Journalism, Engineering
Interviews: moderate to severe anxiety clients of RLHIM, Yurdakul 2003 data set	F=12	Mean, 49; sd=12	not available	not available
AT diaries: moderate to severe anxiety	F=23 M=11	n/a	n/a	n/a
Interviews & training materials, BAS member therapists	n/a	n/a	n/a	Therapist

[43]Community volunteers assessed their own well-being. See next Footnote.

[44]Two community volunteers described learning a relaxation method whilst moderately to severely anxious. These descriptions are not included in analysis except as described in Section 5.9. One of these two volunteers also described non-anxious, current state use of the method learned 35 years prior; this portion of the interview is included in the analysis set out in Chapter 6.

[45] Four interviewees also provided diaries.

5.2 Overview: Participants and settings

I sought participants with two different levels of anxiety for interview about their relaxation activities and interviewed them in two distinct phases. Participants for Phase 1 were to be from the community and self-assess as having none to mild anxiety levels and participants for Phase 2 were to be clinically assessed as having moderate to severe anxiety levels. Participant demographics are set out in Table 5-2: Participant demographics by data type. Participants recruited by BAS AT therapists (including diary-only participants) and by the RLHIM AT Department were clinically evaluated for anxiety levels prior to learning Autogenic Training. Only those clients who had been assessed as being moderately to severely anxious at the time of learning AT were recruited for interview. Community participants self-reported their well-being levels (see Appendix 11.7, Interview Guides).

An opportunity to recruit community participants to the Phase 1 exploratory relaxation study came in early 2009. The London Branch of the British Psychological Study was holding a one-day event in mid-March 2009, titled Psychology for All. This event was designed for people to learn about advances in psychology and it was open to the general public for a nominal fee. Twelve people, two men and ten women, volunteered to talk with me face to face on the day. Nine more people from the community were recruited from attendees at Surrey Economic Partnership monthly business breakfasts, and from members and friends of Blackhorse Apiaries in Woking, Surrey.

For the Phase 2 interviewing, which began and was completed in 2010, moderately to severely anxious participants were sought from clients of British Autogenic Society therapists and from clients of the Autogenic Therapy Department of the Royal London Hospital for Integrated Medicine (RLHIM). Their data, in the form of verbatim interviews and diaries of their AT journeys, if available, was to be added to the raw interview data collected by Yurdakul in 2001. In April 2010, Dr Ann Bowden, Head of the RLHIM Autogenic Therapy Department, and individual Autogenic therapists recruited clients whom they assessed to be moderately to severely anxious at the start of learning AT to the project (see Appendices: Participant Information Sheets/ Voluntary Consent Forms). Thirteen people agreed

to participate; of these 13, four also provided diaries to the project. Phase 2 of data collection lasted eight months.

In September 2010 I was serendipitously offered the use of approximately 500 AT Diaries which moderately to severely anxious people had kept whilst learning AT between the years 1984-1998 in a community, non-NHS, group training setting. The diarising process may be a key component of the AT therapy, and within the pages of a diary, the outworkings of other components of AT may be documented. Therefore, analysis of this large data store had the potential to strengthen this research as it would complement and supplement the four diaries already collected. On examination, thirty of the approximately 500 diaries were detailed enough to be of use and thus were included in the analysis.

In late 2010, I also decided to interview British Autogenic Society therapists about their work with anxious clients and to gather the training materials they distributed to their clients. The proposal was to use this material as data regarding what is taught in AT courses. It would also serve as a backdrop to positioning clinical suggestions or implications regarding training of autogenic therapists which might arise from analysis of interview and diary data.

Ethical approval for data collection was sought from and granted by two different ethical review boards, Canterbury Christ Church University's Department of Applied Social and Psychological Development Ethics Panel, and the National Research Ethics Committee's Central London Research Ethics Committee 4. Copies of the ethical approval documents are in the Appendix.

5.3 Ethical considerations

My primary ethical aims during all stages of data gathering were to create a safe space for participants by (a) fully informing them of the research aims and of all processes being used to protect and maintain their anonymity, (b) building a rapport with them which fostered self-revelation and self-reflection as free as possible from researcher bias and from language-imposed psychological constructs (Glaser & Strauss, 1967, pp. 75-76), and (c) ending on a positive note (Charmaz, 2006, p. 30).

Before proceeding, each participant signed a Voluntary Informed Consent form having read a Participant Information Sheet and having had any questions answered (see Appendix for copies of all forms). Two kinds of interviewing spaces were used: face-to-face and telephone.

Safe spaces have safe boundaries. Before walk-by volunteers were interviewed at the Psychology for All event, they were assured of confidentiality and anonymity, made aware of the possible benefits and possible harm that might come to them by their participation, told how their stories would be used, and what would happen to their data after the study was finished. This was put to them in writing and discussed with them. Any questions they had were answered on the spot, and they gave written informed consent before the interview began (Kvale and Brinkmann, 2009, pp. 72-72). Establishing and building context appropriate rapport was done at the start during face to face interviewing by organising an informal, comfortable space where we could physically be on equal footing. There were no desks between us, there was an easy exit within line of sight, and our chairs were the same size and shape. During conversation, while not appearing cold or aloof, care was taken to ensure the interview was not perceived in a quasi-therapeutic light as and when sensitive issues surfaced. This was done whether interviews were telephone or face to face by not prompting for sensitive information. As Kvale and Brinkman (2009) point out, the divulging of sensitive information might later bring regret to the participant (pp. 73-74).

Researcher bias can be imposed when prompts and questions are framed from a particular viewpoint. Language-imposed psychological constructs (Glaser & Strauss, 1967, pp. 75-76) can be imposed by using jargon and phrasing which are not part of everyday lay language. Excluding these from the interview as much as possible was done so participants could express their own viewpoint in their own words. Where clarification was needed prompts like ‘can you tell me more about this’ instead of leading explanatory prompts were used. Participants were thanked for their contribution to the project, and the interview was ended on a positive note.

A central process to maintaining confidentiality is pseudo-anonymising which was done within 48 hours by deleting all information linking the participant to the

data. The data pseudo-anonymised were names and contact details, and any identifying information mentioned during the interview, such as organizational affiliations or locations of activities outside the home. This ensured that I was the only person who could link the transcripts to the volunteers.

Complete anonymising would be done once the study was complete by shredding contact details, which were held hardcopy only, with names only being retained where consent was granted to name the participant in the final report. Permission was also granted by the participants for the anonymised transcripts to be retained by myself and my academic supervisor at Canterbury Christ Church University for 10 years for possible further study of how relaxation and autogenic training may be working.

5.4 Interview: Instruments and procedures

Kvale and Brinkman (2009) observe that it is the nature of interviews that they entail an asymmetrical power relation and are largely a one-way dialogue with a purpose known in depth by the researcher but not by the interviewee (pp. 33-34). Whilst a semi-structured interview guide itself may be designed to elicit data and information relevant to the research aims, interviewees may withhold, talk around the subject, or question the researcher. Semi-structured interviews carried out in a restricted timeframe put on additional pressure. Public space interviewing presents opportunity for developing rapport through non-verbal cues which may bias the data toward revelation but lack of privacy may bias the data toward withholding. Telephone may elicit more sensitive information more easily, biasing toward revelation, but non-verbal data cannot be collected. As Novick (2008) points out, however, “evidence is lacking that telephone interviews produce lower quality data” (p. 391). Thus, as my data plan did not include collecting observational data, I used a combination of face to face and telephone interviewing to gather my data, making no distinction between the two in my analysis.

5.4.1 Interview guide

I developed both of my semi-structured interview guides from the one used by Yurdakul et al. (2009).[46] Following from the focus of Yurdakul's guide, for the community participants, questions and probes were about goals, process, outcomes and evaluation of their relaxation experiences. Seven areas were covered: 1. saying what the words 'relaxed' and 'relaxation' mean to the person; 2. bringing to mind a relaxation activity from the prior two weeks; 3. describing the activity's steps and goal, if any; 4. describing prompts for starting, if any; 5. describing how parts of the process, if any, might be influencing feelings and state of mind, both during and after doing the activity; 6. offering ideas about how the influencing might be working, at the time, afterwards, for the next time; and, 7. saying what emotions arise, if any, while doing the activity and whether and how might be related to the relaxation activity.

A final self-assessment question of overall health status was posed. This question was: "Are you very well, well, worried well, unwell, or very unwell?" The mid-point phrase is in the non-research, self-help literature to describe people who go to their GPs often. In the research literature the phrase has been used to describe patients who have a high use of GP services without discernible clinical findings.[47] Thus, it was thought that this phrase was likely to be understood by interviewees as being a logical mid-point between "well" and "unwell", and had potential to elicit further comment on self-assessed general anxiety levels should these be a feature of everyday life.

The guide was reviewed with my academic supervisor, and pre-tested by telephone with my clinical supervisor, Dr Janet Marshall, in February 2009 to ensure I was completely conversant with the guide's content. Use of the guide elicited stories about a broad range of activities, varying in their frequency of use, physical activity level required, and type. Eleven of the community participants thoroughly described one activity, sometimes with a brief reference to other activities as well.

[46] All interview guides are in the Appendix.

[47] For further discussion of the phrase "worried well" as it relates to health anxiety, see Pontious (2002) and Smith, Gardiner, Lyles, Johnson, Rost, et al. (2002).

Ten participants thoroughly described more than one activity. To orient the reader, a partial, representative list of well described activities and their practice frequency is in Table 5-3.

Table 5-3: Representative activities, frequency of practice, participants

Activity	Frequency
Bathing [hot]	3x/wk
Flowing during work	Daily
Gardening	Daily
Meditating	Daily
Pilates [guided] + relaxing [guided]	Annual Retreat
Playing musical instrument	Daily
Reading [to sleep]	Daily
Taking days off	Weekly/Hols
Walking + listening to books	Daily
Watching funny films	Daily
Watching TV + playing Sudoku	Daily
Workout + steam bathing	Weekly
Yoga [guided] + relaxing [guided]	Weekly
Yoga + meditating [alone]	Daily

An alternative approach to gathering data about relaxation activities – by encouraging community participants to describe their relaxation from any viewpoint they chose – was not employed. A strength of the approach I used is that a frame for illuminating the relaxation process and thus for building on Yurdakul's work was there from the start. A weakness of my approach is that it may be viewed as an example of "postpositivizing" (Ponterotto, 2005, p. 127). Postpositivizing forces the data beforehand into a specific structure and thereby could have constrained what interviewees thought or felt it was appropriate to say. This has the potential to compromise the data, "to legitimate the main concern of the researcher" (Glaser,

1998, p. 85), and to make it difficult to discover the main concern of participants and how they continually resolve it. For example, asking people to describe their relaxation explicitly within a frame of 'activity' with a 'process moving over time' may have restrained them from framing their 'experience' as a 'map', for example, or as a 'series of pictures which could be shuffled and looked at in any order', thus possibly obscuring aspects of their main concern. It was not clear, however, whether this was in fact a problem, as participants freely said if there was no 'goal' or no 'emotion', for example; furthermore, any such problem was alleviated in longer interviews where there was time to open a more conversational space.

5.4.2 Instruments[48]

At the start of the first phase of interviews, in addition to using the semi-structured interview guide, I also asked the first eleven community volunteers to complete the 37-item Smith Recalled Relaxation Attitudes Inventory (SRRAI) (2005) after the interview, a copy of which is in the Appendix. Although it was expected this might add data which was not spontaneously mentioned during the brief interview, this proved to not be the case, as discussed in Section 5.5, Recruiting.

Following on from Yurdakul's approach in 2003, a demographic questionnaire was used with the moderate to severely anxious interviewees to collect the following typical face sheet information: age at time of learning Autogenic Training (AT), marital status, education, work status, occupation, referral to AT, year learned, where taught, number of people if learned in group, how often practising AT at the time, other relaxation activities and how often practised, and brief initial reasons for learning AT. Whilst these variables did not prove central to the emerging theory, except as discussed in Section 5.5, the data about other relaxation activities and about current AT practice frequency proved helpful for framing questions in a way which more easily established rapport during telephone interviewing.

[48] Copies of all instruments used in this research are in the Appendix.

5.4.3 Interview procedures

Face to face interviews, which were fifteen to twenty minutes long, took place at a relatively private space allotted to me at the conference. My table and two chairs were at least 10 feet from the other four research tables, although it was not an enclosed space. Tables to the left, right, and across were manned by researchers who were also gathering data for their research projects. Many had more lively signs and displays than mine, involving computers, graphics, and interactive activities. Potential participants could enter the space either from a cafeteria or from a foyer space which had informational tables, one of which was manned by the British Autogenic Society. There was an A3 sign above my table advertising "Relaxation Study", and information sheets and consent forms were displayed on the table.

I stood to greet people, making eye contact with them as they approached and before they understood what the research entailed. Where time constraints were pressing, unless the participant expressed willingness to spend more than 15 minutes offering a story, probes and questions tended to follow the protocol. Where there was more time, conversational space was opened, and probing followed the participant's major concerns and viewpoints. I ended each interview by thanking participants and asking if they would like to add anything that had occurred to them while we were speaking together. This approach was consistent with Charmaz's advice on gathering rich interview data (2006, pp. 29-35).

The interview process for gathering data from follow up telephone interviews and from the theoretical sample followed the interview protocol in a more open, conversational way as there was less time constraint and as there was a focus on elucidating emerging concepts. These interviews took place at the convenience of the interviewee and breaks were offered when interviews extended beyond forty-five minutes. Thus, more time was allowed for interviewees to think through the quality and depth of their emotional responses within the relaxation experience, and the character of their absorption, concentration and focus while relaxing. Simple responses, like 'um-hum' and 'yes' uttered when an interviewee talked of their emotions during and after relaxing, often elicited more description of the character and processes of internal voices and the intensity and complexity of 'push' and

'pull' motivators to engage in the activity in the first place. Direct questions like "What would you do if you did not do this activity?" and more open ended questions like "Can you say a bit more about your thoughts while you are doing it?", and so on, brought out the value they placed on the activity in the context of the whole life. Questions like "You mentioned relaxing within work – could you tell me more about that?" and "You mentioned work is different from relaxing – can you say more about that?" helped to highlight the differences and similarities between work and relaxation experiences and processes.

Some researchers recommend audio-record interviews (Charmaz, 2009, pp. 192-193) and others do not (Glaser, 1998, pp. 107-113). I requested and received ethical permission to audio-record interviews with people who learned Autogenic Training. I did not request ethical permission to audio-record the first phase of interviews about other relaxation activities. However, being a novice GT researcher unfamiliar with the method of analysis, and wanting as close to verbatim data as I could obtain, I sat with my interviewees and 'took dictation'. Thus, although I type at best 60 wpm, depending on content, the transcripts are not quite verbatim recordings.

There was an average of 900 interviewee words per interview. The likelihood that vital information was missed was small for two reasons. First, people were watching me throughout the face to face interviews. They often paused not only to think about what they wanted to say but also to wait until they saw that I had stopped typing. Second, in telephone interviews where time constraints were more lax, it was possible for me to ask for a pause and to briefly go back a sentence or two on the rare occasions when my fingers were unable to keep up with the rapidly emerging story. For personal reasons outside my control the 11 interviews collected in London in March 2009 were not annotated within 8 to 10 hours of collection. All subsequent interviews were briefly annotated, mapped or coded within this timeframe in order to capture my on the spot responses to the interview and to increase the credibility of the data from the start.

I used follow up interviews to gather more information about specific aspects of participants' stories, and to sample for concepts. I viewed this as being an activity central to putting the researcher and the interviewee on a more equal footing, and to

recognizing the multiple realities brought to the table during the interview process (Charmaz, 2006, p. 132). Lincoln and Guba (1985) suggest this tactic is also part of ensuring the credibility of the gathered data upon which the conceptual analysis depends (pp. 300-304). In one instance (inadvertently but serendipitously) the fact that I had misunderstood the meaning of a colloquialism became apparent. Participant H described taking a day off work as being one of his relaxation activities.[49] Was work a stressor, as I imagined it to be, or not? Did taking time off have negative, neutral or positive connotations, as regards the work itself? Follow up interview revealed that for participant H work itself was also a relaxing time which he quite enjoyed and which he experienced as flow for much of the time. This incident highlights the importance of working with participants over time and also indicates that even when every word has been captured verbatim, coding errors may arise.

5.5 Recruiting

My first research question, "How does relaxation in general work?", was to be investigated by talking with well people in the community about how they relax. This question is broader than a very specific question which would involve selective sampling to find people with specific characteristics within specific settings. Therefore, the first stage of interviewing proceeded with gathering data using an opportunistic recruitment process. This would be cost and time effective and would not compromise the framework of data analysis.

My second research question, "How do components of AT practice work together and separately in an anxiolytic process?", required finding participants with a clinical assessment of moderate to severe anxiety levels at the time of learning Autogenic Training. Thus, for Phase 2 interviewing a modified selective recruiting process was required. Potential participants did have to be identified in advance, but not by myself. Instead, to maintain anonymity of recruits, confidentiality of patient records, and data protection standards, the screening of clients for anxiety levels was

[49] Interview: H-0609

done by BAS Therapists and the RLHIM AT Department, each recruiting on my behalf.

For the first stage of interviewing, an opportunistic recruiting process that did not involve identifying potential participants by name, age, gender, or occupation in advance was provided by the British Psychological Society's Psychology for All conference organizers in March 2009. Conference organizers placed a notice in the conference packet that attendees interested in participating in a one or a number of research projects on various topics of interest in psychology should go to the specified room where my table was set apart from four other researchers' tables. Eleven people came forward at this time.

As the data analysis progressed, it began to emerge that the main concern of all these participants could be to 'self-balance' in some way. The core category or core variable used to resolve this main concern appeared to be a switching process that was mental. It was variously described by participants as, for example, a 'switching', 'clearing', 'replacing' and 'shifting' process. This mental switching always took place in a safe space. Maintaining the safety of this space was also of concern for many participants.

Three issues which had an impact on further recruiting and data gathering emerged at this stage: (1) the issue of whether or not the common interest all interviewees had in the field of psychology was an important confounding variable, (2) the utility of the SRAAI as a data source, and (3) the potential of face sheet variables to be theoretically important explanatory factors.

Regarding the SRAAI, whilst Glaser is clear that 'all is data', he is also clear that this is true only if the data source is trusted (2010). Analysis of SRAAI item ratings showed that the items did not add to, modify or detract from the rich narrative data. Furthermore, two interviewees (16% of the first set of participants) were adamant

that the SRAAI did not capture their experience – the person who was recovering from PTSD and a person who was in flow[50] whilst making music.

It became clear that whilst the SRRAI questionnaire may be useful on some level for assessing people's retrospective recall of the experience of a physically passive relaxed state, it would not be useful for the present purposes. I had no confidence that data gathered using this instrument would accurately reflect the experiences of people in extended flow or people whose relaxation processes involved high physical activity levels. It also had the potential to frustrate participants with moderate to severe anxiety levels. Therefore, the SRAAI questionnaire was entirely dropped from the study.[51]

Second, the question of whether face sheet variables – gender, age, activity structure, or activity level – were actually relevant to creating and maintaining the safe space within which people 'self-balanced' and 'switched' was unclear. Glaser lists firm rules for open coding at the start of data analysis. One of these is that the "analyst should not assume the analytic relevance of any face sheet variable such as age, sex, social class, race, skin colour, etc., until it emerges as relevant" (Glaser, 1978, p. 60).[52]

Both the data and the current literature (Woolfolk, et al., 2007) suggested gender and activity levels could be a relevant variable. The two men in the initial sample had mentioned and/or described both active and passive activities, done alone or with others. Six of the women described activities which had both active and passive elements. Four women described passive activities. Three of the women's fully described activities were done with other people's participation. Therefore more men were sought for the study, and men and women from the initial sample who were

[50] The concept of flow, as it emerged from the data, and as it compares to Csikszentmihayli's (1990) theory of flow as an optimal experience, is discussed in the next chapter.

[51] Whilst permission was then sought from and granted by the NHS Ethics Committee to collect data from participants in the second phase of the study using the 14-item Frieberg Mindfulness Inventory (Walach, Buchheld, Buttenmüller, Kleinknecht, & Schmidt, 2006), this inventory was also dropped from the study as having potential to prejudice or set the frame of mind of participants before interview.

[52] Italics and underlines are Glaser's.

willing to be re-contacted were contacted again for further discussion of concepts relating to activity levels and to the switching process within them.

Third, it appeared that the relatively high level of knowledge of psychology common to volunteers in the opportunity sample might have had the potential to bias the data in such a way that it could be categorised as what Glaser calls 'properline' data. For example, one person said his activity had "a history that wouldn't be of interest to your research".[53] Whilst this in itself was not a reason to discard data, it was felt to be a sufficient reason from a theory discovery viewpoint to gather further data from people who did not have a sophisticated knowledge of psychology. Therefore, people from a number of different occupational categories were sought.

Ethical permission to approach further potential volunteers to the study was granted to me by two groups in Surrey which I was regularly attending at that time. The Surrey Economic Business Partnership's monthly business breakfasts are open to the public, drawing between 70 and 100 regulars. I was allowed to place flyers about the study on tables (see Appendices) and was introduced to the group on two separate occasions. Interested people met with me briefly at the breakfasts and gave me their contact details. I telephoned or emailed them, provided them with the Participant Information Sheet/Voluntary Consent Form, and arranged a convenient time for telephone interview. The other group was Blackhorse Apiaries in Woking where I was learning bee keeping. The apiary has over 150 students and Facebook friends, and the apiary Facebook page briefly described the study and directed curious members to view a copy of the information sheet and consent form on my Facebook page, and to contact me by telephone, email or face to face if they were interested in participating.

Of note from a QDA perspective is that of the nine volunteers from these two groups, four had met me and spoken with me on a casual level prior to volunteering and five had not; and, our acquaintance might bring the question of potential bias into the equation. Kvale and Brinkman (2009) point out that "interview knowledge is

[53] Interview: D-14309. Throughout this thesis, where participants' responses are quoted or referred to, they will be footnoted as follows: alpha name code- numeric date code or alpha name code-numeric date code plus interview line number.

produced in a conversational relation; it is contextual, linguistic, narrative, and pragmatic" (pp. 17-18). Interviews are also negotiated (Charmaz, 2006, p. 27), and with sensitive topics, there is potential for people to reveal themselves selectively (Glaser, 1998, p. 107). Bias which might arise from my acquaintance with an interviewee was minimized by using a semi-structured guide which formalised the process.

5.6 Quality issues

In using classical GT analysis methodology, according to Glaser (2001) the trustworthiness of the analysis is evaluated on the basis of its "fit, relevance, workability and easy modifiability" (p. 41). Lincoln and Guba (1985) focus on credibility, transferability, dependability and confirmability as being relevant to QDA (pp. 289-331). Glaser insists that these factors are not specifically relevant to evaluating a classical GT study, the quality of which is ensured by use of the constant comparison[54] analysis process.

In addition to differences between how QDA and GT are evaluated for their quality, Glaser (1998, 2001) stresses that there are other differences between the methods and their products. QDA produces a typology of people; GT produces a typology of behaviour. QDA often uses pre-existent frameworks and concepts garnered during a literature review as part of or as the ground for the analysis of data, whilst GT requires literature review after the theory emerges in order to determine where it fits, not to either deduce the problem *a priori* or to support the emergent theory, as in QDA. QDA is contextualized with face sheet data, whilst GT only presents and uses variables which emerge as theoretically relevant. Glaser (2001) discusses these issues at length in his book, The grounded theory perspective: conceptualization contrasted with description, pointing out how they apply in the case of developing a grounded theory. That said, for readers who are more familiar with QDA format, the issues of credibility, transferability, dependability and

[54] See Section 3.1, Brief overview of the GT analysis methodology, on page 73ff, for discussion of the constant comparison method.

confirmability are discussed below, as they may be seen to apply within the GT context.

5.6.1 Credibility

With QDA, if the outcome of the study adequately represents the data, it is deemed to be credible; without credibility at this level, the other criteria are irrelevant. With classical GT, the raw data are reflected in codes and memos about codes. Credibility applies to how the memoing process develops and is carried out, and this is also the focus of the ongoing review and audit process as the analysis progresses. As Glaser (1978) points out: "The credibility of the theory should be won by its integration, relevance and workability, not by illustration [from raw data] used as if it were proof." Further, Glaser goes on to say, readers should assume that

> "all concepts are grounded and that this massive grounding effort could not be shown in writing. Also that as grounded, they are not proven: they are only suggested [italics Glaser's]. The theory is an integrated set of hypotheses, not of findings. Proofs are not the point" (p. 134).

Holton (2007) observes: "The basic goal of memoing is to develop ideas with complete conceptual freedom. Memos are 'banked' and later sorted to facilitate the integration of the overall theory" (p. 282).

Steps assuring that a QDA grounding effort is adequate are outlined by Lincoln and Guba (1985). For example, confirming understandings of data gathered in interview, that is, giving participants the opportunity to correct errors and set wrong interpretations straight (p. 314). This was done with nine of the 21 of the community participants during follow up interviews. This is the member checks process Lincoln and Guba (1985) describe (p. 134). Checks are integral to the classical GT constant comparison method in two ways: where incidents and concepts are compared as the analyst goes along and where access to participants is available over time for theoretical sampling to develop saturation of concepts.

'Peer debriefing' when the 'peer' is not in an authority relationship with the researcher, audit by supervisors, and working with supervisors during coding and

memoing further enhance credibility. My lead academic supervisor met with me face to face or by phone as did my clinical supervisor, who is not in an authority position. Between them, meetings were bi-monthly. Discussion topics included coding process and content, emerging categories, memoing, methods, conceptual sampling decisions, assumptions and pre-conceptions which I brought to the analysis, personal struggles with the content of the interviews, and concerns about the direction the analysis was taking. Both supervisors had access to anonymised data, and independently reviewed it before discussions with me. Interim products of the analysis, including maps, memos, and coding schemes, were also reviewed. Both supervisors had access to anonymised data, and independently reviewed it before discussions with me. Interim products of the analysis, including maps, memos, and coding schemes, were also reviewed. Further to peer debriefing, peers and tutors at two Grounded Theory Institute seminars I attended in 2010 reviewed anonymised data from my participants and talked with me in depth as a group and 1:1 about my use of the methodology and about emerging concepts. At that time, these reviews independently confirmed my assessment of the Main Concern (as being self-balancing), the Core Category (as being a complex and safe switching process) and many associated emerging concepts, thus making the analysis more robust.[55]

5.6.2 Transferability

The judgment of whether the substantive theory which emerges from this analysis is applicable to its intended audience or transferrable to other contexts rests upon those who inhabit those contexts. For example, it was proposed in Chapter 2.5 that the theory arising from this study may be pertinent to the ways Applied Relaxation (AR) techniques (Öst, 1987) are taught and used, and to the way the British Autogenic Society (BAS) trains autogenic therapists. Whether this proves to be relevant in those contexts does not rest solely upon the case made in this thesis. It also rests upon the audience, that is, on the viewpoints of those on the Education and Training Team at BAS and on those who use AR, regardless of setting. In other

[55] See section 5.8.4, Theoretical coding and emerging theory, for further discussion of the impact of the seminars on my process.

words, the case regarding the applicability of the relaxation models and theory presented in this thesis remains open.

From a classical GT perspective, transferability has an additional meaning. When new data arise the theory either 'fits' the new data or it is 'adjusted accordingly'. The theory is not cast in stone – it is modifiable – it is a living entity, a set of hypotheses whose utility is enhanced by its very nature, that of being open and flexible with the goal of reflecting reality at a theoretical level at the time of gathering the data, and not of constraining the way reality is viewed from thenceforward. Whether it then becomes the base from which a formal theory develops depends on its transferability, at a theoretical level, to other contexts.

5.6.3 Dependability and confirmability

Lincoln and Guba (1985, pp. 318-323) assert that academic and clinical review and audit are central to ensuring the dependability and confirmability of the analysis. The implication is that replicability and uniformity, in other words, accuracy of data capture and description, are of central importance. Whilst this may be true for QDA, it is not true for classical GT. As Glaser (2001) points out: "GT is not concerned with accuracy per se of facts. It is concerned with the abstraction of conceptualization and the continual verification of the concept and its properties by constant comparative analysis" (p, 45).

To orient the reader, however, it is important to describe the processes I undertook as regards review and audit of coding and theoretical memoing. All coding, category development, and process mapping was done by myself under academic supervision. Clinical review of half the interviews and their associated analysis was done in discussion with my clinical supervisor before the first preliminary map of the relaxation process was made. From thence forward, I reviewed my analysis with supervisors in quarterly face to face meetings or via e-communications. My clinical supervisor also participated in the review process.

On this foundation, and from this perspective, as Glaser (1978) advises, I have provided descriptions and raw data in the data analysis and theoretical sections of this thesis. These may be guides for readers in my development as a GT researcher

and may enable readers to grasp the theory more quickly and easily. Furthermore, selected portions of anonymised interviews and diaries are in the Appendix for those who may wish to review them. As Glaser explains:

> It is not incumbent upon the analyst to provide the reader with description or information as to how each hypothesis was reached. Stating the method in the beginning, or appendix, is sufficient, perhaps with an example of how one went about grounding a code and an hypothesis. (p. 134)

5.7 Data gathering summary

As I was mid-way through my first analysis of the relaxation study, the overall structure of the project took on a different perspective. This shift occurred as I began sorting concepts. Some incidents and associated concepts from two community volunteers who described activities they had learned while they were moderately to severely anxious differed from those arising from people who were not anxious. One person described a self-taught relaxation activity she learned whilst recovering from PTSD and another person described learning a meditation technique during a time of moderate to severe anxiety in his life. Whilst these interviews were coded, mapped, analysed and discussed with my clinical supervisor within six months of collection, I decided to reserve them for further comparative analysis until the second phase of the project. The plan at that time was to take them up again by adding them to the data gathered from people learning Autogenic Training during a time of moderate to severe anxiety in their lives.

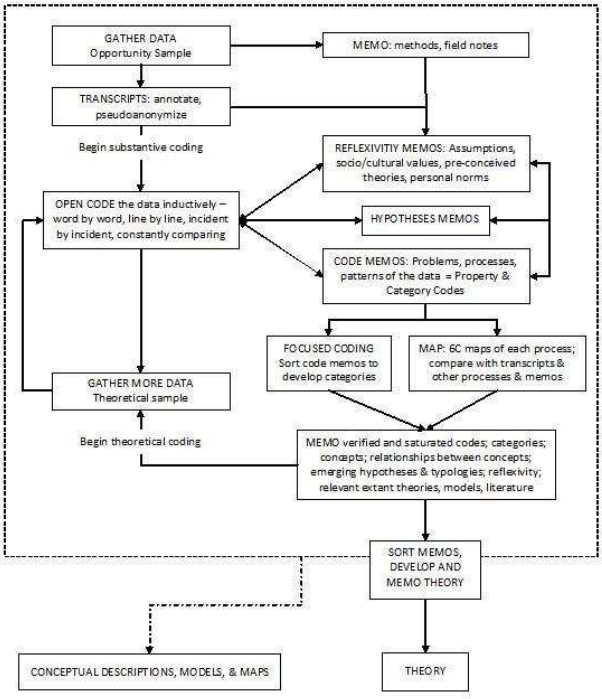
Thus, even before obtaining ethical permission to recruit people who had learned Autogenic Training, I began to conceptualise the whole data set and the project itself in a new way. Whilst I had begun to re-conceive the project as a study of relaxation behaviours and processes generally, it was then becoming clear that for people who are only mildly anxious or not anxious at all, this aspect of the work would be exploratory in nature. From this point forward, I foresaw that whilst the strongest focus of the research would be upon the behaviour of people who were moderately to severely anxious, as my access to them was greater, the potential for doing a much larger study of relaxation remained an exciting prospect for the future.

In summary, the data sources for the entire project were comprised of near verbatim and verbatim face to face and telephone interviews and diaries, and the memos arising from analysis of them. No observational data was collected and no pre- and post- quantitative measures were taken from people before and after learning a relaxation method. Instead, I analysed diaries collected between 1985-1995 and in 2010. As these had been written as training progressed they substituted metaphorically and practically for observations, as they provided on the spot personal reflections on the progress of training and its impact on the life.

5.8 Data analysis

Figure 5-2, Research Strategy illustrates how I carried out the analysis from April 2009 through January 2010 using Charmaz (2006) and Corbin and Strauss (2008) as my guides.

Figure 5-2: Research strategy



As this model clearly shows, conceptual description of the gathered data in narrative, model and map forms may emerge well before sorting and coding theoretically and before a theory emerges. This was my experience after working with the data for ten months. A solid conceptual description of the data had emerged, which was confusing, and the boundaries between conceptual and theoretical codes were unclear to me; as I familiarised myself with the classical GT analysis methodology by reading Glaser's work and by attending Grounded Theory Institute seminars in Oxford in February 2010 and in Mill Valley, California, in June 2010, my confusion abated.

5.8.1 Open coding

In an ideal world, such as the world in which Glaser and Strauss worked in the 1960's (Glaser & Strauss, 1967), classical GT does not use verbatim transcripts. Instead, data gathered in the field are coded conceptually at the moment and these codes form the data capture. Relevant quotations are taken to illustrate incidents as the researcher goes along (Glaser, 1998). Thus, the list of themes important to the participants emerges quite quickly. And, the amount of data collected is delimited to conceptual codes and relevant quotations from the start, thus avoiding what Glaser calls 'data overwhelm'.

As a beginning researcher new to the method, I was constrained by the hope that the verbatim data might be fruitfully available for study at a future time by myself and by other researchers and by the request of my academic supervisors that verbatim transcripts be obtained. Given that the verbatim data were in fact available, at the outset open coding was done word by word, phrase by phrase, or sentence by sentence. Paragraph and whole transcript coding was done in the margins of the transcripts, as physically discrete memos either at the same time or over time as the analysis progressed.

This movement of perceptual lens from elements to concepts to the whole and back again arose naturally, and was integral to the analytic process. Open coding involves looking for and making conceptually visible the explicit and implicit actions and assumptions emerging in the data segments, as illustrated in Table 5-4:

Incidents, open codes, emerging concepts relating to taking an annual retreat. Narrowing focus was a common theme of the interviews, with many people describing techniques for doing it. For example, at this stage of the analysis, turning off (telephones) and discouraging approaches (through body language) were conceptualised as being behavioural tactics, or properties of managing communication with others. Managing communication was a necessary condition for feeling safe and free of intrusions to the overall relaxation process.

Table 5-4: Incidents, open codes, emerging concepts

Incidents[56]	The combination of working quite hard at the exercises, it's listening to instructions – I accept them and try to follow them – I'm not judging them at all…I suppose it's putting yourself in someone else's hands… Perhaps I have to 'earn it' in some way… One of the main things was that I didn't have any responsibility… Relief, is that an emotion? I felt relieved of responsibility – … maybe it's the work ethic, it might be something of that, too. I guess I felt a bit guilty about spending the money, choosing to go on my own, stuff like that…
Open Codes	working hard at activity; listening to instruction; accepting and following direction; ceasing judgment; putting self in hands of another; feeling relief at not having to 'worry' about how things are done; feeling relieved of responsibility
Emerging Concepts	narrowing focus; managing intrusions; ceasing judgment; following the process; feeling safe; feeling guilty for taking me-time

5.8.2 Mapping codes

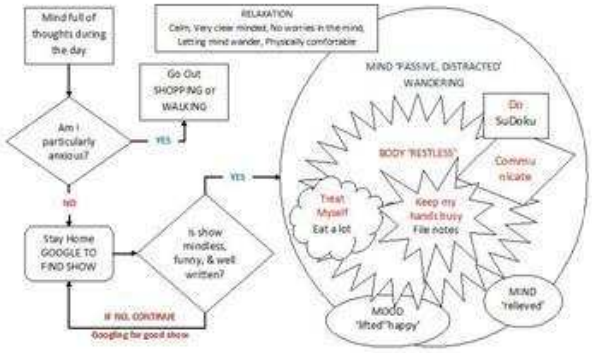
It was my intuitive feeling that mapping would be helpful to my process, as I am also an artist. Mapping squarely places the analysis activity into a journey metaphor, and the analyst into the role of explorer. Each map included data on a start point (e.g., context, drivers, state of mind, goals), practical decision points, and multiple activities carried on while relaxing. This included the complexities of the activity (e.g., shifts in emotion, state of consciousness, and level of physical activity) and if

[56] Interview: R-909

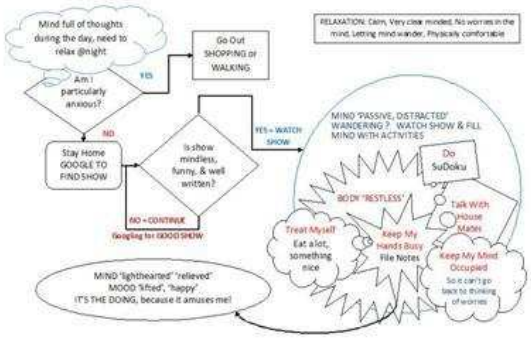
the activity involved more than one process, these were also pictured. Outcomes and feedback into daily life were also pictured where mentioned by the participant.

Figure 5-3: Process Maps, Watching TV, versions 1&5

Version 1, May 09



Version 5, December 09



For me, points along the way in the map gave direction to or spotlighted codes, categories, and emerging concepts in ways which words alone did not. Each map was compared with the transcripts, and to memos. As in Figure 5-3, Process Maps, Watching TV, versions 1 & 5, between one and six versions of each map was made.

In essence, mapping helped me to see the emergence of codes and categories such as teaching myself a new process,[57] and being a creature of habit.[58]

5.8.3 Focused coding and categorizing

Focused coding involves sorting codes into categories while using the constant comparative method. Charmaz (2006) defines categorizing as "the analytic step in grounded theory of selecting certain codes as having overriding significance or abstracting common themes and patterns in several codes into an analytic concept" (p. 186). Holton (2007) calls this stage "substantive coding, which includes both open and selective coding procedures... working with the data directly, fracturing and analysing it, initially through open coding for the emergence of a core category..." (p. 265). As Glaser (1992) clarifies, substantive coding is done to discover "how the participants process their main concern or problem" (p. 64). This 'how' process is called the core category.

The sorting process may be simple or complex, depending on the codes, and may drive theoretical sampling for concepts in follow-up interviews. For example, the codes making music (and the many complexities of this auditory experience) and communicating with others arose in some transcripts, whilst listening to sounds arose in others. What ways did these different auditory experiences vary the relaxation process, if at all? Sorting codes, and follow up questions revealed that sounds, either abstract or verbal, were used for distracting and blocking out, setting boundaries, and being entertained and played roles in a switching process. Making music was a vehicle for self-expression, which appeared to be a property of some participants' main concern as well as being a relaxing activity in and of itself.

How these categories worked together was not yet clear to me. Early memos document first efforts at capturing my understanding of the conditions under which a

[57] Interview: E and E-FU [this participant described herself as having PTSD]; Multiple Memos: on Teaching Self and Learning were written over the course of the analysis, largely during the second analysis phase which focused on data from people who were moderately to severely anxious at the time of learning a relaxation method.

[58] Interviews: C, D, K, L, W, Y, & Z.

switching strategy was being used, and at developing the properties and dimensions of the strategies, as relates to the causes and circumstances surrounding their use.

Figure 5-4: Memos, Strategy, and Mind/Body/Action, April 2009

STRATEGY: The issue of **relaxation strategy** - It does no good at all for me to identify something as a strategy when it may actually just happen to be employed by circumstances, in a rather cause-effect way… If things are so pressing, or not working, then a **learning strategy** is required, but if things are naturally occurring, then one doesn't need a learning strategy, one has already learned and just goes with the flow – or if things might become pressing if the method isn't used a re-learning strategy is needed … If things are not pressing, if it's just 'something I do/have always done', then what is this indicating about what the central problem is? This can be related to the idea of state and trait relaxation goals –how are they linked? To what central problem is this linked? … Define the operational dimensions of 'strategy' – probably like all other concepts it has more than multiple meanings, depending on the discourses' perspective, thus needs defining.
Mind/Body/Action A sense of duality, separation of body and mind, pervades some of the interviews (F), while others are full of oneness or desire for a sense of oneness or unity (E)... Physical/Mental – range is from disembodied to fully embodied, or rather from mind out of body and all in what she says is a relatively emotionless state (F) to unity experiencing all emotions in their extreme forms (E). – others talk of focused attention and cognitive load (D), release of physical tension while engaging in activity (music) which draws emotion based on sound, tempo (J). I am not an accomplished musician, but do know that approaching music-making with judgment is tension producing, while getting into the zone [intense Flow] and letting the music flow through the body [Merging?], via direct and unimpeded connection, eyes and arms/body, is liberating.

As I began to understand the classical GT method, I was relieved to discover that memos are "an extremely private process" that has "no grammatical or sequential

requirements" and are "computer unfriendly" as the formal demands of software can "restrict freedom, flexibility and flow". Glaser (1998) insists that memos are not to be judged or "submitted for performance evaluation" (p. 178). Instead, "a memo is for moment capture. The goal is to capture meanings and ideas for one's growing [emerging] theory at the moment they occur... and vary from being a "jot" of a few words... through to a 5 to 10 page paper... there is no formalization of them. They just flow out with total freedom" (p. 178). In essence, memos are for capturing ideas and then they are for sorting.

5.8.4 Theoretical coding and emerging theory

After substantive coding, as Holton (2007) explains, "theoretical sampling and selective coding of data to theoretically saturate the core and related concepts" is done (p. 265). Only after this stage, does theoretical coding commence, as it is based on sorting conceptual memos and not on sorting descriptive data. Glaser (2005) writes:

> It is important to remember that TCs [theoretical codes] are based on sorting memos NOT based on sorting data. Memos to be sure are based on comparing data, then TCs come from sorting the memoed ideas that came from the data. Thus TCs are abstract at a second higher, conceptual level from data. TCs that seem to appear in conceptualizing data often do not work in the final integration of the GT or are corrected or adjusted by sorting memos. This is simply because the researcher cannot know ahead how the theory integration will actually end up. (p. 31)

In November 2009, I did a series of code, concept and memo sorting processes, by hand. I also used the Qualitative Data Analysis software (MAXQDA) as an aide to my coding and sorting, software which I had purchased in July 2009 before I had read Glaser's work. At this time in late 2009, there were over 200 codes in my MAXQDA database. These were a combination of descriptive and conceptual codes. Sorting memos associated with these codes yielded a conceptual description of the data set, shown in Figure 5-6, Conceptual Models 1 & 10. A further sort yielded what I called at that time a Theoretical Model. It is shown in Figure 5-7, Theoretical

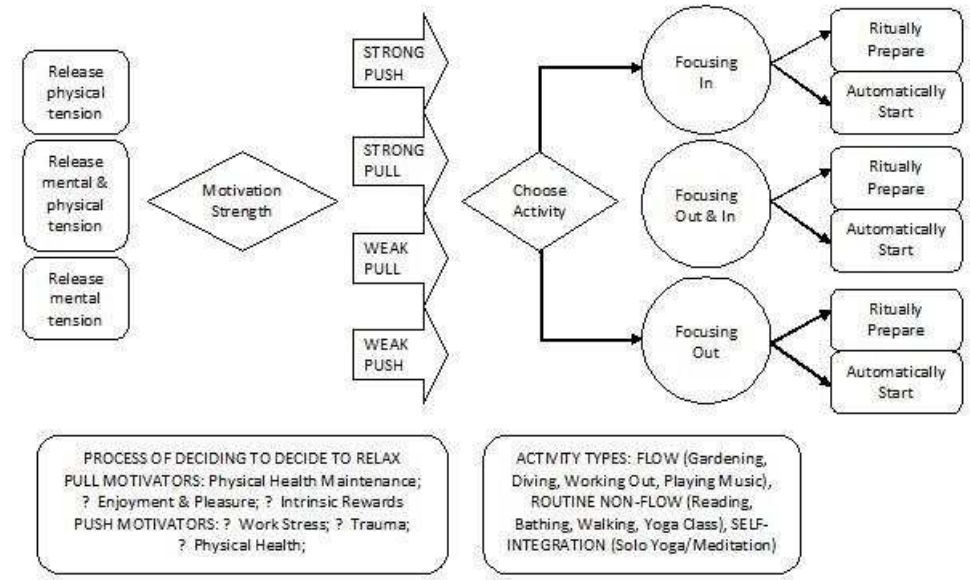
Model #5, January 2010. The first and final models clearly illustrate how I became locked in a struggle with an overwhelming amount of descriptive data and with providing numerical proofs in the form of numbers of participants (n=) and Metabolically Equivalent Tasks (METs=) of various activities (see Appendix 11.6 on page 292 for a list). They illustrate how I systematically developed a few major conceptual categories of data (motivators, switching strategies, processes, outcomes and feedback), whilst remaining mired in the data at a descriptive conceptual level.

The nature of this painful struggle, which I intuitively realised was forcing theory despite my best intentions, and the way to end the struggle were explained in Glaser's book, Emergence vs Forcing (1992), which I read in January 2010. Therein I learned that 'forcing' can be a particular problem for novice researchers who follow versions of methods called grounded theory, versions which are not the classical methodology.[59] The problems of forcing were further described in Theoretical Sensitivity (1978):

> Sociologists have been tripping back and forth from data to their theory for a long time... three general inductive approaches emerge... Second, the sociologist engages in over-all grounding. By this we mean he systematically develops a few major categories then proceeds to analytically describe them at length with data.... The few categories stand for all and are tenuously connected, if at all [and so on]. (p. 15)

[59] Furthermore, when deadlines are imposed from the outside by academic calendars, as Glaser (1998) observes, forcing is forced upon the novice researcher.

Figure 5-5: Conceptual Models 1 (12/09) & 10 (01/10)



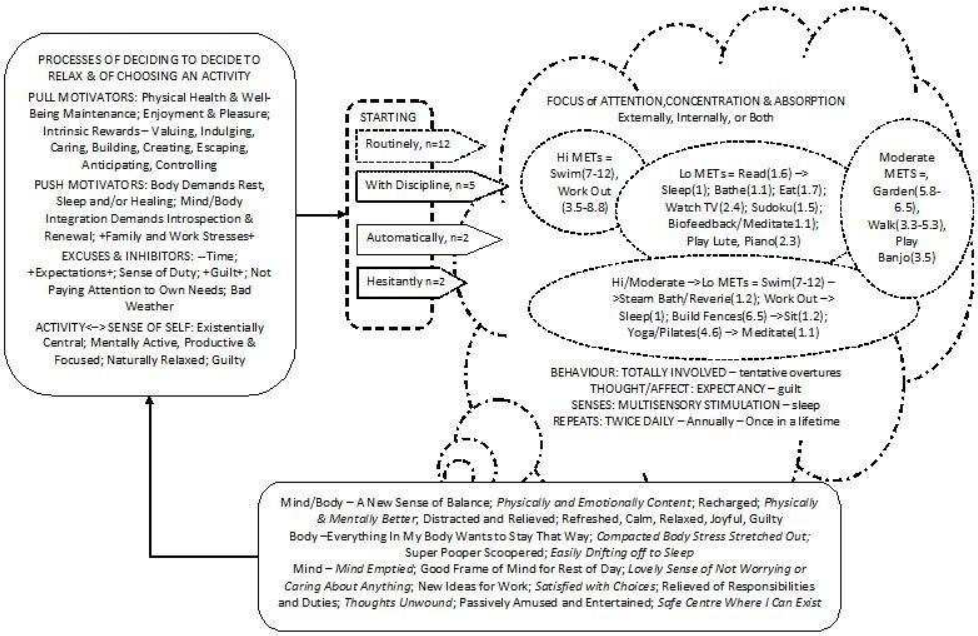
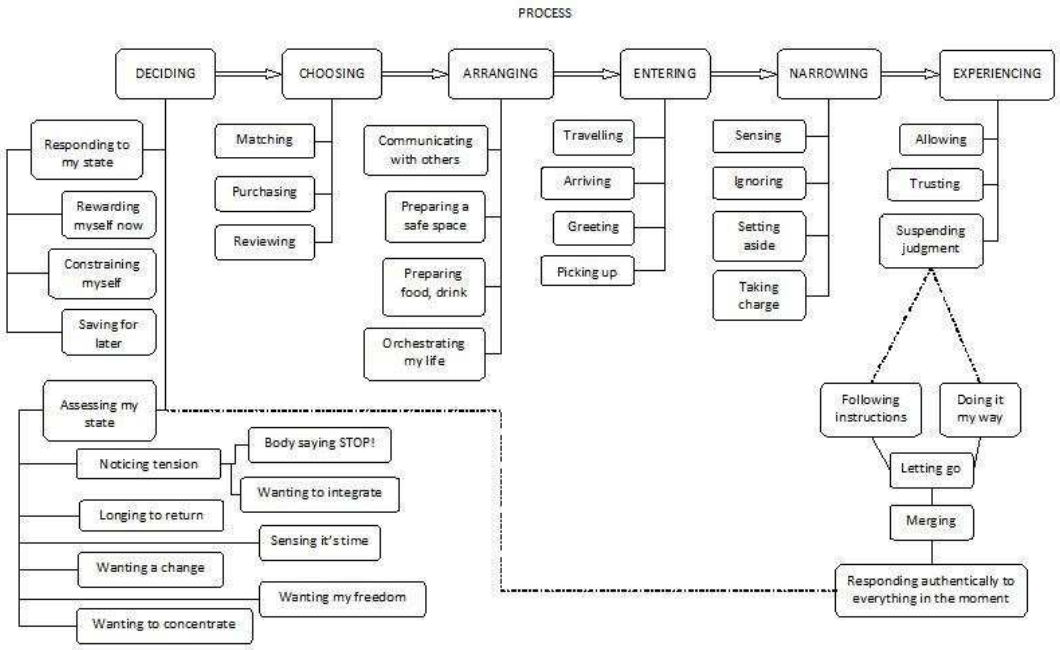


Figure 5-6: Theoretical Model #5, January 2010



At best, this was the situation I faced – picking and choosing a few categories, and describing them with data. At worst, I became concerned that the way the data had been collected could be viewed as having been 'forced', too, and I worried that I might have to completely abandon the idea of a grounded theory emerging. To sort myself out, I decided to attend a Grounded Theory Institute Seminar, held in Oxford England in February 2010, and to proceed as advised from there.

Once advised, I set aside all analysis done to that point in time with a plan of returning to it after I had re-coded all interviews using paper and pencil only. I memoed as I went along. I approached this process keeping Holton's 2007 caveat in mind: "Coding gives the research a condensed, abstract view with scope and dimension that encompasses otherwise seemingly disparate phenomena" (p. 266). As a result, the number of substantive codes reduced by almost two-thirds, and my memoing output increased. Next, I went to another Grounded Theory Institute Seminar in Mill Valley, California in June 2010 and spoke with Dr Glaser about my work. I liaised with other students who were using the classical method, and began to feel much more comfortable with my analytic processes. Chapter 6 sets the

grounded theory (GT) which emerged from this renewed effort in early 2011: Self-balancing Sanctuarying: A grounded theory of relaxation and Autogenic Training

5.9 Anxious Interviewees: Methodological issues

For analysis of data gathered in 2010 and 2011 from moderately to severely anxious people learning Autogenic Training there was a choice in how to proceed. Rather than building directly upon the Yurdakul, Holttum and Bowden (2009) model of how AT may be working, I decided to use the grounded theory of Self-Balancing Sanctuarying on an 'emergent fit' basis. The effort would be to determine if what 'emerged' from the analysis of the new data set 'fit' the extant theory; in areas where it did not 'fit', the extant theory would be altered as discussed in Section 5.6.2, Transferability. The decision to proceed in this way required confidence that the procedure was a methodologically sound course of action and was one which followed the classical Glaserian grounded theory analysis methodology.

First it would not be appropriate to 'force' the data collected from interviews of moderately to severely anxious people to 'fit' another extant theory or model unless that theory had emerged in a classically grounded way. To use the 'emergent fit' approach, the concepts and theory 'emerging' from the second data set would have to 'fit' the extant theory without forcing, and where it did not fit, the extant theory would then be altered. As Glaser (1998) points out:

> "…it is preferable that people in the field in question use [a] theory which is grounded in data, rather than use the usual conjectural theories grounded in virtually nothing but preconception and logical deductions from grand theory of how things should or ought to be" (p. 104).

Schultz's and Yurdakul's models are clearly not conjectural as they were developed qualitatively from working with anxious people who learned Autogenic Training. The former was developed from many years of clinical experience whilst the latter model was developed using "an abbreviated form of grounded theory"; neither used the classical GT methodology. That said, it appears that although they

are clearly not conjectural, they are more conceptual than theoretical;[60] in other words, they go part of the way to theory. Therefore, the likelihood that conceptual categories in these models would also emerge from coding and memoing about stories told by anxious interviewees was high.

Since the theory of Self-balancing Sanctuarying is grounded using the classical methodology, it could be used on an 'emergent fit' basis if it met certain requirements. Glaser (1998) explains: "First of all in using a grounded theory, the user must be aware that the core variable of the grounded theory may not be core in the data he is using it on even if it is there in the data" (p. 104). As Glaser makes clear, it was therefore critical to determine whether or not the Main Concern and Core Category of all participants were the same. If they were, then using the 'emergent fit' basis for analysis and for adding to the GT of Sanctuarying, if appropriate, would be methodologically sound.

This methodological soundness was determined in two steps. My initial basis for believing the MC and CC might be the same for all participants emerged from the community interviews. Fortuitously two people whom I had interviewed in 2009, Eve and Leo, had spoken of learning and practicing a meditative method to get back into balance, when they were in considerable distress. Eve self-reported suffering from severe PTSD as a result of a life-threatening traffic accident and having taught herself to add Mindfulness and Focusing to her daily Yoga practice to return to balance.[61] Leo self-reported suffering from moderately severe GAD and depression and talked of resolving this by adding frequent practice of Transcendental Meditation™ to regain balance in his life. [62] Thus, their Main Concern was self-balancing and their Core Category was a type of relaxing meditative activity. They continued these practices long after their anxiety had dropped to mild levels. As

[60] For example, the Main Concern and Core Category (which continuously resolves the MC) are not identified.

[61] Readers may also be interested in a case study reported by Sadigh (1999) where AT was used to resolve post-traumatic nightmares. Sadigh points out that traffic accidents are the most common cause of PTSD in the USA (p. 203).

[62] Activities: Yoga plus Mindfulness and Focusing (Eve) and Transcendental Meditation™ (Leo). Focusing differs from Mindfulness in that in Focusing the emotions and thoughts and felt sense arising in the mind and body are invited to tell their stories whilst in Mindfulness they are not actively invited to do this, they are simply observed. See Gendlin (2003).

previously explained, these interviews were not used in the development of the Self-balancing Sanctuarying GT and neither of these interviews has been used in this research except as described in this section.

Thus as I proceeded to the second step, ascertaining the MC and CC of people learning AT, I was primed with an expectation that the MC and CC might be shared amongst all participants in this study. This in fact proved to be the case as face to face and telephone interviewing progressed. By three interviews, it quickly became clear through constant comparison of indices and concepts that people who learned Autogenic Training at a time in their lives when they were moderately to severely anxious shared the same Main Concern and Core Category with all the zero to mildly anxious community participants.

Furthermore, as regards the ongoing analysis, Glaser (1998) advises:

> "To emergently fit a grounded theory to another set of data, the researcher or consumer should constantly compare the new data with the theory to check on fit, work and relevance of the grounded theory being used. He is not doing the grounded theory over again, rather he is seeing how well it fits another substantive area for use" (p. 104).

The question of whether the two data sets comprise study of two substantive areas then arises. This is a philosophical question which cannot be adequately addressed in this thesis. Instead, I am choosing to refer to historical precedent within the discipline of psychology wherein the study of well people has been carried out largely separately from the study of unwell people. It is in this sense that I am working with two 'substantive areas'. Finally, Glaser (1998) makes a point which is pertinent to the carrying out of the 'emergent fit' analytic approach. He writes:

> "Lastly, it is not an emergent fit to apply the theory 'as if' it did fit and work with relevance already, and therefore just generate more properties of it. This just dignifies a theory that may not be relevant by continuing its nongrounded track as if it were [grounded]" (p.105).

The point being made here is that the further analysis must not simply be used to generate more properties of the extant GT. The researcher must use the 'emergent fit' analysis wisely. She must be open to the possibility of emergence of concepts and properties which would mean that the extant theory itself must be modified.

This last point Glaser makes caused me to wrestle with theoretical sorting of conceptual memos over a long and difficult period of time. I moved back and forth between two positions since it was clear that the 'as if' position was not methodologically tenable. One sort in 2011 led to an interrelated GT of Learning Self-Balancing Sanctuarying; however, the sort was premature. Glaser comments (1978) on the struggle researchers face when sorting.

> "Theoretical sorting requires skill and sensitivity as one complexly collages the memos. It brings out the skills and abilities of the analyst, and sharpens them. The beginning to conceptual sorting for integration is not easy. Some analysts may simply be incapable of doing it, whereas others will catch on quickly. Some will be good at it, and others less so. Sorting forces the element of "creativity" to the degree an analyst has it. Most of us fall between these extremes and, with much practice and hard work, slowly develop our skills and creativity" (p. 117).

As the interrelationships between the extant GT presented in Chapter 6 and the prematurely emergent GT of learning were not conceptually clear, more comparisons and more memo writing were in order. What then emerged from this effort in late 2011 was that the experiential learning aspect of sanctuarying belongs within the Self-balancing Sanctuarying grounded theory (GT) since it is both a process of feedback integration and hindrance management and it is a benefit that anyone may undergo when doing a specific type of sanctuarying activity time after time.

In summary, twenty-one zero to mildly anxious members of the wider community talked with me (22,000 words) in some depth about twenty-seven activities they use to relax when they are not moderately to severely anxious. A classical grounded theory of Self-balancing Sanctuarying emerged from analysis of these descriptions and is set out in Chapter 6. Interview data from two community

members who were moderately to severely anxious at the time of learning a meditative Self-balancing Sanctuarying activity in order to relax was not included in this initial analysis except as explained in Section 5.9.

Subsequently, moderately to severely anxious clients of the Royal London Hospital for Integrated Medicine's Autogenic Training Department and of British Autogenic Society member therapists in private practice also provided data to this study. The interview data (184,045 interviewee words) and diary data (151,065 words), which focused largely on Autogenic Training as it was being incorporated into their lives, were analysed using the Self-balancing Sanctuarying grounded theory on an 'emergent fit' basis. This analysis more fully saturated and broadened the theory of Self-balancing Sanctuarying and is set out in Chapter 7.

Finally, five British Autogenic Society therapists talked with me about their practice with anxious clients and provided me copies of handouts given to clients as training progresses. This data has been used as indicated in Chapter 7, Autogenic Training, one activity for self-balancing sanctuarying, and in Chapter 8, Discussion of implications for clinical practice.

6 A grounded theory (GT) of relaxation as a Self-balancing Sanctuarying process

6.1 Introduction

A theory of relaxation as a Self-balancing Sanctuarying process emerged from analysis of what twenty-one non-anxious to mildly anxious people from the community at large say they do to relax in everyday life.[63] Briefly, relaxation is a process of self-balancing through sanctuarying. The process begins when external or internal threats or potential threats to maintaining self-balance impact on the internal felt sense of ease. Threats motivate people to realistically assess their current state and to make arrangements to enter a place of safety, a self-designed sanctuary.[64] Herein, self-chosen activities that are known to work and fit the life and to enable regaining and/or maintaining a comfortable felt sense of ease are undertaken. All along the way, hindrances to entering and staying in the chosen activity must be effectively managed so that the whole process is not dampened or stopped prematurely. Also, feedback to maximize the effectiveness of the process must be effectively integrated into the activity itself. Under these conditions, holistic benefits ensue.[65]

Sanctuarying activities employ mental switching using one or more switching strategies which are loosely linked to a range of holistic benefits. All three strategies release mental and physical tension, and restore, refresh and re-energize. Distracting/ Blocking supports escaping from specific thoughts and feelings, and brings self-soothing time out whilst strengthening distracting and blocking skills. Managing/ Controlling supports filling the mind with specific thoughts, thus building on current strengths, fostering learning and taking pride in personal accomplishments. Letting go/Allowing involves opening up, entering the inner world, and letting come up

[63] For a description of this data set, see Table 5-1: Data collection: type, source, date collected, collection mode, ethical approval, interviewee/diarist word count, on page 95 and Table 5-3: Representative activities and frequency of practice, on page 102.

[64] The broadest meanings of the word sanctuary found in The Concise Oxford Dictionary (Sykes, J. B. (Ed.) (1982) – "sacred place" and "place of refuge" – are used in this theory.

[65] See Table 6-9: Mental Switching goals, strategies and dimensions, and Holistic Benefiting dimensions, with indicators, page 164.

whatever comes up, within specific boundaries. This brings opportunity for growth and development of strengths. Emerging insights, creative epiphanies and peak experiences arise, and there is reduced emotional reactivity to and increased objectivity about problems and worries along with the ability to see what is important and meaningful in life.

6.2 Theoretical overview

> "When I unwind I am detaching from my work day commitments, I process the day, think about the next day, I have time and space to clear my head."[66]

As discussed in previous chapters, constant comparison of data in the broadest sense is essential to the classical grounded theory analytic method (Glaser, 1998, pp. 133-146), with the goal of the analysis being twofold. At the start of analysis, the goal is to discover within the data and explicate at a conceptual level what is called the Main Concern of participants and how they resolve this. The resolving concept is called the Core Category. As the analysis continues, the goal is to move from the conceptual to the theoretical level in a memoing and constant comparison process in order to develop a theory which hypothesizes in more depth what the Main Concern is, and how the resolution of it occurs. Each of the concepts emerges from within the data using this classical analytic method.

Through this analytic process, logical elaboration of concepts has been kept in check. This has been done by comparing incidents from interview transcripts with emerging concepts. This comparison method which constantly refers back to the empirical data verifies that the conceptual patterns actually are in the data and not simply coming out of the head of the researcher; it ensures the category names fit the data as well as possible; it identifies the properties of each emerging concept, and identifies when saturation of concepts is reached (Glaser, 1998, p. 139). Each concept is thus an hypothesized 'summary' in the form of a concept which takes the multiple, interchangeable indices, or examples from verbatim data, up a level from data to the concept. The links between the concepts emerge as the concepts and their

[66] Interview: G0909. Notation for quoted incidents is initial of interviewee from the community sample followed the month and year of interview.

associated memos are sorted. Concepts are then further grouped to develop theoretical concepts which form the substantive theory, self-balancing sanctuarying. Thus, the entire substantive theory is itself an hypothesis which emerged from the data and is grounded in it. It is posited as being true at an hypothetical level only. It is posited as remaining true only insofar as it is judged to work and fit by its audience, and in the face of any data which may subsequently be provided from other sources. As data are provided which do not 'fit', the theory is appropriately adjusted.

Throughout this and subsequent chapters, I have provided single indicators, or examples, which are illustrative of concepts and properties; these are direct quotations from verbatim transcripts, and their source is footnoted. They are representative of what classical Grounded Theory analysts term interchangeable indices. As explained above, it is out of these indices that each concept emerged during the analysis process. The development and saturation of concepts takes place over time, and is reflected in my memos which were made during this constant comparison process. Memos about concepts and their properties and saturation are also footnoted.

Finally, when methodological issues, codes and concepts new to me from a practice, philosophical, psychological or scientific knowledge viewpoint (such as 'affect', 'constructionism', 'embodiment', 'emotion', 'hypnagogia' and 'self') emerged, I undertook literature searches for the concepts in scholar.google and Ovid, PsychInfo and BioMed Central, and on specialty websites relevant to the concepts and issues facing me. Additionally, I attended two conferences in 2009 to jump-start my understanding of two related substantive areas, social constructionism and emotion: the Taos Institute & MacMann Berg's Constructing Worlds conference in Copenhagen, Denmark and the International Society for Research on Emotion's conference on Emotion in Leuven, Belgium. Where the literature is relevant and has been used in the analysis of the data and concepts, I have briefly referenced and discussed it.

During data gathering, participants were asked to focus on and describe one particular relaxation activity and there were no restrictions placed on the types of

activity participants could choose. In addition to the twenty-seven activities described in detail, twenty additional activities and their place in the life were briefly mentioned. As long as the activity was perceived to be relaxing, it was included in the analysis. Therefore, described activities range from extremely physically active to sedentary and passive. These activities consciously involve body, mind, emotions, and actions to varying degrees. The analytic effort focused on explicating what prompts undertaking the activity, and on how the relaxation process "does work" in daily life as reported by participants, and not on how it "should work" according to a priori theories. As Glaser points out, "'does work' information is always vital as corrective, informative and maturing for the [researcher and for the researcher's audience]" (1992, p. 89).

Table 6-1: Main Concern and Core Category, Indicators

Concept	Indicators[67]
Main Concern: Self-Balancing	It's two or three days before I really feel unwound, and that period in between I am like a bear with a sore head, all I want to do is sleep or read, or sit in the chair, then sleep some more…
	Relaxation is being not tense, physically or mentally, and relaxation is the process of getting to that state…
	I have had periods in my life when I have been extremely stressed, so I avoid that, and in order to avoid that it is essential I have relaxation time, I relax with friends, and family, but also have to carve that out as a bit of time for me…
Core Category: Sanctuarying	Something you enjoy doing, or you want to do as opposed to have to do… a state of mind… maybe it's a very pleasant place to go to…

The Main Concern of all participants in this study is self-balancing (the "what" and the "why").[68]They continually resolve this Main Concern by doing a purpose-built relaxation activity (the "how"). This process, the Core Category, is theoretically called self-balancing sanctuarying.[69] It takes place within a context, under certain conditions, as a result of certain causes, and with specific consequences. There are

[67] Interviews: H0809, N0309, C0909, I0609
[68] Memos: Balance-24,250210;
[69] Memos: Balance-24, 250210; CC-SAFE-31209; SAFE/bdm-2109-05,09, /msk-2409-01.

specific contingencies to whether or not the process proceeds, and how effectively it proceeds.

Figure 6-1: The Classical Glaserian Grounded Theory Model of the 'Six-Cs'

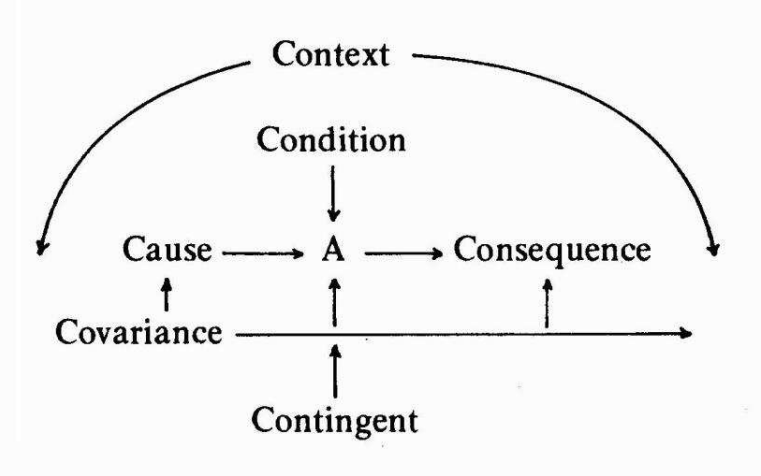


Table 6-2: Key to Theoretical Model of Self-Balancing Sanctuarying

Generic Six C Model	Theoretical Model of Self-Balancing Sanctuarying
Context	Life Milieu: External and Internal
Condition	Safety
Cause	Disturbed Felt Sense of Ease
Consequences	Restored Felt Sense of Ease, Multiple Benefits
Contingencies	Managing Hindrances: Dampening negative causal loops Integrating Feedback: Amplifying positive causal loops
Covariance	None[70]
A[ctivity]	Self-balancing Sanctuarying Activity: Assessing, Arranging, Switching, Benefitting

Whilst classical grounded theorists eschew providing figures and diagrams when setting out theory, I have chosen to diverge from their approach as I am a visual thinker, and as I assume many of my readers may also benefit from looking at a

[70] A key question as regards the difference between a Cause and a Covariance in both psychology and sociology is this: why are some perceived covariants given a causal interpretation by people whilst others are not? In setting out the grounded theory, I have relied on Cheng (1997) who offers an in depth discussion of this question and the issues of causal attribution and covariance.

figure. Glaser's generic 'Six-C Model' (1978, p. 74), set out in Figure 6-1, shows a basic activity or process (A) in its ecological context. [71] This figure of the generic model may be easily and simply used as a visual aid to understanding how the Self-balancing Sanctuarying process's context, conditions, causes, consequences, and contingencies sit together theoretically. The model should be read using the key for Self-balancing Sanctuarying provided in Table 6-2 where A = Relaxing Activity.

The concept of self-balancing as being the Main Concern of participants emerged from the data in two ways. When asked to define the word relaxed and relaxation, most people described a state which was an alternative to a state of tension. When asked to describe their relaxing activities, people described them as counter-balances to stress or as ways of maintaining their ongoing sense of well-being and of being themselves, or both. Metaphorically and literally, the picture of an experiencing self in process of balancing itself and orienting itself around a pivot point of being me and becoming me emerged. Further possible categories of pivotal experiences, such as *'finding me'* or *'emancipating me'*, did not emerge in the data from participants who were not moderately to severely anxious. As Glaser (1978) observes, whilst there may be many more dimensions and properties which could belong to a given concept or variable, only those which emerge in the data are relevant to developing theory, with the rest being logical elaborations.

Culturally acceptable and accessible Self-balancing Sanctuarying activities ('A's) are incorporated into the life based on a number of factors. They emerge within the external context and in an internal context of felt sense of ease which arises from and within the experiencing self. The cause for moving into a sanctuarying activity, which may be experienced as either a push or a pull, is a change in the felt sense of ease. This change, which may be instigated by proximal or distal factors in the external or internal milieu, may be experienced consciously as a felt sense of dis-ease or may be pre-consciously felt as a desire to remain authentic to the ongoing experiencing self which is at ease. The consequence or benefit of Self-balancing Sanctuarying is a maintained or restored felt sense of ease.

[71] This Figure is reproduced by permission from the author.

Benefits are consequences which maintain, restore and grow the felt sense of ease in body, mind, and emotions.[72] These benefits include the traditionally understood nourishing benefits of relaxation – rest and regeneration in preparation for meeting life's daily challenges positively and realistically. Where there are immediate or chronic existential threats to mental or physical health, in the form of work stress and/or injury and illness, Self-balancing Sanctuarying not only protects from further harm; it also engenders positive moods, emotions and thoughts, and gives a sense of empowerment and control, enabling return to daily life restored, refreshed and re-energised, able to face life's challenges positively and with objectivity and creativity.

There are two contingent feedback loops integral to entering into and maintaining immersion in the activity: dampening negative causal loops and amplifying positive causal loops.[73] For example, negative causal loops emerge when hindrances to choosing, starting and staying in the activity arise, and they must be adaptively managed. When they are not well-managed, the necessary condition, safety, is impaired, felt sense of ease is disturbed, the Self-balancing Sanctuarying process is dampened, and the activity may stop. However, negatives can be transformed by adjusting the activity so that it is more enjoyable or easier to do, for example, so that impediments to starting and staying committed to the process are minimized and positives take their place. Positive causal loops arise in both a narrow and a broad sense. In the narrowest sense these include ideas arising of how to improve the activity and make it work and fit even better. In the broader sense, benefits arising during and after the activity amplify the desire to continue or resume the activity at a later time, thus supporting integration of sanctuarying into the life.

Thus, sanctuarying can bring a person in touch with and allow them to understand and express their essential self in authentic, grounding, and often joyful ways. It can be experienced as flow. And it can offer opportunity for a sense of growth and a sense of accomplishment.

[72] Memos: NURTURE-0309, BENE-020810, BUILD-250210, FSE-270910, FSE-JMRN-111110.
[73] Memos: MHModel-030210, 060210; MH-190810; MH-060211-loops

6.3 Condition: Safety

> "It's a haven, it's safe, it's my own space, nothing else, no one invades it, if you want, unless I chose to let them."[74]

Sanctuaries are sacred, holy, consecrated places of refuge and safety.[75] All major ethical and belief systems view the body and the person as temples, containers of a spirit or essence which hold an ethical impetus to live authentically and to do good in the world. It is in light of this cultural position that the concept of sanctuarying emerged during the memoing process and from the data. Participants had two ways of describing their processes, which they were in various stages of learning and integrating into their lives, and which had successfully worked for them over varying lengths of time.

On the one hand, some people used the words safe or haven, or other synonyms or metaphors for the concept of safety when explaining how they arranged their activities and stayed within them over time. Thus, what is termed an in vivo code, safe haven, directly emerged from the data early on. People also described the experience of being in an inner and outer space which was in their control and within which they could experience themselves being free from worries and other internal and external threats. During memoing about these aspects of the activity as it fit within participants' life worlds, the theoretical concepts of self-balancing within a sanctuary for the experiencing self emerged. [76]

Zahavi (2003) sets out a phenomenological concept of self as an experiential dimension that he proposes is useful for empirical science (p. 56), and it is this concept of the self which closely fits the way participants talked about and revealed themselves. Zahavi's suggestion is that self and experience are inextricably bound together; self is not a pure abstraction nor is it merely a construct evolving through interactions with others over time. Rather its nature is that self is a mode of

[74] Interview: F0309

[75] Dictionary.com. Most people in our culture are 'consecrated' through either Baptism, Christening, or another similar rite. Judeo-Christian scriptures remind us that the body and the whole person are a temple out of which sacred tasks are undertaken.

[76] Memos: BG-CORRES-16810, Sanctuary-010810, 200910, MC-16810, SOM-14909, Safety-250110

experience, a permanent feature of being conscious, and anything which has this dimension of immediacy in experiential reality "deserves to be called a self". This is not an epiphenomenal approach wherein the self is experienced as merely a mental entity. It is an integrating functional concept, making sufficient room for the metaphorical and direct references interviewees made to the body/mind in relation to the natural world, to the historical self, and to being in what many of them called a flow experience. Thus, in this flow there is implicitness and a non-verbal aspect of the experiencing self. Participants in this research described this flow and this implicitness subjectively and variously; for example, as a movement to the sensory world of the inner child, or as the body having a language of its own.

This is in line with Gendlin (1995, 1997) and Johnson and Lakoff (1999) who propose that meaning emerges from and is validated by the subjectivity of experience. This experiencing is a felt sense which, although lexically blank, is concrete and does point to the implicit which must become known. It knows and expresses this implicitness and the finding of meaning through the body. Gendlin emphasizes that the felt sense "is not just a subjective equivalent to language. The two sides [verbal language and the felt sense of experiencing] perform very different functions." The felt sense validates meaning, letting one "know" when something is languaged correctly or when it needs to be discursively carried forward if it is not yet languaged correctly (1995, p. 548). Gendlin (1997) presents an essentially embodied conception of being human wherein everything about a person is interpenetrating and the embodied person thus includes the nature of character, personality, projects, values, intentions, and actions, all from the viewpoint of an embodied felt sense of experience.

Gendlin (1997), referring to points made by Carl Rogers in 1958, highlights something clinicians have long known through their subjective experience with clients: psychological therapies and by extension, best practice ways of living, cannot be imposed, but must be felt to be safely congruent. They may be introduced to someone, but until they are 'grappled with' and 'made my own', meaningful and lasting change does not ensue (pp. 48-55). Self-balancing sanctuarying activities

described by participants have this characteristic, too – it is logically and experientially impossible that they be imposed, as impositions by their very nature[77] are experienced more like prisons, which are not safe, rather than like sanctuaries, which are chosen time after time, and are known to be safe. Participants describe this safe space metaphorically or literally as place of safety which offers a refuge and opportunity for self-balancing distant from externally and internally generated tensions which naturally arise in everyday life. [78]

[77] Memo MOTI-9210; **impose**: **1.** v.t. Lay (tax, duty, charge, obligation, on or upon); compel compliance with. **2.** Palm off (thing upon a person; force oneself on attention etc. of (person).... **5.** v.t .exert influence (on person) by impressive character or appearance. **imposition** n. imposing or being imposed; laying on of hands (in ordination etc.; impost, tax, duty; a piece of deception or imposture or advantage-taking; ‖work set as punishment at school. (Sykes, 1982, p. 502)

[78] Memo: SANCT-020810, 081010.

Table 6-3: Sanctuary – properties, metaphors and indicators

Properties & Metaphors	Indicators[79]
Properties - Distant from Threat - Outer World Controlled	The living room - it's a haven, it's safe, it's my own space, nothing else, no one invades it, if you want, unless I choose to let them… It's just a sense of calmness, connection and safety, I feel safe. I feel cared about.
- Trusted Self and Others	The yoga teacher has a voice like liquid chocolate… her voice is very relaxing, which is why I have stuck with that particular class.
Metaphors	I go in the morning, so that's really about giving myself head space before I have to start getting involved in anything else. For an oasis of time [nourishing, flourishing retreat from drought]… I do a quick crossword and sudoku, to shift my head at lunch time
Container: Time and Space	You have to concentrate on what you are doing, but there is also a bit of room to be releasing some of those things [pent up thoughts] I think it's just having all the time, not having deadlines [threats], having time and space to explore topics you might talk about more at length
Journey	…if I am reading a novel, I can sort of gallop through it quite quickly, if it's non-fiction… I would dip into and read bits, and get through it more slowly
Living Thing: Growth/Decay	I discovered that it is the juice [nourishment] that works between the people that provides the motivation for me… Our music very poorly received, and I was thinking how bloody minded it was, but guys said it was just a different culture, that we weren't observing the local etiquette [wounded when outside the safety zone]. I play the lute for an hour or two every day [from early childhood], and that is part of a routine, so ingrained [tree rings] in my life over [6] decades.

[79]F0309, L0909, N0309, Z0909 , N0309, V0609 , V0609, J0509, D0209

Table 6-4: Felt sense of ease – properties, dimensions and indicators

Properties	Dimensions	Indicators[80]
Is a Body Based Voice	Communicated non-lexically → lexically	I find that I am relaxed most if I can do something at a set time of day, then there is no stress involved, you just get yourself ready and you do that activity and it's relaxing –
Has a Balancing Set Point	Inflexible ↔ Flexible Tipping Point	In the sense of being comfortable with your situation, whatever that might be,...Yes, if I am confident and comfortable in the situation, like I am supposed to be there, then I am relaxed...
Operates within a Safety Range	Narrow ↔ Wide	
Responds to a Perceived Threat Load	State: No Load ↔ Loaded Felt as: Flowing ↔ Juggling Threat Sources: Internal (thoughts, emotions) and External	When I go away for a holiday in the caravan, as soon as I park up, it is like a wave, I want to be lazy and just do nothing... I have had periods in my life when I have been extremely stressed, so I avoid that, I relax with friends, and family, but also have to carve that out as a bit of time for me…
Has Distinct Objective Process	Getting Back to Me ↔ Being Me ↔ Becoming Me[81]	…It is something I do to relax, or something I do, full stop…it is part of a routine, so ingrained in my life over decades…
Listening Self Modulates Awareness, Emotion and Action Tendencies	Pre-Conscious ↔ Conscious	I am aware of the fact that it would help, I would like to do it, but it is genuinely a time constraint… I do know I need to do it more now, clearly, but clearly is not enough!

[80] Interviews: Z0909, S0909, H0509, K0309, D0309, W0509, C1009
[81] Memos: AM-120911, BAL-25210, CH7-AR-23110, CR-121011, FSE-JMRN-111110

6.4 Context (Internal) and Cause: Felt sense of ease[82]

> "When I go away in the caravan, that's relaxing – but when I am on the job, I am not stressed, not pressured, not physically tense – I tense up when the phone rings, you always think the worst when the phone rings!".[83]

With regard to the theoretical model of self-balancing sanctuarying, the felt sense of ease functions in two ways. As a context variable, it is a barometer monitoring the internal ambiance of the person. As a cause variable, when disturbed, it starts the Self-balancing Sanctuarying process.

First, the theoretical question of whether or not felt sense of ease is a cause or a covariant[84] needs to be addressed as regards the function of the felt sense of ease in initiating the sanctuarying process. "According to the power view [of causality], causes are not merely followed by their effects; rather, they produce or generate their effects" (Cheng, 1997, p. 368).[85] As emerged from the data, the felt sense of ease may be conceptualized as a barometer, a sensing device, a gatekeeper which works in service of maintaining allostatic balance. To explain why they engage in relaxation activities at specific times, participants use a combination of common-sense logic and a felt sense of knowing. They have attributed causality to a number of distal and proximal incidents arising from internal and external contextual sources, like accidents or work stress. Theoretically, these have in fact emerged as being central to the disturbance of the sense of safety (condition) and thus of the felt sense of ease. The felt sense of ease is, however, the most proximal variable driving a movement toward sanctuarying behaviour. It is in this sense that it "generates" entry into a sanctuarying process. Also, as the negatives can be transformed over time into positives by adaptively adjusting attitudes and behaviour these are not

[82] All Interviews; Memos: EE-FSE-031209, 100410; ROUT-180909; MOTI-090210; FSE-STANCE-030110; D-JRM-261109, FSE-210910, 260910

[83] Interview: H0909

[84] Memos: FSE-031511, 040212

[85] Cheng does not address the further question which she raises, and which may be viewed as methodologically relevant to an GT's emergence, "How are effects and their candidate causes selected out of the indefinitely large pool of possible representations?" noting that "This is a fundamental issue that requires extensive further study" (Cheng, p. 370).

categorized theoretically as "generative" causes. Instead, they emerged as being either contingent variables impacting on the condition of safety and on the entrance into and maintenance of the sanctuarying process, or as contextual variables, being part of the ambiance and milieu in which the felt sense of ease operates. Thus, felt sense of ease has earned its place as the causal variable.

From the contextual vantage point of the internal milieu, the felt sense of ease arises non-verbally and gives people the 'feel' of how comfortable they are in the present moment in dealing with the fluctuating and normal everyday pressures and tensions of life. It lets people know when a tipping point is about to be reached or has been reached, one which threatens them at either a conscious or a pre-conscious level, or both. Self-balancing sanctuarying is, therefore, a purposeful process which is both prompted by and maintained by the felt sense of ease, at both the contextual and causal levels. In these healthy circumstances, where there is no struggle, the self-balancing process is to either shift the load off, that is, to juggle it, or to manage the load, to flow with it. In either circumstance, whether flowing or juggling, the felt sense of ease is intact and stability may be optimized. It is on this secure, firm base of stability that persons are free to enjoy themselves – to be me – and to develop and grow – to become me – in self-chosen ways without fear. Table 6-4: Felt sense of ease – properties, dimensions and indicators, on page 138, sets out these properties and dimensions of the theoretical concept, felt sense of ease, as they emerged from the analysis of the data.

The Self-balancing Sanctuarying task is to monitor and act, based on the set point, range, and load parameters of the felt sense of ease. Where the monitoring indicates no threats the felt sense of ease:

(a) life is experienced as flowing; and whilst load or tension must be regularly checked, it is experienced as being at acceptable no load or a light load levels; or,

(b) if load is experienced as being too heavy or as going askew, it must be juggled before life can begin flowing; that is, it must be re-balanced by removing some of the load or by switching to a period of light or no load for the appropriate length of time.

In these healthy circumstances, the self-balancing effort does not involve the struggle of trying to establish a new set point or range for the felt sense of ease, as may be the case where the felt sense of dis-ease arising from trauma or pathology poses an internal threat to personhood and the core self. Instead, where there is no struggle, self-balancing effort either shifts the load off, that is, juggles it, or manages the load, flows with it. In either circumstance, whether flowing or juggling, the core self, personhood, and felt sense of ease are intact and stability may be optimised.[86] It is on this secure, firm base of stability that persons are free to enjoy themselves and to develop and grow in self-chosen ways.

Where threats to felt sense of ease involve juggling, the load can be experienced as out of kilter either physiologically only (e.g., in need of physical rest or sleep), or also in thought processes and emotions (e.g., guilt, anxiety), or any combination of these. A re-balancing adjustment to any one of these impacts on all the others. As Sterling (2004) has suggested, the way to decrease allostatic load on a person and improve physical health is to do things which reduce vigilance and increase satisfaction (p. 58) and this is accomplished when doing sanctuarying activity.[87]

As a causal factor, the felt sense of ease is experienced either pre-consciously or consciously as a desire to be me or become me. For well people, being me in my natural state involves acting in nature, or participating in natural processes, or being/doing as I have always been/done, and being in control of and doing what I want to do to maintain me as I am. This is the primary driver of the Main Concern, to get back into balance, get back to me, or remain in balance and be me. Where life's ups and downs are experienced as 'normal', non-threatening, and flowing, not doing activities which are vital to creative self expression and which are intensely experienced during Self-balancing Sanctuarying would feel 'like an amputation', for example. Or, it would be almost impossible to not visit these parts of the personhood, as the sanctuarying activities have been built into the life since young

[86] Memo EE-FSE-21209, 12310

[87] Current research extends allostatic models to pathology in the mental health sphere. It attempts to explicitly describe re-balancing internal activities and states (e.g., addictions (Koob & Le Moal, 2004) and anxiety and depression (Rosen & Schulkin, 2004)) within the allostatic load model.

adulthood or even since early childhood.[88] As enjoyment and satisfaction arising from the doing of the activity feeds back into the system in a series of benefits, people more and more conceive of themselves as the kind of person who does this thing. It is internalized, becoming part of their integrated self structure, their self identity. It is therefore a part of both being and becoming the experiencing self to do it.

As Carl Rogers (1980) so aptly points out, desires for being and becoming as individuals are central to the nature of life itself:

> "Whether the stimulus arises from within or without, whether the environment is favorable or unfavorable, the behaviors of an organism can be counted on to be in the direction of maintaining [being], enhancing [becoming] and reproducing itself… This actualizing tendency can, of course, be thwarted or warped, but it cannot be destroyed without destroying the organism." (p. 118)

Rogers goes on to observe that as people make discoveries about themselves and their life worlds, steps toward changing their self-concepts are being taken. "New elements", when they are discovered in the midst of safe environments like the sanctuarying environment, are "owned and assimilated" into an "altered self-concept". Rogers asserts that this forms the basis for behaviour changes, which must of necessity arise in conformance with the altered self-concept (pp. 154-156).

Thus, for well people, being me, which may be both the desired activity state and the desired outcome state, may also evolve into a conscious sense of becoming me, by, for example learning things, pushing the body and mind in workouts, and fostering creativity. This sense of becoming me often carries on after the activity itself ends.[89] Being me is a directly felt aspect of inward experiencing itself, which is a comfortably flowing internal state. As Gendlin (1997) points out,

[88] Interviews: N0309, D0309, J0509; Memos: Balance-24,250210; MC-CC-160810, ATTI 21310, 23210, 15810

[89] Memo: Learn-210409(CP)

> if our direct touch with our own personally important experiencing becomes too clouded, narrowed, or lost, we go to any length to regain it; we go to a friend, to a therapist, or to the desert. For nothing is as debilitating as a confused or distant functioning of experiencing (p. 15).

Theoretically, then, both being me and becoming me are integral Consequences of self-balancing activities which are sought in order to remain being me or to regain the comfortably felt sense of being me.

6.5 Context: External ambience

The external ambience variables which impact directly on the internal ambience, as calibrated by the felt sense of ease and the experiencing self, are:

- equilibrating and dis-equilibrating social supports and networks – including employers, employees and work colleagues; teachers and helpers; and, family, and friends; and,

- existential threats to mental and physical health – specifically, illnesses and accidents.

By definition all work directly references social supports and networks, as people form the context within which and for whom work is done – they are customers, managers, colleagues, and extended family. Accidents and illness can bring changes into the life and to the nuclear and extended family, too. These changes are likely to be both unexpected and unpredictable, and may require ongoing management. Maintaining mental, physical, and emotional balance in the midst of these external challenges to existential safety requires a firm trust in the experiencing self and in others who are part of the supportive social network.

6.5.1 The dis-equilibrating workplace

> "I have a very stressful job. The job is hard, long hours, dealing with difficult people, with little in the way of breaks during the day… It's

> illegal, I'm sure. Exercising gives me a chance to stand back, to escape, time to think, and a bit of room to release pent up thoughts."[90]

Working for others, employers or customers, and with others, supervisors or colleagues, takes a significant chunk of people's time, and up to half of a person's adult life may be spent in work. Whilst listening to participants talk of what motivates them to seek safe haven, it clearly emerges that the primary source of external threat is a real or a perceived assault on the internal felt sense of ease arising in dis-equilibrating workplaces. Wherever the workplace is situated, it is often structured and controlled by other people or impacted by environmental factors outside the control of the worker. High work demands may also involve increased vigilance and increased judgment of self and others. According to Wright (2007) work stress is the most significant contributor to experience of stress amongst adults in western countries (p. 279). In Great Britain, "the 2009 Psychosocial Working Conditions (PWC) survey indicated that around 16.7% of all working individuals thought their job was very or extremely stressful" and estimates of days lost through work-related anxiety, depression and stress "accounted for an estimated 11.4 million lost working days in Britain in 2008/09" (Health and Safety Executive, 2010).[91] There is a mounting body of evidence that chronic work stress is a risk factor, and can have a debilitating impact on physical health (Chandola, Brunner, & Marmot, 2006, p. 1). That said, regardless of level of demand and level of threat, some participants talked at length of how work offered opportunity for creativity and self expression.

All workplaces have their challenges, and participants mentioned some of these challenges specifically which are set out in Table 6-5. While a dedication to tasks must be maintained even when management standards are poor, doing the internal balancing act in service of work can be mentally, physically, and emotionally

[90] Interview: N0309

[91] In late 2004, the UK Health and Safety Executive after an extensive public consultation, issued Management Standards regarding designing and maintaining healthy work places. These standards cover the following areas: workload, work pattern and work environment demands; employee control over work; support from colleagues, supervisors and management; ethical relationship practices; non-conflicting and well understood roles; and, change management practices. When the standards are not met, significant work stress may ensue (Health and Safety Executive, 2010).

draining. People in this situation are jugglers, as dis-equilibrating work can take the person 'out of the present moment' and 'out of the flow zone'[92] and it is therefore no surprise that unwinding from work stress was so often mentioned as being one of the key motivators for doing something relaxing to balance the self.

Table 6-5: Impact of Work on felt sense of ease[93]

Threats: Dis-equilibrating work	Supports: Equilibrating work
Increases general anxiety	Brings satisfaction & calm contentment
Burdened by worries about co-workers	Non-judgmental, trust attitude toward self & others
Perceived self-inadequacy	Enjoyment of group success
Squeezed by time pressures	Not noticing time passing
Mental energy drained & mind overloaded with thoughts	Easily fully focused on whatever is at hand
Discouraging lack of influence & control	Welcome control of job & pace
Too sedentary, or physically exhausting & disturbing sleep	Creative, positive & passionate engagement in tasks

6.5.2 The equilibrating workplace

> "I get in the zone, I am happily there – that's relaxing – you just don't want to be interrupted from it – it's quite calming, even though you are doing a physical thing, it's quite calming. You are visualizing a couple steps ahead, it is all coming together, you can see the fruits of your labour as you go along... it's very satisfying."[94]

[92] Interviews: H0909, O0509, R0909, S1109, W0309; Memos: R-EM-909, R-JRM-1209, W-EM-409, W-JRM-1109, H-FUM-1209

[93] Interviews: C-1009, F0309, G0309, H0909, H1209, I0609, J0509, N0309, O0309, R0909, S1109, T0309, Y0309, Z0909.

[94] Interview: H1209

When the workplace and work are well designed, and when workplace challenges are not dis-equilibrating, the workplace becomes a place where sanctuarying happens as part of the work itself. There is no need for physical distancing, getting away from work (whether work is being done at home, or elsewhere) and no need to arrange a safe haven within the workplace: work itself is safe and sanctuarying can happen as a matter of course. In this case, meeting most workplace challenges stretches the person's knowledge and skill sets in creative ways and contributes to an overall sense of satisfaction. Work may then be described as relaxing and in terms of its flow characteristics and its avocational nature.[95]

Csikszentmihalyi writes: "in many ways, the secret to a happy life is to learn to get flow from as many of the things we have to do as possible" (1990, p. 185), and this includes work, which takes so much time, and has the potential to bring so many benefits (1997, pp. 49-63). Participants in the study described this flow state as it occurs in work which they consider to be relaxing: there is a non-judgmental attitude toward the self, with extended periods of time where the self is not experienced as an objective, observing self, and when engagement with the work is highly focused on achieving clear goals, feedback is continuous and positive, and the sense of time passing slows down. Work is done in a safe haven and becomes its own reward.[96] When the workplace challenges are matched to skill and interest levels, and when the attitude taken toward the work is objectively evaluative and the attitude toward the self is non-judgmental, workplace activities, per se, do not dis-equilibrate; they do the opposite. The workplace is experienced as a place for staying balanced and for creativity. One interviewee who had managed work teams spoke of the challenges of work this way:

> "I found that my teams worked comparatively well, and I put that down to personal attention, to looking after individuals. Then people worked well in the team, conflict was creative, and no one got their nose put out of joint. There was collaboration, and when realistic pitfalls surfaced, they were

[95] Memos: S-EM-909, H-FUM-1209.
[96] Memos: HFU-EM-311209, I-EM-22909, S-EM-909,V-EM-909; Memo:FL-1209

> taken in good faith, because people had confidence in themselves and in their colleagues."[97]

Whilst the focus of interview was not initially directed on work activity, per se, it was central to participants' discussions of their chosen relaxation activity, as every person made reference to their work, how they felt while working, what ways work impacted upon them. Many also spoke of how work brought meaning to their lives.

6.5.3 Equilibrating social networks

> "The yoga teacher has a voice like liquid chocolate so she will persuade us to do anything, which is why I have stuck with that particular class."[98]

Every person spoke of other people, putting their sanctuarying activity into a context of colleagues, family, friends, and advisors, mentioning or speaking at length about the impact other people had on one or more aspect of sanctuarying process. In this way, people, regardless of what part they play, are involved in every sanctuarying process. Either others are excluded from or are participants in the process, or they provide information vital to carrying it out.

Table 6-6: Equilibrating Social Networks, Properties and Indicators

Property	Indicator[99]
Trusted	"[I walk] with a friend – I feel very relaxed in her company… we have lots of things we have in common to discuss..."
Manageable	"[my steps are to] switch off my mobile, obviously first I communicate with everyone and do all that needs to do. I get all the jobs finished, my dinner, call my husband, call all my friends, then switch off the phone, and be just on my own."

The issue of whether and under what conditions social networks in a wider sense may be not only contributing to the felt sense of ease, but also acting as buffers for

[97] Interview: J0509
[98] Interview: N0309
[99] Interviews: A0309, V0609

stress, or both has been researched in various contexts since the mid 1970's (cf. Cohen and Wills, (1985) and Zimet, Powell, Farley, Werkman and Berkoff (1990)). More recently Sluzki (2010) has raised the double dynamic issue apparent in this study: that social networks may act as either hindering or helping supports (dis-equilibrating work, and equilibrating work and supportive extended family and friendship networks, respectively) for developing and maintaining healthy lifestyles and balance. When talking directly with, listening to, or learning from others is part of arranging and/or being in an activity, people may be acting not only as main supports but also as stress buffers.[100]

Where trust is not secure, or where a condition for sanctuarying is total privacy from everyone including loved ones, people are motivated to either escape into sanctuary (from work) or to set strict boundaries (with work colleagues, family and friends) before entering and during sanctuarying, respectively.[101] Where there is firm trust, whether they participate in an ancillary or direct way, social networks are direct contributors to maintaining a balanced felt sense of ease in life and during the sanctuarying process.[102]

6.5.4 Accidents/illnesses

> "Because last year I haven't been well, I thought I deserved a treat... to go away on a spa retreat, on my own with no commitment to anyone. This was a complete relaxation package, exercise plus the down time and the mental relaxation... I didn't know it would be so nice, until I was in the middle of doing it, and I didn't realize how nice it was, actually, until I was back home. Now I am aware of how enjoyable and restorative it was."[103]

Recent nursing literature highlights some of the challenges people face after an illness or an accident brings existential threat suddenly into their lives (cf. Artinian

[100] Memos: N-EM-409, N-DM-15210, N-JRM-211109, R-EM-909, S-EM-1009, Z-EM-909; Interviews: N0309, B0909, O0509, R0909. S0909, V0909, Y0909, Z0909.
[101] Memos: B-EM-909, G-FU-909, K-FUM-709, K-JRM-1209; Interviews: N0309, B0909, F0309, G0309, G0509, H0909, K0509, N0309, O0509, R0909, Y0909.
[102] Memos: I-EM-609, J-EM-609, J-CM-12210, J-GTC-10310, O-EM-609; Interviews: J0309, J0509, H0909, I0609, M0309, O0509, T0309.
[103] Interview: R0909

and Milligan-Hecox (2009), Satinovic (2009), Taylor (2001), and Wiitavaara, Barnekow-Bergkvist and Brulin (2007)). Adapting to new circumstances, moving from illness to wellness, regaining control, and returning to normal life are important tasks people must tackle. The sense of balance and sense of identity one had before may require considerable adjustment and inner strength (Lundman, et al., 2010), and in some cases preserving the integrity of the existential self may pose a significant challenge (Irurita & Williams, 2001).

Where participants had a history of accident or illness, they used their sanctuarying process in multiple ways, some of which were tied to proactively managing their recovery and their ongoing health. As Tugade and Fredrickson (2004) have demonstrated, resilient people use positive emotions to rebound from stress, and participants who did have a history of illness and accident were clear that the positive changes in mood and the experience of positive emotions, like joy, happiness, peace, and calm, which arose during their chosen activities were vitally important to their continuing recovery. The time set aside for relaxation was used for getting in touch with the security and depth of their felt sense of ease and for enjoying themselves. It formed part of new patterns of behaviour which nourished and strengthened them. They were clear that continuing the processes had the potential to or had already become a health maintenance habit over the rest of their lifetime.[104]

6.6 Activity: Stages of self-balancing sanctuarying[105]

> Q: When you talked about going to the gym and about 'unwinding thoughts' and 'processing stuff' while you work out and swim… Can you say more about that?
>
> A: When I unwind I am detaching from my work day commitments, I process the day, think about the next day, I have time and space to clear my head…

[104] Memos: R-22710, D-EM-409, Z-EM-25909; HEALTH-21510

[105] Memos: M-EM-409; CH3-AR-609, CH3-ARCH-AR-13110; CH7ARCH-AR-13110; CC-CORE-JRM-261109; FIT-221290; MODEL-1109, 011209-23110, 030210; PPT-MRM-11609; PPT-RN-18909; SWIT-25210, 2310, 5310, 12810; All Interviews..

> Q: You talked about feeling emotionally psychologically better… What's that like?
>
> A: I would say I am calmer, more in touch with myself, feeling good about myself, and happy being me, as opposed to worry, to processing, there's a contentment, my head is cleared, I'm feeling calm, relaxed and good about myself…[106]

Because self-balancing is central to maintaining the subjectively stable experiencing self out of which the embodied sense being an individual who owns one's life flows, I have proposed that self-balancing is a sacred task.[107] Effective sanctuarying activities have been incorporated into the life through a learning and repeated doing process. People do sanctuarying their way, not in a forced way, but because they like it and it works for them over time: they have made it their own. In essence, their chosen sanctuarying activities have emerged into their lives during a time of confluence of interest, ability, social support, and a growing felt sense of ease that the activity would serve its self-balancing goal. When the activity is then fit into the person's ongoing life depends on their pacing style, as well as on fluctuating external forces, and on the person's ability to effectively manage hindrances to starting.

The stages of the sanctuarying process are: realistic assessing, adaptive arranging, mental switching, and holistic benefitting.[108] These stages of sanctuarying may be thought of as points in time marked by idiosyncratic events and processes at the individual level. However, once viewed through the analytic lens of constant comparison of interchangeable indices and emerging concepts, the stages and their events, including the contingent events, are clearly psychological ones which are shared by most if not all people.

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[106] Interview: G0509

[107] For further discussion of the self and disorders of agency, see Blakemore and Frith (2003), Gallagher (2003), Parnas (2003), Radden (1999), and Walter and Spitzer (2003); ; Memo: Sanctuary-020810, 081010.

[108] Memos: Process-Chs0210; Sanctuary-0211510, 081010

Sanctuarying is an experience where life is as it is in the moment is freely chosen and experienced, within arranged parameters, for exactly what it is.[109] Chosen activities involve a coordinated series of steps and induce self-emergent positive changes in at least two of four arenas – body, mind, emotion and action. Successes feed back into the system both automatically and upon reflection. These feedback loops then become foundational elements, amplifying the energy for developing and maintaining sanctuarying activities, habits and rituals.

Essentially, optimizing dialogues assess and arrange external and internal circumstances so that it is safe to move freely into and stay in a relaxing process and a relaxed state, however defined, for as long as wanted at the time. This optimizing activity is an essential, well-developed skill which is called into play as needed to manage hindrances and integrate feedback, making adaptive adjustments to the process at each stage, as needed. When the sanctuarying process is so safe and trusted that it can be entered pre-consciously, it is entered with a high degree of automaticity. When it has been done time after time and is a ritual or habit in the life, the processes involved are not necessarily distinct in consciousness in a lexically cognitive sense. Instead, they are carried out largely wordlessly, and the steps perceptually collapse into ongoing felt experience, with the felt sense being that one is in a 'zone' and that the process 'flows'. In the telling, the steps can be described with some degree of clarity. They can be carried out in many different orders and the steps may be repeated many times during an extended process. There is ongoing monitoring at every stage which is guided by the felt sense of ease with the changing state. The whole process then feeds back into developing and strengthening strategies and tactics in support of healthy self-balancing.

[109] All Interviews: "Doing what I want to do" is an essential first step for everyone; Memo:CC-16810

Table 6-7: Flowing Process – properties and indicators

Property	Indicators[110]
Clear goals	"I think a few years ago I was stressed out with business and I had to let some serious steam off, and the action sports went with the action stress that I was under, now I lead a lower key life, so that level of letting steam off is at a less level as well."
Immersion in activity	"When I'm doing it I feel as if I'm where I should be, I'm doing what I should be doing. I feel kind of quite fulfilled, capable, engaged..."
Activity matches capabilities	"I'll take some music and I'll play and basically, I just concentrate on that, it's sufficiently demanding that it takes away all the other thoughts, so all I am aware of is concentration on music…"
Attention on present moment	"It's freedom… really being able to enjoy or be aware of things I would probably not notice, the sound of water, the birds singing, the wind in the trees, all those things. Just because my mind wasn't thinking, so it could just appreciate things…"
Enjoyment for own sake	"I stay relaxed, I feel so good, everything within my body wants to stay that way, it is very enjoyable..."
Threats transformed	"If stressful thoughts surface up because of similarities with what I am reading and what I have to do, I might make a note at that point, and then go back to reading again…"
Inner harmony maintained	"It's quite calming, even though you are doing a physical thing, it is quite calming, you are visualizing, a couple steps ahead, it is all coming together, you can see the fruits of your labour as you go along…"

All steps are connected in a series of feedback loops, and can be stopped and re-started at any stage. The process has a permeable boundary and what may be perceived to be an interruption to the process can enter it at any stage and requires a response. Then, either the process starts over again or it is abandoned, set aside for a later time. The whole process can actually and perceptually collapse to almost an instant in time and can extend for hours, too. In other words, the second someone

[110] Interviews: I0609, S0609, D0309, R0909, N0309, K0509, H1209

starts the process, if they are habituated to it, they will quickly cascade through it and reap what may be called 'anticipatory benefits' from the starting cue. As they continue the process, it deepens. When they come out of the process, they 'think' retrospectively about the benefits; while they are in the process, it feels as though it flows.

This experience of flow within the sanctuarying process occurs as set out in Csikszentmihalyi's model of the autotelic self, with the exception that levels of physical and mental challenges are not always high during sanctuarying. All other characteristics of flow as Csikszentmihalyi (1990)[111] defines it are present. Goals are clear. There is "immersion" in an activity which matches capabilities. Attention is focused on what is happening in the moment, sometimes with a shift in sense of time passing. The experience is enjoyed for its own sake. "Potential threats are transformed into acceptable challenges" or are momentarily set aside, and "inner harmony is maintained" (Csikszentmihayli, 1990, pp. 208-213). In fact, since Csikszentmihalyi's concept of flow has entered our cultural landscape, participants often used the word flow to describe their positive emotional experiences whilst doing a sanctuarying activity; flow is thus an in vivo code and a property, in the broadest sense, of every switching process at some point in time. Closely related to this is the level and type of passionate involvement in the activity which participants express.

6.6.1 Realistic assessing[112]

Participants highlighted two challenges to be met during assessing. Table 6-8 on page 156 sets these challenges out. The first step is noticing cues arising from current state about the need for self-balancing; supporting this and flowing from it is an acceptance of the present reality which leads to the second challenge. The second step is responding to those cues in time by beginning the next stage of sanctuarying, the adaptive arranging process. This signals a commitment to action. Meeting both

[111] Whilst Csikszentmihalyi (1990) specifically places Relaxation as a different process to Flow (p. 31), what has emerged from participants in this research is that Relaxation and Flow are experienced as co-occurring.

[112] All Interviews; Memos: G-MAP-15409, S-EM-18909, W-EM-509, Y-EM-210, Z-EM-909, EE-FSE-1209; Assessing-250210

of these challenges, noticing and responding, involves developing adaptive processes for countering resistances. Whilst challenges to the assessing and subsequent arranging processes are being surmounted, the sense of 'flowing' may be low to non-existent, and the sense of 'juggling' may be high.

In order to notice in time the person must be both vigilant and honest. Vigilance and honesty can be impeded by factors in the external and the internal milieu. Where work or other activities are demanding, and it is felt that time cannot be taken to self-balance, thoughts, feelings or beliefs arising from early childhood training may attract attention from and mask disturbances in felt sense of ease which are signaled through the body. Early childhood training which may have functioned adaptively within the family during childhood had this effect: it extended to developing a very strong work ethic, to hiding some kinds of emotions, feelings, and sensations, and to putting responsibility to others above duty to self.[113]

Realistic assessing along with the ability to dip in and out of relaxing activities, taking a micro-sanctuarying time out, is important as this is a positive mood stabilizer and as negative mood and affect are known to impact on performance, which in turn impacts on the sense of self as competent. As Brose, Schmiedek, Lövdén and Lindberger (2011), who investigated the association between working memory performance, negative affect, control of attention and motivation in healthy adults, recently reported:[114] "days with negative affect and reduced performance are also days with reduced control of attention and reduced motivation to work on tasks" (p. 1). The degree of honest appraisal of current state, and acceptance of self as worthy of self-care, whether clearly articulated or not, and as reflected in the action tendencies, are therefore key adaptive factors to consciously assessing appropriately and on time.

[113] Memos:EMO-02310, CSR-02212

[114] T This study had 101 participants and is part of the larger COGITO Study out of Center for Lifespan Psychology, Max Planck Institute for Human Development, Berlin. The COGITO study "follows a pretest-posttest control group design, with microlongitudinal study phase of 100 days in the experimental group at its core. The present study reports data from this longitudinal phase" (Brose, et al., 2011, p. 4)..

For people who are not hindered, who accept and trust themselves, and who are committed to self-care, assessing is rarely a challenge.[115] Assessing happens all the time, and may or may not be done at the center of awareness, even when the felt sense of ease is disturbed. Pushed by external or internal threats, the person thinks or has a felt sense of needing down- or me-time, needing to switch activities. The process flows when people have control over the environment and easily respond to subtle internal cues arising through the body, and automatically switching to micro or macro sanctuarying activities as appropriate and as needed. Indeed, for some people one of their traits[116], by self-admission, is that they are naturally laid back and relaxed. When people who say they are not naturally relaxed seek a release of tension through their sanctuarying activities they may be challenged to bring awareness of subtle internal cues to center stage so they trigger a switch. This is particularly true when external threats are increasing allostatic load and when they are perceived to be both preventing switching and supporting ignoring cues, juggling of pros and cons over a long period of time, and carrying on regardless.

Some cues have strong associations, as in the starts of rituals and habits which are time dependent. With well entrenched rituals and habits, even the anticipation of doing the sanctuarying activity at a future time can reduce the felt sense of threat in the present, thus helping maintain self-balance in the present. In other words, the felt sense of anticipation of a future action can be a micro self-balancing sanctuary in and of itself and anticipating can be a form of responding in time.[117] Other cues may be experienced more weakly, such as physical wear and tear and peripherally felt worries which are not brought to the center of awareness. Responding in time before the body gives out, or noticing and responding to worries before anxiety levels rise, allows fuller opportunity for living in the present moment unfettered and confidently.[118]

[115] Memo: MH-5111
[116] Memos: STA/TRN-19409
[117] Memo:ANTI-7310, -2810
[118] Memo:CUEING-410, 810

Table 6-8: Realistic assessing – properties and indicators

Process	Properties	Indicators[119]
Noticing Cues	Pre-consciously: Keeping feelings, sensations and thoughts at a sensing level	I don't ever consciously think 'I have to relax'. I think what I have discovered over time… it is part of my routine
	Consciously: Bringing feelings, sensations and thoughts into words	I think the biggest obstacle is actually recognizing that I am feeling something that is making me feel uptight or stressed, anxious.
Responding in Time	Automatically: Dipping in and out as needed	I would have this going on the side, and I would dip into and read bits, and get through it more slowly
	Planned: Well-entrenched rituals and habits	Now it is habit, to [garden], because I recognize that I can get very stressed, …I plan to go outside for at least some part of every day
Contingent Process: Managing Hindrances	Recognizing: Hindrances, making the objections conscious	I go for a walk every day, between 40 minutes and 1 hour, and that frees me from the guilt of not exercising… and I am also free to think about things, and things that worry come to the fore, so to do something productive, I [have added] listen[ing] to books on an MP3 player [as I walk].
	Recalling: Attractors & Values, past positive experiences and relevant life goals	
	Transforming: Disablers into enablers	
	Permitting: Movement, allowing the next phase to start	

A further challenge arises when the dynamics of the internal system may include active resistances which must be brought honestly and clearly to consciousness and recognised as hindrances before they can be effectively and adaptively managed.[120] Thoughts, like 'maybe I have to earn it' may in fact be internally generated distortions, internally generated threats to the felt sense of ease. Making pre-conscious thoughts and feelings fully conscious aids in learning and knowing limits

[119] Interviews: Z0909, O0509, V0609, C0909, N0309.
[120] Memo:MEANING-02310

and knowing when to not 'plow through'. Excuses are countered by consciously recalling valued, relevant life goals and positive experiences, and then allowing and giving permission.[121] Assessing is then free to move logically and seamlessly into arranging, as it is by optimally arranging the context, or ambiance, the necessary objects of focus, and the timing of the activity, that the methods for managing hindrances are put into place within the ongoing life space.

In summary, realistic assessing is a staged process of noticing the need to self-balance, and responding in time. Assessing appropriately is contingent on adaptively adjusting both negative and positive feedback to the process. Adaptive arranging is the next step. Where there are rituals or habits, the arrangements are already in place. Thus, the immediate stages are easily navigated in real time, with planned time out acting as a preventative, bringing all the benefits of relaxation into the life with regularity. However, where threats to felt sense of ease arise without warning, noticing in time and paying attention to cues arising from dis-satisfaction with the current state requires vigilance and honesty so that committed action unconstrained by negatives can be taken in a timely fashion.

6.6.2 Adaptive arranging

> "It's about being comfortable in what you are wearing… the right shoes. The wrong shoes change the experience entirely."[122]

Arranging to do a specific activity that is known by prior experience to work and fit the life is a two-staged structuring process: (a) arrangements are part of the fabric of ongoing life, and (b) they may also be consciously made as the activity is taken up. For everyone in this study, arrangements are already part of the general life space so that minimal arranging efforts with few surprises are required to take the activity up in real time.

Arranging happens on three fronts: (1) choosing from amongst the culturally available repertoire of activities (content), (2) placing it in a setting with boundaries

[121] Memo:AR-CH2-26110
[122] Interview: V09

and ensuring physical comfort in support of the doing the activity (context), and (3) pacing the activity within the life (time). Successful arranging involves organizing people and things in the chosen environment so that a safe haven is created in the right time and place, and so that boundaries and physical comfort can be maintained while the activity or process continues without interruption, if possible.

Choosing an activity involves settling on an object of focus which will command attention of the whole person for the needed length of time – the content. This choosing and committing process may or may not take considerable effort, but people who are not moderately to severely anxious have a wide range of objects from which to choose, and they easily choose and commit to them depending on the self-balancing goal at the time. Most of the twenty-one participants in this phase of the research described their activities as similar to or as actually being a meditative process, often either briefly mentioning or describing in depth more than one activity.[123] Those who took more than twenty minutes to talk with me were even more likely to mention more than one or two activities. Thus, it appears that well people in the community have a wide repertoire of relaxing activities which can be easily dipped in and out of automatically, or entered with more consciously thought out intent in plans, habits or rituals.

Placing the activity involves a series of choices which may be more or less planful; for example, scuba diving involves more long term planning than reading oneself to sleep every evening. Setting boundaries before or during an activity requires communicating either literally or symbolically on two fronts – with the self and with significant others. For example, people say a prayer, process and/or set aside worrying thoughts, talk with loved ones beforehand, close doors, look away, do not answering the phone, and so on.[124] Ensuring physical comfort and safety may be a simple or a complex process, and the posture one actually takes may vary widely as activities range from sitting still in a home or office environment, to wandering in and out of rooms in the home or in public places, to meandering or jogging down paths outdoors, to swimming laps or jogging, to sitting in the garden

[123] Interviews: C1009, I0609, L0909, R0909, W0309; AT Diaries; Memo:I-EM-609, R-EM-909, W-EM-409; MED-11210; REL-31009, 16210

[124] Memo:CLEAR-05310

talking with chickens and bees. Metaphorically, the body is the container of the whole person and a thus the arranging process places a central focus on the body. This is to ensure that the mind and body can safely be in the same place at the same time. As long as the body is perceived to be and experienced as being comfortable and not under threat, the sanctuarying process continues. [125]

Finally, arranging involves placing and pacing chosen activities into daily living. When self-balancing is high on the priority list, and the tolerance range for deviations from an acceptable felt sense of ease is low, action is taken more quickly to dispel impediments to sanctuarying, and where action cannot be taken immediately, anticipation of relief tides over. Alternatively, the activity is paced in the life habitually. In any case, this repeated adaptive behaviour indicates that the self and action are coupled in synergistic ways so that the timing of relaxation activities is optimal.

Arranging suffers where the assessing process may not be as honest as needed, for example when a strongly felt sense of devotion to duties and responsibilities causes people to place a higher priority on others than on self-care. The correct match of activity to the self-balancing need may not be made or non-sanctuarying activities may also easily take priority. Once assessing is honest, and hindrances to arranging, to choosing are adaptively managed and set aside, along with the guilt which may arise when a set aside effort is made, switching to the appropriate activity may still begin with reluctance. This does not mean, however, that reluctant relaxers do not have an overall felt sense of ease about themselves or that they are not allostatically balanced for the most part. Instead, it means that they justify to themselves and others their priorities by referring to upbringing and to their essential nature – being planful and responsible people. It means that they plan their sanctuarying activities and that they are structured into the lifestyle in such a way that they can justifiably set duty aside. At the other end of the spectrum, people who place a high value on self-care enter and exit sanctuarying activities either on the spur of the moment, dipping in and out of micro-sanctuaries almost automatically, or

[125] For a description of activity levels, see the Appendix 11.6, Relaxation Activities by Metabolic Equivalence Tasks, on page 294.

by entering consciously designed, more time extensive habits and rituals, macro-sanctuaries. In either circumstance, knowing what to expect, or in other words, knowing that the conditions of safety and trust are arranged, is a central feature.[126]

6.6.3 Mental switching[127] and holistic benefitting[128]

> "Right at the beginning, right after I close my eyes, and take the 3 breaths, I usually say a prayer, just asking God to come and be part of the meditation and speak to me, and just let him know that I am listening.... Sometimes I will focus on a spot just inside my forehead and imagine there is a white light there, the spot is in the third eye."[129]

States of consciousness may be described with reference to the form the body takes, what specific process is going on in the mind, what objects the person is focusing attention upon, and what attitude they are taking to the experience.[130] Objects of attention range widely: the body, its sensations, parts and location in time and space; thoughts, feelings, sensations and emotions arising internally; one or many aspects of the environment; or, a combination of these. Attending involves setting boundaries on the field of focus, on breadth and variation of attention, which ranges from narrow to wide, and on pace of gaze, which ranges from concentrated to wandering. Attitude ranges from actively judgmental to passively non-judgmental.[131] Switching strategy goals and dimensions, and associated benefitting dimensions are set out in Table 6-9 on page 162. Positive feedback loops link benefits to goals and to continued practice of the self-balancing sanctuarying activity over time.

Desires to self-balance by switching off, idly passing time and feeling nothing or being entertained, link to a distracting and blocking switching strategy. This strategy is used with or without reflection for 'maintaining me' and induces neutral and

[126] Memos: AR-CH3-07609, RIT-25210; Interviews: A, B, D, F, G, I, K, M, H, O, T, W.
[127] All Interviews; Memos: ATT-20310, 21310, 23310; DL-BMS-2409, 5409, 19409; OBJ-02409, 14909, 22909; SW-25210, -27210, -02310, -05310, -06310, -07310
[128] All Interviews; Memos: ATT-20310, 21310, 23310; DL-BMS-2409, 5409, 19409; OBJ-02409, 14909, 22909; SW-25210, -27210, -02310, -05310, -06310, -07310; BUILD-010810; ANTICI/HOPE-020810.
[129] Interview: L0509
[130] See Mikulas (1990) and Section 2.4, Meditation, page 44, in this thesis.
[131] Memo: Attend-23-250210

positive emotional states. Desires to achieve something and/or to learn something link to a managing and controlling switching strategy which fills the mental space with specific contents. Desires to observe, process, and clear the cognitive and emotional contents of the inner world, and desires to connect to a life force larger than the self link reflectively to a letting go and allowing 'adding to me' switching strategy.[132]

Positive emotions of contentment, peace, authentic pride[133], happiness, enjoyment, and appreciation were benefits associated with managing and controlling. The broadest range of emotions (negative to positive) was associated with letting go and allowing. For both the managing and controlling and letting go and allowing strategies, longer-term reflective goals of being and becoming a better me in intra-personal and inter-personal arenas also come into play.

[132] Memos: STRAT/bdm-2109-07, /vk-2611-15ff,

[133] Tracy and Robins (2007) make the distinction between authentic or 'virtuous' pride in achievement which has" adaptive correlates" and hubristic, 'vain' pride, which has "maladaptive correlates" (p. 523).

Table 6-9: Mental Switching goals, strategies and dimensions, and Holistic Benefiting dimensions[134], with indicators[135]

Goals	Switching Strategy	Switching Strategy Dimensions	Holistic Benefitting Dimensions	Indicators
Getting Back to Me, Being Me ←Maintaining Me→	All	Releasing mental and physical tension	Restoring, refreshing, re-energizing me & lifting my mood: maintaining good sleep; increasing positive appraisals of myself and others	It takes me away from 'whatever' and gives me that sense of well being back. [Pilates exercise] is very beneficial to the physical body, a letting go of tensions in muscles, and having time to let your mind wander where it will, instead of having to be specific, to focus, to think.
	Distracting/ Blocking	Escaping, ignore and switch off, pass time idly	Maintaining me: self-soothing time out, strengthening distracting & blocking skills	I chose mindless TV shows, my mind doesn't have to work, I don't have to feel anything in particular, I can just be passive… that lifts my mood.
Being Me, Becoming Me ← Adding to Me →	Managing/ Controlling	Filling, fill mind with specific thoughts	Building me: fostering learning and taking pride in personal accomplishments	[Reading] clears your mind… makes you forget about some things, fills your mind with something interesting and new. I like to know new things all the time.
	Letting Go/Allowing	Opening up, enter the inner world and let come up whatever comes up within specific boundaries	Growing/Developing me: emerging insights, creative epiphanies, peak experiences; reduced emotional reactivity to and increased objectivity about problems and worries; seeing what is important and meaningful	Like today, an epiphany about something I'm working on just popped up… thoughts come into my head, just pop in… or sometimes I bring something consciously to mind that I'm thinking about, that I might be in a box about, and I let it drift… [while swimming/working out]

[134] Memos: SWI-05310, 21310, 27310, ; AR-CH2-26110, AR-CH6-13-01110
[135] Interviews: R, C, M, B, Z

6.6.3.1 All switching strategies

Every type of relaxation activity contributes to maintaining or regaining healthy balance. If there has been a buildup of mental tension, it is actively set aside or released through the body whilst awake or once relaxation leads to sleep. The person's core affect stays at or returns to one of peace, calm, enjoyment, bliss, happiness or another positive state. Physical tension in the body may also be released. Where enabling social supports are involved directly in the activity, encouragement and guidance may also contribute to the release of tension and the return to balance.[136]

Since the relaxing activities are engaged in repeatedly, relaxation euphoria, per se, does not ensue. This euphoria state, described by Schultz (1973), may be seen as the 'high' which moderately to severely anxious people who symptomatically 'cannot relax' whilst continuing to maintain fear-based arousal then report when they do actually relax and the fear dissipates. Instead of describing euphoria, people who are able to relax at will do not come to relaxation in a fear-based arousal state. They describe the restoration and refreshment state as a place or space where troubles and worries of everyday life are set aside for the moment, and a mood of peaceful calm, contentment, and even enjoyment pervades. There may also be joy, happiness, and peak experiences, depending on which switching strategy and what activity is used. These significantly more positive affect states may be sustained for significant periods of time after the activity itself is completed.

6.6.3.2 Distracting and blocking[137]

The distracting and blocking strategy is self-balancing escape process used to maintain me. It is a strategy that applies directed thought and takes place on a mental level. There is an active disengagement of attention from detractors or disablers in the environment and in the inner world and active focusing of attention exclusively on a limited set of outer objects. Physical activity levels and interaction with social

[136] All Interviews; Memos: Release-070310

[137] Memos: Clear-250210; Focus-221209, 25210, 26210, 7310; Thought-25210, 2721001310, 25510, 17810; Switch-2031016810; CR-060212; JM/F 20-21109; JM/L-101109; Switch-070111

supports may vary, but the mental escape is the same. One set of thoughts and feelings is completely set aside and the entire experiencing space is actively replaced with another more desired set for the time being, a set which is made in dialogue with the external object – for example, attending to characters in a book or enacted stories, or playing online computer games.

When using the distraction and blocking strategy, the switching process itself and the state it induces are experienced as the 'opposite of stress' or an 'antidote to stress'. The immediate emphasis is on the process itself, on being in it, and on doing it voluntarily and repeatedly. The emotional states most likely to emerge are either neutral or intermittently positive (enjoyment). As it is clearly stated that there is no intention to broaden habitual ways of thinking, feeling or acting, neither the broadening nor the building which Fredrickson (2001) hypothesizes emerge as part of the near-term benefit. There is, however, a release of mental tension, a strengthening of current distraction and blocking skills, and a self-soothing time out from normal stresses and strains of everyday life.

Finally, one aspect of the strategy which emerged during memoing has not been fully saturated due to time and resource constraints. It is that there may be a behavioural addiction quality to the use of this strategy, as it was reported to be used for more than 3 hours per day by some participants. It is as though, in some circumstances, the activity controls the person, without any internal conflict that this may be so, and as though the strategy is used habitually and perhaps even progressively more often, with self-justification and without any thought of the meaning or the consequences.[138] Because interviews with participants from the community were of necessity short, and a view of how the specified activities fit into the whole life was not always gained in telephone follow up, further study of this strategy as it fits into the context of the life could fruitfully be done.

[138] Memos: JM/F-20-21109; Attitude-250210

6.6.3.3 Managing and controlling[139]

There are two 'adding to me' strategies: managing and controlling and letting go and allowing. As with distracting and blocking, managing and controlling takes place first on the mental level. It gives time out from thinking about problems in habitual ways, problems which need not be immediately resolved. Whilst using objects which block and distract to fill the mind, these objects are not simply for self-soothing entertainment and idly passing time. They are also used to build on interests and strengths. Adding to the knowledge store, whether it be through physical or mental learning or a combination of both, can be used to distract and block from current worries. It also is used to build self-confidence in doing tasks of interest and it brings well-deserved pride in personal accomplishments. The objects and processes used may be instrumental in seeking and finding solutions to current problems. In summary, people have an interest in the activities not only for their blocking and distracting capacities, but also for what they can teach, for example, or for the trains of thought along specific lines which they enable.

Managing and controlling is based upon and results in taking thoughtful action. It is therefore open to a wider range of outer and inner experience than habitual blocking and distracting only. As the cognitive and emotional content of the activity is not as thoroughly specified in advance, the experiencing space is more open for something new and unexpected to come in or to arise within. For example, the space can be filled by responding with a full range of emotions while making music with others, by learning something specifically relevant to hobbies or career, or by taking on physical challenges which have very high attentional demand and which build the body. Thus, managing and controlling offers opportunity for restoration and for building on current interests and strengths.

This switching strategy offers a direct way of experiencing a series of positive emotions which have additive benefits. The emotions fostered are interest, enjoyment, calm, amusement, satisfaction, and peace. These positives directly relate to the broadening and building theoretical concepts proposed by Fredrickson (2003)

[139] All Interviews; Memos: Build-28210, 01310, 02310, 07310; Fill-26210

who urges that "we need to develop methods to experience more positive emotions more often" not only in the best experiences of daily life, but also in neutral and negative experiences. Doing this does broaden and build thought-action repertoires (p. 335). Fredrickson (2001) points out that conceptual analysis of the emotion of interest shows that it broadens the "urge to explore, learn new things, and expand the self in the process" (p. 220). Along these lines, with the managing and controlling switching strategy, the interest precedes the activity and is one of many motivators for choosing it; and, the enjoyment and sense of lightness and freedom which emerge when doing what one wants to do in a safe space, carry on often for hours after the activity is over. A question of which comes first, the anticipation of positive emotion as an outcome and benefit or the desire to learn more by doing more arises. When the managing and controlling strategy is used the two factors serially and mutually enhance and reinforce each other over time. People talk of returning again and again to favoured activities because of their enhancement potential, because of knowing what to expect, and because of knowing that it will be positive in many ways. This supports Fredrickson and Joiner's (2002) finding that "positive affect and broad-minded coping reciprocally and prospectively predict one another" (p. 172).

6.6.3.4 Letting go and allowing[140]

Letting go and allowing involves a non-judgmental attitude of unguarded hopefulness and trust regarding the full range of inner experience in support of doing the activity. By definition, the nature of using this strategy effectively is to adaptively amplify positive feedback loops and transform negative feedback loops. The attitude of non-judgment brings an openness both to letting go and to allowing whatever emerges during the relaxation activity. These activities range from an active flow process during avocational work or play, to a more passive meditative process done on its own or contained within an active task like swimming or running.[141] There is what is variously described as an unwinding or a winding

[140] All interviews. Memos: SWITCH-020310, 040310, 16811.
[141] Interviews: C, L; Memo:Switch-04310

down,[142]a mental clearing. There is an offering up of problems and issues to a process or to a process or power which may or may not be literally described as having religious dimensions, but which does have spiritual dimensions. The receiving process or power may be called something like the 'universe', 'life force', God, 'nature', or it may not have a name.[143]

A safe inner space emerges and is experienced as an empty space. Concentration is accompanied by a flowing enjoyment of inner peace and tranquility, a mental processing and clearing, and a merging with the surroundings. When focus is directed in such a way that judgment of inner and outer objects and events ceases and acceptance of whatever arises comes of its own accord, then mental and emotional stillness and an attendant deeply peaceful felt sense of ease naturally arise in the present moment. There is a desire to stay in the state, and intrusions into it are managed so that the time in it can be extended as long as possible in the circumstances.[144] This is not to imply that emotions and thoughts are not experienced. On the contrary, they are said to be experienced in a 'still' way; reactivity is lower or non-existent; thoughts are viewed more objectively. Room is made for whatever arises, whether it be negative or positive, to be experienced either during the sanctuarying process or afterwards. Epiphanies and solutions may emerge and be recognised in amplifying causal feedback loops. These sit with the felt sense of ease in such a way that they feel to be the right path or action to take with regard to whatever may have been pre-reflectively or consciously offered up or with regard to whatever emerges. Thus, transformation has taken place without consciously seeking it. It is initiated by and arising through the felt sense and the body. Presenting itself to without conscious reflection, it gives rise to a consciously known course correction. It involves 'breaking the circle of conditioning' such that

[142] This metaphor has a double entendre: wound down, and wound – as in injury - , as though the winding up, the getting out of balance physically and mentally, is a psychic as well as a physical wounding.

[143] Interviews: A, C, G, I, K, L, N, R, V, W, Z; Memos: Meaning-25-2602, 01-0203-10, Spirit-0702, 0902, 1303, 2903-12

[144] Memo: Allow-0224,2510

underlying framing and appraising processes and meaning structures – including assumptions about how the life world is to be interpreted – are reformulated.[145]

It emerges from the analysis that what exactly has been let go of or offered up and to what is not consciously, lexically known and that it suffices that it is felt to have been offered.[146] Unlike the managing and controlling switching strategy, what is offered is not always clear until the transformative answer emerges into the life, and even then there may be no reflection or analysis. Nor is it always entirely clear to whom or to what the offering is made. What is clear is that there is space made for an essential inner dialogue to emerge on some level and to be sustained. Within letting go and allowing, multiple viewpoints are given a platform. In this safe space, voices which may or may not be lexical but which are languaged nonetheless in their own ways may be more clearly felt, intuited and heard. This dialogue may be experienced as more than two 'speakers', each with different languages and different voices. That is, multiple viewpoints may be entertained in what appears to be 'at once' to the self. Some participants talked directly about the body having its own language, remarking, for example, that the body 'speaks' and is 'communicated with', and that this is not done in words. Others spoke of listening for a greater power or their intuition to speak to them or to reveal itself in the open silence. Others sought a grounding in the natural world which is viewed as both a greater force and a place of refuge. [147]

Finally, recall that the Main Concern is self-balancing to enable returning to and then maintaining a comfortable, balanced experience of Being Me and Becoming Me. This experiential self is positive and has a meaning, purpose and mission in life which in many cases is experienced as being part of a 'sacred transcendence'. Becoming is a key growth benefit of the letting go and allowing strategy. This kind of growing involves connecting to meaning and values in new ways. Table 6-10 on page 168 sets out the properties of this connecting type of growing, which can be

[145] Memo: Meaning-011010, 021010, 25-260210, 01-020310

[146] Praying is such a process; prayer offers something specific, usually in words, to a specific power in an attitude of expectancy. 'Tossing it up' to the 'universe' or 'letting it go out the tips of the fingers' are other forms of offering.

[147] Interviews: A, D, G, O, T, Z; Memos: Comm-25210 and 28210, Body-290510.

viewed as spiritual growth or as character development, depending upon one's viewpoint.

Table 6-10: Growing by connecting, properties and indicators

Concept	Properties	Indicators[148]
Growing by Connecting	To a sense of wholeness	It's so hard to explain what happens after that, it's just a period of total silence, bliss, total relaxation. I can't explain it any other way. [main goal?] To connect with my god, my higher self, the universe. [is that god with a capital G?] No, not necessarily, …, it doesn't really matter… There's also, oneness, maybe, sensing a unity, as the goal.
	To what I value in life	Really, it's an internal NO. I think breathing is a big one, imagining when you exhale you are getting rid of everything negative…
	To my place in nature	I go down to the garden, muck out the chickens, say hello to all of them, they answer me back… I feel in a good mood, and I have a very pleasant garden and why do I want to be anywhere else when I can be here?

6.6.3.5 Hybrid switching strategies

There are also hybrid strategies. When letting go and allowing is embedded within managing and controlling, and thus focused on a very specific task which may be externally object focused rather than internally subject focused, the process does not open to the full range of emotions in the same way. For example, avocational work can be quite calming, and while concentrating on the environment and the work itself, with an openness to the inner and outer worlds which is not necessarily lexically conscious, felt senses and insights into how to proceed more creatively in new directions relevant to the task at hand often arise. On the other hand, focusing on characters in a book with the intention of 'prodding' to make discoveries about the self, brings an internally focused mental and emotional

[148] Interviews: L;W; C; I.

experience out of which changes can emerge that are experienced at a highly abstract level of meaning which Teasdale and Barnard (1995) call implicational (pp. 65-76).

6.6.4 Further benefitting

Table 6-11 sets out the properties of changing appraisals which emerged from the analysis, along with indicators which illustrate the changes as they are made known upon reflection in the developing narrative.

Table 6-11: Changing appraisals, properties and indicators

Concept	Properties	Indicators[149]
Changing Appraisals	Clarifying problem scope	So it's like prodding the part of me that is feeling a bit anxious, this helps me get in touch with it…
	Reformulating approaches	I think I can get quite reflective, maybe more philosophical, more spiritual – more accepting, perhaps having insights, yes, it's almost about being a bit more reflective on life, people and events.
	Examining and changing premises and presuppositions	So it is partially the idea, if something is that easy to erase from your mind, then whatever was stressing you out isn't that that important

Both additive switching strategies make room for presuppositions to be changed, for approaches to problems to take on a different form, and for pieces of the puzzle to appear out of nowhere.[150] The felt sense of ease is in tune with and validates whatever comes.[151] And building on strengths and growth in new directions happens, whether it is named 'growth', 'spiritual growth', or 'character development' or 'increasing personal resources'.[152] Whilst every switching strategy uplifts mood and

[149] Interviews: O, V, W.
[150] Memo: Method-0207-812
[151] Memo: Reflection-012012
[152] See Fredrickson, Cohn, Coffey, Peck, & Finkel (2008) Open hearts build lives: Positive emotions, induced through Loving-Kindness Meditation, build consequential personal resources. Journal of Personality and Social Psychology. Vol. 95, No. 5, pp. 1045–1062.

core affect and brings temporary positive changes to affective and cognitive appraisal processes (see Table 6-9), people using managing and controlling and letting go and allowing appear to be more consciously cognitively in touch with how they change their viewpoints, the depth to which they change once their mood is lifted, and how long the change carries on. Thus, theoretically it appears that self-balancing sanctuarying, when done in time and when using the right activity for an individually optimal length of time, serves a maintenance function of smoothing out core affect variability.

Recent research in the area of core affect theory is relevant here. Using personality questionnaires and 7 days of multiple daily assessment core affect reports from 58 volunteer university students, Kuppens, Mechelen, Nezlek, Dossche and Timmermans(2007) calculated core affect trajectory characteristics and their relationship to personality traits. They report that core affect variability is negatively correlated with self-esteem and agreeableness and positively related to neuroticism and depression. They conclude: "In general, the results supported the hypothesis that individuals whose core affect fluctuates more are more poorly adjusted" (p. 271). Benefits arising with managing and controlling and letting go and allowing switching strategies also have the property of carrying on, often long after the sanctuarying activity has ended.

A study Fredrickson and colleagues (2008) carried out is relevant here. It was a "randomized, longitudinal field experiment designed to test whether positive emotions, induced through LKM [loving kindness meditation], build consequential personal resources" such as increases in living in the present, in knowing their purpose in life, in enjoyment of social support, and decreased illness symptoms (p. 1047). The meditation protocol used in this study has similarities to the one used by Pace, Negi, Adame, Cole, Sivilli, et al. (2008) and which was set out in Table 2-1. Fredrickson and her colleagues found that "Participants who invested an hour or so each week practicing this form of meditation enhanced a wide range of positive emotions in a wide range of situations, especially when interacting with others" (p.1060). What has emerged from the current study is that relaxation activities which induce positive emotions have a similar broadening and building potential. Like LKM which "keeps on giving, long after the identifiable "event" of meditation

practice" (p. 1060), switching using either managing and controlling and/or letting go and allowing into chosen relaxation activities also has this property. Experiencing problems, people, places and things in a more positive way happens both during and after the relaxation activity. A period of reflecting and critically reflecting on the self and life's challenges – often in ways which may be classed as spiritual or character development modes – may also ensue. The carrying on of benefits is reported to continue accruing for hours and sometimes for days afterwards.

6.7 Summary

This chapter set out a substantive theory of Self-balancing Sanctuarying which emerged from an exploratory grounded theory analysis of verbal descriptions of relaxation activities done by people in the community who were less than moderately anxious. All the activities described are used in everyday life. Self-balancing through sanctuarying is a basic, internal, psychophysiological staged process which has structural and functional characteristics. Structurally, the process supports maintaining the felt sense of ease which is central to experiencing and maintaining a healthy, intact sense of self. Functionally, self-balancing is a healthy, appropriate way of responding to the normal pressures and tensions of everyday life. The self-balancing process can develop and open a space and time which gives opportunity for internal dialogues and which fosters experiential reflection on the self and the meaning of the life world either during the time out or afterwards whilst still objective and calm. This reflective process informs actions taken in the ongoing life. Self-balancing can also function simply be a refreshing a break from the ongoing tensions of everyday life.

The chapter began with a theoretical overview and then offered insights into the nature of and the stages of the Self-balancing Sanctuarying process. These stages are: realistic assessing of the current state in a timely fashion and adaptive arranging of circumstances in support of the process; mental switching by attending to chosen objects in specific ways with specific attitudes, and utilizing specific processes; and holistic benefitting, including feeding these benefits back into the whole person's system. All along the way, the successes and smooth functioning of the process stages are contingent on the employment of skills in managing

hindrances to the process and in integrating feedback. These skills come into play as needed so that sanctuarying process is optimized and proceeds unimpeded.

Direct quotations from gathered interview data were used as illustration, and footnotes referencing conceptual memos and interview were used throughout the chapter to provide an audit trail of concept development. While the literature was referenced in support of concepts and theoretical development, where appropriate, it was not used to generate additional concepts. Nor was it used to logically elaborate the emergent theory.

A number of theoretical propositions integrate the concepts which emerged during this exploratory study. These have been set out throughout this chapter and they are summarized below. Limitations and possibilities for further research arising from the exploratory nature of this work are also briefly noted below.

The nature of self-balancing sanctuarying

- Sanctuarying is a self-emergent self-balancing experiencing process.
- Self-balancing involves experiential focus on the whole self.
- Self-balancing is experienced as a flowing process.
- Self-balancing requires a mental change or switch either from a state of imbalance or to a state of interest or both.
    - The motivation for switching can be a push, a pull, or both, with push motivation being from threats to the felt sense of ease and pull motivation being from anticipation of benefits.
    - The level of mental or cognitive rest or change achieved does not depend on the level of physical or autonomic rest and does depend on perception of the body as being comfortable throughout.
    - Self-balancing is authentic, being experienced either pre-consciously or consciously as being me and/or becoming me.

- Activities are chosen from amongst a wide variety of culturally acceptable activities available to learn and practice if and as they fit and work within context.

- Equilibrating and dis-equilibrating processes in the external social milieu push toward self-balancing.

- Equilibrating processes in the external social milieu pull toward self-balancing.

- Equilibrating social networks support the process when trainers, guides, colleagues and friends are involved in the activity.

- The self-balancing process has four interdependent amplifying steps: assessing and arranging, switching and benefitting.

    - The boundaries of the four interdependent steps are fuzzy.

    - Adaptive and proactive management of process hindrances and feedback amplifies the sense of flowing whilst in the process.

    - Self-balancing is optimized when: goals are clear; the chosen activity is proven by experience to work and fit the goal; internal resistance to entering and staying in the process is low to non-existent; the skill of adaptively managing hindrances is well developed; attention is focused and sustained, with possible and actual intrusions being managed adaptively and proactively; appreciation of the process for its own sake is high.

    - The process is threatened when the internal or external milieu is unsafe.

    - The process is threatened by underdeveloped hindrance management skills in these areas: responding in time to cues indicating a dis-equilibrated felt sense of ease and tendencies to give higher priority to duties and responsibilities to others and lower priority to self-care.

- Benefits support entering, staying in, and returning to the process, thus amplifying the positive feedback loop.

- The benefits arising fall into these main categories: restoring and refreshing, enjoying, and building and growing.
    - Restoring and refreshing is a whole person benefit.
    - Building and growing involve learning, strengthening character and connecting to spiritual supports.
    - Positive mood and affect generated during switching support building and growing through positive appraisals of self and others.

Relationship between the concepts of felt sense of ease, assessing and arranging, and benefitting

- Setting aside and ignoring cues when felt sense of ease is threatened diverts attention and energy from taking appropriate self-balancing action.
- Ignoring a disturbed felt sense of ease leads to further allostatic load and to potentially more harmful imbalance.
- When under threat, reaping anticipatory benefits of planned activities by recalling near-term self-balancing habits and rituals, offers temporary relief and stabilization of felt sense of ease until active engagement in a self-balancing process is possible.
    - Micro-switching, quickly dipping in and out of self-balancing sanctuary, functions to maintain balance until macro-switching is possible.

Relationship between the concepts of attitude and switching and benefitting

- An attitude of non-judgment fosters an open dialogic engagement with the inner world and with the body and emotions, and fosters an allowing and letting go switching process.

- An attitude of judgment fosters a less open dialogic engagement with the inner world, and either a managing and controlling, or a distracting and blocking switching process.
    - Benefits vary by strategy type and when more than one goal is sought, more than one process type is entered, and more than one benefit type ensues.
- All switching processes, regardless of attitude, serve a maintenance function, leading to tension release, reenergizing and refreshment in one or more modality.
- There is a point of divergence, in the benefits of the switching processes, during the process itself, which varies by goal type.
    - Distracting and blocking serves an immediate re-balancing, maintenance function.
    - Managing and controlling, whilst giving time out from problems which cannot be immediately resolved, is an additive strategy offering opportunity for personal growth dealing with specific mental and emotional contents of the inner world, during and/or after the switching process.
    - Letting go and allowing gives time out from challenges or affords a different viewpoint on challenges, offering opportunity for engaging with mental and emotional contents of the inner world head-on, as they arise consciously and pre-consciously both during and/or after the switching process.
    - Letting go and allowing fosters holistic engagement with mind, body and emotions.
    - Letting go and allowing enables and supports transformative processes either during the sanctuarying activity or afterwards.

6.8 Limitations

Time and access to participants constrained study of well people's relaxation process such that saturation of concepts was not achievable in every area. As previously discussed, for the distracting and blocking switching strategy, there may be a behavioural addiction quality to the use of the strategy in some circumstances. Saturation of the concept addictive focusing was not achievable during this stage of the work. Whilst two participants talked of extensive periods of time spent doing repetitive tasks which functioned to maintain, further study of the use of this strategy is needed.

6.9 Conclusion

The substantive grounded theory of Self-balancing Sanctuarying as developed from interviews of well people in the community about their relaxation activities has been set out in this chapter. In the next chapter, the analytic effort focuses on the experiences of people with moderate to severe anxiety who learned to practice Autogenic Training as one of their self-balancing methods while they were still in considerable distress.

The grounded theory of sanctuarying is used on an 'emergent fit' basis. As discussed in Chapter 5, page 122 and following, and as Glaser (1998) points out "It is preferable to use a theory that is grounded in data rather than conjectured" when analyzing a set of incidents from what appears on the face may be a qualitatively different population (pp. 102-105). This means that incidents gathered from the people learning AT and the associated emerging concepts undergo the rigorous process of constant comparison with incidents, concepts and theoretical codes which are set out in Chapter 6.

7 Autogenic Training: one activity for self-balancing sanctuarying

7.1 Introduction

Self-reports gathered from people with moderate to severe anxiety and who practiced Autogenic Training as one of their self-balancing method while they were still in considerable distress were the subject of the analysis. The analysis uses the grounded theory of self-balancing sanctuarying on an 'emergent fit' basis. The data set is itemized in Tables 5-1 and 5-2 on pages 92 and 93 and includes 25 interviews and 35 diaries about the experience of using AT, which is a multi-component relaxation therapy. The goal of the analysis is to discover how AT may be working where self-balancing is the Main Concern and Self-balancing Sanctuarying is the Core Category. Another goal is to deepen and broaden understanding of the GT of Self-balancing Sanctuarying and to alter it if the analysis so warrants.

At the start of interviewing, a general semi-structured framework based on the one developed by Yurdakul (2004) was used.[153] Participants were encouraged to speak freely about their concerns. The focus was on their Main Concern, on what brought them to Autogenic Training (AT) as an activity to resolve this concern (Core Category), on how their experience of AT developed, and on the benefits and rewards accruing from their practice of the method. They were also asked about other treatments and techniques tried to resolve their Main Concern. Putting their experience of the struggle to seek and find self-balance is often challenging, as words do not fully express the experience. As Gendlin (1997) points out, "The many different kinds of orderly units we may isolate [in the human being] are related to each other in ways that logical patterns cannot represent. The ordering of all these aspects is more than logical" (p. 25). As people speak, they reflect on hindrances to practice and how they resolved them, on how they changed their practice of Autogenic Training to make it work and fit their life, on the unmasking of the hidden parts of the self, on becoming comfortable once more within their own skin, and on their personal growth.

[153] See Appendix for all interview guides.

Diaries serve as a micro-longitudinal window into on-the-spot participation in how the journey of learning about and using AT's components progresses over time. The course leaders asked participants to keep track of postures, times, length of practice sessions, and experiences during practice.[154] Thus, these diaries serve as an opportunity for symbolizing experience and they document the process of fitting practice of AT into the life as it unfolds on a day to day basis over the course of learning the method.[155]

Of the 500 plus diaries available for review, most were limited to brief notes. Thirty-four were lengthier. These thirty-four diarists treated the diary not only as a homework tick list, but also as a journal for reflection about their experiences. Incidents about the learning process, the role of various equilibrating and dis-equilibrating social supports in that learning, and the diarist's immediate encounter with the body, the mind, the feelings and emotions, core values and meaning are documented. The encounters with the whole experiencing self within the sanctuary created and maintained during AT practice are described. Three diarists[156] write of the journaling experience early on in their diaries.

> I am glad it is not a 'problem' to write a lot in diary – I find once I get into writing again, it brings all aspects up for contemplation again!... I already feel a process of learning not to fear the way I am, and not to try to 'tailor' myself in order to 'get it right' or 'be acceptable'. This is a very liberating space, and I welcome it!

> 6.00pm, Made myself do LP [Lying Posture] exercise. (all).Having done them, I feel wide awake, but inside my head feels like it is stuffed with cotton wool. Seeing the funny side of this now (it probably is!) Having written this all I feel a lot happier with myself. In the evening I was OK again.

[154] See Appendix 11.4 on page 291 for pictures and descriptions of postures. Postures are abbreviated as follows: SS or SP = Simple Sitting; LP = Lying; AC or AP = Armchair.

NB: All diary entries are in this format: (diarist ID).(AT practice day), for example, 01.09 = Diarist #1, AT practice day 9), and all entries are quoted as written, using [brackets] to indicate clarifying additions. NB: All interviews from the anxiety sample are in the following format: Interviewer N (Naylor) Y (Yurdakul), interviewee initial, line number; for example, N-B03 = Naylor interviewer, B interviewee, line 03.

[155] Memo: DIARY-021010, 260910

[156] Diaries: 01.09, 04.10, 05.04

> I hope I am not writing a load of rubbish day after day.

Each person documents their solitary heroic journey into the hidden parts of the self, whether these hidden parts are simply the inner body or whole self, the flow of thoughts and feelings, or the feared and unexpressed emotions or the clear mind or all of these. The personal restoration and growth participants report happens for many in a series of riveting encounters with the body, with memories and dreams, with 'spiritual guides', and with unusual somatosensory, cinerama-like and hypnagogic-like phenomena.[157] Drawing on the social support offered by family, autogenic therapists, and group members on the same AT course whilst continuing on their own individual AT journeys, a different way of being within body, mind, feelings, thoughts, and action-in-the-world emerges and begins to take hold.

7.2 Theoretical overview[158]

> "I do not want to become bitter and twisted! I just want to become evenly balanced, please."[159]

Moderately to severely anxious participants express the same Main Concern and way of resolving it (Core Category) as people who are not anxious. Unfortunately, there are significant hindrances (Contingencies) which they have to manage before they can quickly self-balance by themselves on a daily basis. The major hindrances are fear (Context, Internal Milieu) and lack of knowledge about the helping resources available to them (Context, External Milieu). The existential threats they face arise from the same sources as those faced by people who are not anxious: dis-

[157] Jones, Fernyhough and Larøi (2010) point out that historically, waking auditory verbal hallucinations (AVH) have been distinguished from hypnagogic and hypnopompic (H&H) AVHs, and citing Leudar and Thomas suggest that this dinstinction "likely stems from the nineteenth century view that AVHs in the H&H state are not associated with pathology, whereas those in wakefulness are (Leudar and Thomas 2000) (p. 214) . For visual hallucinations, such as those seen in AT and other meditative practice, the phenomenology of them may differ from H&H hallucinations only insofar as the person remains awake, or there may be other differences. Further categorization of visual hallucinations might elucidate what neurocognitive mechanisms underpin the phenomenological differences and similarities between waking and H&H visual hallucinations. Currently, the literature on H&H images appearing in waking life is scant.

[158] Memo: ANX-160810, 200810, 150910; COMPASS-240610; BRIDGE-230610

[159] Diary: 29.50.

equilibrating social networks, accidents and illnesses, including those described by professionals as mental illnesses (Context, External and Internal Milieu).[160]

Any Self-balancing Sanctuarying activity [A] participants may have used before to switch out of states of dis-ease, no longer works or fits to get them back to balance, back to being me. Their felt sense of ease is profoundly disturbed (Cause). Often they do not experience the environments they are in as safe (Condition). Participants explain their Main Concern in terms of wanting to understand their current state, wanting to get to normal at last, or get back to normal, normal being a state of calm balance wherein they would be able to face the tensions of everyday life in a relaxed way, free from fearful anxiety.[161] Whilst *'finding me'* and *'emancipating me'*, are not expressed when community participants described their Main Concern, these aspects of the Main Concern are expressed by moderately to severely anxious people. They want an escape from the felt sense that anxiety imprisons them and rules their life. The Main Concern begins to continually resolve as people take charge of their own recovery and commit to learn and practice a self-balancing activity. This way they begin to self-balance safely from training day one, whilst under the care of an experienced guide.[162] They learn how to use the full suite of AT self-balancing tools for and by themselves in such a way that practice of AT can be integrated into the ongoing life, should they choose to do this.

[160] Existential Threats, selected Diary and Interview incidents and associated memos: 07.15; 17.02; 18.05, .19; N-B03, 08, 09; N-D02; N-F07; N-H01; N-HE01; N-J02; N-PL05, 06, 10, 12, 26; N-S01, 16; N-T01, 03, 07, 09; Y-Ki30.

[161] This is the same way of expressing the Main Concern which the two community volunteers used when describing their motivations for learning and practicing a meditative process at a time when they were severely anxious. Using Transcendental Meditation™ and a form of MBSR/Yoga, they wanted to "get to me" and "get back to me", respectively.

[162] Theoretically, this process of working with a guide is the same as attending Pilates, Yoga, or class where methods are taught and learning is experiential.

Table 7-1: Main Concern and Core Category, Properties and Indicators

Concept	Properties	Indicators[163]
Main Concern: Self-Balancing	BODY Understand Restore	It's as if I don't have a safety cut-out and my mind just keeps on racing and worrying and panicking, and I think that's what probably kicks off the irritable bowel and the migraines and everything. But the body goes into orbit and it doesn't obey me. Q: Yeah. A: Yah? It doesn't do what I'm telling it. And I'm fed up with it...
	MIND EMOTION Understand Control	I have always found things that trigger my anxiety most are thinking about things that I have no control or security around. So what kind of things would they be? My earliest recollection of sort of panic attacks would be through dying – the ultimate thing you have no control over, no one does, and the thought of that. Need to find place in me where my energy is, and where I can stop struggling with my life and begin living it. Am I too idealistic? Unable to make best of Here & Now?
	SELF ACTION Integrate Befriend	Feel I set myself too much to do at times. Felt good to do both arms. Both felt heavy but weightless. I always want to help. Get chores done. Gain respect at work. Do well at uni. All at once. Get overwhelmed. Need to JUST BE.
Core Category: Sanctuarying	Quick Fix yields to Patience	And then it was like, this is the magic cure. And then I go on this and [it was] do this, and everything's going to be great. And of course everything takes learning and practice. So the struggle was for me, as I was practicing at home, I was thinking – well, this isn't working, this isn't working – so you want a quick fix, you want it to happen straight away. And it took a lot of practice.

Learning when and how to use all the AT tools in specific circumstances and in an unfamiliar way is not an easy skill to master for some anxious people. Whilst some people celebrate an immediate sense of getting back to me which increases hope, others respond more slowly. Unlearning dysfunctional responses to everyday

[163] Interviews: Y-Jk23, Y-Ja02, N-D06, 01.07, 31.03. N-L03

life takes time and work (Contingency), as with learning any activity. As practice of AT builds on itself, and restorative, maintenance, and additive holistic benefits (Consequences) accrue. Theoretically speaking, the felt sense of ease (qua Context) shifts in a positive direction while the disturbance of the felt sense of ease (qua Cause) reduces (Consequence) as benefits accrue.

7.3 Context (Internal) and Cause: Felt sense of ease[164]

> "If I could find the right mantra, the perfect message that I could repeat to my brain... I thought I might find this code that kind of unlocks this hardwired anxiety key..."[165]

As previously set out in Chapter 6, the felt sense of ease has a clearly communicated body based voice. It operates within a safety range and has a balancing set point. The listening self responds to the felt sense of ease, consciously or pre-consciously, by taking action which may be experienced as either flowing or juggling. [166] Once this felt sense of ease is disturbed, it may not be possible to clearly state what is lost, as the conscious focus is likely to be more generally on 'feeling awful' without specific reference to why or to the impact of precipitating factors on the construction of meaning. Table 7-2: Disturbed Felt Sense of Ease sets out the dimensions of the disturbance, along with indicators taken from interview data. One participant put it this way: "I just felt really awful and by this time [good feedback was] beginning to come… but my dominant emotion was nervousness, I didn't want to look at [it] and I was frightened and nervous all the time." [167] Participants approached life with an affective frame of worry and fear and a cognitive frame of disbelief and loss of meaning. Whilst the extent and character of the loss of meaning may not be articulated, the depth of loss will be reflected in the extent of confusion and alienation from self and others. If hospitalized (for psychiatric or medical reasons), the sense of not being understood by others (whether real or imagined) and of not understanding self or of not being the true self can be deeply profound.

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[164] Memo: dFSE-010911,
[165] Interview: N-Pl20
[166] See Table 6-4: Felt sense of ease – properties, dimensions and indicators, on page 138.
[167] Interview: Y-I01

Table 7-2: Disturbed Felt Sense of Ease

Dimensions of Disturbance	Indicators[168]
Loss of control	...because you live within a state of panic and then it peaks into these [attacks],.. [it] goes out of control, and then out of control but you don't you know [how to] come off that high level of panic.
Constant fear	When you have that anxiety…. like your nerves are on high all the time. You are just waiting for the next thing to happen all the time. Fearing what's coming…
Alienation	...and then I had some sort of breakdown. Well, I did have a breakdown... But I was acting virtually like I was somebody else, it wasn't me. It was somebody else doing all these strange things...
Confusion	And so I would get prone to panic as I couldn't manage simple processing, like checkouts at supermarkets, opening and closing locks – simple things.
Disbelief	When I came back, I was to and fro to the GP, the psychiatrist, had all these things diagnosed for me, ... at first I thought, well, that's the end of my world,... I just didn't want to hear what I'd heard.
Loss of meaning	When [the deaths in the family happened] I felt that all my beliefs had just gone out the window, all my spiritual beliefs, everything was thrown up in the air. That really bothered me – I felt really ungrounded...

For others where fear and disorientation are chronic and bounded, there may be a sense of having lost the self along the way, or of never having been truly at one with the self, which is yet to be known or understood. In summary, meaning making is severely compromised, and thus the sense of being personally competent, of being appropriately related to others in the life world, and of being a well functioning autonomous individual are all called into question in an atmosphere of disbelief.

Where non-anxious people return to balance with a flowing process, anxious people struggle. They look to others in the helping professions for guidance, try other therapies, and eventually begin to learn and practice AT. Taking AT up in

[168] Interviews: Y-KiI01, N-L06, Y-I01, N-I01, N-D12, Y-Ju01, N-J13

different ways and at a different pace, each person is unique – they do take what they like from the course and leave the rest on the table, hopeful to come back to it at another time. Diaries and interviews indicate that the disturbed felt sense of ease may carry on to some degree for extended periods, as people self-balance at different paces and as anxiety which may have built up over the course of years or a lifetime takes time to reduce and attenuate.[169]

7.4 Condition: Safety

> "I tell you it took a while, because when I suffered with such bad anxiety ... that kind of like a rabbit in the headlights, you are in that kind of adrenal fear thing..."[170]

Maslow (1972) observed that when people feel safe they are not fearful of new choices and experiences life brings to each moment, and they choose growth over staying as is. They choose both Being and Becoming, and learning opportunities which support both ways of experiencing the self. This is problematic for moderately to severely anxious people. The places which they experience as being safe are limited and their ability to experience a sense of safety under most conditions is compromised by their disturbed felt sense of ease. As set out in Table 6-3 on page 137, safety conditions for sanctuarying are: distant from threat; outer world controlled; and, trusted self and others. Immediately there are hindrances to be managed as trust has been supplanted by fear, the sense that much if not everything cannot be controlled is high, and the sense that threats are close looms. In the short run, whilst they are practicing self-balancing on the AT course, safety is managed by the social supports in the training environment, and they discover a place of safety within themselves as soon as they feel calm. As they experience this external and internal safety, they learn to generalize it, since they must take action to arrange safety for themselves while practicing AT in their daily lives and as they notice themselves feeling and behaving more calmly even though external circumstances remain the same. For many, AT is recognized as being a sanctuary; one diarist

[169] Memos: THREAT-210411, DISORIENT-19&240412, DEVSANCT-0104-0911, Meaning-021010

[170] Interview: N-L06

describes this clearly: "Thoughts: am I being diligent enough about these exercises?; a generally "sanctified/focussed" gently surrounding helps. Usually for the first set of exercises I light a candle and have not entered the busyness of the day."[171]

7.5 Context: External ambience

> "And after she passed away, I don't think I grieved properly because of the nature of what I was doing. I was sort of doing so much, and I wasn't sort of cooled down, or relaxed, I was carrying on as normal, I was on a treadmill and I didn't come off it."[172]

Anxious participants are subject to the same external forces as community participants: threats and supports from a variety of social networks, and threats from accidents and illnesses. It is clear in diaries and interviews that anxiety states are socially constructed; that is, these states arise in connection with others and not in isolation. Anxious participants highlight chronic threats from discord between close family members and themselves as well as from illnesses and death of family and friends with whom they are intimately involved. They also refer to the love shared between close family members, love which motivates them to find balance and a return to themselves so that they can be available once more to the valued relationships.

The anxious person's assessing capability is faulty as they see things through a lens of fear. Therefore, it is difficult for the anxious person to see the situation realistically and to put things into perspective. Supportive family and work colleagues may be experienced paradoxically – as reducing immediate pressures and offering encouragement while at the same time impacting on the sense of self-worth. If worth of the self is assessed in relation to others in work and social support networks, harsh self-judgments and self-blame may be the basis for or the result of a fragile self-esteem, where approval from others is given more weight than self-approval. Feared or actual loss of status may arise, fueling fear and increasing confusion, with compromised ability to fill roles in family and community

[171] Diary: 28.07; this is an example of what is called an in vivo open code.
[172] Interview: N-H01.

contributing to further loss of self-confidence. This can be a downwards spiral. People are either frozen and cannot act, or they express themselves in a very limited way. However, for some people, the stronger the ties to community and family, the greater the efforts they make to control their body and their emotions. They do this either by momentarily ignoring and pushing through the fear and disorientation whilst at the same time risking further collapse or by immediately searching for help.[173] The search for answers and cures brings people to seek diagnosis and reassurance about the body and the mind from health care professionals. Easily diagnosed and medically manageable outstanding problems with the body (such as in accidents or illnesses like cancer), as opposed to a less easily diagnosed problem which may have contributing mental health factors, are quickly addressed within the healthcare context. Further existential threats arise, however, when the contact with professionals and ensuing treatment is perceived to be or actually is uncaring at best or counterproductive and damaging at worst.[174]

Unfortunately, some participants report consulting with physicians in the traditional medical establishment who are late in coming to 'client-centered care' and to viewing their patients as willing to learn enough to participate as a learning and teaching partner in their care (see Knowles, Holton III, & Swanson, 2005). In this regard, Zubialde, Eubank and Fink (2007) recently encouraged medical professionals to learn lessons about their role in their patients' health maintenance from contemporary learning theory:

> We believe that engaging patients in their health care in a meaningful way, especially when addressing prevention, chronic care, and self management, is the key to effective, satisfying, and long lasting outcomes. However, it requires that clinicians act less like a technician and more like a coach. (p. 357)

[173] Memos: Search/D/S 102610-111111, -241110, -211210, -030111; Exist/Threat-261010-261111; N-P-FU-030910-3; N-S-53010-1. Selected Interview incidents and associated memos: N-D11, 12; N-G05; N-H04; N-HE01; N-PA01, 02; N-T09; Y-I01

[174] Selected Interview incidents and associated memos: N-F08; N-H01; N- PA02, 04; Y-Ja01-04 ; Y-Jk01-07; Y-Ju01; Y-Ki01; Y-N13.

A logical first step in the operationalising this role as a physician-coach is to begin in the assessment stage. This involves mutual understanding of the patient's life story and life world. The next step is to develop realistic treatment goals from which a plan of action arises. Unfortunately, many participants clearly express the desire for a quick fix,[175] and this may kick off a counterproductive serial process where the physician takes the physician-expert role, and goes into the "detached and reflexive 'identify' and 'fix' type of practice that typifies authoritative medical relationships" (p. 360) and the patient flounders. Once the stage is set to 'identify and fix', education about and choices between potential treatment options and all they entail may not be offered at the start. This keeps the physician out of the role of facilitator and coach and in the role of autocrat and technocrat. It keeps the patient out of the role of collaborative adult partner and in the role of the silent, obedient, childlike dependent.

A number of participants talked of underlying structural problems with the National Health Service system which may encourage the delay of referral to appropriate treatment if it is not offered within the GP's healthcare trust. Also, participants report that many of the 'fix' treatments currently on offer in the UK work only partially.[176] For example, CBT, whether delivered 1:1, in groups or by a self-help book, is valued by participants for its logic and for giving a modicum of control over how symptoms are processed in acute situations, but CBT is not described as going deeply to remove the underlying anxiety. Pills are less valued, for the most part.

In summary, participants report that prior to finding AT the heath care system may be equilibrating or dis-equilibrating. Either their GP refers them to AT quickly in their recovery process and they are grateful for the confidence their physician shows in their own ability to help themselves. Or, a significant source of their continuing anxiety and anger arises from their struggle with health care professionals and with the NHS system.[177] In either case, at some point they metaphorically 'hit a

[175] Wanting a Quick Fix, Selected Diary and Interview incidents and associated memos: 10.25, 11.59, 18.08, N-D14, N-F11, N-L03, N-PL37, N-T04; FIX-N-T-1305, 2510.
[176] Memo: CTLogic-030810/D,-030910/B.
[177] Interviewees: N-D, N-F, Y-Ja, Y-Jk.

wall' and decide to learn Autogenic Training so they can take control of their own recovery.

7.5.1 Equilibrating social supports for experiential learning[178]

> "I came to see [the autogenic therapist], and she explained what it would do, this is an odd way of putting it, but I'm sure you'll understand: I just sort of thought, 'well I've tried all these things, but here is another lifeline'... So I had great expectations from that point of view, to achieve a mental relaxation, to switch off."[179]

AT is one of many culturally acceptable relaxing activities people can choose to do when they need to turn off their anxiety switch, to right themselves and get a self-balancing rest from the stresses and strains of everyday life. Theoretically, the doing of AT and the learning of AT cannot be separated, just as the doing of swimming and the learning of swimming,[180] or the doing of Sudoku and the learning of Sudoku, for example, cannot be separated as this is the nature of experiential learning. Learning any relaxing activity is a socially constructed processes, involving a series of evolving expectancies along with changes in communication patterns within the learner and between the learner and the guide and significant others in the life world.

Participants say that when the autogenic therapist takes care in setting expectations about the course and the AT process honestly and correctly, going to the course is experienced as a sanctuarying activity in and of itself. They are able to manage hindrances, to set aside their fears and their own faulty expectations more easily and to have trust in the trainer, the group, and the learning process. Developing and placing trust in social supports amplifies development of trust in the self which in turn amplifies trust in social supports. This amplifying positive

[178] Social supports, Selected Diary and Interview incidents and associated memos: 01.17, 31; 03.18; 04.15; 12.34; 13.11; 18.22, 51; 19.31; 23.22, 39, 43; 24.43; 27.15; 29.55-56; 33.22, 29, 49-50; N-B19; N-D08, 28; N-F15, 27; N-G05, 09; N-H16; HE01, 05, 09; N-I14; N-L01, 08-10; N-PA01, 04, 21; N-S07-09; N-T08, 09; Y-A02, 27; Y-C03, 13; Y-D11; Y-Ja24; Y-Ju06, 07, 35; Y-Ka03-05; Y-Ki27; Y-M07, 26; Y-N26; Y-S03,16; ORIENT-01091

[179] Interview: Y-I07.

[180] See Table 5-3 for a list of culturally acceptable activities people from the community choose. Passive meditation processes are amongst this list.

feedback loop starts when the person chooses to learn the method on referral from another trusted person and is solidified at intake with the autogenic therapist. It continues to provide a strong motivational push for remaining committed to the learning process, just as it does for community participants who rely on colleagues and guides to do their relaxation activities.

Participants also talk about how the training environment and the training course are organized. Whether the training is in a group or solo setting, they value that the autogenic therapist develops and sustains a non-judgmental, realistic, caring, warm, and encouraging atmosphere in a setting that is comfortable and free of distractions. Course material is introduced in such a way that trust in the training and in AT as a process is engendered and maintained, and participants comment on how helpful it is that the AT exercises taught are built upon in an orderly way.

Some participants remark on easily absorbing course content about how anxiety works on the mind, the body, the other emotions and actions. They value this information as being personally relevant to their current situation, their tolerance levels, and their knowledge gaps. Although all practical steps of the method are offered in a staged way to encourage immediate uptake and to discourage setting content aside, participants are candid about what they are willing to tolerate and try and what they set aside, perhaps for uptake at a later date, perhaps not. Participants also appreciate that their autogenic therapist presents as a credible, caring person who walks the talk and in their diaries they express gratitude for the support they receive.

Participants and diarists are clear that autogenic therapists and other trainees, if any, act as witnesses and companions on their journey. Participants talk of efforts they make to take a non-judgmental, experimental, self-reflective stance to their own and others' experiences with practicing AT. One diarist wrote of valuing her 'place' in the class, the physical chair she chose each week, and of valuing the freedom to express herself she found with people who witnessed her thoughts and feelings, people who 'understand her'.[181] An interviewee expressed it this way: "by week four

[181] Diarist: 23.39

everyone was being more honest about everything. And people were really opening up and saying stuff. And that helped me by hearing people's stories and how it was affecting them, and the way they felt before."[182] In essence, for most people the whole training course is metaphorically like listening to "liquid chocolate".[183]

When queried about what they emphasise in handouts and in their face to face work with anxious clients, autogenic therapists[184] focus on these aspects of the training: their own role as a guide, as a person who is "sowing seeds", and the trainee as a person of value who has control and who can trust themselves to heal themselves at their own pace. Within limits, the training and AT itself are to be done in a spirit of non-striving, of non-judgmental self-witnessing, and of openness and allowing whatever wants to happen to actually happen. The focus of the work is in the here and now, bringing everyone safely into the present moments in an engaged way. This is corroborated by participants' diary entries and interviews.

For some, the downside of the group experience is the pressure to speak about innermost feelings and about the experience of the body in a public forum. Although they find this intimidating, it is also transformed into a learning opportunity. One diarist wrote: "I feel somewhat intimidated by the size of the group. Hence I cannot verbalize my feelings properly, after last night's meeting I realized this more clearly."[185] Thankfully, the fear of speaking in the group lessens for most trainees over time as other participants are appreciated for their honesty and in some cases remain valued friends after the course is over. In part, it is these witnesses who give rise to a number of self-affirming feelings and thoughts within the trainee.

First and foremost there is a powerful felt sense of relief that the person is no longer isolated, no longer alone with their anxiety and with other powerful emotions and with what seemed to be an insurmountable problem. Alienation begins to lift. One participant put it this way: "I think the opportunity to come along and meet other people, it certainly helps. I think to put your own problems in perspective

[182] Interview: N-L10, see Table 6-3 in Chapter 6.
[183] Community interview: N04
[184] Five BAS Therapists either sent training materials, talked with me about their work with moderately to severely anxious clients, or both. See Appendix 11.7, page 300 for the interview guide.
[185] Diarist: 24.43

when you listen to other people's."[186] Another was glad the training was in a group "Because you can actually feel and see that you're not alone."[187] Connections to the self and to community begin to be strengthened and restored as soon as the course begins.

Second is an upsurge in hope that the AT process itself will work and fit. This hope feeds back into the person's self-balancing processes, keeping them motivated to practice AT on a daily basis and to make their practice of AT their own. One participant who was fearful to reveal herself at first put it this way: "So I thought – OK, if I can really relax with a group of eight strangers in the room then that's in fact going to be very good for me and help me to overcome what I'm trying to overcome."[188]

Third, staged learning about anxiety, its origins and its impact on the life, comes from talking with and listening to the autogenic therapist as the training progresses. Participants comment on enjoying the staged learning: ""Every week would bring new surprises when we were taught a new technique. And when you're given something new it's like your body's become aware for the first time and so it responds and that was always lovely."[189] When the learning is in groups, learning also comes from listening reflectively to other people's stories and to the autogenic therapist's comments and suggestions on these stories, and from comparing one's own story to other's stories. Whether being taught in groups or 1:1, staged learning also wells up from within as AT practice is built upon (see Switching and Benefitting sections in this chapter).

It is not possible, however, with a multi-component therapy to make a causal attribution to any single social factor, nor is it methodologically appropriate. The group training was undertaken in a complex training setting, where there was up to 50% attrition in some groups, and it was undertaken in the context of a complex life. Of interest at this point is a pilot study Sutherland, Andersen and Morris (2005) carried out to assess the impact of AT on the health-related quality of life for people

[186] Interview: N-G07
[187] Interview: Y-S10
[188] Interview: Y-Ju06
[189] Interview: Y-M07

with mild to moderate Multiple Sclerosis. Fifteen women and six men were randomly assigned to either learn AT in groups which met once weekly for 10 weeks or to a control condition which involved only follow up questionnaires and no interventions. The Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet, et al., 1990) was used as a statistical control for the effect group support might have upon the learning of AT. Group support was found to be an insignificant factor. This research suggests that the improvement gained through AT did not depend upon what may be called trainer-trainee rapport, or upon the support others in the AT training group may have offered to participants. While this was a ground-breaking exploratory study in the Multiple Sclerosis field, it did not control for AT practice levels or for mixed gender groups.

In summary, whilst most participants in the current research express gratitude for group support and trainer rapport, the Sutherland et al. findings suggest these may not be critical contextual factors to effectively learning and applying the method in everyday life.[190] Participants and diarists are clear that the majority benefits from AT practice are attributable to practice effects, with all equilibrating social supports in the life being important to some people for managing hindrances and maintaining motivation to continue on a positive health enhancing trajectory. As the trainee begins to *'make AT my own,*[191] the success of their continuing inner journey is in their own hands.

7.6 Contingencies

To begin with, anxious participants have a major hindrance to self balancing which they cannot resolve on their own. They do not have a self-balancing activity which works and fits to right themselves. Anything which may have worked before no longer does so. They manage this hindrance by entering a period of exploratory

[190] This pilot study provided preliminary evidence that AT practice has a positive impact on health related quality of life, on sense of well being, and on their views of their role as an MS sufferer (Sutherland, Andersen, & Morris, 2005, pp. 252-253).

[191] Making AT My Own, selected incidents with associated memos: 01.11, 19; 02.11, 55, 64-66; 05.40; 10.52; 12.38; 13.03, 09; 15.34; 16.34, 45; 17.12, 26; 19.05, 70; 23.57; 24.31, 24.36; 25.43; 26.46; 30.23; 31.02, 13, 19, 25, 44; N-B17; N-D26-27; N-F02; N-G12; N-H06; N-HE07; N-I12, 27;N-J05, 21; N-L05, 11, 17; N-Pa05, 25, 40; N-S12; N-T06, 15; Y-A11; Y-D17; Y-Ja12, 22; Y-Ju11; Y-Ka18; Y-N24.

searching,[192] seeking help from a variety of social supports and networks. At the start they may not be realistic. Some are look for quick fixes to be applied by others or try other therapies which they feel often promise more than they can deliver. After a series of less than satisfactory experiences,[193] their search leads to them a realization that they must begin taking charge of their own recovery. They then search for a self-help activity they can grapple with, control, and make their own. Choosing to learn Autogenic Training from amongst the alternatives (Context) does not quickly solve the problem for everyone.

7.6.1 Managing hindrances[194]

> "Struggle to do exercises. Cry while doing it. But feel relieved and light at the end. Hands feel warm and see red colours. Found my arms were very tingly. Hands warm. Saw many red shapes in my mind. Felt like I was melting into the bed. Felt spaced out at the end."[195]

As with people in the community, hindrances may arise when passing through any of the stages of sanctuarying itself. Theoretically, hindrances fall into two interpenetrating categories which are centered on fears, either consciously as in *Pandora's Box*, or unconsciously as in Quick Fix. These categories of experience are reflected to some degree in a few of the community participant stories, too.

Pandora's Box is about not wanting to know the self. *Pandora's Box* holds unrealistic or counter-productive expectations of the self and fears of what may be discovered about the self. The tendency to feel negatively about the self and to verbalise negative views of the self carries forward as a hindrance to AT practice. Quick Fix is about wanting a band-aid put on by someone else, and this desire is

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[192] Exploratory Searching, selected Interview incidents and associated memos: N-B02; N-D09, 11, 12; N-F06, 08, 10; N-H02; Y-D08;Y-Ja01,02;Y-Ki05.

[193] Reaching an Impasse, selected diary and interview incidents and associated memos: 01.03; 18.08, .11, .17; 29.40; N-B01, 08; N-D06, 10, 13, 14; N-H02; N-J01; N-L01, 16; Y-I04; Y-M04; FLOUNDERING-090110

[194] Managing Hindrances, selected diary incidents with associated memos: 01.02, 33; 02.52; 03.08, 19; 04.29; 06.11; 07.18; 08.03; 09.20; 10.05; 11.50; 12.03, 23, 40; 13.04, 10, 20; 14.01, 73; 16.10; 18.16; 19.09, 11, 26, 36-41, .67; 20.11; 21.06; 22.20, 26, 30; 23.27; 26.14; 27.01, 12; 28.08; 29.38; 31.01, 20; 32.03, 11; 33.17, 25-6, 32, 42-7, 51; 34.19, 24, 31-2, 34.

[195] Diary: 32.11.

maintained by skepticism about the new method and by improperly set expectations about how to practice it. Here, the tendency to make negative appraisals of other people, places and things – the external milieu – which is common to people who are anxious, carries over and becomes a hindrance to practice. In both cases, the central issue is about desire tinged with fear. Struggling, which implies a modicum of control, devolves into floundering, a state of confusion and helplessness if these hindrances cannot be set aside or transformed.

7.6.1.1 Pandora's box[196]

> "I feel as though parts of my body are playing up so I can't relax – maybe underneath I am still afraid to relax."[197]

People who do not do the Intentional Expression of Emotion (IEs) exercises, which are a set of practical, time-bound, self-initiated graded flooding and exposure techniques,[198] either cannot face the emotion which might be released or feel that the IEs are not needed or are not suited to them at the time. People who do them set aside their hesitancy and fear, do the exercise and then discover their fears are unrealistic. Similar fears may hinder Standard Exercise practice (SE). Where there is a struggle, setting fears aside and pushing through transforms the fear, bringing relief and hope. One diarist put it this way:

> "Struggle to do exercises. Cry while doing it. But feel relieved and light at the end. Hands feel warm and see red colours. Found my arms were very tingly. Hands warm. Saw many red shapes in my mind. Felt like I was melting into the bed. Felt spaced out at the end."[199]

[196] *Pandora's Box,* selected diary and interview incidents and associated memos: 03.20; 11.59; 15.08; 16.20; 27.26, 28; 29.62; 34.64; N-GT23, 24; Y-Ja08; Y-S15

[197] Diary: 29.62

[198] The IEs are described in Table 2-3 on page 56, and further elaborated in the section on managing and controlling on page 206.

[199] Diary: 32.11.

Hindrances to self-knowledge and self-acceptance may be transformed when the person starts honestly looking[200] at themselves and are able to accept what they discover. For some people, without honestly looking there is danger of entering a dampening causal feedback loop which inhibits uptake of the method entirely or which maintains or extends the time spent in struggle. Faithfully journaling in the diary can support the looking process, as one diarist said: "Making this Diary, I can now seem to look things straight in the eye regarding my body, etc. That I feel is one of the things that AT is good for me."[201] Finally, rresistance to practice may surface when there is a felt sense that changes are coming too fast. This is quite the opposite to wanting a quick fix, and may in fact be an appropriate response to assessing the situation correctly.

7.6.1.2 Quick fix[202]

The idea of a quick fix or magic key lurking in the background takes many forms. It fosters reliance on extrinsic criteria for judging the training process, the self and the practice: e.g., improvements in the body (ability to rest and sleep when tired or reduction in pain or other symptoms of psychophysiological distress), extent of mind wandering during SE practice, ability to 'feel' the sensations suggested by the SE phrases, ability to participate in group activities and to understand instructions, and ability to remember the SE phrases in order. One diarist's signposts are anxiety levels and perceived sleep disturbances. Increases in these bring doubt and perhaps may be brought about by doubt.

> "Summary of Week: A bit of 'half and half' this week. I have my anxious feelings back again and have trouble sleeping. I have 'doubted?' A bit this week – i.e., I don't know whether the exercises are doing any good or not! I am worried about the rash on my chin." [203]

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[200] Honestly Looking, selected diary and interview incidents and associated memos: N-B4; N-D08, 22-25; N-F22, 35; N-G27; N-L01, 10; Y-Ja16, Y-N02, Y-S08; 01.03, 09, 17, 28; 03.18, 42, 51, 69; 06,28; 10.01; 16.03; 17.17; 18.51; 19.21; 23.22; 17.15; 29.56; 30.16, 32, 56; 31.38; 32.11; 33.08

[201] Diary: 30.56

[202] Wanting A Quick Fix, selected Diary and Interview incidents and associated memos: 10.57; N-D14; N-F11; N-L03; N-PL20, 37; N-T04

[203] Diary: 15.33

Once participants develop experience with the method and as they make it their own, this quick fix hindrance can transform itself. The extrinsic 'signpost' converts to an intrinsic one – to the developing and deepening of an undisturbed felt sense of ease. One participant observed how letting go of expectations and letting go of striving for results radically transformed her practice experience:

> "I was expecting something from it I was thinking "well come on why isn't happening?" and when I did that I realised that what I have to make my brain do was to stop expecting a result and just back to noticing what was happening and that was, that is hugely important for me, it makes all the difference in the world."[204]

7.6.2 Integrating feedback

> "Thinking that focussed attention to the immediate task in hand, which is also part of a bigger purpose, leads to achieving the purpose without having to think consciously about it all the time BUT the immediate task must be consciously chosen as part of the bigger picture."[205]

Feedback from practicing AT is integrated at two levels: micro process adjustments and macro lifestyle adjustments. At the micro level, just as community participants adjust their self-balancing activities to suit them, anxious participants make adjustments to their AT practice so that it works and fits them. Adjustments are made to postures, phrases, affirmations, places where practice is carried out, and relationships in the social network so that safety and privacy for practice are ensured.

At the macro lifestyle level, AT practice comes to be enjoyed in and of itself. It is experienced as a sanctuary for self-nourishment and self-healing, and the practice itself flows. AT practice is also experienced as a stress buffer; people view it as a tool they control and can use to maintain their mental and physical health. Thus at a macro level, feedback is both a motivational push and a motivational pull to integrate AT as a habit into the ongoing life.

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[204] Interview: Y-Ju24
[205] Diary: 28.14

7.7 Activity: Stages of self-balancing sanctuarying[206]

> "I was more hopeful with AT really, I wasn't expecting a miracle. I just thought I am just going to do it, and see what happens, you know. What can I possibly loose? You are feeling quite desperate and just sort of physically and mentally not fantastic, thinking well, let's just try this damn thing and see what happens, you know?"[207]

By the time of interview, which was from three to thirty-six months after learning AT, heretofore moderately to severely anxious participants generously reflected on their experience and talked gratefully of how AT had impacted on their ability to relax and balance themselves. They talked of a having a wider variety of self-balancing activities they now enjoyed. These range from extremely physically active to sedentary and passive, like gardening, caring for a woodland, walking the dog, making art, swimming, and doing Yoga and are described as flowing processes. Thus, these activities had taken on new meaning and value since they were carried on from a positive position of strength and self-integration, and as part of being me and becoming me. Taking on these loved activities from a new vantage point helps people to broaden and build on their skills and abilities in challenging and rewarding ways.

7.7.1 Realistic assessing

> "So I'll know if I was feeling tense, because usually I will get a tingling sensation in my right arm, and that will spread to the right hand side of my body, so if it gets that far, that's when I know I have got to do an AT exercise to really relax everything."[208]

As set out in Table 6-8 on page 156, the key processes in assessing are noticing internal cues and responding in time to these cues by taking appropriate action.

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[206]Memos: M-EM-409; CH3-AR-609, CH3-ARCH-AR-13110; CH7ARCH-AR-13110; CC-CORE-JRM-261109; FIT-221290; MODEL-1109, 011209-23110, 030210; PPT-MRM-11609; PPT-RN-18909; SWIT-25210, 2310, 5310, 12810.

[207] Interview: N-F12.

[208] Interview: N-G04.

Assessing hindrances are managed by recognizing objections, recalling attractors, transforming disablers, and permitting action to start. Once people have experience of the AT tools for self-balancing, they report being able to respond to anxiety and stress more quickly with positive action. They dip in and out of AT as needed, and build longer practice sessions of it into their life as a habit for stress buffering and for enjoyment.

7.7.2 Adaptive arranging

> Had waited to make 'a space' for this process – but actually found it harder being 'isolated'. Note: This is a dilemma in my life. To make a space for 'my own thing' without feeling isolated/cut off as a result.[209]

Arranging involves choosing a self-balancing activity (content), setting boundaries and ensuring physical comfort whilst doing it (context), and deciding when to do it (pacing). It is clear from diaries and interviews, as well as from material provided to this study by British Autogenic Society therapists, that to proactively surface any hindrances which may arise, autogenic therapists talk with their trainees about optimal ways of arranging to practice AT. Together, they discuss choices for how to effectively set aside and or transform any known hindrances. Participants are encouraged to talk about their fears and their hopes and to make do-able plans for making time and place to practice when they are not in the classroom. This is especially important to increase motivation and to encourage participants who are living in close quarters with other people regardless of whether they are supportive or not.

7.7.3 Mental switching[210]

Interviews and diaries document that all three switching strategies are used during AT practice. Each of the AT tools summarized in Table 2-3 on page 55 uses a

[209] Diary: 01.03

[210] Autogenic therapists may call this the 'autogenic switch'. Selected incidents and associated memos relating to switching: 01.36, 46; 02.10-12; 03.13; 05.10; 09.08;12.19;17.21; 19.51; 20.13, 38; 22.16; 23.18; 25.05; 26.32; 28.63; 31.17; 32.11; 33.26, 40; 34.14, 28, 32; N-F25; N-H14; N-J10; N-L18; N-PA18; Y-C11; Y-Ja27; Y-Ka35; Y-Ki08, 14, 22; Y-M14, 23.

predominant switching strategy, with the other strategies playing a part as well. The movement between the strategies is fluid and depends on how well the person concentrates the mind, what emotions and thoughts surface, and whether the body is comfortable or in pain. It comes as no surprise that emotions – whether negative, neutral or positive[211] – play a major role in the switching experience. Emotions may inhibit AT practice, may be dispelled by AT practice, may be induced by AT practice and may be push or pull motivators to do SE practice. In this regard, discussion of how hindrances to switching are managed is on page 194 and discussion of benefits arising from switching is on page 213.

7.7.3.1 Distracting and blocking

From the first week of practice short cue-controlled exercises which distract and block are done to train in instant thought stopping and positive thought substitution. These are designed to bring instant relaxation. In this use of the strategy, whilst the 'outer object' is the body and the SE phrase, instead of characters in a film or numbers in a game, the outcome is similar, immediate relaxation. An example from AT is the simple sub-vocal repetition of 'my right arm is heavy' (RAH) three times. Affirming this can be done anywhere it is safe to sit with eyes closed for a few moments. Another is 'my neck and shoulders are heavy' (NSH) repeated in bursts of 10 to 20 with eyes open, at least five times a day, and not when the person is anxious. The trigger for doing these bursts is a set of blue dots which the trainee places around their home and work place. Affirmations may also be used. These are taken from any one of the SE phrases as trainees make AT my own.

As people are habituated to becoming instantly calm, peaceful and relaxed when they practice these phrases in safety and privacy, the relaxation is then inducible anytime and anywhere. Participants learn to take time out and come back to their center by using their chosen affirmations in a self-soothing, self-balancing, cue-controlled way on busses, in cars, in the woods, at the grocery, in the loo, and at

[211] Selected incidents and associated memos relating to emotions: 01.10, .34; 03.28; 04.50; 05.44; 10.14; 11.11; 15.08, .21, .38;16.06, .11; 17.08; 18.07, .54; 19.21; 20.06; 21.13; 22.01; 23.46; 26.28; 27.32; 28.27, .59, .61; 29.41-.42; 31.30, .36, .38; 33.22, .49; N-B16-18; N-F28-30; N-G09, 23-25; N-HE03, 04,11; N-I05, 09; N-J11-12; N-L16; N-Pa13; N-Pl11, 15, 28; N-S11, 18; N-T09, 14; Y-A10; Y-C12; Y-J12; Y-Ka08, 29; Y-Ki28; Y-N15.

work. One interviewee said, "Throughout the day, did NSH as often as I could. Feel that this helps keep me grounded, shoulders are my main 'tension' area."[212] Participants report they did not know how much tension they were holding in their bodies until they learned to focus on a specific body part and observe the release of tension from it on cue. One diarist described it this way: "'Repeated NSH while riding bike – immediate improvement – never realised I was so tense.'"[213]

Once they learn this, their assessing skills improve so they are better able to notice and respond in time when threats arise. Participants report gaining an immediate sense that they can manage and control their anxiety and stress levels by distracting themselves from perceived threats whilst calming themselves at the same time. They may do this proactively, for example before a difficult presentation, or on the spot. An interviewee with multiple stressors described how she used this technique on the spot.

> "And as I was dealing with the hospital situation, I started to do some of the AT technique while I was sitting in the chair – my NSH, my FC, and it kept me completely and utterly together in a way that if that would have happened before the autogenics, I would have been shaking out of the chair...falling off the chair. So that was a really big thing for me on that day."[214]

Using distracting and blocking in this way brings pleasure, as the habituation to it is done under calm conditions. At the same time, it keeps the person from making an automatic, dysfunctional fear-based response to stress. It gives time for distressing emotions to subside, and gives opportunity to think things through and make an appropriate coping response from a more centered and integrated position to difficulties as they arise in everyday life. Furthermore, there may be an additional outcome to the use of the strategy as anxiety is reducing since the relationship with

[212] Diary: 31.11.
[213] Diary: 02.24.
[214] Interview: N-L05. NSH = Neck and Shoulders Heavy; FC = My Forehead is Cool..

the body is being solidified at the same time as trust in the ability control and self-soothe is being strengthened.[215]

7.7.3.2 Managing and controlling

Managing and controlling is the initial switching strategy for the Intentional Expression of Emotion[216] exercises (IEs) which Luthe (Coleman, 1985) developed to help people set aside and transform hindrances to Standard Exercise (SE) practice. Luthe hypothesized that these IEs foster faster development of passive non-judgmental awareness, concentration and acceptance during AT practice in people whose practice is hindered by anxiety, anger, sadness and shame. Diaries and interviews reveal that negative emotions do hinder or even disrupt AT practice to some extent for some people who have difficulty with letting go and allowing switching.

All IEs are done separately from SE practice. They are done in a meditative way so that concentration is focused in a managed and controlled way at the start, and with a non-judgmental attitude so that the grip of the emotion loosens and begins to release. There are demonstrations of the exercises in class. For intentional expression of sadness, trainees are shown how to put the body through the motions of the emotion, without focusing on any one specific incident, and without trying to bring forth tears. To focus on expressing anger and anxiety which may be held in the body and deeply buried in the mind, trainees are asked to make lists of triggers and to rate how strongly the emotion is felt. The least disturbing trigger is then used as an object of concentration whilst using a managing and controlling switching strategy, verbalizing out loud, and doing this in private. The emotion expression process then switches to letting go and allowing whatever wants to surface and be expressed out loud. Trainees may spend from 10 seconds to 30 minutes doing these exercises, depending on their own self-assessed progress and their own ability to tolerate the expression of the emotion which floods them.

[215] Memo: Switch-070111
[216] Memo: IE-240910, 260910

For some people, even simply preparing to do the IEs by making a list of incidents which trigger and arouse negative emotions may have a healing impact, resulting in a flow experience of standard practice. One diarist expressed it this way:

> "8.40pm, SS (slumped), 8 mins. Perhaps one of the 'BEST' so far – All three sequences flowed so smoothly and arms and legs really felt heavy, perhaps for the first time. (Would this be due to having written our stressors?!)?"[217]

Those who try the emotion expression exercises after making the list may find deciding to switch difficult, even though the focus begins narrowly and is controlled. But they are determined to at least try all the AT tools on offer, and are then clear that persistence pays. They do describe adopting a letting go and allowing strategy as the exercise progresses. Facing emotions in this way is reported to be profoundly healing. Calling on Gendlin (2003) who emphasizes the importance of getting clear and locating feelings, IE practice can be viewed as a process wherein "conceptualizing [the emotion] makes it more intense, clear, real and more capable of being handled. The person knows where it is to be found and takes ownership of it, instead of being dogged by something partly unknown" (p. 80) For example, anger yields to acceptance, a lighter mind, and better coping, letting go more easily. One interviewee/diarist who tried all three verbal IEs describes the expression of sadness and anger this way.

> "I found it [expression of sadness] quite cleansing. In a way that I felt a bit of release, like when you have a proper cry. That was cleansing. Then, the sitting and talking to somebody who has hurt you in the past. I had a list of 5 or 6 people – I was mainly doing anger, they had hurt me – I found that to be a weight off my shoulders as well, quite cleansing, in a way that I could sort of chuck that anger away a bit."[218]

In essence, through non-judgmental and full experiencing of and acceptance of the felt and lexically described emotion, participants report they let go of struggle

[217] Diary: 19.21. SS = Simple Sitting Posture.
[218] Interview: N-F28.

with the emotion. This frees them to take action in the world automatically and more in keeping with the behaviours they truly value.

Two further IEs are fun and involve playful action, making nonsense noises and making nonsense movements. These are designed to connect people to their bodies, to dispel shame and engender positive feelings of happiness, and to prepare people for a more easily engaging with a non-judgmental letting go and allowing switching strategy. These two IEs are introduced in the first class, whilst the other three are introduced in the fourth and fifth classes.

7.7.3.3 Letting go and allowing

It is clear from review of the AT instruction sheets collected from BAS therapists, and from books BAS therapists have written on AT (i.e., Bird and Pinch (2002) and Kermani (1990)), that the letting go and allowing switching strategy is gently introduced in on the first day of the course as it is the predominant switching strategy appropriate to Standard Exercise practice. This first experience is specifically bounded to a single body part and lasts no longer than 20 seconds. There is very little time for any hindrances to arise. In the following training weeks, periods of passive concentration lengthen as more body parts are added to practice. These periods of experience of calm are followed by periods of reflection with the self and with others either directly or through diaries, often before another period of experience begins. Each period builds on the previous one. With practice people develop skills in concentrating. People learn to use SE practice to bring anxiety levels down when problems emerge, to maintain themselves so that they can function effectively in the present moment. One participant put it this way:

> "if I have something important, say a conference… and I'm anxious the night before and I can't sleep then beforehand if I do a session [of AT] I know I can restore a little bit of energy or quiet my mind or something similar, so I know that I have… that as a reserve."[219]

Another wrote in his diary:

[219] Interview: Y-C09.

> "10.15, SS Heathrow Airport, 3 mins. Relaxed heartbeat. Relieved feeling of panic. Calming. Soothing (waiting for delayed flight). 22.00, AP, 3 mins. Relaxed heartbeat. Relieved feelings of stress. Very calm afterwards. 23.50, LP, 3 mins. Relaxing. Fatigue seeped away. Full night's sleep."[220]

SE practice also includes Personal Affirmations. A recommended way of phrasing these is taught during the course. Personal affirmations, which are coping statements, are added to SE practice before the phrase "I Am At Peace". They bring to consciousness and express changed feelings, attitudes and expectancies, with the goal being to loosen attachments participants have to negative self-attributions in all areas and to overwrite these with positive ones. Affirmations are designed to work and fit the values and associated goals of life at the time, so they change as the life changes. Adding the appropriate Personal Affirmations requires thinking reflectively about meaning and goals. This reflection process brought trainees who talked or wrote of using them to a consciously deeper understanding of their dysfunctional ways of being and acting in the world and to what they wanted for themselves in the future.

The idea of making their own affirmations suited directly to the challenges they faced in developing their strengths and minimizing their weaknesses is very appealing. They actively help people make AT my own, thus proactively managing hindrances to practice.One diarist wrote, "I am living now, now and NOW! – experiencing the NOW, being ALIVE now".[221] For this diarist, the affirmation is one of radical acceptance of the whole person within the life-world. Over time, affirmations such as these are verbalised and added to AT practice.[222] They act as a solid, dependable backdrop to everyday living, as an ongoing connection to the felt sense of 'knowing' in a fully embodied way that all is well with the essential self and with life itself.

As the mental focus in letting go and allowing is on the body, a full range of emotions may surface as sensations in the body are felt and as feelings, thoughts and

[220] Diary: 25.43.
[221] Diary: 01-09
[222] See Table 8-1, page 231231, as an example of this process at work.

memories come unbidden. This is because letting go and allowing fosters opening communication holistically and between the mind, the body and the emotions. The mind, body, and emotions are not experienced as separate but as one. Diarizing about the experience and/ or discussing it in class solidifies, expands and deepens the communication. The mind communicates with the body by saying the practice phrases, attending to the parts in an orderly way, and eventually by talking directly to the body spontaneously or by using a personally developed affirmation phrase related to the body. These are ways of communicating with the body directly, listening and responding repeatedly and tenderly. Specific phrases and sentences directed to the body can reduce pain, maintain and increase pleasure, and give back the control which is felt to have been lost when deeply anxious.

> "9.50am Lying Down x3 Tense in stomach, knees, ached a bit 1/ burning feeling in back of knees, rest of body much better 2/ best of three, the pain kept coming back but I kept telling it that I knew it was there, but I would do my exercise first and then go back to it. Deep sigh. Lovely feeling hard to describe"[223]

The first focus in diary writing is on noticing 'training symptoms'. As these are catalogued, the body is described as has having its own self-balancing journey, one which is observed and literally felt as the person enters it in a letting go and allowing way.[224] For example, energy may be felt as being limited to the upper body some of the time, whilst at other times it goes through the whole body in waves; or energy is felt to be evenly distributed side to side, or to be moving from side to side, and so on. This shifting of energy may be experienced as a struggle within the body and for some people the body itself may be described as the battle ground, as a stranger, and even an enemy. Over time, the experience of the body shifts. As it is befriended and calmed the body becomes a source of pleasure, just as it is for people who are not anxious. In other words, the subject-object relationship between the body and the experiencing self becomes balanced.

[223] Diary: 12.28.

[224] Selected interview and diary incidents with associated memos re mind body communication: N-B7; N-D33; N-HE12; N-I19; N-L12; N-Pl29; N-S20; N-T10; Y-A19; Y-C07; Y-Ka14; Y-Ki06; Y-Ju18; Y-S15; 01.02; 05.19; 08.48; 09.02; 11.21; 12.05; 13.40; 14.02; 15.23; 16..21; 17.37; 18.43; 19.44; 20.51; 22.33; 26.18; 27.34; 28.31; 29.57; 31.02; 32.04; 33.07; 34.19.

The body communicates not only by responding to the SE phrases specifically with warmth and heaviness but also by spontaneously and unpredictably presenting somatosensory, kinaesthetic and visual phenomena (autogenic discharges) to experience in such a way that mind clears of everything else. The person notices and becomes objectively aware in a detached way of these phenomena. The phenomena happen singly or repeatedly and every diary includes them.[225] These phenomena are, for example, smells and sounds (which are not heard or smelled by others), sensations of falling or of specific body parts becoming very hot or detached from the living body, appearance of stationary images, brightly coloured moving hypnagogic-like images, and cinematic images which are often related to memories. Some participants recognize these phenomena as having healing potential and power. For example, perceived healings from cineramic images range from no longer being allergic to animals to rapprochement with a beloved parent long dead.

Both Schultz and Luthe were concerned with the function and structure of these phenomena. Their view is summarized by de Rivera (1977):

> The autogenic discharges consisted of short-lived motor, sensory or psychic manifestations, and were shown to correlate with the complaints, clinical course and traumatic history of the patient. They could be considered as homeostatic adjustment reactions of the most varied nature, permitting the elimination of undesirable neuronal excitation corresponding to memory engrams of traumatic events, both in the physical and psychological sense. (p. 135)

Schultz and Luthe recommend that for the most part the visual phenomena be passively observed and accepted, as in their clinical experience these were often markers of underlying and profoundly healthy changes in meaning which is instantiated in the body. Luthe (1970) organized the visual phenomena into categories and hypothesized a model of stages whereby a person's progress in therapy could be assessed (pp. 187-224).

[225] Carrington (Managing meditation in clinical practice, 1985) notes that autogenic therapists track somatosensory phenomena that accompany meditative practices. A representative list of these phenomena, as diarised and mentioned in interviews, is in Appendix 11.2 beginning on page 278.

The most widely documented phenomena in the diaries and interviews are visual. Diaries document that during letting go and allowing of SE practice, incidents in the life which usually arouse intense emotions can become permanently detached from the emotions they engender in ordinary waking life, and the incident may lose its power to induce automatic fear responses in ordinary life. For example, cinerama-like memories may viewed with complete detachment, so that what was shocking as it unfolded in real life is not experienced as shocking during AT practice. It is simply watched. This implies that an active neural connection to the emotion embedded in or attached to the memory has switched off. The detachment and the calm carry over and continue when the memory or a significant trigger returns in the future.

Just as experiencing the emotion non-judgmentally in IE practice brings resolution, so too in SE practice participants report letting go of struggle with emotions in specific contexts after seeing visual images. One participant clearly described the emotional release that spontaneously occurred when a scene related to a recently deceased loved one suddenly appeared during AT practice.

> "While I was doing the exercise, only lasted 10 seconds, 20 seconds, I actually saw it. And for the first time I had no emotion to the scene. It sort of was there, and it passed, so that to me was like a revelation... My body didn't tense up, I didn't even feel the sadness. It was just watching it, like it was almost detached from me... When I come out of the exercise, I was like, I was like in shock, I was like OMG! I can't believe that I still feel so calm! ...and I just thought, this is fantastic!... So I just thought that must have been my way of letting that part go."[226]

There is also the possibility that with letting go and allowing, the intensity of a negative emotion may be dispelled or dissipated during switching. Memories which are ideational and lexical and are not visual may surface and the force of emotions like anger, sadness, and anxiety may be felt during practice, and as the person continues practice, calm returns, replacing the intensely felt emotion, as in this diarist's experience. This struggle takes place in the body.

[226] Interview: N-L12.

> "AP. ... I had become slightly upset/slightly heated with my son shortly before exercise – I could feel temper swelling – the exercise somehow seemed to dispel this suppressed rage… [next day] During last sequence a memory of a feeling of shock / anger/ disbelief/ despair came into my mind and momentarily my body went into an alarm state – exercise seemed to calm me and it subsided. I am aware of LHS of face as I write."[227]

The nature of this struggle is, like the somatosensory phenomena previously discussed, a phenomenological support for the philosophical position presented by Maiese (2011), the Essential Embodiment Thesis. This thesis posits that consciousness is fully distributed in the body, is not separate from the body, and is not brain-bound. This thesis has implications for all emotion research which "assumes appraisals take place in the head" (p. 50) and for the Interacting Cognitive Subsystems model (Teasdale and Barnard, 1995) which appears to posit that implicational meaning (which presumably is 'in the head') is not changed directly by proprioception, although reading of the ICS model is open to interpretation.

Finally, some people focus on body parts in a managed and controlled way, looking for specific outcomes and judging themselves and their practice accordingly. The phrases "I Am At Peace" (IAAP) and "It Breathes Me" (IBM) are bridges which aid in more wholeheartedly shifting the attitude to one of non-judgment and to using the letting go and allowing switching strategy. All Standard Exercise (SE) phrases but these two mention a body part. IAAP and IBM are experienced as focusing on the whole person in a non-judgmental, affirmative way. The mind encounters and enters the body safely, and the asymmetrical privileging of mind over body shifts and balances with IAAP and IBM being platforms for the encounter. No effort needs to be made to 'feel' any suggested sensations and there is no effort to manage and control as in a bio-feedback scenario.[228] One participant who valued logic and took a scientific approach to his practice put it succinctly this way:

[227] Diary: 29.41, 42. AP = Armchair Posture; R = Right; LHS = Left Hand Side.

[228] Memos: Process-301111;

> "The two I always remember, the "it breathes me", I always remember that as somehow being very effective. Just being able to take it down, the stress. and that always seemed to me to be very effective. It's an affirmation – and "I am at peace". While they weren't direct links like looking at your heart rate or your legs being heavy, they seemed to be quite effective in de-stressing."[229]

For others, IAAP is a stark contrast to the normal waking state of consciousness and the phrases "I Am At Peace" and "It Breathes Me" are subjectively experienced by many to be "the best part of AT practice".

In summary, the felt sense of ease arising when letting go and allowing switching strategy is used has a number of properties. There is an open, clear, empty, still space made, and the desire to stay in the space is deep. The body may feel 'profoundly heavy' or may 'disappear' and the outside world may also disappear. The sense of time may alter as well and a sense of it being difficult to 'come out' of the switch may arise. There is a great felt sense of peace, calm and mental rest along with a positive core affect of serene enjoyment. Epiphanies, new understandings, and shifts in understanding arise. When images, memories and emotions are presented to mind, these are viewed in a detached way which brings healing. As Rogers (1980) points out, people discover through experience what they need to know. By developing and growing connections with their felt sense of ease during sanctuarying, confidence arises for making choices about altering AT practice to make it work and fit, and for adding to it in ways which support continued healing inner dialogues.[230]

[229] Interview: N-B14.
[230] Memo: Process09-CC-301111

Table 7-3: Holistic Benefitting – Being me: process, properties and indicators from AT diaries

Process	Properties	Indicators[231]
Integrating and Strengthening My Core Self	Mind/Body/Emotion/ Action United and Restored	On reflection a significant change in me over the last two days. I have started and completed sewing jobs – a thing I have not done for at least two years. My temper – according to my family – has vastly improved, I am far more tolerant – altogether a happier person. I feel as though I am beginning to find myself again. NB. Noticing that I am keeping my centre over incident and remaining calm, at the same time as being anxious and upset.
	Inner Communication Flowing	The exercises have really helped me to relax, to see and think clearly, be positive, not unsure and frightened to smile, be happy, not a miserable wretch…
	Living in the Present with Hope for the Future	Today I have been free from pain and aches longer than at any time for the past few years. My whole outlook changes in some way or other. I know now that this is the start of a new life for me and also for Brenda my wife to become alive within myself and know that I can change
Connecting to My Community	Putting Things in Perspective	I am feeling better. I feel I have got this plumber thing in some sort of perspective. The anger has gone to some extent. Maybe private tantrums [Intentional Expression of Emotion Exercises] are the answer
	Acting Authentically from My Center	WHAT HAVE I GOT OUT OF IT? More relaxed. Able to cope better with stress. Able to face uncomfortable situations. Not so jumpy. Better sense of humor. Deeper prayer – not so frequent. Interact better with colleagues/managers/peers. Faster thinking. Better decision making….

[231] Diaries: 16.08, 09.28, 08.63, 12.30, 03.38, 25.61.

Table 7-4: Holistic Benefitting – Becoming me: process, properties and indicators from AT diaries and interviews

Process	Properties	Indicators[232]
Expanding Self Discovery	Increasing Mindfulness	Um, I think probably sort of turning on an inner consciousness of being mindful and aware. Before I would be so anxious, or so panicked, that I couldn't think straight. It would just be my head would just be so full of just anxiety, sort of being able to stop that. And then actually prioritize and replace that with positive things, and things that I wanted to do, and it's helped me to achieve the things that I wanted.
	Connecting to Sources Wisdom	Although it was based upon a feeling I have had in the past that those moments of that that freedom does come from kind of throwing yourself on the bosom of the Universe that somehow actually oddly and mysteriously that is a process that works.
	Building Character	So much is in the mind, it is my greatest tool for either creativity or destructiveness and it's my choice always, how I use it. I believe the AT is giving me, or prompting me my sense of this.
	Broadening Horizons	At the beginning of the year, I actually bought a woodland. I have 5 acres of wood….What I want to do is just manage it, cut trees, have a campfire, have a cup of tea, work out the management plan, how to make it grow, talk to the forestry commission, go on courses – tree felling courses – I just love it!

[232] Diaries and interviews: Y-Ki32, 01.44, N-G10, N-B22.

7.7.4 Holistic benefitting

> "Keep the AT going, it has a cumulative effect. It won't remove the situation. It won't change the situation, a particularly awkward set of circumstances. What the AT does is, at least I have some sort of weapon in my armory to combat this. AT won't change the outward situation, but keep AT going. It will work through and it will take the feelings down."[233]

> "I've befriended myself through the AT – I think I have unlocked a box of thinking, as it were, a whole box of thoughts or ways of thinking – that are probably in everyone, but some people never use, and I think that this wisdom, this process of AT has unlocked that – I wouldn't say there is any one aspect that's done it, I would say the whole AT process."[234]

Recall that as set out in Section 6.4, page 139, people enter the Self-balancing Sanctuarying process with the felt sense of ease as both a proximal Cause variable initiating the move into sanctuarying and an internal Contextual variable, wherein life is experienced either flowing, juggling or struggling. Moderately to severely anxious people are struggling with a profoundly disturbed felt sense of ease (see Table 7-2, page 184), a sense of not being me. Only as and when people begin to manage hindrances successfully (see Section 7.6, page 193) does the situation improve.[235] As they begin to appropriately and successfully use switching strategies and integrate feedback to 'make AT my own', holistic benefits start to accrue.[236]

Benefitting from Self-balancing Sanctuarying using AT does not necessarily happen in distinct stages; instead, it happens in overlapping stages as successes in managing hindrances and integrating feedback from AT practice builds and as the experience of the life world changes accordingly. Initially, the felt sense of ease becomes less disturbed as people start to connect the mind with the body in Standard

[233] Interview: N-B17.
[234] Interview: N-D28.
[235] One interviewee who expressed a strong desire for a Quick Fix did complete the AT course, and then dropped practice of AT; as early gains with AT could not be assimilated quickly enough, moderate to high levels of health anxiety returned.
[236] See Table 6-9, page 163 and Tables 7-3 and 7-4, pages 213 and 214.

Exercise practice. A sense of being restored and able to maintain oneself arises, a sense of finding and being me. This less disturbed felt sense of ease often comes with the restorative and nourishing benefits of short mental and physical rest periods and with better sleep. Participants recognize and value early successes that bring a modicum of serenity and peace and are motivated to build on these successes, however small, by continuing their Self-balancing Sanctuarying AT practice.

Within the structured experience of AT, changes in content allowed into consciousness and changes of premises and presuppositions about various problems faced every day bring changes in meaning and behaviour.[237] Benefits at this stage are: Integrating and Strengthening my Core Self (mind/body/emotion/action united and restored, inner communication flowing, and living in the present with hope for the future); and, Connecting to My Community (putting things in perspective and acting authentically from my center). Participants attribute these holistic benefits to the combination of components of AT they use, and not to any specific aspect of it necessarily. It is important to underline that change of this magnitude takes time to embed and maintain and that every change trajectory is an individual matter. Being me may continue for a long time whilst changes are integrated into the experience of the self and the life.

That said, the felt sense of becoming me, or building and growing me, may develop concurrently with, after or overlap with being me, as new dimensions begin to be added to the life. Benefits at this stage are: Expanding Self Discovery (increasing mindfulness, connecting to sources of wisdom, building character, and broadening horizons). Self-balancing using AT is perceived to be the catalyst for growing me and becoming me as the additive benefits of building and growing are supported by AT practice but not necessarily generated solely by it. A broader repertoire of Self-balancing Sanctuarying activities emerges as people return to beloved activities, like making art, swimming, taking long walks, working in the

[237] Memo: Meaning-020612

garden, and as they take up new ones. They do this with a new vigour and a new appreciation of themselves and of what these activities have to offer them.[238]

7.7.4.1 Restoring, maintaining and building me: Being me[239]

> "AT was a complete revelation to me, because it made me feel 'I am' and it doesn't mean that I'm 6 feet tall or I'm three feet wide, or I'm so and so's daughter,... it's 'I am, I exist, I am alive' and that was a thing in itself, independent of any other, ... and I found that really grounding and centering."[240]

There are two processes involved in coming to the felt sense ease of comfortably being me. Set out in Table 7-3, with indicators, these are: integrating and strengthening the core self and connecting to community. The properties of integrating and strengthening the core self are: mind/body/emotion/action united and restored, inner communication flowing, ability to live in the present without fear and with hope for the future. The properties of connecting to community are putting things into perspective and acting authentically from my center. Integrating and strengthening the core self enables action in the community that is values based, realistically goal congruent, and effective. The following discussion presents the formation of these benefits as they arise from use of specific tools in the Autogenic Training practice.

Participants point to two different aspects of SE practice when talking of immediate restorative benefits. These are the cue controlled use of short SE phrases (discussed on page 200), and the perceived impact of SE practice on sleep. Early gains in sleep improvement are often associated by interviewees and diarists with improvements in coping. This engenders the feeling of hope that a simple easy to use

[238] Re-orientation, selected incidents and associated memos: 01.19, 30; 16.49; N-B22; N-D29, 37-8; N-F35-6, 41-43; N-I14, 26, 32-35; N-PA14; N-S01, 03, 06; N-T08, 19-20. Memo: REORIENT-080810.

[239] Emotion, selected incidents and associated memos: 01.21; 03.22; 33.06; N-B17; N- D22, 45; N-F17; N-G10; N-I14; N-PA09; N-PL15;N-T12; Y-I20, 31, 34; Y-Ja06; Y-Jk36; Y-Ju32; Y-M16.

[240] Interview: N-S05.

process will actually work. A very early diary entry discusses the perceived impact of improved sleep.

> Days 2 & 3 "5:30am Lying: Did first 2 quite easily, but more distracted, mind wandering on 3rd. Felt I slept better than usual last night, but awake at 5 am. Body less fidgety and edgy. Feel calmer? I know I can take control of the bad times and feel free again. Mind is calmer.... Slept quite well last night. Feeling OK about my day ahead. Positive. Not too panicky. "[241]

For some participants, sleep improvement takes hold from day one whilst for others the improvements are noticed over time. Another diarist wrote: Day 19 "23.55, LP, 8 mins. Fell asleep. 8 hours – sleeping properly and waking relaxed. Bed no longer torture."[242]

Emery (2005) notes that "stress, fatigue, or lack of sleep can increase arousal and predispose the patient to anxiety states" (p. 243). This is the common-sense way of thinking about the impact of lack of sleep. Whilst participants attribute the sleep improvement to the practice of AT's Standard Exercises, unfortunately, whether the disturbed sleep preceded, was co-incident with, or a result of the onset of other anxiety symptoms is not clear in interview and diary material. And, when Rosa and Bonnet (2000) checked to see if electroencephalography verified that self-reports of poor sleep actually predicted poor sleep, they found self-reports of healthy volunteers did not. Instead, they found that "a history of chronic insomnia does not predict poor EEG sleep" and that "both chronic insomnia and poor EEG sleep are associated independently with dysphoria, hyperarousal, diminished waking function, and negative subjective sleep quality" (p. 474). In other words, perception that there is poor sleep, whether there is or is not poor sleep (as demonstrated with EEG), may be the result of anxiety.[243] One participant captures this idea, saying "so [my

[241] Diary: 31.02,03.
[242] Diary: 27.19.
[243] Recent experimental work on sleep architecture in rats by MacLean and Datta (2007) indicates wide individual variability of response to stressor exposures, whether controlled or not, and also indicates that anxiety, may be "exacerbated by disrupted sleep" regardless of individual variability in response to stressors, A call for further investigations has been mandated by the researchers (p. 72).

Autogenics practice] is like having a safety net I suppose, so I don't have to worry about not sleeping anymore, consequently I sleep better."[244]

In a later study, again involving self-monitoring only, Morin, Rodrigue and Ivers (2003) found that negative appraisal of daytime stress is implicated in poor sleep, rather than the actual stress itself (p. 261). Minkel, Banks, Htaik, Moreta, Jones, McGlinchey, Simpson and Dinges (2012) conducted two experiments with 53 healthy adult volunteers (29 sleep deprived and 24 controls) to "investigate the influence of sleep deprivation [9 hours, 1 night] on subjective affective responses to cognitive performance stressors" with 48 hours of testing (p. 2). They found that "Relative to participants who had a full night's sleep, sleep-deprived participants reported significantly greater subjective stress, anger, and anxiety in response to the low-stressor condition, but differences between the sleep deprived and control groups in response to the high-stressor condition were not significant" (p. 5).

Can these finding be generalized to a partial sleep deprivation scenario, such as that reported by participants in my research? The authors point to prior research which shows that chronic partial sleep deprivation does have a negative impact in mild performance demand conditions, but insist that further research is required to definitively answer this question. For the purposes of the impact of anxiety on sleep and the impact of partial sleep deprivation on anxiety, and the impact of either or both of these conditions on cognitive function in waking life, it is vital that further study focus not only on healthy volunteers, but also on volunteers who are clinically moderately to severely anxious at the time of testing. Along these lines, and as I have previously mentioned, Robinson, Bowden and Lorenc (2010) found that Autogenic Training practice was followed by a statistically significant improvement in perception of sleep improvements. That said, it not clear from interviews and diaries whether there was actually poor sleep at the outset of AT training, or whether the positive changes documented in self-reports are due either to improved mood and reduced anxiety, or if the impact is the other way round, or if they are co-arising.

[244] Interview: Y-Ju22.

What is important, however, is that the participant's perception changed. Benefits attributed to the improved sleep which is fostered by AT practice builds hope and self-confidence (Context: Inner Milieu), trust in the AT process, and trust in the training (Context: External Milieu).[245] Theoretically the benefit of perceived improvement in sleep is that it then 'pulls' the person toward practicing AT more and more. This is especially true if worry about sleep has been recognized as a problem before learning AT.

However, in a few instances there is a downside to this scenario. Because the improvement in sleep patterns for so many is so dramatic at the start, regardless of whether it is real or perceived, there is a danger that sleep function may be used as a barometer of how well AT practice is working overall (see Quick Fix, page 196), when the correct barometer is a actually restored felt sense of ease. Hindrances may arise if AT practice does not continue to produce dramatic, easily identifiable benefits, and there can be a discouraging feeling of anticlimax as the course progresses. Some participants then tend to ignore other possible causes of problems with the learning process, such as whether practice is consistent, whether concentration is focused non-judgmentally, and whether Intentional Expression of Emotion exercises are ignored. There may also be a counter-productive tendency to think that practice is not correct, that the process will not work for the long term or that it is not worth continuing for the long term. In other words, the wrong feedback may be integrated into the system and early gains in perceived sleep improvement may become a hindrance to self-balancing as well as a restorative.

Integrating involves more than restorative rest. Emotions are inextricably linked with and arise from the body, and in and of themselves play a part in self-integration. Participants who actually try the Intentional Expression of Emotion[246] exercises do this often with some trepidation, even when expectations and process are clearly set by the autogenic therapist. They report being pleasantly surprised at discovering a

[245] Selected incidents associated memos: N-B23; N-F05, 13, 33-34; N-G22; N-H02; N-I01, 12; N-J09, 15; N-L01; N-Pl08; 01.03, 09, 11, 13, 15; 02.11, 62; 03.20; 05.12; 08.60; 09.47; 11.12, 59; 15.07, 14, 19, 33; 17.12, 37; 19.23; 20.08, 33; 23.15; 25.43; 27.01, 19; 29.46; 30.53. Memos: BENE-270210.

[246] IE practice, selected incidents and associated memos: N-F31, 32; N-G17-18; N-H12;N-He04-05; N-I06, 28-29; N-J11; N-L15-16; N-Pl28-30; Y-A21; Y-I13; Y-Ja21-22; Y-Jk25; Y-K07-08; Y-M19; Y-S25.

level of self-acceptance which they had not heretofore experienced. Benefits arise after honestly looking at and naming the emotion and associated feelings and thoughts and by honouring the often disparate 'voices' in this inner and outer listening and speaking process. Actually doing the Intentional Expression exercise is a self-discovery process. Despite all the emotion integration benefits reported by participants who did these IE exercises, no conclusions can be drawn about their impact on hindrances to switching using a letting go and allowing strategy and to entering an 'autogenic state'. The benefits of the IEs appear to reach outside the SE practice arena, and to involve healthier connections to valued social supports and to self.

Benefits of expressing emotions in this way are varied. Participants report that benefits include coming to know that expression of emotions can be controlled, safely unmasking their own part in generating and maintaining emotions, uncovering deeply buried thoughts regarding the people and incidents giving rise to the emotions, and expelling everything they know and feel about the emotion during the intentional expression of it. They begin to recognize and acknowledge the strength, depth and complexity of their own emotions and their feelings about the past. They start taking responsibility for their part and owning their own feelings, and getting perspective on longstanding problems with their family of origin, their friends and other people in their social networks.

Participants also report that if the emotion is not completely gone regarding the specific incident and person once the expression exercise is completed, whilst they may still feel the emotion, the emotion itself is more pure. It is no longer layers upon layers which are consuming. There has been a contextualization of the emotion in reality that places it legitimately, a degree of detachment unfolds, and clear knowledge that expression of the emotion is in their control arises. One participant reflected critically on her experience of doing the anger expression exercise in a letting go and allowing way:

> *"F:* In a general context I felt more, not exactly forgiving, but more accepting, instead of sort of letting those people and what they have done be on my mind and festering, it felt much lighter on my mind... So

> perhaps a bit because I was getting into the swing of being angry with other people, and quite thinking, oh, this is ok, perhaps that's why I sort of allowed myself to think about him [deceased parent], how I was angry with him, too. N: So this idea that it became ok to be angry? F: Yes! Yes, I'd never been allowed to, honestly!" [247]

Participants are thrilled to have the Standard Exercise AT practice they can use to manage and control their anxiety and to balance themselves. Having a tool makes everything work better. Participants soon recognize that practice is cumulative in its effects, and that benefits often appear to be transferring into their everyday lives without conscious effort.[248] They clearly experience being restored to themselves. One diarist put it this way: "SS, 6 mins. Very relaxed. Hands very warm, upper arms heavy. Feet warm. AC, 7 mins. Very relaxed. Hands warm light, tingling. Feet tingling. Still positive and bright. Feel like I'm someone? Me. Clouds lifting. NSH, 80."[249] This is the beginning of unlearning bad thought and behavior habits like people pleasing, feeling like one has to 'earn' a place in the world, and that there is never enough and one is never good enough.

Clear boundaries emerge as the self within the body is not dissociated from it or from emotions. People realise that there is a difference between intellectual knowing and the felt sense of knowing, which arises from the body to the mind when both are at one with each other. The body informs and knows more, the truth arising from the embodied body is more central, trustworthy and solidly known than disembodied, intellectually known truths.[250] Whether this is understood by trainees consciously and self-reflectively or not, it remains true that entering and re-entering this felt sense of embodied knowing state with consistent practice brings benefits beyond peace, rest and calm. It brings an inner wholeness. People take control of themselves, their emotions, states of mind and actions. They are able to distract from worries by looking on the bright side of life, by using thought stopping (via repetition of phrases such as "Neck and Shoulders Heavy") in order to think of something good and

[247] Interview: N-F29, 38.
[248] Interviews: e.g., N-B15-17, Y-Ju26; Memo:BENE-031210, BUILD-020810
[249] Diary: 08.25. SS = Simple Sitting Posture. AC = Armchair Posture. NSH 80 = Neck and Shoulders Heavy 80 times that day.
[250] Memo: FSE-300510.

beautiful instead of the negative. They are no longer at the mercy of external forces and are able to watch life as it unfolds in a much more detached and calm way. They have gathered themselves from being disoriented and in bits to being whole and oriented. They are more centered and grounded, stronger and more resilient in themselves.[251] Non-judgment stance taken during AT practice gently and slowly generalises to an ability to live with existential doubt in a new, more constructive way. Instead of needing to manage and control, it now works to let go and allow others to do their part and to let life flow. A new understanding that each person is a human being amongst equals relates the person to their social networks in a more inclusive and satisfying way. Over time, accepting the humanity of the self, having pity on the old self, and similar loving gestures to the self by the observing self fosters and grows a renewed and sometimes an altogether new sense of self integration. The sense of disintegration, of being in bits, of being chronically beside the self, simply dissipates and for most people a keen and profound understanding slowly arises that the essential core of everything is fine in a very basic way.

The tools for self-control and self-balancing are there and are well established as part of daily life. The core self is now experienced as integrated and acceptable. Potentials and possibilities arising from both strengths and weaknesses surface and a knowledge that it is important to make sensible plans for daily life emerges. Things are put into perspective, and people act in community from their centres. They are able to think things through without fear and with hope, and to take responsibility within their capabilities. Daily AT practice resolves the anxious person's Main Concerns of finding the self, coming back to the self, and emancipating the self from the cycle of worry and anxiety. It also brings courage to look deeply within, to face fears as they arise in the present moment, and to move out into the community more effectively and to grapple directly with life on its own terms.

In essence, mind, body, emotions and action are more united and are no longer as reactive. Emotions are better understood, easier to express, and more positive. The communication between the body based language of the felt sense of ease and the

[251] Selected incidents and associated memos: 01.08, 09,17-18; 03.48; 10.37; 17.17, 22; 19.21, 41; 23.14, 19; 29.40, 50; 30.36; N-B06; N-D04-05; N-G11, 19, 24; N-He01; N-I06, 21, 31; N-J09; N-PL30; N-S10; N-T16.

conscious lexical language of the mind flows more freely. People begin to live life in the present and to express great hope for the future. They move out into community in a more engaged way as they are able to put things into perspective and act from their center, doing what they are called to do from a position of strength and knowing what is in their control and what is not. These benefits amplify each other in health enhancing ways, bring satisfaction and joy in the place of worry and anxiety.

7.7.4.2 Building and growing me: Becoming me[252]

> "[I have gotten] a greater – better – understanding and acceptance of me. This is already happening. It seems that you have given me the key to a door opening onto a long corridor with doors to left and right and one right at the bottom. I have unlocked the front door – opened the first left and first right and learned something about me from both. I have a few more doors yet before I get to the end one which will open onto a garden that will need a fair amount of maintenance but I am and will reach it and maintain it."[253]

> "Definitely, it was a real kind of series of stepping stones, for me, I would say. Well, it completely turned my life around, I think."[254]

Over time, being me may gradually broaden to include becoming me. The transformational change process associated with becoming me is expanding self-discovery. This expansion has four interpenetrating properties: broadening horizons in the community, consciously connecting to sources of inner wisdom, building strength of character, and increasing mindfulness in daily living.

Becoming me is a process of self-discovery which emerges out of the previous stage, where the seeds for it have been sown. There is an open and expanded consciousness of the impact repeated practice of the new skill is having on

[252] Selected Diary incidents and associated Memos: 01.19, .30; 16.49; N-B22, 23; M-D29, 37, 38, 44, 46; N-F35, 36, 41, -43; N-I14, 26, 32, 34, 35; N-PA14; N-S01, 03, 06; N-T08, 09, 17, 19, 20; Y-Ja07; Y-Ki24; Y-M18, Y-N17.
[253] Diary: 16.49.
[254] Interview: N-G10.

themselves and on their lives. Now the person feels and knows they are becoming more than they were before or could have hoped to become before practicing AT. New capacities and different ways of looking at self and life emerge, many of which are unexpected. There is an increase in productivity and accomplishment across many fronts. There is an acceptance of and commitment to the new direction life is taking, and a willingness to face the self and life more mindfully and more realistically.

Participants have learned to be comfortable with and to value witnessing their own experiences objectively and impartially over the course of AT training. This enables them to live in the here and now more authentically. They talk of how life has 'slowed down' and how they are now able to wait and see, let things take their course. They are more accepting of reality as it is, including the good, the bad and the indifferent. In other words, their attention is no longer focused on the negative to the exclusion of most other stimuli. Happy to be alive, they are released from anxiety and adapting to and enjoying a constantly changing present.

This non-judgmental self-witnessing supports character development. Insight into what motivates them, what choices are available to them, how their actions will impact on others and on their own futures now become topics of interest. As fear is not the predominant driver of action, there is scope for making responsible decisions in keeping with their value systems. Connections to sources of inner wisdom emerge over time. More connections and more authentic, trusted, accepting/non-judgmental connections to the inner self and to other human beings develop. Broader and more satisfying connections to the natural world evolve. And, there may be a renewal of and development of new connections to other powers (e.g., Spirit Guides, God, or Power greater than the Self). AT practice may be viewed as being either a complement to other spiritual practices or be viewed as a spiritual practice in and of itself. At this stage, the person feels more and more in control of their own self-balancing and self-care. Old and new ways of relaxing take on new meaning and function, and may give the same transformative experience as the AT process does. As one participant said of a new recreational activity, where he and his partner relaxed in nature, "you just feel so chilled out, you just feel like everything's all right

with the world, and you know absolutely where you are… you feel part of it, and you see things in a different light…"[255]

7.8 Summary

This chapter sets out the experiences of people who learned Autogenic Training as a self-balancing method at a time when they were in considerable distress. Questions of how AT may be 'working', of whether and how the experience 'fits' the grounded theory of self-balancing sanctuarying, and of how the experiences might broaden or change the GT underpinned the analysis.

The chapter began with a theoretical overview and then offered insights into the nature of and the stages of self-balancing as navigated by adults who must teach themselves, with the help of others, how to self-balance, and how to find inner sanctuary and peace within themselves along the way. As people move through the training process, their disturbed felt sense of ease (characterized by disorientation at the start) shifts to a felt sense of ease and a sense of being me. Some people then enter a process of becoming me. Direct quotations from participants in the study were used as illustration, and footnotes referencing conceptual memos, interview and diaries were used throughout the chapter to provide an analytic audit trail.

As set out in Chapter 5, Sections 5.8.4, 5.9, and 5.10, the grounded theory of Self-balancing Sanctuarying was developed on an exploratory basis from interviews with well people in the community and was used on an 'emergent fit' basis for the present analysis. Adding in data and concepts emerging from analysis of the experience of Autogenic Training and including constant comparison with data and concepts previously generated as set out in Chapter 6, theoretical saturation has been achieved except in one area. This is the area of the possible addictive use of distracting and blocking as a standalone switching strategy, and as described in Chapter 6.

The GT of Self-balancing Sanctuarying has been broadened by this 'emergent fit' analysis to include the theoretical propositions listed in Table 7-5. Functionally,

[255] N-B22

sanctuarying can be a restorative process which is central to experiencing an undisturbed felt sense of ease for the first time for people whose felt experience is one of chronic moderate to severe anxiety and whose perceptual lens is fear-based. Sanctuarying puts anxious people in touch with themselves without fear and restores trust in the self, opening blocked channels of communication between mind, body, emotions and action in the world and a way for a more authentic self to emerge and be celebrated within community.

Table 7-5: Theoretical propositions added to the GT of Self-balancing Sanctuarying

GT	Hypotheses to be added to the GT
Nature of Sanctuarying	Only if an activity 'works and fits' is practice of it continued after learning.
Nature of Sanctuarying	Successful Self-balancing Sanctuarying is a road to authenticity, and is experienced consciously as enabling being me and/or becoming me in the moment and over time. In this sense, it is a spiritual activity.
Contingencies	The pacing of the restoration to balance depends upon managing hindrances and integrating feedback.
Switching – Benefitting – Internal & External Milieu	Switching is threatened when communications between mind, body, emotions and action are blocked or hampered.
	Switching alters mood and core affect in a positive direction.
	Switching positively shifts felt sense of experience in relation to self-attributions and self-identity and to significant others in the life world (Internal & External Milieu).
	Switching gradually restores and then continuously contributes to maintaining trust in the self.
	Switching focuses attention on positive or neutral objects in such a way that negative attention bias is set aside.
	When the sense of safety and communications within the self are unbalanced, micro-switching and reaping anticipatory benefits support restoration of calm.

7.9 Discussion

The question of how AT may be working can now be approached from a grounded perspective. The critical importance of safely connecting with the body and the felt sense of authentic meaning arising from within in the context of the

whole life world emerged as central to the switching-benefitting cycle of self-balancing sanctuarying, not only for anxious people, but also for people who are not anxious. The GT of Self-balancing Sanctuarying allows for the body's voice to speak at an implicational level of meaning and intersects with Gendlin's approach to the felt sense of meaning as it is experienced in and by the body. It appears that lasting changes at the implicational level of meaning arise when additive switching strategies are used. This is particularly true for letting go and allowing, and may also be true for distracting and blocking and managing and controlling depending on circumstances in which these strategies are used.[256]

Change is not consciously or analytically generated. Instead, the shifts involve clearing the mind and allowing something new to appear via direct feed forward from the body to the implicational levels of meaning. Through the felt sense, which uses a body based language, a transformative shift in perspective emerges, as and when it wants to emerge into consciousness and link with the conscious lexical awareness of what has changed. This is in line with the Buddhist model of dependent co-arising, and supports aspects of a number of emotion theories, supports Schultz's model of the "Concentrative Experience of Switching", and Luthe's proposal that the brain (the organism's neurological system) presents to the whole organism what needs to be healed/changed in the form of somatosensory phenomena as well as in thought form. These models are discussed in detail in section 2.5 beginning on page 53. There is further discussion of Autogenic Training particularly, and contributions this study makes to a number of substantive areas in psychology and mental health in the next two chapters.

7.10 Conclusion

The emergent grounded theory of Self-balancing Sanctuarying is an integrated set of hypotheses. These hypotheses set out the patterns which emerged as underlying the self-reported perceptions and behavior of people who are not anxious when they 'relax' doing activities which maintain and/or restore their sense of

[256] Interviews: A, C, D, G, H, N, O, R, S, V, W, Z and associated early memos; Memos: Allow-22-290210;

balance and ease within themselves and the world. The GT is therefore a simplification of the 'real world' of people, places and things as the individual self-balances. It has been used on an emergent fit basis to examine the self-reported perceptions and behaviors of people who are moderately to severely anxious when they relax over time and in the context of having learned Autogenic Training. This analysis has broadened and deepened the GT. The next chapter discusses issues of practical concern to clinicians.

8 Discussion of implications for clinical practice

This chapter discusses issues of importance to clinicians who may be considering prescribing a course of Autogenic Training, or another relaxation method, for their patients. First, the nature of self-balancing using Autogenic Training is discussed including opening connections to the body and strengthening well-being. Then the issue of how AT may be 'working' is discussed from the viewpoint of individual participants and as emerged from the data. Finally suggestions for clinical practice are presented, with a focus on practical ways AT practice and relaxation in general may be proactively enhanced are also set out.

8.1 Self-balancing using Autogenic Training

For people who are anxious, the importance of opening positive connections to the body in the world, out of which all our life arises and is sustained, so that the person experiences their full embodiment in a safe way cannot be over-emphasised.[257] This emerged as a central feature and benefit of using Autogenic Training to return to balance, find the core self, emancipate the self from fear, and become the self the person wants to become. Somatosensory phenomena, dreams, connections to spiritual guides, trains of thoughts, epiphanies, and new approaches to old problems all emerged during switching and afterwards and impacted directly on implicational meanings about sense of control, sense of safety and sense of being able to attain cherished life goals. For readers who are not familiar with Autogenic Training, one diarist's changing relationship to the body and the core self is set out in Table 8.1, on page 229, to illustrate the impact Self-balancing Sanctuarying using AT can have on an anxious person's life. The later diary entries show the process of changing Personal Affirmations over time, from entry 24 to entry 45, and illustrate the role Personal Affirmations may have in the anxiolytic process.[258]

[257] The importance of the body has been recently underscored by Park, Dunn and Barnard (2011) and (2012) who have developed a schematic Interacting Cognitive Subsystems model of anorexia nervosa. This account also emphasizes the importance of 'embodiment' to recovery from the disease.

[258] Diary 33.01, 02, 03, 07, 15, 24, 29, 34, 37, 37, 45. This diary has approximately 25,000 words.

Table 8-1: One diarist's changing relationship to the body, with annotation

Day	Diarist's Entry (excerpt)	Author's Annotation
01	Notable what information/ experiences I have forgotten and what I choose to mention in the additional comments, namely how much I loathe my Nose	The diarist writes as though the body is fragmented, parts of the body are rejected. The perceptual lens appears to be distorted.
02	Maybe this is truly the first bit of attention I've paid myself in a long while	Honestly looking and accepting after using letting go and allowing switching during SE practice
03	On final 'closing' [see Appendix 11.4 for description of 'close'] when my eyes were open I received a waking image of myself on a blue lilo spinning gently in a circle in the centre of a large pool with sun reflecting on the water. I stayed with that image before rising. I could have lain like that for some time.	The diarist's visual image of her whole person resting emerges during SE heaviness practice and is coupled with desire to remain in the state longer. Jungian analysts, for example, may like to consider the symbolic content of the images.
07	Image of green apple emerging in my mind's eye and as my neck finally loosens, it's as though someone is gently twisting the stalk and pulling it out.	The diarist's visual hallucination of a health enhancing fruit connects with the Standard Exercise phrase 'my neck and shoulders are heavy', indicating opening communication channels.
15	I finally accepted how upsetting my panic attacks have been, because I am used to being in control	The diarist is honestly looking at and accepting historical self in the present moment.
24	I am me	The diarist's first Personal Affirmation implies identification with self.
29	I am me, I am free, I am at peace	Now there is freedom to choose from an emancipated position of peace.
34	I am a capable person, I am free	The diarist is now capable of action.
37	I make choices	The idea of choices existing and decisions to be made emerges.
37	I know what is good for me	Solid knowledge for making good choices, taking right actions emerges.
45	I am me – I am more than a nose. I am a whole person, the mirror reflects the beauty within!	Emerging felt sense of wholeness and integration takes shape, as the loathed body part is now accepted as being part of a whole, beautiful person.

8.2 Strengthening well-being

> "And for me AT was just a way to completely step away from it [confusion, anger with employer], prioritize what was really important to me, let go of the things I had no control over, and just that in itself was a huge revelation – just a relief, I think.."[259]

The issue of strengthening well-being is of great importance to positive psychologists and other health care professionals as they are often called upon to meet their patients and clients on the ground of ethics, morality, and spirituality. Hoffert, Henshaw and Mvududu's (2007) recent "review of the literature suggests that a majority of nurses do not include spirituality as a routine part of their nursing care" (p. 66). Reference has been made in the analysis to Fredrickson's (2001, 2003) broaden and build theory of positive emotions building thought-action repertoires and this strand of the discussion is taken up again in Chapter 9. A related mechanism of action may be an habituation effect, with anxiety reducing of its own accord when other factors are not there in the milieu to maintain it. For example, the practitioner unknowingly reduces their exposure to feared stimuli, such as worry about worry and fear of fear, and also re-casts their experience of feeling the heart beat, feeling hot or cold, or feeling out of breath in light of the AT experience. This habituation would also support building effective thought-action repertoires.[260]

With regard to spiritual well-being, McLeod and Wright (2001) put a challenge to nurses in this way: "As health professionals, we need new understandings of how we wittingly and unwittingly oppress by sealing off our practices to the spiritual as well as how we might open space for spirituality in our practices" (p. 394). Delgado (2005), in a review of the scholarly literature of spirituality, found that "much of the extant scholarly literature on spirituality is not research,[261] but [is] heuristic

[259] Interview: N-G19
[260] Memo: SWITCH-070211
[261] For example, my own brief review of spirituality found that extant scales to assess dimensions of spirituality have verticality, duality and otherness as pivotal theoretical concepts (cf. Hall and Edwards (2002) for a discussion of the most widely used scales). See Bormann, Becker, Gershwin, Kelly, Pada, et al, (2006); Cohen, Gruber and Keltner (2010); Elkins, Jedstrom, Hughes, Leaf and Saunders (1988); LaPierre (1994); Liu and Robertson (2011); Sperry (2010); and, Underwood and Teresi (2002).

exploration and theoretical speculation" about the concept (p. 158). More recently, Pesut (2008) has focused on the underlying conceptual problems faced in explicating what may constitute the "fundamentals of spiritual care" for nursing and in developing a "clear demarcation between spirituality and religion" (p. 167). Delgado (2005) proposes a framework for spirituality for nursing educators which focuses on four core concepts: belief system, search for purpose, connection to others, and self-transcendence (p. 159-160). These concepts are presented non-vertically, non-dually, and non-religiously and can be inclusively read by existential atheists as well as fundamentalist believers across belief systems. In a very practical sense, two strands of current research, one to advance holistic nursing approaches to spirituality (Kreitzer, Gross, Waleekhachonloet, Reilly-Spong, & Byrd, 2009) and another to offer "an innovative approach to [spiritual fitness,] a vital aspect of human development" (Pargament & Sweeney, 2011) may be importantly related to the sanctuarying GT. These strands of research emphasise self-transcendence, sense of purpose, and connectedness.

Kreitzer, et al. carried out an exploratory factor analysis to assess the characteristics of serenity after organ transplant recipients learn Mindfulness Based Stress Reduction (MBSR). They found that patients in distress who learned MSBR in eight weeks experienced "serenity, a dimension of spirituality that is secular and distinct from religious orientation or religiosity" as being a state involving "acceptance, inner haven, and trust" (p. 14). As spiritual care is a vital part of holistic nursing practice, it is important to highlight that Autogenic Training, specifically, and relaxation techniques more generally which employ combinations of managing and controlling and letting go and allowing switching strategies, theoretically can bring similar spiritual benefits to MBSR, as set out by Kreitzer et al. (2009).

Pargement and Sweeny are concerned with developing the spiritual fitness of members of the armed forces. Their pragmatic definition of spiritual fitness is: "the capacity to (a) identify one's core self and what provides life a sense of purpose and direction; (b) access resources that facilitate the realization of the core self and strivings, especially in times of struggle; and (c) experience a sense of connectedness with diverse people and the world" (p. 59). Spiritual fitness is viewed in a human sense and not in a theological sense, and involves the individual's "search for truth,

self-knowledge, purpose, and direction in life", with spirit being defined as "the essential core of the individual, the deepest part of the self, and one's evolving human essence". This spirit is more than traits, it is an "animating impulse", a "motivating force that is directed to realizing higher order goals, dreams and aspirations that grow out of the essential self" (p. 58).

These definitions are in keeping with concepts and working definition of character development and spiritual development which emerged from the current research into the nature of relaxation. Thus, social supports (family, community, including health care workers and employment colleagues) and the natural world emerged as being 'powers greater than themselves' which enhanced their sense of well-being and quality of life enormously, once they were able to connect or re-connect with their inner sanctuary during relaxation. When these ideas are included in the mix a oneness with everything emerges and the individual, too, is theoretically understood to be part of the sacred transcendent.

Participants speak of this as joyfully, valuing being alive and connecting freely to the wonder of being alive. Their authenticity emerges as they make meaning of their lives by embracing parenthood and family life; becoming more aware of and expressing more talents; discovering and setting realistic standards and goals for themselves; extending boundaries for effective action in the world; gaining insight into what is important in the life; identifying values which are central and core to the life; and connecting to community in satisfying and fruitful ways.[262] As this spiritual aspect of personal development is strongly emphasized by participants, this suggests that training of Autogenic Therapists could benefit from explicitly including a module on spirituality and on how to offer appropriate and inclusive spiritual care to a diverse client base within the eight week AT training course.

8.3 How AT works[263]

Participants in this research came into the healthcare system in different decades and in varying degrees of personal crisis. Diarist only participants learned AT

[262] Memo: Well-Being-101010,
[263] Memo: AT-IE-101010.

between 1985 and 1995. These referrals to AT led the way, as it were, in the health care system since they were made before publication of research showing the outcome equivalence of Applied Relaxation (AR) and CBT for GAD (Öst & Breitholz, 2000), and before update of NICE guidance which recommends AR for treatment of GAD.[264] Interview participants in this study were introduced to Autogenic Training from 2000 to 2009. Participants who worked 1:1 with autogenic therapists found their way to AT on their own or by GP referral. These latter interviewees had been offered treatments one at a time by their GPs in a serial process, starting with medication and then adding Cognitive Behaviour Therapy in some instances, prior to learning AT. Participants whose medical care was through the Royal London Hospital for Integrated Medicine were more likely to be referred more quickly to Autogenic Training. Thus, participants' expectations about whether and how AT might work for them and might fit their lifestyle varied widely at the start. By the time they volunteered for this research many participants had formulated ideas about how AT worked. The 'how' question was posed directly to interviewees. It is also a question spontaneously taken up by some diarists.

People attribute AT's power to a number of variables with most of its power being contingent upon consistent Standard Exercise practice. These folk attributions of causality (as set out in Table 8-2 on page 234) are not to what academic psychologists would on the face of it term 'mechanisms of action'. The 'how it works' question is largely answered with reference to benefits, and not with reference to specific aspects of the process. These resonate with many theories and models and particularly with the Buddhist proposition that mindfully living in the present moment brings great happiness and relieves suffering.

Thus, what is clear is that the feedback of benefits and the integration of benefits into the whole organismic system and the life world play a pivotal role in motivating people to continue their self-balancing practice. This is an essentially embodied

[264] Recent guidance published by the National Institute for Health and Clinical Excellence (NICE) and authored by the National Collaborating Centre for Mental Health and the National Collaborating Centre for Primary Care (2011) suggests a stepped care approach to generalised anxiety disorder. This stepped approach uses a collaborative model. Step 1 involves education based on CBT and active monitoring at GP level; Step 2 involves telephone support along with workbooks for self-help, again based on CBT. CBT and Applied Relaxation are Step 3 and Medication is Step 4.

experiencing position, wherein the simple, concrete act of experiencing the self in a new way brings profound change. One person summed it up in a few simple sentences covering the roles of cognitive appraisals, building on strengths, connecting to spiritual resources within, and changing meaning at the implicational level.

> "AT unlocks a way of thinking... (pause)... I've befriended myself through AT – I think I have unlocked a box of thinking as it were, a whole box of thoughts or ways of thinking – that probably is in everyone, but some people never use, and I think that this wisdom, this process of AT has unlocked that – I wouldn't say there is any one aspect that's done it, I would say the whole AT process... For me AT helps me take my break. If I want to go think about nothing else, I just go and sit and go through my exercises. And it works for me because I will then totally tune into a part of my body. So if I am doing heartbeat calm and regular [HCR], I will try and find my pulse in my body without touching it, try and see if I can feel a pulse in my toe or in my arm, you know, and I have learned to do that with AT...." [265]

This person courageously opened a personal 'Pandora's Box' and discovered an inner wisdom and love of the self, going on to say as the interview progressed that one learns through AT that one must accept reality, act in a measured way, and be compassionate. The underlying emotional tone of this person's summary is one of self-care, self-healing and compassion for the self, documenting the interdependence of emotion, cognition and body attunement which have emerged as being central to Autogenic Training practice.

Table 8-2: Folk explanations for how AT may be working

Source	Summary
N-F22	Gives a sense of control and is nourishing and empowering. AT gets to the root of things.
28.14	By learning to focus in the present, one discovers that the future will

[265] Interview: N-D38, 39. Heartbeat Calm and Regular (HCR) is the Schultz Standard Exercise 4.

Source	Summary
	take care of itself.
Y-N16-17	Opens lines of communication – identifying and naming feelings is part of the solution.
N-I23	Is multi-layered and continuously brings the unexpected to light in a safe and controlled way.
02.16	Deeply relaxing, slowing down body and mind.
26.49	Acts as a stress buffer, a mood-regulator.
N-F13	Restores good sleep along with confidence during the day.
Y-A05	The practice integrates me, makes me feel whole.
08.47	Brings calm mind, stability, and ability to put things into perspective.
Y-M05	Self-hypnosis, auto-suggestion, dropping into deep relaxation.

Conceptually, what is missing from the list as regards relaxation in general and AT in particular are the roles of motivation and expectations in guiding the experiencing process. With regard to expectations, research carried out by Krampen and von Eye (2005) found that people who come to Autogenic Training and Progressive Relaxation expecting to succeed are less likely to drop out of the 8 week course, and are more likely to continue use of the method over time. Whilst the data gathered in the present analysis does not offer more proof in this direction, as people who dropped out of the course were not interviewed, some participants commented in interviews and diaries that confused expectations and an apparent lack of motivation seemed to characterise those participants on the course who appeared to be experiencing fewer benefits. What has emerged from the analysis is that for people who stay the course having entered it with a profoundly disturbed felt sense of ease there is not only motivation to engage in mood incongruent self-balancing behaviours, but also gratefulness for them, once they are introduced to them.

A further piece of the ‘mechanism of action’ puzzle is also missing from the list – time. The importance of giving time to healing was underlined for me after reading one of the diaries and noticing what I considered to be minor improvement, at best,

since a way of managing hindrances to concentrating did not materialise until after 70 days of patchy AT practice, an no appreciable benefits were mentioned. This diarist wrote a letter to the AT Therapist 27 years later: "A lot has happened since those training sessions – and I have to say they helped me enormously on my road to recovery from a severe anxiety disorder".[266] This single longitudinal self-report underscores the fact that each person is at a different point on their own personal journey. Their path to peacefully and calmly being and becoming me and restoring an undisturbed felt sense of ease may be short or long when they learn any self-balancing activity.

8.4 Suggestions for clinical practice[267]

Although it is not methodologically appropriate when developing theory to make suggestions about clinical practice, it is safe to make a few suggestions on the basis of the research into the use of AT.

With regard to setting expectations, motivation and positive coping skills, autogenic therapists might benefit from reviewing current experiential learning theory and practice. The following references will be a good starting point for this process: Daloz (1999), Knowles, Holton, and Swanson (2011), and Meziro, Taylor, and Associates (2009).

For example, Autogenic Therapists may find it helpful to clearly point out the positive skills, abilities and values people already have, such as their own inner healer, and to repeatedly emphasize the characterological and spiritual benefits which can gently emerge over time from AT practice. This implies that therapists foster a sense of choice and self-initiation in the trainee and that they do not adopt the trainee's assumptions about their anxiety. It suggests that therapists ask trainees to curiously speculate about their problem, helping them to open up their thinking whilst staying focused on options. This approach fosters a sense of hope and helps trainees see themselves as competent, thus socializing them to their role in the AT process, and increasing their self-acceptance and motivation from the outset.

[266] Diary: 02.69.
[267] Memo: ClinImp-010910, 210910, 010211, 060211; SMART-070211;

The importance of diary keeping and journaling is also emphasized by most experiential learning models. Participants in this study who did extensive journaling appreciated the space created and extended themselves into this space reflectively and repeatedly, using the diary as a witness to their experience and as a link to their AT therapist as a caring, silent witness. Future trainees may be encouraged to write the journal as a daily email to the therapist, to blog about their experience on a members-only website, and in other ways use the most up to date social networking technologies.

Trainees may not be familiar with the idea of a 'practice' and may be hindered by wanting a quick fix. Explaining potential benefits may be strong motivators for most people, as these speak directly to their Main Concern – finding, emancipating, being and becoming themselves. Grounding these in a set of coherent, sensible goals which clients set for themselves at the start, for example, reduce my symptoms = increase my positive calm responses when I am under/in specific stressful situations. Setting goals clearly and referring to them as the course progresses offers potential to avoid trying to achieve inappropriate goals, which is self-defeating, and potential to reduce hindrances to practice and to increase likelihood of trying all the AT tools on offer.

Whilst many aspects of training are designed to proactively manage hindrances, it may be fruitful for AT Therapists to examine the eight week training process again step by step to discover if any further proactive steps can be taken during the course. For example, hindrances arise when switching is not deep or concentrated and when letting go and allowing is feared. At the descriptive level, it emerged from diary review and interviews that whilst people try to develop concentration, many need considerable guidance on how to do it without feeling guilty, inadequate, out of control, or despondent. In this regard, it may be advisable to give specific directions each week on how to deal with thoughts and feelings as they arise. Another example of where change in procedure may be fruitful relates to the simple sitting posture, which was developed in 1910. Although it is a partial foetal position, which may, from a clinical perspective, be of some value for some people for some length of time, AT Therapists may decide that this posture could be abandoned or changed to a more upright posture, as most diarists do so in any case once they make it my own.

Finally, AT practice is simply a learnable skill. As to the question of what is the mediator or mechanism of action, the answer, for all practical purposes as regards trainees, is that the trainee's active compliance with and active participation in the training process are critical factors. Taking a questioning or passive wait and see attitude will not produce results. AT does not work if trainees actively resist or are passive about learning – active engagement through practice of the exercises is essential. It is from this viewpoint that it is suggested it may be fruitful for AT Therapists to become fully conversant with experiential learning methods and to incorporate the best practices from this discipline into their client work.

9 Contributions and areas for further research

This thesis has contextualized the starting research issues in the framework of current understandings of anxiety and its management (Chapters 1 & 2), offered an overview of the classical Glaserian grounded theory methodology, and discussion of how the method has been used (Chapters 3 & 4), and discussed how use of the methodology evolved as the research progressed (Chapter 5). Chapter 6 presented the grounded theory of Self-balancing Sanctuarying as it emerged from the analysis of narratives about relaxation gathered from people in the community who self-assessed as being mildly anxious at most. It details the structure and function of the core process, self-balancing sanctuarying, and its stages as it is used in everyday life. Chapter 7 presented the specific Self-balancing Sanctuarying activity, Autogenic Training, using the theory on an emergent fit basis as the frame for the analysis. Chapter 8 has briefly placed the analysis in relation to extant folk and academic models and theories about relaxation and the use of relaxation therapies for people who suffer from anxiety. This chapter, Chapter 9, outlines the contributions this thesis makes to the substantive area of applied mental health, to the burgeoning area of study of hallucinations, and to the use of the classical grounded theory methodology in this context; within this discussion, implications for future research are noted. Personal reflections on the research process are also briefly noted.

9.1 Contributions

When theory is presented, its contributions to the field can be supportive, additive, challenging and new. They can enhance and advance current thinking, or detract from and challenge it. As discussed in Chapter 8, in the field of relaxation therapies for anxiety, the GT of Self-balancing Sanctuarying adds a grounded perspective to the ongoing debate about relaxation and relaxation therapies. It supports the functional equivalence of forms of relaxation which use letting go and allowing switching strategies, thus suggesting the potential for Autogenic Training to be accepted as a standalone and complementary treatment for anxiety. It specifically supports Schultz's conceptual model of the Concentrated Experience of the Switch (see page 68). It supports certain aspects of the Interacting Cognitive Subsystems Model (Teasdale & Barnard, 1995). It supports core affect theory and

certain aspects of cognitive appraisal theory of emotions as well as supporting some aspects and challenging other aspects of Fredrickson's (2001, 2003) broaden and build theory of positive emotions. It adds a grounded perspective to the burgeoning debate on spiritual well-being, bringing new knowledge to it. Finally, a further contribution which is additive and which is ancillary to the GT itself is the addition of data to the field of the phenomenology of hypnagogic phenomena and somatosensory phenomena, more generally, as experienced during meditative practices.

9.1.1 New: grounded theory of Relaxation and of AT as an anxiolytic relaxation therapy

Relaxation is a self-balancing, self-healing, health maintenance activity which has been used as a standalone therapy or in combination with other therapies for anxiety for centuries. The grounded theory of Self-balancing Sanctuarying which emerged from this study is the first grounded theory of relaxation and of a specific relaxation therapy for anxiety. The series of hypotheses in this theory augments the concepts presented in Smith's (1999, 2001, 2007) models of relaxation, organizing and placing them into a wider theoretical context. Regarding Schultz's (1973) model of the 'switch', and Yurdakul, Holttum and Bowden's (2009) model of 'how AT may be working' whilst Schultz's steps 10 and 12 of the 'switching' process (see Table 2-4 on page 68), for example, and Yurdakul, Holttum and Bowden's 'core AT experience' (see Figure 2-2 on page 69), for example, may be viewed descriptively or even conceptually from the perspective of Smith's R-States (see Figure 2-1 on page 41 and the discussion following), the grounded theory of sanctuarying offers insight into the descriptive concepts of these models and places each of them into a much wider theoretical context.

9.1.2 Adds a grounded perspective to the debate about the functional equivalence of RTs for anxiety

The theory broadly supports the psychologically functional equivalence of all relaxation therapies which employ a letting go and allowing switching strategy and as such may be of interest not only to clinicians but also to professionals in managed care and regulatory roles. This theory enhances Benson's (1974) proposal of the equivalence of seven passive relaxation techniques for eliciting physiologic changes

of the Relaxation Response: TM™, Zen and Yoga, Autogenic Training, Progressive Relaxation, Hypnosis with suggested deep relaxation, and Sentic Cycles (p. 70). With regard to current interest in relaxation therapies using mindfulness (a form of Zen), the theory supports their psychological functional equivalence to other relaxation therapies. Bishop, Lau, Shapiro, Carlson, Anderson, Carmondy, Segal, Abbey, Speca, Velting and Devins (2004) have operationally defined mindfulness as follows:

> We propose a two-component model of mindfulness. The first component involves the self-regulation of attention so that it is maintained on immediate experience, thereby allowing for increased recognition of mental events in the present moment. The second component involves adopting a particular orientation toward one's experiences in the present moment, an orientation that is characterized by curiosity, openness, and acceptance. (p. 232)

The GT of Self-balancing Sanctuarying is also theoretically clear, as is the empirical research on motivation and action, that the relaxation activity or therapy chosen from amongst those culturally acceptable and available must work and fit the person in order for it to be taken up in everyday life. The dynamic relationship the GT hypothesizes between internal motivation driven by push and pull factors, the ability to manage contingencies arising from external and internal sources at every stage of the process, and the value placed on outcomes make it clear that whilst the activities may be functionally equivalent from a theoretical or clinical viewpoint, they are not functionally equivalent from an individual viewpoint at the level of meaning and value and in the context of the individual life world.

Mental health professionals and academicians including Linden (1990, (2007), Smith (1999a), Streifel (2004) and others have long contended that the critical factor which must be considered when prescribing a relaxation therapy is making the determination with the client about which relaxation therapy is most likely to suit which personality. This is important not only because clinicians want to ensure uptake of a self-balancing activity but also as in rare instances relaxation therapies have potential to induce panic, increased anxiety, increased tension and other

distressing symptoms (see, for example, Streifel (2007) for discussion of these issues). A further consideration is that anxious people have differing levels of tension or somatic activity held in the body. Autogenic Training specifically focuses the whole of attention on the body; this technique (or another technique which focuses on the body, such as running, swimming, or PMR and AR) may be more appropriate than meditative only techniques, such as TM™, Buddhist mindfulness meditation, and ROM.

Finally, as discussed in Section 2.2, the national concern with "Patient Choice" is a consideration. As discussed, clinician and patient responsibilities for choice within the English National Health Service are complex and lie within a larger economic and psychodynamic choice context which has come under considerable criticism. There is now a grounded theoretical basis to augment the historical evidence base for offering a variety of RTs to anxious patients at the primary care level. Autogenic Training, Mindfulness Based Stress Reduction, and forms of Progressive and Applied Relaxation could be equally justified on an efficacy, cost, quality, acceptability, and accessibility basis.

9.1.3 Supports aspects of the Interacting Cognitive Subsystems Model

The Interacting Cognitive Subsystems Model was developed by Teasdale and Barnard in the early 1990's and was adapted to develop understanding of and clinical management of depressogenic patterns of emotion and thought (Teasdale & Barnard, 1995). It has since been used to develop understanding of anorexia nervosa and to identify specific clinical interventions for this intractable disease (Park, Dunn, & Barnard, 2011, 2012).

In the specific instance of Autogenic Training as a self-balancing activity, and more generally in the instance where problems are 'offered up' to the space created during letting go and allowing, theoretically the GT supports the ICS model in the following way. One way of reading the ICS model is that it proposes that sensorimotor 'codes' can become part of an implicational meaning code without additional processing which would remove their sensory format. Wing Lun (2008) further explains: "The need for synchronizing different sources of information is

inherent in ICS. Sensory and propositional inputs to the implicational subsystem must be synchronized so they are perceived as information about the 'now'" (p. 302).

The GT of self-balancing supports the synchronizing aspect of the ICS model, which is a high level model, in this way. When difficult to process or previously avoided or 'forgotten' information which has been previously 'synchronized' as negative is activated during safe switching (as is the case with autogenic discharges, or unpleasant emotions) at the same time as implicational codes relating to safety and positive emotions are activated, it appears that what could be problematic or traumatic is re-processed or changed in such a way as to be perceived as being safe or 'resolved' at the implicational meaning level. As Teasdale (1993) observes, " ICS suggests a therapeutic focus on holistic rather than specific meanings, a role for non-evidential interventions, such as guided imagery, and a rational basis for certain experiential therapies" (p. 339). The living experience of change in felt meaning of experience for people who self-balance using a letting go and allowing switching strategy, and specifically using Autogenic Training, supports Teasdale's proposal. Furthermore, this reading would be roughly analogous to Gendlin's (1995, 1997, 2003) felt sense as having causal or motivational power. It would suggest that at the implicational level both the body and cognition can and do mediate emotional responses.

9.1.4 Challenges and supports the cognitive appraisal theory of emotions

One of the classical theories of emotion (Smith & Lazarus, 1993) posits that specific cognitive appraisals are associated with specific relational themes which produce specific emotions. Controversy continues at philosophical and theoretical levels about the relationship between emotions and cognitions. Theorists take different viewpoints as to how variant or invariant the relationship between a specific type of cognitive appraisal and a specific emotion actually is and how much variability there may be between individual experiences (e.g., Beck (2005), Smith and Kirby (2004), and Smith and Lazarus (1993)). Some viewpoints are uni-directional, from cognitive appraisal, which can occur automatically or can be verbally expressed in consciousness, to emotion. They are not bi-directional or co-

occurring models, as could be predicted from other viewpoints, such as the Essential Embodiment Thesis (Maise, 2011) philosophical position. As Berkowitz and Harmon-Jones (2004) point out in their review of research into the determinants of anger point out, experimental research demonstrates that negative affect can evoke anger and aggression, and that doing the body movements of anger can evoke anger, without associated cognitive appraisals. The emotion is produced directly from the felt sense or experience of the body.

Taking another approach with regard to the directionality and variability of appraisals as they impact on emotions, for the first time, recent work by Nezlek, Vansteelandt, Van Mechelen and Kuppens (2008) investigated the relationships between appraisal content and emotion in healthy adult volunteers in naturally occurring settings. Using a daily process design, 9 times a day for 2 weeks, thirty-three volunteers recorded positive (joy, love) and negative emotions (anger, guilt, fear, sadness) and core relational themes proposed by Smith and Lazarus (1993) as corresponding to those emotions. Using a naturally occurring setting was a new investigative approach, with prior approaches being experimental and laboratory based. Nezlek et. al found that in natural settings the 1:1 relationship proposed by classical appraisal-emotion theorists was not consistently found; instead there is individual variability.

The GT of self-balancing supports these challenges to classical appraisal-emotion approaches. Phenomenologically and theoretically, it emerges from the collected narratives and diaries that the relationship between appraisal and emotion is that uplifted mood and positive emotions as felt through the body induce or are co-incident with more positive (objective and realistic) context dependent felt sense and cognitive appraisals of self and others. Participants who used the Intentional Expression of Emotion exercises (IE's) report that when switching using letting go and allowing whilst putting the body through the motions of an emotion, the emotion is induced and dissipates and positive re-appraisals ensue.

In the former case, theoretically, it may be that mood uplift is the most visible part of an amplifying causal feedback loop within self-balancing sanctuarying, with the primary appraisal of safety (Condition) whilst in a positive or a negative mood

being the starting point for change in the core affect trajectory and with assessing and arranging being the starting point for change in context dependent appraisals of self. The experience of safety, and the knowledge that activities are at hand to be enjoyed, then leads to reaping anticipatory benefits and to actually engaging in loved activities. This engagement then induces further mood uplift and another increase in positive appraisals. In the latter case, experiencing the emotion deliberately whilst in a safe environment free of external stressors induces a process which leads to positive re-appraisal as a benefit of switching.

Theoretically, the question of which induces which, appraisals or emotions, or whether they are co-arising, may be approached by beginning with the barometer – the felt sense of ease – which is a non-lexical body-based experience that dialogues with lexical voices in a co-occurring way. The current study and the GT of self-balancing support a drive for more naturalistic and grounded research into the relationships between sensorimotor experience, core affect, emotions and appraisal processes.

9.1.5 Support the malleability of emotion encoding and processing and attentional bias

Emotions are complex, subjective, constructed events which have both evolutionary and developmental components. Russell (2003), Russell and Barrett (1999), and Barrett (2006, 2009) discuss what is now called core affect theory of emotions. Core affect is not only evolutionary in nature; it is also socially-constructed, and thus developmental and real-time in its focus. The theory posits that complex emotions such as anger, sadness and fear are felt dimensionally and are not simply 'natural kinds' of emotions which fall into discrete categories. This shift impacts the way emotions are studied across disciplines.

The GT of Self-balancing Sanctuarying supports the core affect theory of emotions as it is presented in the work of Matthews (2004). Matthews focuses on the malleability of emotion encoding as being a top-down process happening in real-time. This malleability concept is central to core affect theory and is supported by the self-balancing switching-benefitting cycle in which mood and emotion are

changed in socially constructed engagements with significant others and with multiple voices within the self.

Matthews posits that neural activation associated with fear-related stimuli can be modified by top-down control, such that attentional biases, which are motivated by desire, are altered and energy is released for other activity. This is one of the experiences of people practicing Autogenic Training and other meditative techniques, being one of the benefits of using the non-judgmental letting go and allowing switching strategy in order to re-balance. Matthews further posits that "attentional and interpretative encoding biases induced by practice show that they have causal effects on emotional vulnerability" (p. 1019).

Autogenic Training practice, like the repeated practice of other relaxation activities, has this impact – reducing vulnerability to stress in the long run and transforming emotional and cognitive attentional biases from negative to neutral or positive. The GT of Self-balancing Sanctuarying also hypothesizes that repeated practice of inducing and maintaining positive states inhibits the impact of competing negative states, as hindrances to staying in the desired state are managed proactively and repeatedly. This is in line with Matthews' conclusion, based on neuro-imaging study, that "Although top-down control is limited by virtue of being effortful, even simple instructions—for example to modify the self-image being held in mind—can have surprisingly beneficial effects" (p. 1032-1033).

9.1.6 Challenges and supports the Broaden and Build theory of positive emotions

Whilst Fredrickson's broaden and build (B&B) theory that positive emotions engender the building and broadening of functional thought-action repertoires[268] is supported by the GT of self-balancing sanctuarying, the GT theoretically suggests that its uni-directionality with reference to affect may be a limiting hypothesis of the B&B theory. Whilst the positive thought-action repertoires are character building and strengthening, whether they arise before or after or co-incidentally with the

[268] Cf. Fredrickson, The Role of Positive Emotions in Positive Psychology, 2001, Fredrickson & Joiner, Positive emotions trigger upward spirals toward emotional well-being, 2002, and Fredrickson, Cohn, Coffey, Peck, & Finkel, Open hearts build lives: positive emotions, induced through loving-kindness meditation, build consequential personal resources, 2008.

arising of positive emotions (in which case perhaps they should be called thought-emotion-action repertoires, with those words being in no particular order) or positive appraisals remains open. Further, there may also be a role for the negative emotions which drive the process initially for people who are moderately to severely anxious. Neither the classical appraisal theory (Smith & Lazarus, 1993), which privileges cognition, nor the B&B theory, which privileges emotion, take an embodied position. Embodied positions are taken by Gendlin (1997), and Lakoff and Johnson (1999) and are increasingly (since 1995) taken by cognitive scientists and philosophers, such as Anderson (2003) and Maise (2011).

Momentarily setting aside the fact that the B&B theory was developed in a non-grounded way, theoretical examination of *sanctuarying's* amplifying causal feedback loop of the Contingent process, Managing Hindrances, suggests that positive thought-action repertoires may arise out of negative mood states and may either precede or co-arise with positive emotions. Everyone faces hindrances to relaxing, however fleetingly. Managing them successfully in early process stages (Assessing and Arranging) requires motivation, which in turn may involve positive re-appraisal of negative events surrounding the development and maintenance of their anxiety states. For anxious people the motivation is an intense desire to end a negative core affect state, to move from a disturbed felt sense of ease. Taking control of recovery (a positive step) whilst in a negative state induces positive emotion and not the other way round. Cognitive appraisal of the Condition of safety and cognitive appraisal of the potential for Autogenic Training to 'work' (External Milieu) and of the trainers and guides as trustworthy (External Social Supports) precedes and/or accompanies, and/or stands in for the experience of hope and/or taking action, despite continuing skepticism. These appraisal driven processes and actions which arise during negative states may increase positive expectancy and an 'open mind'. Over time calmness (as in steady, stable core affect and state of allostatic balance) becomes a state which can be dipped in and out of, and induced at will (Switching) and can be maintained (micro- and macro-Switching) to the point that it is a character trait. Under these conditions, thought-emotion-action repertoires are integrated properties of the integrated experiencing self, and arise within and flow from the essentially embodied consciousness in a mindful way.

9.1.7 Adds a grounded perspective to the debate about spiritual-well being

This is the first classical grounded theory study which offers insight into how spiritual well-being arises and is maintained by self-balancing sanctuarying. Spiritual practices, in the broadest sense of the phrase, are an ongoing part of many therapeutic interventions for a variety of mental health problems; for example, Dialectical Behaviour Therapy (Linehan, et al., 1999), Mindfulness Based Stress Reduction (Kabat-Zinn, 1991), and Acceptance and Commitment Therapy (Hayes, et al., 1999) each have spiritual components. The suggested practices take the form of looking honestly within to identify core values, seeking guidance from powers greater than the self, praying for others, and similar. The GT of Self-balancing Sanctuarying clarifies the role this process can have for people who use the letting go and allowing switching strategy with regularity to be me and become me, whether they are non anxious or are moderately to severely anxious. During self-balancing benefits which spontaneously arise and which fall into spiritual well-being categories are part of the pull motivation to repeatedly balance in the chosen way. For anxious people, spiritual well-being is considerably enhanced with the practice of Autogenic Training. The GT also supports broad interpretations of spirituality, such as those presented by Kreitzer et al. (2009) and by Pargament and Sweeney (2011). Further classical GT research into this area could be of value in the ongoing debate about spiritual well-being – what it actually is and how it is best fostered.

9.1.8 Adds documentation of hypnagogic imagery experienced during practice of Autogenic Training

> Sometimes I see colours during my AT practice. Turquoise, purple, green, quite nice shades. And images, but I'm not sure what they are.[269]

This project brings new and historical descriptions of visual images, in the form of hypnagogic-like phenomena, into the light. A large amount of diary data documents the appearance of a wide variety of visual images during AT practice, or percept-like experiences in the absence of external stimuli (PLEAS), as they are now

[269] Interview: N-F25.

classed and discussed in contemporary scientific-medical circles. These phenomena are documented as appearing whilst the individuals are in clear consciousness, with eyes closed. This data store supports Luthe's (Luthe and Schultz, 2001) minimal case focused documentation of the appearance of PLEAS visual images during autogenic neutralization[270] therapy and it supports his phenomenological classification of the visual phenomena which appear during Autogenic Training. It complements the proposals made by Gurstelle and Oliveira (2004) regarding the phenomena which they name 'daytime parahypnagogia' (DPH) (p. 166). It also complements the work of analysts interested in waking dreams, for example Jungian analyst Watkins (1977), and complementary therapists concerned with guided experience of visual hallucinations, for example Redpath (1995). The descriptions of visual images gathered in diary and interview data are identical to hypnogogic and hypnopompic images described by Mavromatis (1987) in his doctoral dissertation at Brunel and his subsequent book, which are the seminal works on hypnagogia. He documents that 70% of the adult population see hypnagogic and hypnopompic images with some regularity. He observed that the content of these images is documented by Klüver in the 1920s, as hallucinogenic form constants, which may not always be produced in a pre- or post-sleep state and which are part of the normal activity of the visual cortex.

Nicholson (2004) reports that over the centuries meditative processes have induced a variety of visual phenomena, ranging from visions of outer space to seeing Indra's Net and he comments on the possible healing power of these images in many contexts. Vaitl, Birbaumer, Gruzelier, Jamieson, Kotchoubey, Kübler, Lehmann, Miltner, Ott, Pütz, Sammer, Strauch, Strehl, Wackermann, and Weiss, (2005) review the literature on the psychobiology of altered states of consciousness, pointing out that there are other induction methods for the wide variety of images similar to or identical to those seen during AT practice. These include: conditions of sensory deprivation, homogenization and overload; rhythm induced trance (drumming and dancing); hypnosis; and biofeedback (p. 100). According to Aleman and Larøi (2008) it is thought that 1-2% of the adult population regularly have these kinds of visual hallucination experiences in clear consciousness, that is, in waking life.

[270] Autogenic Neutralization Therapy is carried out by continuous verbalization of all sensations, thoughts and feelings whilst in an autogenic state.

Therefore, the phenomenology of self-organized and self-induced visual hallucinations may be of interest to a broad range of clinicians, psychoanalysts, philosophers, academics and scientists in the fields of non-conscious visual processing (neural networks), visual consciousness, cognition, emotion, biological neural systems, and mathematics. For example, visual hallucinations and visual neural systems have been recently investigated by Baggott, Siegrist, Galloway, Robertson, Coyle and Mendelson (2010), Billock and Tsou (2007), Bresloff, Cowan, Golubitsky, Thomas and Wiener (2002), Buzsáki (2010), Chossat and Faugeras (2009), Goldbert, Rokni and Sompolinsky (2004), Kosslyn, Thompson, Kim and Alpert (1995), O'Regan and Noe (2001), and Zeman (1998) amongst others.

The data store itself is a valuable contribution to the field of psychology and applied mental health. It needs to be further studied to fully describe the phenomenology of the experience as diarized by people practicing Autogenic Training. Unfortunately, the phenomenology of visual hallucinations is not extensively documented and discussed in the clinical and mental health literature, with preference being given to auditory hallucinations rather than visual ones. Luthe and Schultz's (2001) documentation of the phenomena has largely escaped notice of the mainstream academic establishment.[271] For example, Jones (2010), a contributor to the field of mental health and whose interest is largely in auditory hallucinations, questions whether visual hallucinations in clear consciousness feature the properties of bright white light and saturated colours common to hypnagogia and near death experiences (NDEs) (p. 199) even though these properties of visual phenomena occurring during meditation and specifically during autogenic training practice have been well documented (cf. Carrington, 1998, Luthe, 1970/2000). They are again well documented in this research.

9.2 Limitations and achievement of study aims

The research questions, or aims, posed by this thesis were: (1) "How does relaxation in general work?" and, (2) continuing with Yurdakul et al.'s research,

[271] This is true despite the fact that Carrington (1998), a psychology professor and researcher in the area of meditation, suggests the discharges are central markers of AT's core healing process, and points out the types of phenomena are common to all meditative processes (p. 96)..

"How do components of AT practice work together and separately in an anxiolytic process?" These aims appeared to me to be modest at the start. The first aim would potentially contextualize the second one. Regarding the second question, linked to answering it was an expectation that recommendations for clinicians in teaching Autogenic Training could be developed, so that the clinical learning environment might be made more effective. The Yurdakul, Holttum and Bowden (2009) conceptual model of how Autogenic Training may be working was developed from an exploratory study carried out by Yurdakul (2004) in 2003 using the Strauss and Corbin (1998) approach to grounded theory analysis. In order to build on the model and to develop theory, I undertook a shift to the use of the classical Glaserian grounded theory analysis methodology. This added considerable complexity to the study.

As has been detailed in previous chapters, classical grounded theory methodology eschews setting out specific aims at the start. Instead, the process invites simply going into the field of inquiry and discovering what emerges from within that experience. Given that the behavior of interest is largely internal whilst at the same time being contextualized within a life world, and given that observation of people during practice itself was not possible, another approach had to be taken. As Autogenic Training is one amongst many relaxation therapies on offer for the treatment of generalized anxiety disorder, I broadened my enquiry in order to contextualize any theoretical model which might emerge regarding Autogenic Training into a more general substantive theory, if appropriate. In this way, I proposed that the gap between a grounded theory and its real world application in mental health care might be bridged by the model of how Autogenic Training may be working. Thus, a third objective – to generate a grounded theory that explains the experience of people who relax, regardless of how they do this, when they are not anxious – emerged. After all, that is the therapeutic change goal: for people who are anxious and cannot relax in order to self-balance, to not be anxious and to be able to relax and self-balance on cue.

Whilst the first objective has been achieved, the second has not yet been achieved. With regard to the third objective, although the study of well people in the community was exploratory, saturation was achieved for the most part, and a

grounded theory emerged. With regard to the second objective, it is the nature of theory, which is neither proscriptive nor prescriptive,[272] that recommendations do not follow directly from it. Clinicians in the field must decide whether the theory works as set out in this thesis and fits their contexts, and if so, what therapeutic targets can be modified or added, and so on, on the basis of their altered or clarified understandings. A potential limitation of this thesis is thus paradoxically held in the expectancy implied in this second objective. From a methodological viewpoint some classical grounded theorists may consider this as a methodological limitation of this study and, particularly because use of the methodology involves a delayed learning curve, may look to the future for further conceptual and theoretical analysis.

That said, as the road to authenticity and to restoration of balance through Self-balancing Sanctuarying has been made theoretically more plain, recommendations for autogenic therapists have been tentatively suggested in Chapter 8. Theoretically, there are signposts along the sanctuarying way which emerge as hindrances and benefits. These signposts can serve as guides for what areas may be emphasized to optimize the training process so that drop outs are minimized and so that Autogenic Training practice is more quickly and easily taken up into everyday life. Certainly this would be the more cost effective approach. Clinicians and practitioners may find other signposts than those I have mentioned once they take up review of the theory and discuss amongst themselves its applicability to their specific treatment populations and contexts.

9.3 Concluding reflections

For the most part of the last four and a half years learning a methodology new to me, investigating a substantive area with which I had little academic familiarity, and attempting to contextualize this philosophically and practically have been a struggle. This opportunity for advanced study and research came at a time in my life where unforeseen changes and challenges in almost every area of my life dramatically impinged on my ability to think creatively, logically and theoretically for extended

[272] For example, ideologies, manifestos, religions, and organizational policies and procedures are prescriptive and proscriptive. Prescriptive suggestions are sensitive to the positives (enhancers/ benefits) and to what should be done, whilst proscriptive suggestions are sensitive to the negatives (detractors/ hindrances) and to what should not be done.

periods of time. I have been motivated by the desire to help other people and to contribute in any way I can to patient care and to enabling patient choice within the National Health Service. It is my hope that this thesis meets these goals to some degree. Only time and the views of others as to whether the grounded theory works and fits for helping anxious people will tell whether this contribution is meaningful and useful in the long run.

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11 Appendices

11.1 Sample anonymised interview and diary material

This interview and diary material contains several examples of indicators for the Core Category (self-balancing sanctuarying), the Main Concern, and the process steps as well as indicators for properties of the process steps, assessing, arranging, switching and benefitting. There are also indicators of how hindrances are viewed and managed and how feedback is integrated into the process to maintain and improve it, to make it 'work and fit' the life.

11.1.1 Interview (partial): community participant

[Q: steps] A: .The first thing, would be noticing that I feel tense and not plowing on through that, making the choice to do something constructive to relax, taking the time for myself, allowing myself time to reflect on what I am doing, rather than kind of reading for the achievement of reading, allowing myself time to stop, to think about what I am feeling, gazing out the window, letting myself daydream, really consciously allowing myself to do that… If I'm stressed, it's usually more of an anxiety about something, it's about something, not feeling like I am doing the right thing, or worried about what other people think about me, about what I am doing, so I do choose books that tend to look at contemplate bigger issues in life, it's sort of something an escapism, it takes me out of thinking about the mundane aspects of life, and on the other hand it reminds me of what's really important

[Q: example of a book] A: – the heart is a lonely hunter – that's an example… I think the biggest obstacle is actually recognizing that I am feeling something that is making me feel uptight or stressed, anxious – I use the book in two ways, to get in touch with what I am feeling, the characters have similar anxieties about life, relationships, things like that, so it's like prodding the part of me that is feeling a bit anxious, this helps me get in touch with it, rather than plowing on and doing work, if you see what I mean. On the other hand it is nice to have a story to think about and that does actually take me away from work, I suppose.

[Q: goal] A: the main goal is to slow myself down, and to kind of regain energy and resources,

[Q: energy, resources?] A: I feel I have kind of bombarded myself with activity and drive, and with constantly thinking about what's next, and that takes a lot of mental energy, and I kind of know now that it's important to not be that way all the time, it spells disaster –

[Q: disaster?] A: feeling ill… actually, I will end up feeling ill, I think my body finds a way to say 'you are going to stop, even if we have to make you'.

[Q: prompts] A: Well, I think it is kind of getting away from work, alleviating anxiety, and kind of getting in touch with what I am really feeling -

[Q: feelings, state of mind] A: It doesn't always work, but when it works, it is because I paid attention to myself, and I do, I get very frustrated some time, I think life is just whizzing past, I have not been able to stop and really 'be here', so when I can really be here, things don't matter so much, I take stock of where I am and how lucky I am really, it's kind of sort of being in the moment with me, rather than constantly taking myself out of the moment, as I have to do at work, sometimes that's a blessing, sometimes you think, what's the point, I am keeping myself distracted from the real thing – which is life…

[Q: emotions] A: I can feel a range of emotions, it depends… if there's nothing, if it's a beautiful day, I feel absolute joy sometimes, happy to be alive, lucky enough to be able to stop and appreciate things, but I do notice that sometimes I can tell the reason I have gone to read the book is because something is troubling me, it's a bit of space where I can relax and any emotion can arise, because of what's going on with the book, or with me, too, if you are feeling positive you find it reflected in the book, or other things, if you are feeling other things you can find that reflected too.

11.1.2 Interview (partial): participant practicing AT (Naylor data set)

What's the difference with AT? [273] Well, going through the trigger, the exercises, the passive visualization of running up your body, checking for tension and releasing, and then doing it. Although it is sort of guided, the fact that it's a passive concentration, it is better for me than someone telling you what to do – you are walking down a garden path, that sort of thing.

Is it a place, this state? Or a sensation? It's a sensation of feeling calm and at peace. When you started in on it again, were there any stumbling blocks? No, I didn't have anything that needed warning about, that some people where their brain might do video or mind go off, I had nothing. It's been really very straightforward, I have always found that my mind does not wander, I have been able – the fact is I am running through the sequence – this works a treat for me. Is there silence between the repeats? Are you in the phrases? Yes, because I am doing 3 repeats without closing, I do have two more sessions, I like that feeling I've got, the sensation of feeling peaceful.

So the affirmations, how have they fit into your whole experience? The affirmations of what I am saying? The affirmations – I Am At Peace - IAAP, I think yes, interestingly enough, I have always said I like those words – it's a sort of – the brain believes what you tell it – so I think that's half of it. You are sitting there quiet, and I've got quite good at not hearing children talking or dogs barking, and so

[273] This interviewee had tried a number of different relaxation activities, one of which was a guided relaxation technique which is referred to in this segment of the interview. Interviewer words are in italics.

therefore I think, and I have got the feelings of the heaviness and the warmth, and so the affirmations – they happen – what's so nice about it is that you don't have to put any pressure thinking – why didn't my arm go warm, because it didn't that time – but you don't have to feel anything. What about the peace? If I've started out wound up, I'm calm at the end, by the time I'm at the end I would feel at peace, and if I started out not quite at peace, it would deepen by the end.

What's changed generally in your outlook? I think it helped me, I just feel whether it is the AT or not, I seem to not be feeling so anxious. I just feel a bit more like me, like the old me. More positive, and just on top of things again, whereas, I actually think I may, if I look back on the last 8 months, was quite down probably. I feel something has lifted. Whether that is natural after losing someone – I was a bit depressed, it triggered these awful anxieties and they seem to have gone. Awful anxieties I had this fear that I was going to be ill, all those horrible thoughts.

What happens now if one of those thoughts come in? I try to not dismiss it, but to listen to it, and just acknowledge it and then just try and let it go and replace it with something more positive. So is that something you could do before? No, it was very difficult to do that before. I just was not in a good, right frame of mind To what do you attribute that new capability? I don't know, I can't really say for sure it was the AT. You know I have had other rough patches in my life, and I do bounce back. Whether it's the AT, I think the AT has helped and I really like the AT because it gives me time for me, and I like the feeling I get when I do it, so whether I can honestly say that AT has made me be like this, I don't know.

11.1.3 Diary entry, day 17 (partial) of AT practice[274]

My sleep is <u>definitely</u> improving – I feel I am sleeping longer, and deeper, and my dreams aren't so 'hectic' and disjointed. It may be also affected by hormonal goings-on of course, too. But I believe the AT is also working on it.

A[rms]L[egs][275]x3 9.15am approx 9 mins, Took me a long time to get right chair – (doing a goldilocks!). Distracted by M doing his Shiatsu exercises (much heavy breathing!!), but in 2nd sequence I went <u>really</u> deeply into relaxation and distraction disappeared.... Also had tingling in feet (and in 3rd sequence) and the most pleasurable sensation of letting go in top of my lats and abdominal area. As I felt this letting go of muscles, it resulted in feeling of incredible warmth in these areas – and tingling sensation. Note: came away from class yesterday feeling very light inside and positive, and encouraged. I have a sense of 'returning' – of 're-finding something very good in me, something lost.

Spring is also playing its part. It is a joy that I feel as if something heavy and dark (but also somehow familiar and 'safe' – I have become used to) being lifted away. Darkness of winter.

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[274] One long dreams and two concluding paragraphs are deleted from this Day 17 entry.

[275] AT Standard Exercise Phrase acronyms: A=Arms; L=Legs; H=Heavy; ALH=My Arms and Legs are Heavy

Dream: 'Music-house' a place from M's past he takes me to. Big old house. We climb in through window on our stomachs. I love it – inside two people I know from [nearby city], it seems. They are 'traveller' types – dreadlocks, 'arty', 'brave wanderers'. She is playing flute, he a simple recorder – inventing music. They are dancing together, holding each other and kissing, very poetic feeling. Then they appear in the kitchen, he is telling us about a job, and she has a baby – her body has changed, she looks more motherly, they are different than when they were dancing – and more easy to talk with, and more 'accessible' – something is lost, and gained. The house was called the 'music house'. (Then another house – J's bit, in process of being converted – but somehow it's S doing work someone unhappy about having to lose their kitchen to lodgers??) [end of dream]

How do they do it? Why does speaking to a doctor always make me feel so nervous and like I've 'got it wrong' – I guess it's an authority thing – but I felt so positive and then phoned to make appointment – and ended up feeling somehow a bit 'dim' and something of a nuisance... I really do not wish to feel like this or be made to feel like this anymore. I find myself forcing friendliness in order to please, and not provoke any annoyance or judgement. I recognise this as quite a convulsive (sic) and unhealthy response and it limits my feeling of power over my own situation, and my own self. I don't want this or need this, any more... I really don't.

My very anxiousness to please and not run into judgment or anger actually increases the possibility of my doing truly daft and annoying things! Thus meriting the annoyance and judgement I'm so desperate to avoid!!!!!!

M has gone off to Shiatsu day – a similar situation arises over my going with him or not. I am finding it easier to acknowledge when I wish to take a space to do my own stuff. It was much less difficult than the last time this arose, and I feel good in my own space, with some time to clear my head. (have found a time on the flute!)

ALHx3 1.30pm 12 mins A, Find I'm not quite sure what to do with my head as armchair has no rest for head, but can't drop as much as in S...Very distracted, 1st seq, head full of thoughts about possible ectopic because of twinges in right side... etc. Thought suddenly came: MY HEAD IS A PROBLEM! (on both counts!) Well I know this only too well. It comes before it knows the facts, and I'm not quite comfortable with it, as exercise showed. 3rd seq very relaxed, twinges increased as rest of me relaxed. By end of 3rd seq I had fallen asleep briefly and lost count of 'ALH'! It was still going round as I woke up again!

[dream and closing paragraphs deleted]

11.2 Sample of somatosensory phenomena mentioned in diaries and interviews

Source	Phenomena
20	VISUAL, SOLAR PLEXUS, AUTOGENIC DISCHARGE "19.25, AP, 15 mins. Extreme restfulness and sense of isolation and self. With the SP section, I saw the image of a volcano slowly erupting, lava flowing gently outwards. [MEMO: tunnel, funnel, cone moving image Klüver describes, others do not see it as a volcano, some see it as a flower opening and closing, rings getting larger and smaller, etc, always quite saturated, as would be a volcano colour] Good image of strength. Neck tension, along with lower back pain is still intruding however
28	VISUAL, Klüver – "8.06, AP, 10 mins. MW a bit. Purple disc of glowing, shimmering beauty seen in head."
11	VISUAL, Klüver, "10.15pm, SS, once only 0 a few orange rings during SPGW but not warmth – visualisation of [?] with halo moon in front.
Y-A	VISUAL, OLFACTORY, and METAPHORS for the change in herself through INTEGRATING MIND AND BODY AND EMOTIONS... ", it's a bit like a, before it was like being a squinched up ball of paper, or an old balloon that's all dried and, and then, or a flower being crushed and then it's like the flower being opened and alive, or a piece of paper, you know, just being Q: Straightened out or A: Straightened out and smoothing out. Q: Smoothing out all the kinks and right. A: Yeah and I did have, when we were relaxing once I can remember this feeling of the flower and often when I'm doing the Autogenics I can smell a flower Q: Oh right. A: I don't know where from {laughs} but I can smell it. And there's just this nice feeling of, especially with some, all of the lights coming in, that you know that this flower Q: Okay, so you've experienced, it's almost like the sun coming in? A: Yeah.
11	VISUAL, Klüver, "7.20pm, LP, warmth in arms – no orange ring, rather red spiral round spine, deep yawn. 11.15pm, AC, good yawn is all.
20	VISUAL, LIGHT SOURCE, DREAM, emergency op, anaesthesia , AD: Felt Sense of LIGHT SOURCE OVER HEAD, BLINKING
29	VISUAL, Klüver, fireworks in sky "AP, both eyes hopeless. They danced and flickered at will and did not want to rest. The images in my mind's eye was of fireworks in the sky. Strange!"

Source	Phenomena
09	VISUAL, Klüver, BLACK with stars ([MEMO: quite a usual hypnagogic image is described, one easily seen when fully awake with eyes closed whilst concentrating on the black]
08	VISUAL, Klüver, "AC, 12 mins. Very relaxed. Arms heavy, hands and arms very warm, legs heavy, feet and legs very warm and tingling. Towards end saw wavy lines – golden.
17	VISUAL, Klüver, "13.38 → 43, Calf muscles aching again. Only back at work ½ day + have been sitting alot. Muscle spasm R calf. 2nd SP image of light at end of narrow tunnel, became brighter, tunnel → longer + narrower. 3rd At Peace scalp relaxed. ? 1st time ever felt tingling in scalp during the relaxation of these muscles – very pleasant."
19	VISUAL, Klüver, "In 3rd quite a bright light – almost a tunnel effect. Jerked and it was gone.
12	VISUAL, YELLOW COLOUR, "LP, x 3 8.30am, Body & limbs relaxed, while doing arm exercise, a voice kept distracting me 1/ Body & limbs relaxed also breating (sic). I saw a bus pull up, I got on, the only other passenger was a woman. 2/ Body & limbs relaxed. My inner vision was filled with a beautiful yellow glow. 3/" and "2.00pm Armchair, Body & limbs relaxed & breathing. Saw someone carr[y]ing radio with both hands & he dropped in accidentally in the sink. I was very aware of my hands. AS above, neck moved freely. I could feel energy running through both hands. 2/ Body relaxed & breathing. I had yellow colour in my inner vision. 3/
19	VISUAL, IMAGE, photo of sister form 1938
N-I	VISUAL, IMAGE, BODY COMMUNICATING with its own language: autogenic discharges: visuals of the past
N-L	VISUAL, DETACHMENT, watching MEMORY unfold without emotion – fosters DETACHMENT
32	VISUAL, COLOURS, "Today seemed very different. My arms and legs felt so heavy I couldn't lift them. I felt so still and peaceful that even though I had very emotional thoughts, I was watching them, not feeling them, not feeling the pain of the thought. And after I was finished my mind felt still. Also while I was doing it lots of reds and orange colours in the head. Saw a pool of beautiful still water and horses.
12	VISUAL, CINERAMA, violent image, confidence in safety; BODY: KINAESTHETIC SENSATIONS THROUGHOUT PLEASANT FEELINGS IN BODY, PLUS DISTORTIONS

Source	Phenomena
12	VISUAL, CINEMA: AUDITORY BODY: SP: PAINFUL This person appears to possibly be a synaesthete... Very interesting!
18	VISUAL, BLACK – cancelled
28	VISUAL, AUDITORY: sights and sounds "8.03, LP, 9 mins. In third cycle, visions of green whales feeding and sonorous two tone Tibetan chanting. Very beautiful!
33	VISUAL, COLOUR, "Then both arms and legs started to see vivid green in 'mind's eye', dotted with smartie coloured flowers. On 3rd rotation, green extended and a picture of a table tennis in front of the smartie flower and grass emerged. Very pleasant. Very warm third eye.
18	VISUAL, COLOUR, "saw the colour mauve"... "11pm, 5mins, Ex 7. Suddenly saw water cascading into a pool the water was mauve. Nice feeling.
33	VISUAL, "BREATH travelling outside the body on top of the rib cage, becoming like rippling water, then changing to a colour of rawish scarlet red. Very fleeting, very intense, not sure of where it would lead, glad to close; On final 'closing' image of SELF on a blue lilo spinning gently in a circle in the centre of a large pool with sun reflecting on the water. [MEMO: Valuing images]
12	VISUAL, COLOUR, WHITE LIGHT, 1/ I was walking over the old one [carpet], which was in disarray. A voice said we will get rid of the old 1/ 8.30pm Sitx2, Saw tall buildings. People were walking by. It was sunny. 1/ saw young woman in white suit & red hat. R/shoulder hurt. 2/ Breathes in sighs, stomach a bit tense 3/ Armchair x 2, R/ shoulder blade hurt. Breathing was relaxed. Saw white light. 1/ I was more relaxed this time. My head had dropped forward & stays there for a while, then it was pulled up straight. 2/ Felt very good this time, head remained erect, breathing was relaxed. Forehead tingled. I saw a man hanging himself & crying wolf once too often + people took no notice of him 3/ Cancelled between each repetition
05	SOMATOSENSORY RE the eye and face have been persistent, and by Day 19, he has a MEMORY RECALL which brings RELEASE from WORRY and CONCERN about the somatosensory phenomena: ". 6.18pm, LP, 17 mins. Good exercise. Became very relaxed – limbs comfortable. Had strange sensation in left eye which reminded me of a accident I had many years ago when I thought for a minute I had lost me eye. It did not effect exercise, in fact I relaxed more. Feel nice. 11.30pm, AP, 18 mins. Nice exercise. Became relaxed. Pleased my face is not so active – still aware of left eye but not concerned." WEEK 3

Source	Phenomena
33	Multiple, too many to list, in this diary, all kinds
11	MENTAL "7.20am, SS, v abstract foamie like entirely cerebral experience.
N-L	MEMORY, TRAUMA, visual, colours, animals, trauma memory dissociated/detached from emotion = REVELATION; developing DETACHMENT – able to experience trauma memory detached from emotion and from physical stress responses, just watching instead => good feelings of DISBELIEF and SHOCK= > then knowing she has LET GO
N-I	MEMORY, during – SEs and IEs – love from father, resolution of issues with mother
N-HE	MEMORY, DREAM, FLASHBACK, PAIN, AT THERAPIST indicating PAIN DISCHARGES are body releasing, letting go, SEE HP/A-8, 12 – PAIN was so high and required medication during those training weeks.
34	MEMORY, Accomplishing things, but having to rest afterwards
18	MEMORY, "7.30, SS, 6 mins, EX 8. Cannot feel warmth in Solar Plexus. While doing last exercises with class yesterday I saw my grandmothers coffin (she died in January) going through the doors to be cremated and my brother (who is a minister and took part of the service) standing emotion less and even my mother showing no emotion at all. I find this very hard to understand" [day 51] This thinking of grandmother continues on day 53, 8th Training Session: SPW
19	MEMORY, "1.40, LP (floor) 12, mins. 1st sequence smoothe –then lots of MW, In the 2nd HCR, I suddenly saw a photo of my step-sister, as a nurse, in about 1938 – I wonder why? After that, everything all over the place, several restarts!
22	MEMORY of seeing a murder when young, death, killing accidentally and animal – guilt; fragility of life; dream of falling into a void; [MEMO: perhaps this is not in the training, but all these thoughts are healing thoughts – does he not realise this? Training session 8: SPW]
22	MEMORY of childhood which he thinks may be the basis for his anxieties and fears as an adult
22	MEMORY of a RECURRING DREAM of BIRTH EXPERIENCE" 6.37am, AP, 16 mins. Arms and legs heavy and warm. HCR seemed to have a calming effect as well. I remembered a dream I sometimes have, that jars me awake. I come out of the darkness which is nice and warm into brightness – I see a florescent light,

Source	Phenomena
	white tiles and people wearing green, then there is a loud noise, I do not like this and this jars me awake. To me, it feels like my birth experience.'
22	KINAESTHETIC, OUT OF BODY, distortions, panick, trouble controlling breath
09	KINAESTHETIC, MULTIPLE, "Feeling of 'SPACE'". WEEK 2: BAH
16	KINAESTHETIC, "Very relaxed. Right arm warm quickly – had feeling index fingers of both hands were sticking in air as if beckoning someone? OBSERVATION I have an ache in the middle of my right cheek – the one I sit on. It has been there all day. No recollection of any cause in the past" 3rd Training Session – Warmth [MEMO re AD – I wonder, this seems like a call to herself, to come back to herself]
13	KINAESTHETIC, "the room started to go round and round and round. "
13	KINAESTHETIC, "a feeling that I am turning around or slipping"
33	Image of green apple emerging in my mind's eye and as my neck finally loosens, it's as though someone is gently twisting the stalk and pulling it out.
15	DREAM, NASTY dream
15	DREAM, horrid childhood MEMORIES from during the war, feelings of PANIC during SE practice
15	DREAM, GOOD dream
09	DREAM, DISTRESSING – valuable to her glass items broken by a man; "I awoke very upset and began to cry from a very distressed and deep place.
09	DREAM, "Mind wandering and agitated this morning. Aches and pains throughout the night and very busy dreams, feel extremely heavy and tired this morning.... pain in bones of skull, earache, etc, during the day and sometimes disturbing my sleep. Any connection with AT?"
19	DREAM, "LAST NIGHT – LOTS OF DREAMS AND AWAKENINGS. ONLY REMEMBER TWO – New (very careful) gardener, was digging up turf squares from all the lawn as he wanted to renew it! Why I don't know! AND – half our lovely sea wall knocked down by the neighbours cat! I threw a milk bottle at it! ANY RELEVANCE?

Source	Phenomena
09	BODY, PAIN – A HEALING, SHIFT did exercise whilst at a meeting – had AD of PAIN teeth, whole mouth involved; child abuse by DENTIST/hypnosis used, experienced HEALING (listening to speaker who turned out to be a hypnotist!)
16	BODY, KINAESTHETIC, like a puppet on a string
16	BODY, KINAESTHETIC, curling up, foetal
09	BODY, INTERNAL "sense of space in upper body" – (like the vacuum chest another diarist describes?)
19	BODY, CHEST, widening and opening, CHEST, vacuum chest again, but now sweating "a lost, where am I feeling" CHEST, seemed to leave the ground once at HCR, 7th training addition: ADDING IBM CHEST, return of that empty, hollow chest feeling, cold sweat, and strange cough; CHEST, felt empty
33	BODY, ALLERGIES – in places where normally allergic, but not sneezing, wondering if this will carry over into real life
N-I	BODY SPEAKING IN ITS OWN LANGUAGE: AUTOGENIC DISCHARGES DURING SE PRACTICE: repeatedly experiencing and recovering the felt sense of love from father and enjoyment in childhood relating to father – feeling of love from absent parent; visuals from childhood, gifts, visually received from absent parent during SE practice
01	BODY immediately heavy (almost before saying words), one side lower; ache, associated with panic, social anxiety; panic and nausea; urge to take foetal position (resisted); relaxed, floating, sleeping quickly
01	BODY FELT SENSE, PEACEFULNESS, strange momentary disappearance of body part BODY: PS/AD: yawning, sighing, sleepy, some heaviness, tiredness REFLEXOLOGY on-going
12	AUDITORY BODY: SP: PAINFUL

11.3 Preliminary development of the concept: Mind /Body /Emotion /Action United and Restored

Substantive codes form the basis of the grounded theory. These codes are outputs of the first coding stage, open labelling of incidents, or open coding. Memos about these codes are generated from the start. Concepts form the next level of organisation, and these are developed as open labels and their associated memos are sorted. These concept memos are sorted and the theoretical codes or concepts which best organise them in a series of linked hypotheses to form the theory.

Recall that the desire to Be Me is a way that participants talk about their Main Concern. This is an experiential dimension of living which is captured in the substantive code. And, recall that participants continually resolve this concern through self-balancing sanctuarying. The development of this theoretical code is explained in detail in Chapter 6, page 134. What Being Me actually entails is captured in two theoretical codes: Integrating and Strengthening My Core Self and Connecting to My Community. Neither can happen without the other since experience happens in the life world and not simply in the head, or in the body, or even in the integrated whole self. As is clear in the interview and diary material and as Noë (2009) explains: "The locus of consciousness [that is, the locus of the felt experience of Being Me] is the dynamic life of the whole, environmentally plugged-in person" (p. xiii).

In the GT of Self-balancing Sanctuarying which emerged from analysis of interviews with well people in the community, the integrating and strengthening quality of their activities which add to me or grow me are saturated. Thus, the substantive code Becoming Me emerged. Activities which involve others in the

community directly or which have benefits impacting on relationship with and experience of others in the community are clearly undertaken from a position of authenticity and authentic action within community. Where maintaining me, giving a time out from worries or everyday challenges, by distracting and blocking is concerned, and as set out in the body of this thesis, due to time and resource constraints aspects of this strategy's use by well people in the community could not be fully saturated except insofar as it is a maintaining me activity. Theoretically, maintaining me functions as a foundational element for Becoming Me as the life unfolds. However, when this strategy is used in a behaviourally addicted way, this may or may not be the case. As previously stated, further study of this strategy is required to clearly understand its function.

Now, by using the GT on an 'emergent fit' basis the diary and interview material from anxious participants is added into the mix. This is entirely in keeping with Glaser's dictum: "All is data". This 'emergent fit' analysis using constant comparison clarifies the potentially positive impact of distracting and blocking on integrating and strengthening and on connecting to others. Distracting and blocking is a quick way to set aside a fear, worry or stress based perceptual lens, to switch to a state of psychophysiological calm, to re-connect with their felt sense ease, to feel integrated and strengthened, and then to emerge and take authentic action in the community of others. All of this may take only moments; some participants remarked that the distracting and blocking switch was almost instantaneously instituted and with immediate impact on behaviour once they had trained themselves to do it.

Code memos follow. These are background to the memos which form the body of this thesis. They further illustrate strands of the development the theoretical code Integrating and Strengthening My Core Self and provide insight into the emergence of codes and categories for the interested reader. Integrating and Strengthening My Core Self has these saturated substantive codes: Mind/Body/Emotion/Action United and Restored, Inner Communication Flowing, and Living in the Present with Hope for the Future. The following memos serve to illustrate the development of the first of these codes.

BODY[276] [this memo sample is a consolidation of incident code memos and memos about emerging concepts]

Body is a bunch of PARTS – Body is a "we" saying "you" are going to STOP – even if we have to make you - O14 – Body speaks, has corporate power over the mind – E, O, A. It is good for body and mind to have a routine, keeps the flow going - W5-6, H, S, T, etc.

EMBODYING – perhaps easier to do when not in work, but depends on work – Think about SoC [state of consciousness] n a body/mind/action way and 'arrange' so that in the outcome, the body' thinks' for the mind – the attention is on the body – dis-embodied/dis-minded -> yields to integrated, and the mind rests, rather like some sort of circadian rhythm, again, I think of dancing – which is a flow.

Getting in touch with the body and its language, coming to understand that the body communicates and has a language of its own, puts people in touch with the language of the felt sense so that they can assess their state more quickly and respond more appropriately to its signals. Reconnecting with the felt sense as a sense to be trusted is a major benefit of seeking sanctuary. "You have to learn things gradually – AT lets my body speak to me about my feelings, it is coming into its own, it is a source of great pleasure, it's the source of your life – and let it speak, and

[276] BODY: 250210, 280210, 020310, 060310, 290510, 270910, 110312, 160312, 310312, 140412, 150412; ORIENT-090110; see footnotes number 62, 64, 131, and 200.

enjoy it!" N-S20 Inner communication is flowing

DISORIENTATION – Some people have a history of not feeling through the body, until it hits them out of the blue in the form of IBS, panic attacks, which have no apparent reason for taking place. "what I am saying is that I don't think I'm the kind of person who would recognize stress even if it was there – I'm just convinced that stress is there and you are just not aware of it." N-B7 Inner comms blocked.

The AT process, relaxation, as a 'bridge' between body qua separate body [dissociations from for pathological and non-pathological reasons] and mind qua separate from body whilst being contained within it. See Gendlin – Crossing and Bridging. Body as source of felt meaning, essential element of flowing communication, the ground for authentic spiritual and existential well-being.

EMBODYING – The level of embodiment, i.e., all bits of the person within the body comfortably with awareness of all, as evidenced by symbolization of felt meaning arising within the activity => my place in the natural order of things/life: knowing, sensing and flowing; securing, maintaining and creating; retreating; discovering. Connecting to the body using the SE phrase – ALHW – "because I used to feel unanchored after a while after repeating this 'my arms and legs are heavy and warm' I began to feel a kind of solidity building up and regularly feeling a little more anchored. It took time, it didn't come straight away and in fact it is only now that I feel it works, etc etc…" Y-I10 – anchored, grounded = whether this is back to me or finding me is not completely clear in the interview. The important thing is that the connection to the BODY through the SE formulae impacts on the entire felt sense of ease. This is the important point made by Eastern bodywork psychotherapy – through the body-mind – the entire psychophysiological orientation changes. Current bodywork in the West makes the same point, emotion research also makes it – change the posture, the facial expression, etc, and the emotion changes.

Felt sense of ease arising from body – acts as a fulcrum (the idea from allostasis/ homeostasis models) and as a compass (Barney's response to my data, June 2010)… Being Me -> Becoming Me = This is a 'compassing' type of knowing – the core self, knowing, being comfortable – it is not simply a fulcrum as in barometer of load/no load, not an on-off position, but a movement in space time toward becoming (thus 'compassing').

Somatosensory phenomena – they can be viewed as part of the 'mulling' process Gendlin refers to (ECM, p. 72), for problem solving.

EMOTIONS[277][this memo sample is a consolidation of incident code memos and conceptual memos]

I am starting to notice a pattern – putting self into a place, space – where ANY emotion can arise is on the far end of a continuum which has at the other end NO emotion but for relaxed, happy or neutral. There is either a conscious or PRE-CONSCIOUS goal of LETTING HAPPEN any emotion or RESTRICTING emotion as emotions are seen as part of TENSION – instead of being seen as part of RELEASE of TENSION.

Negative emotions – dis-equilibrator, arising from perception (distorted or not) of dis-equilibrating SOCIAL SUPPORTS

Negative emotions – as a HINDRANCE, until view of them is transformed

Positive emotions as part of INTEGRATING FEEDBACK LOOP [especially HOPE and improvements in SELF-CONFIDENCE], learning to identify and handle emotions, part of the feedback look, part of benefitting.

Emotions list - AT Diary and AT Interviews: Accepting, Afraid, Alienated, Amazed, Angry, Annoyed, Anticipating, Anxious, Apprehensive, Ashamed, Awful, Bad, Betrayed, Blessed, Blocked , Brave, Calm, Cleansed, Cleared, Concerned, Confident, Confused, Connected , Controlled, Depressed, Despairing, Detached, Disbelieving, Distrusting, Doubtful, Ecstatic, Empowered, Energised, Enjoyment, Enraged, Excited, Exhausted, Fretful, Friendly, Frightened, Frustrated, Good, Grateful, Grief stricken, Guarded, Grumpy, Happy, Holding back, Honest, Hopeful, Hurt, Hysterical, Ill, Incongruent, Interested, Isolated, Joyful, Lighter, Lonely, Longing, Loving, Mistrustful, Moody, Optimistic, Panicky, Patient, Peaceful, Pessimistic, Pleased, Relaxed, Released, Resentful , Rested, Sad, Shamed, Shocked, Sleepy, Stressed, Switched on, Tense, Thrilled, Tired, Tolerant, Trepidation, Trusting, Uncomfortable, Undermined, Unhappy, Upset, Vulnerable, Withdrawn,

[277] EMOTIONS: 260210, 020310; also see footnotes 190, 215; see benefitting and felt sense of ease memos documented in body of this thesis.

Worried, Well

Emotions list - community participants: Absorbed, Active, Afraid, Agitated, Angry, Annoyed, Anxious, Appreciative, Balanced, Bombarded, Calm, Capable, Creative, Chilled Out, Clear, Comfortable, Confident, Contemptuous, Contented, Cream Crackered, Deserving, Distracted, Drained, Dreamy, Energised, Engaged, Enjoyment, Excited, Exhilarated, Feeling Better/Physically Good, Friendly, Free, Fulfilled, Guilty, Happy, Hate, Healthier, Ill, Interested, Liking myself, Lucky, Love, In the Zone, In Touch, In Tune, Invested, Irritable, Joyful, Laid Back, Light, Miserable, Motivated, Overloaded, Passive, Peaceful, Pleased, Pressured, Proud, Relaxed, Relieved, Respectful, Restless, Restored, Rewarded, Rushed, Satisfied, Self-indulgent, Selfish, Sleepy, Slowed Down, Super Pooper Scoopered, Stressed Out, Tearful, Tense, Tired, Uncomfortable, Uncommitted to others/Committed to self, Unwound, Up Beat, Worried

HONESTLY LOOKING[278] [this memo sample is a consolidation of incident code memos and conceptual memos] –

HL is a part of integration and character and spiritual development. It happens pre-consciously and consciously, reflection in the diary documents it, and upon reflection in the interview, this process is also documented. The IEs are part of this, as are the hindrances – managing them, so that the look can be honest. Shifts in how to proceed emerge – honest looking can simply be doing the SE, engaging with the body in a dialogue and discovering, for example, the pleasure it brings, or that there is nothing to fear, and so on, or it can be a reflection process in the diary and with the AT Therapist and the group.

MEMO – The capacity for HONESTY increases as the AT process unfolds, since in this process the lens widens, more of life becomes involved in the LOOKING process, this is clear when there is CRITICAL REFLECTION in the DIARISING PROCESS. Increase in HONESTY is linked with TRUST and a felt sense that there is a safety net and the guides and the process are trustworthy.

CORE CATEGORY: shifts in its quality from wanting a quick fix to

[278] See footnote 184.

patience with the self, learning to help the self: Seeking help from others – AT and CBT therapists – asking to turn within to develop further self-understanding – UNMASKING, LOOKING HONESTLY at self and life. INVENTORY – OF STRENGTHS AND WEAKNESSES - Self-concept: 'very intelligent emotionally' - ∴ has high standard against which to judge himself – N-D

AT PRACTICE, unlike medicine, which tides over, AT helps with getting to the root of things. The metaphor continues – with the word YIELD - as in crops – doing it myself, working at it and with it will yield results, the process gives power back – agency for the self incorporating the agency attributed to the process, handed over to the therapist – these are taken back when looking happens whilst practising. The question of what needs CURING continues to come up... "It's like empowering yourself to help yourself in a way, which I feel is 1 million times better than taking a tablet, honestly." N-F

MEMO: CHARACTER DEVELOPMENT, more HONEST and OPEN with self about feelings, (combining AT with counselling course); LEARNING about self, DECIDING to ACCEPT SELF, learning that ACCEPTANCE is KEY – although it is difficult to do, METAPHOR – ROOTS of problem – problems are LIVING, GROWING THINGS – this is interesting – anxiety and depression are progressive diseases, they do not stay static, they get worse, in that they impact on the life and make the life worse, rather like the Buddhist sense Barendregdt talks of – changing how we see the present changes how we perceive the future unfolds, etc. It also changes how we act... The past is contained in the present, thus so is the future... so with depression and anxiety there are pieces to pick up. Without change, things get very chaotic over time, worse and worse...

MEMO, IEs, ANGER => DISCOVERY – a shock – had blocked level of anger, culturally conditioned to not be angry with dead people – OPENING and ALLOWING – this is showing that the IEs are a meditative process, too; the process of honestly doing the exercise, thus learning and finding from within acceptable ways to express ANGER. This IE fostered UNLEARNING the cultural conditioning – this is where the integrated self extends into the community in ACTION.

11.4 Autogenic Training postures, Body Scan and Close[279]

The Simple Sitting Posture

Use an ordinary chair or stool of comfortable height. Sit on the front edge of the chair (be aware of your 'sitting bones' right on the edge), so that your weight is firmly supported by the front legs of the chair and your own feet.

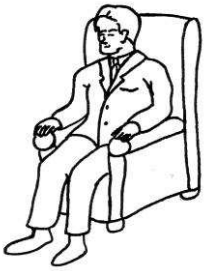
The angle at your knee-joint should be slightly more than 90 degrees – your feet slightly in front of your knees. Check that your knees are apart and neither tense nor leaning towards each other. Fine tuning with your heels will help to legs to settle.

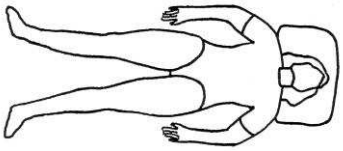
Let your arms hang comfortably beside you, touching the front legs of the chair. Next, sit up straight and stretch your spine, so you feel yourself perched, looking straight ahead. Imagine a taut string up to the ceiling, then 'slacken off the string' and 'collapse' your chest and abdominal muscles, allowing your pelvis to tilt backwards, so you sit back a little. Then allow your head to flop forwards so your chin tucks into your neck when it completely relaxes. Your shoulders will also drop as you relax your head. When you are comfortably and securely hanging loosely, gently lift your arms so that your hands are resting palms down on your thighs, fingers slightly spread, with elbows bent and free.

The Armchair Posture

The position of your legs is the same as the Simple Sitting Posture, but your body sits back in the chair with your head resting against the chair back if high enough. If the chair has comfortable arms of the right height, use them to rest your own arms and hands. If necessary, allow your head to remain in an upright 'neutral position', or to fall forward as in the Simple sitting Posture. A modified version of this posture can be used in planes, busses and trains or as a car passenger.

[279] These sample handouts to clients are taken from samples provided to this research by British Autogenic Society AT therapists.





The Horizontal Posture

Lie flat on your back, comfortably, with your head supported by a pillow or a cushion, and, if necessary, place a cushion under your thighs just above your knees. Your legs should be straight out, slightly apart, with your feet falling outwards, and your ankles not touching one another. Your head should be straight on the pillow, your arms comfortably next to your body, palms down.

The Body Scan

Once your position is adopted, and you feel symmetrical and comfortable, take a brief mental walk through your limbs and body to check this – start with your toes and work your way up. Toes, feet, ankles, calves, thighs, pelvis, back, shoulders, down your chest and belly, around your pelvis to your spine, up your spine, across your shoulders, down your arms to the fingertips, up the spine again, around your neck, scalp, down forehead, eyes resting gently in sockets, cheeks relaxed, jaw dropped, tongue on floor of mouth. Move to eliminate the tension, or just passively note it. Relax your face, too. Now you are ready to begin!

NB: This procedure is only a brief preparation for the Autogenic exercises. Do not dwell on it for minutes at a time. One minute is quite enough.

The 'Close'

Clench both hands, raise and lower them rapidly from your lap to your shoulders three times in succession, breathe deeply, and open your eyes. Wiggle your fingers and toes and move your arms and legs gently.

11.5 *Schultz's Concentrative Experience of the Switch in German*

DAS KONZENTRATIVE („ECHT SUGGESTIVE") UMSCHALTUNGS-ERLEBNIS

1. *Passivierende Einwilligung*

2. *Fixierende Sammlung* („Ruhe" als Vergegenwärtigungsprobe)
   „Außen-Ablenkung"
   „Kritische Selbstbeobachtung"

3. *Augenschluß*
   „Optische Subtraktion"
   „Introversion"

4. *„Somatisierung"*

5. *„Ruhe"* } *Indifferenz*

6. *Entspannung* }

7. *Entwachung*
   Sinnesreizschwellen ↑
   Kritik ↓ Spontaneität ↓
   „Innere Schau"

8. *Verlangsamung*

9. *Ent-Ichung*
   Empfänglichkeit ↑
   Bestimmbarkeit ↑
   Kohärenzzerfall
   Formwandel und -zerfall
   Bedeutungswandel u. -zerfall
   Ichgrenzenverschiebung

Passivierung vertiefend

10. *Affekte*

    Autochthone Entspannungs-Euphorie!

11. *Umschaltung* } „psychologisch"
    Zirkelsprengung } *organismisch*
    „physiologisch"

12. *Erlebnisevidenz mit Erlösungscharakter, „Bilderwelt"*

11.6 Relaxation Activities by Metabolic Equivalence Tasks (METs)

ACTIVITY[280]	Cal/hr	METs
Low		
Sleeping	60	1
Bathing	65	1.08
Meditating	68	1.13
Passenger in Car/Train/Bus	72	1.20
Sitting at Rest	72	1.20
Playing Sudoku	90	1.50
Reading	95	1.58
Eating	100	1.67
Drinking, Eating Socially	125	2.08
Office Work	140	2.33
Music playing, flute, guitar	141	2.35
Watching TV	145	2.42
Cooking or food preparation	176	2.93
Music playing, piano, organ, violin, trumpet	176	2.93
Moderate		
Walking, 2 mph	198	3.30
Diving, springboard or platform	211	3.52
Music playing, guitar, rock/roll band (standing)	211	3.52
Sailing, boat/board, windsurfing, general	211	3.52
Surfing, body or board	211	3.52
Weight lifting, light or moderate effort	211	3.52
Shopping	217	3.62
Bicycling, 6 mph	240	4.00
Walking, 2 mph	240	4.00
Gymnastics, general	281	4.68
Pilates	281	4.68
Raking lawn	281	4.68
Swimming, treading water, moderate effort	281	4.68
Tai chi	281	4.68
Water aerobics, water calisthenics	281	4.68
Yoga, Hatha, Stretching	281	4.68
Calisthenics, home, light/moderate effort	317	5.28
Walking, 3 mph	320	5.33
Aerobics, low impact	352	5.87
Gardening, general	352	5.87
Sailing, in competition	352	5.87
Snorkeling	352	5.87
Whitewater rafting, kayaking, or canoeing	352	5.87
Vigorous		
Walking 4 mph	366	6.10
Gardening, Yard Work	370	6.17
Dancing, ballroom, fast	387	6.45
Gardening, Heavy Digging	387	6.45
Health club exercise, general	387	6.45
Mowing lawn, general	387	6.45
Skating, ice, 9 mph or less	387	6.45
Tennis singles	400	6.67
Bicycling, 12 mph	410	6.83
Aerobics, general	422	7.03
Dancing, aerobic, ballet or modern, twist	422	7.03
Fishing in stream, in waders	422	7.03
Skiing, water	422	7.03
Stair-treadmill ergometer, general	422	7.03
Swimming, leisurely, general	422	7.03
Weight lifting or body	422	7.03

[280] To calculate METS, calorie/activity/150 lb person was gathered from the following websites: Cool Nurse (2000-2009), Demand Media, Inc. (2008), NutriStrategy (2007), and TimesWellness (2009).

ACTIVITY[280]	Cal/hr	METs
building, vigorous effort		
Walking, 4.5 mph	440	7.33
Aerobic Dancing	468	7.80
Bicycling - 10 mph	468	7.80
Bicycling -Stationary 10 mph	468	7.80
Hiking (with backpack)	474	7.90
Stair Climbing - normal speed	474	7.90
Aerobics, high impact	493	8.22
Jogging, general	493	8.22
Rowing, stationary, light effort	493	8.22
Skiing, snow, general	493	8.22
Ski-mobiling, water	493	8.22
Skin diving, scuba diving, general	493	8.22
Weight Training, heavy weights	530	8.83
Calisthenics (push ups, sit-ups), vigorous effort	563	9.38
Running, general	563	9.38
Running, in place	563	9.38
Swimming laps, freestyle, light/moderate effort	563	9.38
Swimming, backstroke, general	563	9.38
Swimming, sidestroke, general	563	9.38
Housecleaning	576	9.60
Rowing, stationary, moderate effort	598	9.97
Tennis (singles)	630	10.50
Skating - fast	654	10.90
Running 5.5 mph	660	11.00
Rowing, stationary, vigorous effort	669	11.15
Swimming laps, freestyle, fast, vigorous effort	704	11.73
Swimming, breaststroke, general	704	11.73
Swimming, treading water, fast/vigorous	704	11.73
Skiing - down hill	738	12.30
Swimming, butterfly, general	774	12.90
Rowing, stationary, very vigorous effort	844	14.07
Running - 8 mph	852	14.20
Jogging, 7 mph	920	15.33
Skiing - cross country	1068	17.80
Running, 10 mph	1,280	21.33

11.7 Interview guides

11.7.1 Community participants

First, can you please briefly say what the words 'RELAXED' and 'RELAXATION' mean to you. Start anywhere you like:

Think back over times when you RELAXED over the last TWO WEEKS. Bringing a specific activity to mind, please briefly NAME and describe WHAT YOU WERE DOING.

If there are steps to this activity, please tell me what they are [deciding to do it, the doing process, outcomes].

What do you think is the main goal of this technique [muscle relaxation, focused awareness, spiritual growth, etc]?

I am wondering what prompts you to do this activity [negative/positive emotions, states of mind, thoughts, outside world, doctor's orders, other context, other drivers]:

Which part of the process, if any, influences your feelings and your state of mind? During? After? How do you think this works? At the time, afterwards, for next time?

Please tell me about any emotions that arise while you are doing your relaxation? And say how these emotions relate to your relaxation practice?

Are you? Very Well Well Worried-Well Unwell Very Unwell

Age: Gender: How often do activity?

11.7.2 Naylor 2010 data set, RLHIM and BAS anxious clients

N.B. The questions and format of this interview schedule are intended to provide a general framework for conducting the interview. Interviews will vary as the emphasis is on the subjective experience of using the components of AT, their impact on anxiety and worry, and the personal themes that are explored.

1. Introduction

Meet and greet the person, orient them to the location, check they have read all the information regarding the study, answer any remaining questions, orient them to the nature and purpose of the interview, and obtain verbal agreement to begin the audio recording.

2. Beginning of AT Journey

You mentioned that you came to AT for your own reason of XX... Could you say more about that? How did this problem/these circumstances impact on you and on your life? (Explore areas of health, work, leisure, family and social relationships, thoughts and feelings. Probe to find out whether other treatments had been tried and if so to what extent were they helpful. Did the individual ask to be referred *themselves or was it their GP's suggestion? Do they remember what they thought*

about AT when they first heard about it? The circumstances around the referral... Cover medication then and now.)

Example wording for prompts: You mentioned that you were referred by XX to learn AT... Could you say more about that? Did you try anything else before AT? You mentioned you sometimes do XX – did you try that, or anything else before AT?

3. Experiences using AT

Can you tell me about your AT experiences as you have been using AT over time? Perhaps it would be good to start with your early experiences of AT and move forward to the present gradually... Or you may want to start with something specific you remember, and say what made it particularly memorable. (Get as much detail as possible. Then expand to other situations or practice occasions or change in practice over time, or other components.) Example prompts: What happened then? What prompted you to do that?

When a participant refers to using AT for a specific situation, ask: What was that kind of situation like for you before your AT course? How has the AT changed your experience? Your thoughts about situations like this? Your feelings about the people involved, your relationships?

For people who say they haven't experienced much with AT, ask: Can you say a bit about what you were expecting before you started AT? How has using AT been different to your expectations?

Did you have any particular expectations of what might change for you as a result of learning AT? How did your view of AT change as you learnt more about it and began to practise the techniques? Or did you keep the same view you had had before? What, if any, effects did you notice in your life from learning AT when you first did the course?

o If they mention an effect: Can you connect this change/effect to any specific elements of your AT practice? To what extent might something other than AT have led to this change/effect or might it have happened anyway? How do you think AT helped – how did doing the standard exercises/offloading/motivational formula/being in a group and hearing others' experiences/being motivated by your trainer/ have that effect?

o If they say no effect: OK, no effects at the time. So how did you feel about it? What did you do? Did you carry on practising AT components? Did you experience effects later on? Did you seek other solutions?

o If they say a negative effect: Really, you felt worse/found X more difficult. Do you have an explanation for that? What do you think was happening there? And did you carry on practising AT components? Did it resolve over time or not? Were you able to discuss it with your AT therapist/another person on the course/your family? Did you seek other solutions? Do you have further examples of this?

4. Experiences using AT for anxiety and worry?

Do you remember an occasion when you felt AT had an impact on anxiety and worry or on another emotion, such as anger, or sadness, or happiness? If yes, can you describe this in as much detail as possible?

If participant cannot recall such an occasion, ask:

Did you expect AT would have an effect on the anxiety you were experiencing at the time? So how did you feel about it? What did you do? Did you carry on practising AT components? Did you experience effects later on? Did you seek other solutions?

[Non-directive probes to find out why, what caused it, the surrounding *circumstances, other people's and their own expectations, will be used for the above three questions, such as 'Can you say more about that?' and 'Can you say more* about what you had expected wou*ld happen?' and 'Can you describe an example of how that worked?' as these are very important to the research aims.]*

I'm wondering if you could rate any changes you've experienced in anxiety since you've been using AT – using a 100 points scale, where do you think it was before you started with AT and now, where is it now, on average? What might have made that shift come about? Can you say more about it? Did this come as a surprise to you? Because…?

5. Experiences using different components of AT for anxiety and worry?

You mentioned xx component of AT and its impact on you, and now I'm wondering about xx component, if you tried it, what happened when you did – what prompted you to use it at that time, and what happened while you were doing it (thoughts, feelings, body, people in your life, and son on) and then afterwards - or if you didn't try it ever, maybe you could say why you didn't…

What did it feel like to do AT? [Elicit thoughts, feelings, emotions, and bodily experiences as they went through the process, as they practiced it, both at the group and at home, and then any immediate or delayed after-effects on same and on relationships .] [Ask about each component – standard exercises, offloading, motivational formulae (developing them, using them), group process or therapist/trainee process, especially if they haven't talked enough about some of these already.] [If not covered already, probe for all the components of AT, why they were or were not used, what preceded, accompanied, and followed their use, what impact they may have had on each other, on anxiety and worry, if any, which worked well, which did not, and why, and so on.]

6. Ending

If not covered already:

Is there anything that makes AT different from other therapy approaches you have experienced or is it the same as others? In what way different/the same?

You've told me about what you thought AT was before you started it, and a great deal about how you think it works, but how would you describe AT now - what is it and how does it work? Is there any significant aspect of the experience of your experience with AT that we may not have covered?

These could be things that you found particularly helpful/unhelpful that we have not touched upon, or change in you or how you see things? Or they may be thoughts/reflections you have had on AT as we have been talking together...

Thank participant for taking part in the study.

[Switch recorder off]

If participant became distressed at any point in the interview, ask them if they wanted to talk about what they found distressing or any issues raised for them. If warranted ask them if they would like to call a friend/relative/ GP for advice there and then. Even if there is no apparent distress, still ask if the interview has raised any difficult issues for them. Mention that they may contact interviewer in next few days if anything troubles them at all from what had been discussed in the interview, saying: If anything troubles you at all from what has been discussed, or if there is anything you would like to add, something you think of that seems important, please do call me – 01252 310 528 – and I am happy to talk with you about it...

Say I will be sending the brief findings and the model with 3 brief questions, and it is entirely up to them whether they answer or not, but in any case they may enjoy seeing the model...

Ask if they want to be acknowledged by forename or both names in reports...

Thank them for their time...

11.7.3 Yurdakul 2003 data set, RLHIM clients

N.B. The questions and format of this interview schedule are intended to provide a general framework for conducting the interview. Interviews may vary considerably as the emphasis is on the subjective experience of completing the AT course and the personal themes that are explored.

1. Introductions followed by checking that participant has read all the relevant information regarding the study and answering any questions they may have. Then orientate participant to the nature and purpose of the interview.

2. Referral

Can you describe what you considered the problem to be when you were referred for AT? How did this impact on your life? (Explore areas of health, work, leisure, family and social relationships). How did your referral for AT come about? (Probe to find out whether other treatments had been tried and if so to what extent were they helpful. Did the individual ask to be referred themselves or was it their GPs suggestion?)

3. Experience of completing the AT course

Did you have any expectations about what you might get out of the AT course? What made you think that AT might meet these expectations? (Check to see if the participant had prior knowledge of AT if this has not come up already)

Do you think these expectations were met? If yes, how did this come about? Can you attribute this to anything? If no, why do you think this was the case? Did you have any other expectations about AT? (For example its relevance to you/your life)

Your BAI score indicates no/mild/moderate/significant decrease in your anxiety after completing the AT course. What do you make of this? What can you attribute this change/lack of change to? (This may lead to the identification and exploration of

specific aspects of the treatment that the individual found helpful/unhelpful.) Did this come as a surprise to you?

4. Ending

Is there any significant aspect of the experience of completing the AT training that we may not have covered? (These could be things that you found particularly helpful/unhelpful that we have not touched upon? Or they may be thoughts/reflections you have had on AT)

Thank participant for taking part in the study. If participant became distressed at any point in the interview, ask them if they wanted to talk about what they found distressing or any issues raised for them. AND ask them if they would like to call a friend/relative/ GP for advice there and then.

Participant asked if they would like written feedback of the main findings of the study and given the option of requesting more detailed feedback (telephone call from researcher) and the opportunity to comment (or be re-interviewed) on these findings.

11.7.4 Naylor 2011 data set, BAS therapists

Thank you for agreeing to talk with me and for volunteering to the study!

I am going to pose some general questions. Please be as specific or as general as you like. So to begin:

1. Before we talk about AT specifically, can you please talk briefly say about 'ANXIETY' and 'WORRY'? Start anywhere you like…

2. I am wondering if you can tell me what kinds of people come to you to learn AT, what kinds of problems they bring, and the place anxiety and worry has in these problems?

3. [if not covered] So what do you think is their main concern? How would you generalize that?

4. Is there any specific component of AT which you think has the most impact on the main concerns your clients bring…. Any examples you can give will be most helpful….

5. Is there anything specific you do or don't do with anxious clients?

6. Please take some time to think back over your clinical experience, and tell me about things that have happened with anxious clients who have particularly stayed in your mind… things that perhaps were out of the ordinary or unexpected or even less dramatic things… things that may have happened when they used one of the components of AT. What was that like? What happened?

7. [if not covered] Thinking back again, please can you tell me some of the highlights, the difficulties, and the challenges you have faced with anxious clients as regards teaching them any specific aspect of the method.

8. [if not covered] I'm sure you are aware that very often the academic and medical literature puts AT into the Relaxation context… So can you tell me what does 'relaxation' and 'relaxed' mean to you? Are you ok with putting AT into the relaxation context? Why, why not? What does it add? Or take away? To put it into this context.

9. Finally, I am wondering if there is anything else that we have not covered that you would like to tell me about…

Thank you! I will be in touch with you over the next two months if there's anything I need to clarify, if that's ok with you… Would you like to hear from me by phone or by email?

11.8 Voluntary Consent Forms

11.8.1 Community participants

Canterbury Christ Church University

Participant Information Sheet

Voluntary Consent Form

Survey on Relaxation Experiences in Everyday Life

What is the purpose of this survey?
The purpose of our survey is to learn more about well people's structured, passive relaxation experiences so we can see if and how they might be different for different kinds of people in different circumstances.

It is anonymous unless you would like to be identified as contributing.

We are going to write reports about the study, and tell people about it at conferences, but we will not identify any individual participants unless you specifically say you would like to be identified. Reports will show graphs and diagrams, and may include short anonymous quotations from your descriptions of your relaxation experiences and the way relaxation has an impact on your life.

There are three researchers involved, all based at Canterbury Christ Church University in Kent, two at its Applied Social Sciences department and, one at its health faculty: Ruth T Naylor, MPhil/PhD student is the Lead Researcher; Dr Sue Holttum, Senior Lecturer in Research and Dr Douglas MacInnes, Reader in Mental Health are both Ruth's research supervisors.

What do I have to do to participate? YOU HAVE THREE OPTIONS:

a) Be interviewed only.

Sit with Ruth by yourself for about 10 TO 15 minutes and tell her about how you feel when you relax. She will write notes of what you say as accurately as possible. Your name will not go on Ruth's notes, it only goes on this consent form. You may find you enjoy thinking through and talking about your relaxation experiences, and in telling her about it you may learn something, too.

OR

b) Fill out the survey questionnaire only.

This is a standard questionnaire that has been filled out by over 6,000 people in the last 10 years and people usually enjoy filling it out. This takes about 2 minutes. It is completely anonymous.

OR

c) Do both! Fill out the questionnaire after being interviewed.

If you decide you want to stop the interview or only fill out the questionnaire part way, that's fine. It is entirely up to you how much time you give: whatever time you give is most appreciated!

Researcher Signature Ruth T Naylor Date 14 March 2009

I confirm I've read and understood the above information, have had my questions answered, and know that what I say will be reported entirely anonymously. I agree to BE INTERVIEWED, FILL OUT THE SURVEY, BOTH (PLEASE CIRCLE) today entirely voluntarily and I know I can stop the interview and stop filling out the survey at any time.

Name..... **Date** .....(14 March 2009)

British Psychological Society, London & Home Counties, Psychology for All Conference, London

11.8.2 Moderately to severely anxious participants

University College London Hospitals NHS
NHS Foundation Trust

Voluntary Consent Form
Version 1.1, 10 March 2010

Title of Study		**Study of How Autogenic Training May Be Working**
	Principal Investigator	Mrs Ruth T Naylor, PhD Student, Applied Psychology
	Educational Supervisors	Dr Susan Holttum, Senior Lecturer, Applied Psychology Dr Douglas MacInnes, Reader in Mental Health
	Hospital Collaborators	Dr Ann Bowden, Head, Autogenic Training Service Mr Chris Perrin, Nurse Manager, Autogenic Training Service
	Other Collaborators	Member Therapists of the British Autogenic Society
Contact Details for This Study	*Address*	Canterbury Christ Church University, Centre for Applied Psychology Salomons Estate, Broomhill Road, Tunbridge Wells, Kent TN3 0TG
	Phone	01892 515 152 (Salomons' switchboard) 01892 507 673 (Salomons' 24 hour answering service)
	Email	Rtn1@canterbury.ac.uk

This form should be read in conjunction with the Participant Information Sheet (10.03.10)

1. I agree to take part in the above study as described in the Participant Information Sheet.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, and without my medical care or legal rights being affected.
3. I understand that all information about me will be treated as confidential in accordance with the 1988 Data Protection Act.
4. I understand that quotations of my words that the Chief Investigator Ruth Naylor may audio record and transcribe or write down during my participation in this research may be used in published reports, that they will only be used in anonymous form, and that I will not be identifiable.
5. I understand that I have the right to request a transcript of my words, and that I have the right to remove words at my discretion.
6. I understand this research is covered for mishaps in the same way as for patients undergoing treatment in the NHS, i.e., compensation is only available if negligence occurs.
7. I confirm that I have read and understand the information sheet for the above study.
8. I confirm that I have had the opportunity to consider and discuss the information with the Chief Investigator, Ruth Naylor, and to ask questions and that I have had these answered satisfactorily.
9. I confirm that I understand what will be required if I take part in the study.

_____ _____

Name of Participant (BLOCK LETTERS) Date Signature

I confirm I have explained the nature of the research, as detailed in the Participant Information Sheet, in terms which in my judgment are suited to the understanding of the person named above.

_____ _____

Chief Investigator, RUTH T NAYLOR Date Signature

When completed: copy for participant; copy for chief investigator file.

This research project is being run by Canterbury Christ Church University

UCL Hospitals is an NHS Trust incorporating the Eastman Dental Hospital, Elizabeth Garrett

11.8.3 AT diarists

Canterbury Christ Church University

AT Diarist Participant Information Sheet

Voluntary Consent Form

Who is carrying out this study?

There are three researchers involved, all based at Canterbury Christ Church University in Kent: Ruth T Naylor, PhD candidate, is the Lead Researcher; Dr Sue Holttum, Senior Lecturer in Research and Dr Douglas MacInnes, Reader in Mental Health are the educational and research supervisors.

What is the purpose of this study?

The purpose of this study is to learn about the impact of Autogenic Training. If you agree, your Diary will be form part of the larger data set, be analysed at a conceptual level, and then used to develop a theory of how AT may be working for anxiety and worry. This will then be used to develop hypotheses which may be tested in future research and to develop recommendations for therapist training and for clinical practice.

It is anonymous unless you would like to be identified as contributing.

Your personal identifying information will be kept it in accordance with the 1988 Data Protection Act. Any information such as names and places that could identify you or anyone you mention in your Diary will be changed to protect anonymity. Your transcript will be given a code name which only the Lead Researcher will know, and which is not linked to your Diary in any way. Diary material related to you that is stored on computer will have been made anonymous in this way, and will be password protected. Your name will not go on the transcript of your Diary; it only goes on this consent form. Your anonymised AT Diary data will be held in password protected files at CCCU and by the Lead Researcher for the purposes of further research for 10 years.

There will be written reports and conference presentations about the overall study. You will not be named as a participant unless you want to be acknowledged and voluntarily give your permission below. Reports may include short anonymous quotations from your AT diary.

What does participation in this study involve?

- **Return this signed form in the enclosed pre-paid reply envelope.** Please say below whether you are male or female, and what your birth year is. This is so we can keep track of the age and sex of everyone who participates in the study.
- **Once I receive your consent, I will transcribe your diary into password protected files under a code number.** I will return your AT Diary to you once it has been transcribed, along with a copy of this signed form.
- **If you wish,** I will acknowledge you in reports of the study. Please indicate your preference below.

Thank you for taking time to read this sheet.

Researcher Signature Ruth T Naylor Date 27 September 2010

I confirm I have read and understood the above information, have had my questions answered, and know that the transcript of my AT Diary will be reported entirely anonymously.

I want to be acknowledged by name in written reports (please circle this sentence ONLY IF WILLING).

Name (block letters) . ..... Signature ..... Gender.....

Address: .....

Date ..... Year of Birth..... **Phone/Email..... .....**

11.8.4 BAS therapists

Canterbury Christ Church University

Autogenic Therapists Participant Information Sheet

Voluntary Consent Form

Study on the Components of Autogenic Training

What is the purpose of this study?

The purpose of this study is to learn what Autogenic Therapists think about the components of Autogenic Training and the impact the components may have upon people with symptoms of anxiety. We want to see if and how your ideas of how Autogenic Training works to change people's lives might be the same as or different to the ideas of people who are now learning AT or have learnt it in the past. These two viewpoints will be used to develop a theory of how AT may be working for anxiety, and to develop hypotheses which may be tested in future research.

It is anonymous unless you would like to be identified as contributing.

Your personal identifying information will be kept it in accordance with the 1988 Data Protection Act. We are going to write reports about the study, and tell people about it at conferences. We will only name individuals who want to be acknowledged and who voluntarily give their permission on this consent form. Reports may include short anonymous quotations from your descriptions.

There are three researchers involved, all based at Canterbury Christ Church University in Kent, two at its Applied Social Sciences department and, one at its health faculty: Ruth T Naylor, MPhil/PhD student is the Lead Researcher; Dr Sue Holttum, Senior Lecturer in Research and Dr Douglas MacInnes, Reader in Mental Health are both Ruth's research supervisors.

What do I have to do to participate?

a) Be interviewed at by telephone for 30 – 45 minutes.

Talk with Ruth by yourself for about 45 minutes and tell her what you think about AT's components, and how you think they may be impacting on anxiety.

Because this is a PhD, Ruth needs to audio record the interview to make a verbatim transcript. The audio recording will deleted within 5 days of your interview. Any information in the transcripts (such as names and places) that could identify you or anyone you mention will be changed to protect anonymity. Your transcript will be given a code name which only Ruth will know corresponds to you. Interview material related to you that is stored on computer will have been made anonymous in this way, and will be password protected. Your name will not go on the notes, it only goes on this consent form.

You may find you enjoy thinking through and talking about your experience as an Autogenic Therapist from personal and professional perspectives, and in telling Ruth you may learn something, too.

b) Be willing to talk with Ruth briefly on the phone over the following 90 days if she needs to clarify any of your answers.

Researcher Signature Ruth T Naylor Date

I confirm I've read and understood the above information, have had my questions answered, and know that what I say will be reported entirely anonymously. I agree to BE INTERVIEWED entirely voluntarily and I know I can stop the interview at any time. I agree for Ruth to CALL ME WITHIN 60 DAYS if necessary to clarify my answers.

I agree for Ruth to ACKNOWLEDGE ME BY NAME IN WRITTEN REPORTS (CIRCLE IF WILLING).

Name..... Date Phone.....

11.9 Questionnaires

11.9.1 Demographics questionnaire

University College London Hospitals NHS
NHS Foundation Trust

Demographics Questionnaire
Version 1.1, 10 March 2010

Your answers to these questions will help make an overall picture of the people who participate in this study – if there is anything you don't wish to answer, **just leave a blank**. Thank you!

1. What year were you born?_____ 2. Are you Male or Female? _____
3. Please CIRCLE your marital status? (Single/Never Married) (Married) (Living with Partner) (Separated) (Divorced) (Widowed)
4. Please CIRCLE your education level? (O-Levels/NVQs) (A-Levels) (Diploma) (Masters) (Doctorate) Other, please specify. _____
5. If you have children living at home, please say their ages? _____
6. Please CIRCLE your employment status. (In full time work) (In part time work) (Seeking work) (Full time parent) (Full time home-maker) (Full time informal carer) (Unable to work due to illness or disability) (Other, please specify:_____)
7. If you are working, please say what your job is._____
8. Please CIRCLE who referred you to learn AT... (Myself) GP) (Friend/Family) (Internet search) (Article) (Advertisement) (Book) (Therapist) (Yoga Teacher) (Osteopath) (Other:_____)
9. What year did you learn AT?_____ Where was the course taught? (Therapist's office) (Hospital) (Other location, please specify type of location:_____ _____)
10. If you learned in a group, please say how many people were in the group at the start. _____
11. Please CIRCLE how often you use at least one part of AT now... (Every Day) (3-6 days a week) (1 or 2 days a week) (1-3 days a month) (Less than once a month) (Almost Never) (Never)
12. Please say in a word or two the name of any relaxation activity you regularly use, if any, and please say how often you do it, on average.

Activity_____ _____ How often? _____
Activity_____ How often?_____
Activity_____ _____ How often? _____

13. If you have an on-going health problem(s), please say what it is... _____
14. If you can recall, please briefly say your initial reasons for learning AT...

THANK YOU!

This research project is being run by Canterbury Christ Church University

UCL

UCL Hospitals is an NHS Trust incorporating the Eastman Dental Hospital, Elizabeth Garrett Anderson & Obstetric Hospital, The Heart Hospital, Hospital for Tropical Diseases, The Middlesex Hospital, National Hospital for Neurology & Neurosurgery

ROYAL LONDON HOMŒOPATHIC HOSP

11.9.2 Smith Recalled Relaxation Inventory

Now please answer the following question: to what extent did you have these experiences while you were doing your relaxing activity? Please put a CIRCLE for EACH of the items below.

1	2	3	4	1. My mind was SILENT and CALM.
1	2	3	4	2. My muscles felt TIGHT and TENSE.
1	2	3	4	3. I felt AT PEACE.
1	2	3	4	4. I felt DROWSY and SLEEPY.
1	2	3	4	5. Things seemed AMAZING, AWESOME, and EXTRAORDINARY.
1	2	3	4	6. I recognized the wisdom of sometimes ACCEPTING things as they are.
1	2	3	4	7. My muscles were SO RELAXED that they felt LIMP.
1	2	3	4	8. I was HAPPY.
1	2	3	4	9. I was WORRYING.
1	2	3	4	10. I felt AT EASE.
1	2	3	4	11. I felt DISTANT and FAR AWAY from my cares and concerns.
1	2	3	4	12. I felt ENERGIZED, CONFIDENT, and STRENGTHENED.
1	2	3	4	13. I was DOZING OFF or NAPPING.
1	2	3	4	14. I felt THANKFUL.
1	2	3	4	15. I felt like I was living fully and SIMPLY in the PRESENT, not distracted by past or future concerns.
1	2	3	4	16. Things seem TIMELESS, BOUNDLESS, or INFINITE
1	2	3	4	17. I felt IRRITATED or ANGRY.
1	2	3	4	18. I felt JOYFUL.
1	2	3	4	19. I felt SAD, DEPRESSED, or BLUE.
1	2	3	4	20. I felt AWARE, FOCUSED, and CLEAR.
1	2	3	4	21. My hands, arms, or legs were SO RELAXED that they felt WARM and HEAVY.
1	2	3	4	22. I felt INNOCENT and CHILDLIKE.
1	2	3	4	23. My BREATHING was NERVOUS and UNEVEN or SHALLOW and HURRIED.
1	2	3	4	24. I felt LOVING.
1	2	3	4	25. Things seemed FRESH and NEW, as if I was seeing them for the first time.
1	2	3	4	26. I felt INDIFFERENT and DETACHED from my cares and concerns.
1	2	3	4	27. I felt PRAYERFUL or REVERENT.
1	2	3	4	28. I felt PHYSICAL DISCOMFORT or PAIN (backaches, headaches, fatigue).
1	2	3	4	29. My mind was QUIET and STILL.
1	2	3	4	30. I felt ANXIOUS.
1	2	3	4	31. I sensed the DEEP MYSTERY of things beyond my understanding.
1	2	3	4	32. I felt RESTED and REFRESHED.
1	2	3	4	33. I felt CAREFREE.
1	2	3	4	34. TROUBLESOME THOUGHTS were going through my mind.
1	2	3	4	35. My body was PHYSICALLY RELAXED.
1	2	3	4	36. I felt there was no need to try to change things that simply couldn't be changed.
1	2	3	4	37. I felt fully focused and ABSORBED in what I was doing.

11.10 Ethical approval documents

11.10.1 Community participant interviews

Canterbury Christ Church University

Salomons Campus at Tunbridge Wells

Ruth Naylor
The White House
White House Walk
Farnham
Surrey
GU9 9AN

17 February 2009
Direct line 01892 507672
Direct fax 01892 507660
E-mail margie.callanan@canterbury.ac.uk
Our Ref MMC/V75

Dear Ruth,

Outcome: Full Approval

Thank you for addressing the points raised by the Ethics Panel so thoroughly, we are pleased to offer you approval for your proposed study.

We look forward to receiving a short report on progress and outcome on completion of the research, in order to complete our file. The report should be the same one that is provided to your participants. Please note that any changes of substance to the research will need to be notified to us so that we can ensure continued appropriate ethical process.

We wish you well with your study and hope that you enjoy carrying it out.

Yours sincerely,

Margie Callanan

Dr M. M. Callanan
Chair of the Salomons Ethics Panel

Cc: Dr C Hogg
Mrs K Chaney
Dr S Holttum

Department of Applied Social and Psychological Development
Faculty of Social and Applied Sciences

David Salomons Estate
Broomhill Road Southborough Tunbridge Wells Kent TN3 0TG (UK)
Tel +44 (0)1892 515152 Fax +44 (0)1892 539102
www.canterbury.ac.uk

Professor Michael Wright, Vice Chancellor and Principal

11.10.2 British Autogenic Society and Royal London Hospital for Integrated Medicine client interviews

The Joint UCL/UCLH Committees on the Ethics of Human Research (Committee Alpha)

Research Ethics Committee Offices
South House
Block A, Rooms 7-12
Royal Free Hospital
Pond Street
London
NW3 2QG

Telephone: 0207 794 0500 Ext: 34836
Facsimile: 020 7794 1004

15 December 2009

Mrs Ruth Tiffany Naylor
Canterbury Christ Church University
Salomons Campus
David Salomons Estate
Broomhill Road
Southborough
Tunbridge Wells
Kent
TN3 0TG

Dear Mrs Naylor

Study Title:	**The impact of specific components of Autogenic Training on the lives of people experiencing anxiety**
REC reference number:	**09/H0715/87**
Protocol number:	**1**

Thank you for your letter of 30 November 2009, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information was considered by the Vice-Chair of the REC.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Ethical review of research sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

For NHS research sites only, management permission for research ("R&D approval") should be obtained from the relevant care organisation(s) in accordance with NHS research governance arrangements. Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at http://www.rdforum.nhs.uk. *Where the only involvement of the NHS organisation is as a Participant Identification Centre, management permission for research is not required but the R&D office should be notified of the study. Guidance should be sought from the R&D office where necessary.*

Sponsors are not required to notify the Committee of approvals from host organisations.

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	*Version*	*Date*
Covering Letter		03 September 2009
REC application	2.2	09 September 2009
Protocol	1	03 September 2009
Summary/Synopsis	1	03 September 2009
Investigator CV		03 September 2009
Participant Consent Form	1.0	03 September 2009
Evidence of insurance or indemnity		27 March 2009
Interview Schedules/Topic Guides	1.0	03 September 2009
Questionnaire: Freiburg Mindfulness Inventory	1.0	03 September 2009
Reply form	1.0	03 September 2009
Demographics Sheet	1.0	03 September 2009
Appointment confirmation letter (hospital)	1.0	03 September 2009
Appointment confirmation letter (telephone)	1.0	03 September 2009
Feedback on model letter	1.0	03 September 2009
Feedback on model form	1.0	03 September 2009
Evidence of Professional Civil Liability Insurance (Mrs Ruth Naylor)		
CV Dr Ann Bowden (Key investigator)		08 September 2009
CV Mr Christopher Perrin (not named as a key investigator)		09 September 2009
CV Dr Sue Holttum (Academic supervisor and key investigator)		07 September 2009
Covering Letter		30 November 2009
Response to Request for Further Information	1	30 November 2009
Participant Information Sheet: PIS - RLHH	1.1	23 November 2009
Participant Information Sheet: PIS - 2009 AT course completers	1.1	23 November 2009
Participant Information Sheet: PIS - BAS Therapists	1.1	23 November 2009
Letter of invitation to participant – Current AT clients	1.1	23 November 2009
Letter of invitation to participant – Past AT clients	1.1	23 November 2009
Letter of invitation to participant – non-NHS BAS therapist to former client	1.1	23 November 2009

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for

Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Now that you have completed the application process please visit the National Research Ethics Service website > After Review

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

The attached document *"After ethical review – guidance for researchers"* gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

We would also like to inform you that we consult regularly with stakeholders to improve our service. If you would like to join our Reference Group please email referencegroup@nres.npsa.nhs.uk.

09/H0715/87	**Please quote this number on all correspondence**

Yours sincerely

Mrs Patricia Orwell
Chair

Email: alan.duncan@royalfree.nhs.uk

Enclosures: "After ethical review – guidance for researchers"

Copy to: *Dr Paul Camic, Canterbury Christ Church University, Department of Applied Psychology, Salomons Campus*

Mr Philip Diamond, UCLH Research and Development Directorate

11.10.3 Review of the Yurdakul 2003 data set

NHS
National Research Ethics Service
Central London REC 4

Research Ethics Committee Offices
South House
Block A, Rooms 7-12
Royal Free Hospital
Pond Street
London
NW3 2QG

Tel: 020 7794 0500 x34836

25 October 2010

Mrs Ruth Tiffany Naylor
PhD Student
Canterbury Christ Church University,
Salomons Campus,
David Salomons Estate,
Broomhill Road,
Southborough,
Tunbridge Wells, Kent
TN3 0TG

Dear Mrs Naylor

Study title: **The impact of specific components of Autogenic Training on the lives of people experiencing anxiety**
REC reference: **09/H0715/87**
Amendment number: **1**
Amendment date: **15 September 2010**

The above amendment was reviewed by the Sub-Committee in correspondence.

Ethical opinion

The members of the Committee taking part in the review gave a favourable ethical opinion of the amendment on the basis described in the notice of amendment form and supporting documentation.

Approved documents

The documents reviewed and approved at the meeting were:

Document	Version	Date
03/0258 REC Approval Letter		22 October 2003
Notice of Substantial Amendment (non-CTIMPs)	1	15 September 2010

Membership of the Committee

The members of the Committee who took part in the review are listed on the attached sheet.

This Research Ethics Committee is an advisory committee to London Strategic Health Authority
The National Research Ethics Service (NRES) represents the NRES Directorate within the National Patient Safety Agency and Research Ethics Committees in England

R&D approval

All investigators and research collaborators in the NHS should notify the R&D office for the relevant NHS care organisation of this amendment and check whether it affects R&D approval of the research.

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

09/H0715/87:	**Please quote this number on all correspondence**

Yours sincerely

L. Keegan

Laura Keegan
Committee Co-ordinator

E-mail: Laura.Keegan@royalfree.nhs.uk

Copy to: Dr Paul Camic, Canterbury Christ Church University, Department of Applied Psychology, Salomons Campus

11.10.4 British Autogenic Society AT therapist interviews

Canterbury Christ Church University

Salomons Campus at Tunbridge Wells

Ruth Naylor
The White House
White House Walk
Farnham
Surrey
GU9 9AN

07 September 2010
Direct line 01892 507672
Direct fax 01892 507660
E-mail margie.callanan@canterbury.ac.uk
Our Ref MMC/V75

Dear Ruth,

Outcome: Full Approval

Thank you for addressing the points raised by the Ethics Panel so thoroughly, we are pleased to offer you approval for your proposed study.

We look forward to receiving a short report on progress and outcome on completion of the research, in order to complete our file. The report should be the same one that is provided to your participants. Please note that any changes of substance to the research will need to be notified to us so that we can ensure continued appropriate ethical process.

We wish you well with your study and hope that you enjoy carrying it out.

Yours sincerely,

Dr M. M. Callanan
Chair of the Salomons Ethics Panel

Cc: Dr S Holttum

Department of Applied Psychology
Faculty of Social and Applied Sciences

David Salomons Estate
Broomhill Road Southborough Tunbridge Wells Kent TN3 0TG (UK)
Tel +44 (0)1892 515152 Fax +44 (0)1892 539102
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Professor Michael Wright, Vice Chancellor and Principal

Registered Company No: 4793659
A Company limited by guarantee
Registered Charity No: 1098136

11.10.5 AT diary review

Canterbury Christ Church University

Salomons Campus at Tunbridge Wells

Ruth Naylor
The White House
White House Walk
Farnham
Surrey
GU9 9AN

13 October 2010
Direct line 01892 507672
Direct fax 01892 507660
E-mail margie.callanan@canterbury.ac.uk
Our Ref MMC/V75

Dear Ruth,

Re: Mechanisms of Action of Autogenic Training Components
Autogenic Training Diaries Data Set

Outcome: Full Approval

Professor Callanan should like to thank you for your submission and we are pleased to offer you approval for your proposed study. Thank you for your careful and thorough consideration of challenging issues in use of archive data.

Good luck with your research. We look forward to receiving a short report on progress and outcome on completion of the research, in order to complete our file. The report should be the same one that is provided to your participants. Please note that any changes of substance to the research will need to be notified to us so that we can ensure continued appropriate ethical process.

Yours sincerely,

pp. C. Callanan

Professor M. M. Callanan
Chair of the Salomons Ethics Panel

Cc: Dr S Holttum

Department of Applied Psychology
Faculty of Social and Applied Sciences

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Professor Michael Wright, Vice Chancellor and Principal