Making sense of the experience of anxiety, worry, and spontaneous images. An interpretative phenomenological analysis of interviews with young adults who were using a student counselling service.

Submitted to the New School of Psychotherapy and Counselling in conjunction with Middlesex University in partial fulfilment of the requirements for the Degree of Doctor of Counselling Psychology and Psychotherapy

Joanne Kelly Keogh

Submitted July 10th 2013

Acknowledgements

I would like to thank all the people who have supported me throughout the process of this research. In particular, I would like to thank the staff at the Student Counselling Service wherein I fulfilled my second year student placement. In particular I would like to thank Ms. Yvonne Tone, my supervisor, who kindly made this research possible. I would also like to thank all the students who volunteered to participate and willingly share their experiences with me. Thanks also to my research supervisors, Dr. Andrew Fox my primary supervisor, who provided guidance, knowledge, and encouragement throughout this process and Dr. Werner Kierski my secondary supervisor who filled the gaps in my knowledge base. I would like to say a huge thank you to my amazing family and friends who have been an incredible source of support throughout especially my husband John without whose reassurance and love I would not have had the belief in my own abilities, and my children, Caoimhe, Sean, Caitlin and Conor whose patience, curiosity and interest helped keep the candle of academia burning.

Contents

Page

Chapter Three: Methodology and Method

Abstract

Aim: The aim of the current research is to gain an understanding of the individual experience of anxiety and worry with a particular focus on spontaneous images. In order to do this, the phenomena of spontaneous images, worry and anxiety require clarification. Some history of these phenomena is provided by describing the more researched worry and anxiety and adding the more recent recognition of the experience of spontaneous images. The current Diagnostic and Statistical Manual of Mental Disorders, (DSM-IV-TR; American Psychiatric Association/APA, 2000) describes a generalised anxiety as a disorder characterized by excessive worry. The new DSM-5 (APA, 2013) also does not acknowledge spontaneous images and their impact on the worrier. The present research is not intended to verify the presence of spontaneous images per se, rather it attempts to explore the lived experience of generalised anxiety and worry and to add another perspective to this age old human characteristic with a specific look at the experience of spontaneous images. In order to do this and allow for these phenomena to unfold, a phenomenological stance on worry, anxiety and spontaneous images is taken.

Method: The experience of worry, anxiety and associated spontaneous images was analysed using a qualitative approach namely, Interpretative Phenomenological Analysis (Smith *et al*, 2009). Data was collected via a semi-structured interview witheight students aged between 18 and 25 years. The interviews took place in a student counselling service and were audio recorded with appropriate consent. The interviews were transcribed verbatim and the participants given pseudonyms to ensure anonymity.

8

Results and Conclusions: Six master themes emerged from participant's accounts; self-absorption, awareness of worry and anxiety as all-encompassing, trying to cope with anxiety and worry, the past in the present, consumed by the other, and finally, life with spontaneous images. The findings are then discussed in relation to the relevant literature, and implications for therapeutic practice, methodological limitations and directions for future research are presented.

Statement of Authorship

This dissertation was written by Joanne Kelly-Keogh and has ethical clearance from the New School of Psychotherapy and Counselling, and the Psychology Department of Middlesex University. It is submitted in partial fulfilment of the requirements of the New School of Psychotherapy and Counselling, and the Psychology Department of Middlesex University for the Degree of Doctor of Counselling Psychology and Existential Psychotherapy. The author reports no conflicts of interest, and is alone responsible for the content and writing of the dissertation.

Chapter One: Introduction and Overview

1.1 Chapter Introduction

The aim of this literature review and introduction is to set the context for the present research and give an overview as to the purpose of the study. It will provide the reader with an introduction to the study and then lead on by explaining anxiety and the relationship between the phenomena of anxiety and worry. Spontaneous images and the impact these can have on the daily functioning of the individual will be discussed. A review of various contributions by those who have researched this area will be given, as well as an explanation of the relationship between worry and spontaneous images.

It is important to note from the beginning that this research takes a phenomenological stance on anxiety and worry, and that at times the participants used the word worry interchangeably with the word anxiety, which allowed room for participants to name their experience. This was also given much consideration given that the word worry often has negative connotations in everyday conversations.

1.2 Literature search

Several search strategies were employed to identify and locate relevant studies for the current literature review. The databases PsychINFO and PsychArticles were searched using the keywords of anxiety, worry and images, to examine and present the most up to date research in this area. Secondly, the references sections of relevant articles were examined to further identify potentially appropriate studies, journals, or books. Thirdly, the text of all deemed relevant philosophical and psychological contributors to the view of human anxiety and worry were sourced and read. Fourthly, the author attended various

workshops presenting on the topicof anxiety and worry, wherein suggestions were received with regards to gathering relevant information for this study. Fifthly, the Diagnostic and Statistical Manuals of Mental Disorders (American Psychiatric Association/APA) were consulted given that much research influenced the categorisation of worry within the APA.

1.3 An Introduction to the topic – worry, anxiety and spontaneous images

A rapidly growing area of research today is the phenomenon of worry (Davey, 1994a). In its more benign form, worry appears to be a relatively common and possibly universal human experience that may even have some adaptive value. However, when worry becomes excessive and difficult to control, it can be very disturbing, self-defeating, and maladaptive (Davey, 1994a).

This focus on worry is presented in the various Diagnostic and Statistical Manuals of Mental Disorders, or DSM; for example, the DSM-III (1980), defined Generalised Anxiety Disorder as a generalised, persistent condition that lacked the more specific symptoms characterising the other anxiety disorders. It also made it a residual condition so that it could not be diagnosed in the presence of other anxiety or depressive conditions, resulting in its actual presence being quite low. Individuals who met GAD criteria also typically met criteria for other conditions. The DSM-III-R (1987), abandoned the hierarchical rule that disallowed GAD diagnoses in the presence of other disorders. It also transformed the nature of GAD from generalised anxiety to a focus on specific worries, stating:

'Unrealistic or excessive anxiety and worry (apprehensive expectation) about two or more
life circumstances, e.g. worry about possible misfortune to one's child (who is in no danger)
and worry about finances (for no good reason), for a period of six months or longer, during
which the person has been bothered more days than not by these concerns' (cited in

Breslau and Davis, 1985, p. 231-238).

The central place this definition accorded to worries, not only changed the core nature of the diagnosis but also potentially pathologised common anxious conditions. However, many qualifiers such as two or more life circumstances and examples of limiting diagnoses to anxiety about children who are in no danger or about finances for no good reason clearly distinguished realistic worries from anxiety disorders (DSM-IV, 2000. p.472-476). For the most part, the DSM-IV-TR maintained the DSM-III-R (1987) criteria for GAD , as has the new DSM-5 (2013). The DSM-IV-TR (2000), however, is also suggested as lacking the contextual qualifiers that the DSM-III-R (1987) had used to distinguish disordered from natural worries. The criteria also left unclear as to what the meaning of excessive was, was it individual self-determination, social norms or clinician judgement?

The new DSM-5 (2013), has addressed this use of the word excessive and replaced it with;

'Instead, the anxiety must be out of proportion to the actual danger or threat in the situation' (p.811).

In sum, however, given the ubiquity of common worries in the population, these lower thresholds could pave the way for GAD to replace depression as the most common diagnosis of twenty-first century mental health concerns (Horwitz, 2012).

Worry can be a chronic and impairing experience, so much so that significant attention has been given to the phenomenon both by the authors and researchers of the DSM, and throughout the ages by other influential contributors which will be referred to in the literature review. Indeed researchers have proposed the possibility of changing the DSM category from the label of Generalised Anxiety Disorder to Generalised Worry Disorder or Major Worry Disorder (Andrews *et al*, 2010).

Borovec *et al* (1983) also relate worry to fear, which is interesting given that the current

DSM refer to a generalised anxiety and not a generalised fear (APA, 2000; 2013). What is

the difference? There appears to be a basic overall distinction between fear and anxiety.

Anxiety has been described as a vague unpleasant emotional state with qualities of

apprehension, dread, distress, and uneasiness (Kelvens, 1997). In addition it is objectless

(May, 1950). Fear is similar to anxiety except that fear has a specific object (Kelvens, 1997).

There seems to be a suggestion that fear arises due to a specific concern and anxiety as

more generalised. Indeed the current DSM-IV-TR (2000) and DSM-5 (2013) describe

worry as anxious expectation. Yet the attention given currently to images in worry appears

to be minimal, especially given that Borovec *et al* in 1983 did propose a definition of worry

which mentions the phenomenon of images in worry.

'Worry is a chain of thoughts and images, negatively affect laden and relatively

uncontrollable; it represents an attempt to engage in mental problem-solving on an issue

whose outcome is uncertain but contains the possibility of one or more negative outcomes;

consequently, worry relates closely to the fear process' (Borovec *et al*, 1983, p.10).

Indeed this was one of the first attempts to define worry, however, when we consider

previous research refuting the presence of images in worry, this lack of attention is

understandable (Stober, 2000; Hoyer *et al*, 2001). A few other studies do refer

to images in worry. For example, in their study investigating the phenomenology of worry

in a non-clinical setting, Tallis *et al* (1994) found that worry manifested itself

in the form of thoughts and images so much so that attempts to define worry have led to

some links between worry and obsessionality. Their research has suggested that worrying

thoughts and images have an intrusive characteristic similar to the obsessions in Obsessive

Compulsive Disorder (OCD) also referenced in the DSM-IV-TR (American Psychiatric

Association, 2000).

It is interesting to note that the word intrusive was used by Hackmann and Holmes (2011) to describe images, rather than the word spontaneous, as chosen for this research. Intrusive implies invasive whereas spontaneous implies suddenness. This decision was made deliberately as by describing images as spontaneous they are given a time line only. The participant is then open to further describe the experience of the image phenomenon in their own way.

Given these findings, the debilitating effects of worry (Carnegie, 2004) and the spontaneous nature of images (Hackmann and Holmes, 2011) which reinforce and perhaps enhance the experience of worry, an attempt is made in this study to make sense of the experience of these phenomena.

Leading on from this, whilst there has been a wealth of research exploring this very human phenomenon of worry, generally speaking and based on the bibliographic studies referenced for this study it could be said that when researchers talk about worry they tend to focus on the internal and/or external situation of the person being subjected to or experiencing that worry (Beck and Emery, 1985). The idea is to validate this worry in light of objective considerations related to it. Research on worry usually details variables referring to the relation between anxiety and a lot of characteristics, such as physiological symptoms, environmental determinants, personality types, past and/or unconscious influences, and beliefs and cognitive strategies. Whilst it is necessary to study all of these aspects when we are trying to comprehend worry it is, however, also true that by focusing only on these characteristics, any understanding about worry will have sense in terms of the theoretical assumptions that we have about it, instead of having sense in terms of the existing and living person who is experiencing the worry. In this way researchers would only be validating their assumptions about worry, and at the same time they would be refuting theories that do not fit into their ideas of worry. This implies that we may be ignoring the meaning that

the person who is experiencing worry is trying to affirm in/with that experience, because we would be focused in adjusting every person's experience to our idea or preoccupation about this worry, instead of comprehending her/his experience of being worried. Boss (1979), supports this idea when he suggests:

'It never happens that in a particular human behaviour only one piece of a person's being is engaged, for the simple reason that human being-in-the-world is by nature indivisible'
(Boss, 1979, p.145).

The comprehension of the meaning that the person is trying to affirm is also the basis to comprehend her/his experience of being worried. This means that the experience of being worried is based in the existential structure of each person and it is this that we should try to describe and grasp the meaning of, before trying to make any explanation about that experience. In other words we should try to begin to understand an experience of being worried according to the particular or specific meaning that a person is trying to affirm in that experience and not according to our abstract theory about worry.

However this is not an easy task. Yalom (1980) is quoted as stating that it is very difficult to capture the meaning and the vital energy of a person when we are only studying the parts that compose that person, and that the meaning of every person cannot be deducted from the study of the components because it is not a product of causality, but it is a creation of the person who is superior to the sum of his/her parts. Binswanger (1958) supports this when he says:

'Like the biologist and neuro-pathologist, we (Existential Psychologists) do not stop at the single fact, the single disturbance, the single symptom, but we keep searching for an embracing whole within which the fact can be understood as a partial phenomenon. But this

whole… is no objective whole at all but a whole in the sense of the unity of a world design'

(Binswanger, 1958, p.205).

The purpose of this research therefore, is to provide an understanding of the experience of spontaneous images in worry and anxiety for the individual and not to attempt to measure this experience according to any preconceived ideas held by the author.

Chapter Two: Literature Review

2.1 Normal, existential and neurotic anxiety

The purpose of this research is to provide an understanding of the experience of spontaneous images in worry and anxiety. Worry, in this case is viewed as an experience of anxiety according to the past and present DSM, even though as previously mentioned worry is closely related to the fear process (Borovec *et al*, 1983). In order to arrive at the word worry therefore, some understanding of the research contributions regarding anxiety are provided first, before moving onto an understanding of spontaneous images.

Reviewing some of the literature exposes a myriad of views and much research on anxiety. Anxiety for many is viewed in pathological terms (Freud, 1936; Beck and Emery, 1985) or as a symptom to get rid of (e.g. American Psychiatric Association, DSM). For others it is an inevitable and normal part of being human (Yalom, 1980; Van Deurzen, 2002). Within the literature there appears to be a distinction between a normal, an existential and a neurotic anxiety.

2.1.1 Normal anxiety

Normal anxiety or objective anxiety as described by Freud (1936), is a response to everyday events, such as starting a new job or being threatened by a dog. It is proportionate to its source and can be used to constructively confront the dilemma from which it arose (Iacovou, 2011). May (1950) suggests that normal anxiety is that reaction which (1) is not disproportionate to the objective threat, (2) does not involve repression or other mechanisms of intra-psychic conflict, and as a corollary to the second point, (3) does not require mechanisms for its management, but can be confronted constructively on the level

of conscious awareness or can be relieved if the objective situation is altered. May also suggests that depending on how we confront anxiety, there are at least two general possibilities in which anxiety can be experienced, in a constructive or a destructive way. According to May (1950), in order to experience anxiety constructively, we should always face anxiety as consciously as we can. A person would be prepared to face anxiety constructively only when she is convinced that the values she/he will affirm are going to make her/his feel a sense of well- being. If this is not the case, she/he will not be interested in facing anxiety constructively. However an individual may also chose to stay with the anxiety if the fear of change is greater.

Normal anxiety can however become, what has been termed, a neurotic anxiety, if the individual views the anxiety in a negative manner or destructively, as something to be gotten rid of (May, 1950). Van Deurzen and Adams (2011) refer to this neurotic anxiety as what people experience when they try to manage their existential anxiety. As such it is important to consider the various contributions towards defining existential anxiety before considering neurotic anxiety.

2.1.2 Existential anxiety

According to existential phenomenological psychology (Van Deurzen, 2002), the experience of being anxious is always present when the meaning of human existence is concerned. Kierkegaard (1844), as a religious man, saw anxiety as a way of becoming more reflective about the process of overcoming the opposition between nothing and the eternal. He argued that whoever has learnt to be anxious in the right way has learnt the ultimate. This suggests a transcendent aspect to anxiety, an understanding of which can lead to a better life. It also implies a normality in this view of anxiety but with a specific content, the nothing of life and the infinite nature of the afterlife.

Heidegger (1962/1927), spoke of angst as being where Dasein (being there) finds itself faced with the nothingness of the possible impossibility of its existence, of being ontologically aware. Sartre (1973) described anxiety as a necessary experience that allows us to become free in relation to our nothingness.

Sartre (1973) also recognised this nothingness of life but went a step further and acknowledged anxiety as necessary so as we can be free to live our lives. Jaspers (1997) described it as the metaphysical fear of choice, meaning that at a thought level the object of fear is choice. Again the words anxiety and fear surface. Van Deurzen (2009) described existential anxiety as the key to our authenticity, to being who we really are, and Tillich (2000) as a pointer in the direction of the ultimate concern.

These opinions undoubtedly raise questions such as whether or not we can be authentic? Or why do human beings chose inauthenticity over authenticity (Spinelli, 2005)? According to Heidegger (cited in Cooper, 2003; Macquarrie, 1972) human beings shift between inauthenticity and authenticity, because we do not always wish to be authentic.

Yalom (1980) states that anxiety is what happens when we ignore our existential givens or basic truths about existence. Yalom (1980) describes four main existential givens; death, isolation, freedom and meaninglessness. By these he means certain ultimate concerns, certain intrinsic properties that are a part of the human being's existence in the world.

All these contributors view existential anxiety as part of being a human in the world, as normal, yet also as open to individual interpretation and individual usage, that anxiety requires a state of consciousness, a certain awareness of that anxiety. This would link with the definition put forth previously by Borovec et al (1983) which also suggests a conscious engagement with the worry process. Therefore the existential approach recognises the importance of anxiety in the life of the individual as part of being human. Kierkegaard (1844) suggested indeed that man may perish either by never having been in anxiety or by succumbing in anxiety. It is when:

'the nothing which is the object of dread becomes, as it were, more and more of a

 something' (Kierkegaard, 1844, p.55).

This something also implies that there is a fear that this nothing will take on a life of its own and take control of the person. Again there is a reference to an objective fear and a new word is introduced, that of dread. This draws attention to an ambiguity in the language used when referring to anxiety, and perhaps, a difficulty in actually defining what anxiety really is. As can be seen from the aforementioned, some of the existential literature is quite aged as well as possibly difficult to interpret. Fischer (1970) has done much to bring this phenomenogical or experiential approach to the twentieth century. He describes an anxious experiencing and attempts to bring together the vagueness of existential theories which is a difficult task given the current psychological tendency towards finding a scientific explanation, or causal effect for a person's behaviour and individual differences, rather than an attempt to describe simply. However, the perspective that anxiety is a naturally occurring state of the person still holds firm today and would seem to be supported within the other theories which will be discussed next (Strongman, 1995).

2.1.3 Neurotic anxiety

Neurotic anxiety is also well researched and its contribution to the current perspective of worry as anxious expectation and a symptom of a generalised anxiety disorder is important to note (DSM-IV-TR, 2000, APA).
According to May (1950) neurotic anxiety has been described as worrying or as the feeling a person gets when one decides to conform, accept the conditions of worth of

21

others, and give up possible personal growth, all in the name of safety and security within the group. In May's research therefore we can see a link between the words anxiety and worry. May also says that whilst existential anxiety is a normal part of the human condition, what makes neurotic anxiety pathological is not the experience of it but the resistance to it (May, 1950). By this he suggests that the individual may see the anxiety as a negative aspect of the self and so deny or try to get rid of it. Given this description it is clear to relate this research with the DSM 1 (1952) category named Psychoneurotic Disorders. Indeed, the original DSM categories were heavily influenced by psychoanalytic theory, consideration of which will be given next.

According to Freud (1911) and the psychoanalytic position, two different views were formulated. Firstly Freud described anxiety as the universally current coinage for which any affective impulse is or can be exchanged if the ideational content attached to it is subjected to repression (Freud, 1911, 403-4). For example, sexual wishes which cannot be owned are repressed and therefore anxiety is the consequence of repression. Later he saw anxiety as a red light, a warning, the demands of the super-ego (Cohn, 1997). In his 1911 paper *Formulations on the two principles of mental functioning*, Freud referred to a neurosis and those experiencing this neurosis as neurotics. He suggested that neurotics turn away from reality because they find it unbearable – either the whole or parts of it.

Freud (1911) also argued that we have long observed that every neurosis has as its results, and probably therefore as its purpose, a forcing of the patient out of real life, an alienating of him from reality (cited in The Letter, 2009). Seemingly, the work of Freud suggests a pathologising nature. He suggests that anxiety is a reaction to a denial of an object or wish but that this unfulfilled desire then needs to present itself in another way. This presentation takes the form of a symptom with which the individual cannot cope and therefore pushes away, in turn also turning away from his reality or life.

Other psychoanalytic contributors are more specific in their description of anxiety and

attribute a specific cause, usually the primary care giver, and a time line is attached. There is a suggestion that this anxiety originates in childhood. For example, Sullivan (1953) postulated that anxiety is often the result of anticipated disapproval of the primary caregiver, Fairbairn (1952) emphasised the role of separation anxiety in infancy and Klein (1921) emphasised the infant's experience and subsequent fear of not being able to evoke the primary caregiver when needed. Therefore, in the psychoanalytic context, anxiety is viewed as a significant aspect of response to a threatening environment, and is also necessary for the development of neurotic behaviour or symptoms such as those described in the Diagnostic and Statistical Manuals I to III (1952, 1968, 1980).

Izard (1977) postulates that psychoanalytical theories can be based on the adaptive functions of anxiety and are dependent on the cognitive processes that are a part of individual learning and appraisal. It is perhaps important to view psychoanalytical theories in this light since, in recent times, cognitive theories tempered by neuropsychological research have begun to dominate our understanding of anxiety.

May (1950) as previously stated, suggested that neurotic anxiety, on the other hand, is a reaction to threat which is (1) disproportionate to the objective danger, (2) involves repression (dissociation) and other forms of intra-psychic conflict, and as a corollary, (3) is managed by means of various forms of retrenchment of activity and awareness, such as inhibitions, the development of symptoms, and the varied neurotic defence mechanisms. According to this, the person who experiences anxiety destructively in some way experiences his existential original way of life frustrated, and because he is not capable of confronting the resultant experience of being anxious, he experiences much more frustration and paralysis of his authentic way of life. As a consequence the person applies to any other inauthentic way of life that allows him although restricted, to feel like somebody with some value, and at the same time he keeps away the experience of being anxious that makes him feel menaced. In other words this relates to the previous Freudian suggestion

that denial and avoidance replace acceptance and coping and a restricted life experience is better than acknowledging and being courageous in the face of the unknown and uncontrollable.

By 1968, the second edition of the DSM was published (DSM-II, APA, 1968) and a new label named Anxiety Neurosis was created. This neurosis was characterised by anxious over-concern extending to panic and frequently associated with somatic symptoms. This anxiety may have occurred under any circumstances and was not restricted to specific situations or objects. This disorder was also distinguished from normal apprehension or fear, which occurred in realistically dangerous situations.

In more recent psychoanalytic literature, Eagle (1993) postulated that anything that is threatening to the integrity and intactness of the individual can generate anxiety. This is interesting as it is similar to the DSM-IV-TR (2000) criteria for post-traumatic stress disorder which was referenced as an anxiety disorder as:

'*The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others* ' (p.467).

Eagle (1993) further suggested that individuals who suffer chronic and intense anxiety are predisposed to a generally high level of arousal, and because they habituate to oncoming stimuli very slowly, also respond to specific stimulation with excessive arousal. Modest amounts of anxiety that would in others trigger defence reactions when added to the already pre-existing high levels of arousal characteristic of anxiety-prone individuals triggers the *traumatic situation* of an anxiety attack.

Eagle (1993) seems to be proposing a predisposition to anxiety suggesting a trait anxiety that is part of the person's personality as well as high levels of state anxiety in their world.

This viewpoint takes the understanding of anxiety further to suggest that only certain individuals may be prone to anxiety.

Neurotic anxiety or anxiety neurosis (DSM-II, 1968) was then replaced by the term Anxiety Disorder (Barun *et al*, 1975). Indeed the category of (GAD) was first introduced in the third version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III; American Psychiatric Association, 1980), when the diagnostic category anxiety neurosis was split into Panic Disorder and GAD. Until then GAD was considered a residual category for individuals not fitting any other anxiety diagnoses – often those who experienced considerable anxiety but without panic attacks or avoidance behaviour typical of phobias (Heimberg *et al*, 2004). In the revised version of the DSM-III (DSM-III-R, APA, 1987) the central feature of GAD was changed from free-floating anxiety to worry.

The most available description to the author of the diagnostic features of GAD (DSM-5; APA, 2013) include excessive and difficult-to-control worry as the central feature (see Table 1 overleaf).

Table 1. DSM-5 criteria for Generalised Anxiety Disorder.

A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least six months about a number of events or activities (such as work or school performance) .

B. The person finds it difficult to control the worry.

C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months). Note: only one item is required in children.

(1) restlessness or feeling keyed up or on edge

(2) being easily fatigued

(3) difficulty concentrating or mind going blank

(4) irritability

(5) muscle tension

(6) sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)

D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E. The disturbance is not due to the direct physiological effects of a substance (e.g. a drug of abuse, a medication) or general medical condition (e.g. hyperthyroidism)

F. The disturbance is not better explained by another mental disorder (e.g. anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder (social phobia), contamination or other obsessions in obsessive-compulsive-disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in posttraumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder).

This DSM has categorised anxiety into various Anxiety Disorders (see DSM-5, 2013, p. 189-234 for a full list).

However, the symptom based DSM have been criticised with each release especially due to a lack of reliability and validity for its categories (Andrews *et al*, 2010). The use of the word

excessive has been criticised as an ambiguous term (Ruscio *et al*, 2005). There is no guidance as to what makes worry excessive and also as to who should determine that the worry is excessive (Ruscio *et al*, 2005). However although omitting the excessive criterion may increase the population that would satisfy the remaining GAD criteria, it would not substantially change the type of person identified as having GAD (Andrews *et al*, 2010). Other criticisms focus on the number of events or activities worried about as well as the duration of the worry (Andrews *et al*, 2010).

In sum, this study focuses on worry and anxiety, within a phenomenological paradigm, an experience of being human. This experience would have been categorised as a neurotic anxiety in the past. The author acknowledges that anxiety presents itself in various forms and in relation to various life events, yet there appears to be an element of perspective taking evident. Worry can be seen as being a part of the human design and as useful in living our lives, yet there is a suggestion that our view of this worry can cause it to increase to a degree where it can be labelled neurotic or destructive (May, 1950).

2.2 Current perspectives on worry

There have been many current contributions to the understanding of the phenomenon of worry. As previously mentioned, one of the first attempts to define worry was provided by Borovec *et al* (1983). Worry was viewed as a cognitive component of anxiety as distinct from the physiological symptoms of anxiety (Andrews *et al*, 2010). This early work on the nature of worry (Borovec *et al*, 1983), suggested that the worries experienced by GAD patients were predominantly verbal-linguistic rather than imagery based and that verbally based cognitions are associated with less arousal when experiencing threatening cues than are imagery-based cognitions. However, as these contributions are too numerous to be

included in this study, the author decided to use those most researched and most quoted in the relevant literature (Carr, 2008).

2.2.1 Cognitive perspective on worry

Beck and Emery (1985) postulated that emotions and behaviours are influenced by one's perceptions of events. As a result people have very different perceptions of the same event because information and experiences are assessed against a set of fairly rigid beliefs, rules or assumptions about the world, the self and other people (Anderson and Morris, 2006). This filtering of situations and events through dysfunctional assumptions may lead to a stream of negative automatic thoughts associated with emotional change, such as worry. This model is applied to a model of therapy called cognitive behavioural therapy or CBT (Beck and Emery, 1985).

Davey (1994a) postulated that worry may be a problem solving strategy that has somehow become thwarted. Dugas *et al* (1997), combine many of these different aspects of worry and propose that cognitive avoidance, the ability to self-manage perceived problems, positive beliefs about worry and intolerance of uncertainty interact to produce worry. Worry has also been suggested to be a problem solving exercise (Borovec *et al* 1983). Levels of worry have also been found to be unrelated to problem solving ability, but significantly associated with poor problem solving confidence (Davey, 1994a). When the individual worries about worrying this significantly predicts the extent to which worrying is a problem (Wells, 2009). Wells (2009) proposes a meta-cognitive model of GAD;

'*Meta-cognition is cognition applied to cognition'* (Wells, 2009, p. 1).

This model has some similarities with traditional cognitive therapy since it focuses on

dysfunctional beliefs. However, the focus is not beliefs about the world, the self or the other as in traditional CBT, but the subjective appraisal of the thinking process. In Well's model the central focus is to challenge the person's belief in the validity of negative thoughts, feelings and beliefs (Wells, 2009). The meta-cognitive model (MCT) deals with a pattern of thinking whichprohibits the negative thoughts, feelings and beliefs from being transitory and simplypassing. It is based on the idea that negative thoughts are normal, but certain response patterns are thought to:

'…*lock the individual into prolonged and recurrent states of negative self-relevant processing*' (Wells, 2009, p.3).

The beliefs about the self and the world are seen as products of maladaptive styles of thinking and a focus on the content of worry does not change the underlying style of thinking. In Well's model (2009) events that trigger intrusive thoughts activate positive beliefs about worry as a coping strategy, which in turn lead the person to worry about the event in order to cope. As negative outcomes are processed, the person becomes more worried and the act of worrying triggers negative beliefs about worry, that there is something negative about the worry the person is experiencing, also known as Type 2 worry or meta-worry (worryabout worry). Beliefs also lead to reassurance seeking and avoidance and thought control strategies then lead to the escalation and maintenance of worry (Borovec and Roemer, 1995; Wells, 2002).

The cognitive aspect of worry may be easier to recognise since the only true measure of worry is through a person's reported feelings of uneasiness and discomfort. Interestingly enough however none of the authors have mentioned the experience of spontaneous images.

Research on Well's (2002) meta-cognitive model of GAD has shown promising results. Large

post-treatment effect sizes and high levels of recovery have been shown in an uncontrolled

trials (Wells and King, 2006). However, research is still uncovering the degree to which

change in a specific cognitive process is related to outcome in GAD. For the validity of

cognitive therapies to hold true, future studies must investigate to what extent therapeutic

change in specific cognitive processes can predict outcome. Added to this, cognitive

theories have also been described as suffering from what is sometimes called boxology. In

other words, just because some possible function is named and put in a box in some

indeterminate space in the mind does not mean that it actually exists, nor does it in any

strong sense provide an explanatory account (Wells and King, 2006). In a sense, although

this theory seems to be quite rich it has been described as telling us less about the nature of

anxiety than Kierkegaard's theory expressed so long ago (Strongman, 1995).

2.2.2 Attachment and the biological perspective

There have been various contributions explaining worry from a biological and attachment

perspective. The Foetal Programming hypothesis suggests that at certain points during

pregnancy environmental exposures to the foetus in the womb significantly influence brain

development, which can, in turn, impact future health (Van den Bergh, 2005; Nathanielsz,

2000), and future worry related problems. One environmental exposure is the passing of the

hormone cortisone across the placenta which is suggested as having long term effects on

the hypothalamus pituitary adrenal axis (HPA), limbic system and prefrontal cortex (Van den

Bergh, 2005; Nathanielsz, 2000) resulting in childhood behavioural problems. Parents

experiencing such behavioural problems with their children may find bonding or attachment

difficult as a result (Van den Bergh, 2005).

Attachment is defined as the affectional bond or tie that an infant forms between himself

and his mother figure (Ainsworth *et al*, 1978) and the attachment process aims to provide a

secure base for the child. The infant has pre-programmed emotional circuits, designed, in evolutionary terms, to protect the vulnerable infant from harm and to enhance the potential for survival (Allez, 2009). These have been described by Panskepp (1998) as seeking (motivation for the child to interact with the world), care (warmth and tenderness, safety in numbers), play (social bonding process), fear (flight and freeze of sympathetic nervous system, escape from imminent danger), panic (separation anxiety), rage (sympathetic nervous system fight response) and lust (sexual arousal, motivates reproduction of the species).

There are so far identified four attachment styles in children (Bowlby, 1988). The literature suggests that it is the preoccupied attachment style that is most related to worry (Allez, 2009), therefore the focus will be on this attachment style. According to Allez (2009), the preoccupied attachment style can be found in infants who have long periods away from their mothers/mother figure, where they are repeatedly searching for their attachment figure. The resulting emotional and behavioural responses suggest individuals who seek much reassurance. It is argued that this results from an overdevelopment of the fear and panic circuits in the search for care, which triggers the HPA (hippocampus, pituitary, adrenal) axis via the amygdala (Allez, 2009). This triggers the child into the loss circuit and then back to panic. This in children manifests as hypersensitivity and with attention deficits and hyperactivity, and in adults manifests in anxious behaviour, including anxiety states and excessive rumination, preoccupied jealousy, and an inability to be alone, obsessive-compulsive behaviour, and compulsive eating disorders. Furthermore, Allez (2009) argues that preoccupied adults identify with a victim position, so becoming very resistant to any ideas that they may be able to control their own destiny (Shorey and Snyder, 2006).

Lyddon (2004) refers to individual differences in attachment experiences as predictors of anxiety disorders. Evidence suggests that the influence of parental over involvement

(enmeshment, role reversal in the form of taking on parental responsibilities as children) and parental rejection may each contribute to a general view of the world as a potentially threatening place that purportedly is carried into adolescence and adulthood. Another reason is that the recognition of implicit, automatic cognitive processes in anxiety literally feed forward and anticipate danger and threat (Lyddon, 2004).

Attachment style would appear to be involved in the development of worry. However this theory has been criticised on various levels. Bowlby (1988) has been criticised as putting the emphasis too much on the mother. One of the main critics is Harris (1998), who suggests that we cannot assume that kind, respectful parents will raise similar children and that rude, disrespectful parents will raise rude children. Many personality traits may be genetic in origin and not necessarily due to the nurturing of parents (Harris, 1998). This theory has also been based on a momentary separation of mother and child which is very stressful. Field (1996) has suggested that it is also important to observe a mother and infant in a non stressful situation. Other criticisms have included the suggestion that attachment theory focuses on the mother infant relationship too readily as children also form other attachments, and these other attachments can be formed during adolescence, adulthood and later life (Field, 1996). Finally attachment theory has also been criticised for its lack of cohesiveness in explaining the definitive relationship between different attachment styles and later mental health difficulties (Bar-Haim *et al*, 2007).

2.2.3 Medical Model

According to the medical model worry is a disease or disorder of the nervous system (Spitzer *et al* , 2007). The medics task is often to diagnose and prescribe treatment, with the outcome of symptom amelioration (Spitzer *et al*, 2007). This theory

seems to be more fundamental and assertive than the other theories as would perhaps be expected of a medicalised model which requests evidence based research as a fundamental prerequisite for medical funding and due to the enormous cost to the human life when mistakes are made.

Medications prescribed often provide amelioration for severe worry states, however, this medication can also contribute to the maintenance of worry, as the possible underlying emotional and psychological causes are not addressed. If indeed neurotic anxiety or worry is a specific perception of existential anxiety then by calling worry GAD and prescribing medication are we taking away the freedom to define our own lives, and to use the experience of worry in a constructive way? The medical model relies on the Diagnostic and Statistical Manual categories of Anxiety Disorders and although the DSM-IV-TR and DSM – 5 (APA, 2000; 2013) make some attempt to address even some of the cultural variations in the expression of mental illness, too little attention is devoted to the influence of social norms on the experience of psychological distress. However, it must also be noted that at times a medical label can alleviate distress and anxiety and can also lead to the prescribing of medications which are recognised as effective by individuals (Stocchi *et al*, 2003).

There are many theories on the nature of anxiety and worry and hopefully the author has been able to paint a clear picture of some of the various contributions of this human quality. The views on the aetiology of worry are many and varied, however all recognise that worry has certain effects on the individuals functioning (i.e. their experience of this worry). As with most scientific based research, the search for aetiology often comes at the expense of understanding the experience of a phenomenon (Sloan, 2000; Fox and Prilleltensky, 1997; Widiger and Sankis, 2000). The dilemma lies therefore in the perspective this paper will hold. The author decided to take a phenomenological perspective, meaning that rather than attach to one aetiological perspective to the research which would be purposeful in explaining the experiences, the aim is to simply capture the experiences, the meaning made

and to describe them.

2.3 Phenomenological perspective

As can be seen from this brief reference to the literature, there are many views

on the causes of worry and anxiety. Theories seek to encompass what it means to feel

anxious from various perspectives and examples include normal anxiety as being an

everyday response to everyday events, where some of the phenomenological and

psychoanalytical writers were quoted. Also reference was made to the writers holding a

view on existential anxiety which is similar in some ways to normal anxiety. Existential

anxiety is normal yet, it differs, as normal anxiety has the ontic as it's subject, whereas,

existential anxiety takes the ontological or matters of existence as its subject. Reference was

then made to a neurotic anxiety which lead nicely onto the topic of the experience of worry.

Neurotic anxiety is noted as holding the key to anxiety or worry, which currently is viewed

as causing a dysfunction in the life of the person. In a way, therefore, this neurotic anxiety

is also a bridge to current theories on anxiety and specifically worry.

Current theories on anxiety and specifically worry focus on this dysfunction and attempt to

analyse or give reasons for this. The cognitive theorists focus on dysfunctional thought

processes, the biologists and attachment theorists focus on the role of hormones and

attachment with caregivers, while the medics emphasise the role of disease and the central

nervous system. Each of these theories offers something to the experience of understanding

anxiety and worry. Yet, whilst all of these theories have merit, they do not prioritise and

focus on how people make sense of their experience. Therefore whilst all are pertinent to

the human experience, the author, whilst holding these various perspectives in mind, has

chosen to take a phenomenological stance and carry out the research in an open manner,

with a view to discovering what unfolds. The author is also aware that in taking a

phenomenological position there are certain concerns which need to be explained involving,

for example, an explanation as to how this phenomenological perspective is different from

other perspectives? Also what do we mean by phenomena?

In answering these questions, it is useful to briefly turn to Kant (1929). Kant endorsed

transcendental idealism, distinguishing between phenomena (things as they appear) and

noumena (things as they are in themselves), claiming that we can only know about the

former (Kant 1929). However, the most common view is that all of the major

phenomenologists construe phenomena in the latter way, phenomena are things as they

appear. They are not mental states but worldly things considered in a certain way.

Therefore importantly, it is not to be assumed that the appearance of a thing is

limited to sensory experience. Experience (or intuition) can indeed be sensory but can, at

least in Husserl's view, be understood to encompass a much broader range of phenomena

(Husserl 2001). Phenomenology then is the study of things as they appear (phenomena). It

is also often said to be descriptive rather than explanatory, as a central task of

phenomenology is to provide a clear, undistorted description of the ways things appear

(Husserl 1982). This can be distinguished from causal or biological explanations, which

would be the job of the natural sciences (Howe, 2012). Therefore as a research piece, one

consequence of taking this phenomenological perspective, would be that whilst post

research we may take what is learnt from this research and try to apply it to a search for

cause, this is not ultimately the functional motivation for this research.   To continue on,

Husserl refers to the idea of the natural attitude (Husserl 1982). This means that all judgements that posit the independent existence of the world or worldly entities, and all judgements that presuppose such judgements, are to be bracketed, and no use is to be made of them in the course of engaging in phenomenological analysis. Importantly, Husserl claims that all of the empirical sciences posit the independent existence of the world, and so the claims of the sciences must be put out of play, with no use being made of them by the phenomenologist.

Therefore, the results of phenomenology are not intended to be a collection of particular facts about consciousness, but are supposed to be facts about the essential natures of phenomena. Phenomenologists do not merely aspire to offer accounts of what their own experiences of, say, material objects are like, but rather accounts of the essential features of material object perception as such (Larkin *et al*, 2006). But how is this aspiration to be realised given that the method of phenomenology is descriptive, consisting in the careful description of experience? The Husserlian answer to this difficulty is that the phenomenologist must perform a second reduction called eidetic reduction because it involves a kind of vivid, imaginistic intuition. The purpose of the eidetic reduction in Husserl's writings (1982) is to bracket any considerations concerning the contingent and accidental, and concentrate on (intuit) the essential natures or essences of the objects and acts of consciousness. Therefore it can be seen how Husserlian and post-Husserlian phenomenology stands in complex relations to a number of different philosophical traditions, most notably empiricism, and why the author deems it necessary to point out

these differences to explain her phenomenological position.

In sum, the phenomenological stance taken by IPA is concerned with trying to understand what it is like, from the point of view of the participants, to take their side. At the same time, a detailed IPA analysis can also involve asking critical questions of the texts from participants, such as the following: What is the person trying to achieve here? Is something leaking out here that wasn't intended? Do I have a sense of some-thing going on here that maybe the participants themselves are less aware of? Phenomenology therefore has a lot to offer.

IPA has a theoretical commitment to the person as a cognitive, linguistic, affective and physical being and assumes a chain of connection between people's talk and their thinking and emotional state. At the same time, IPA researchers realise this chain of connection is complicated – people struggle to express what they are thinking and feeling, there may be reasons why they do not wish to self-disclose, and the researcher has to interpret people's mental and emotional state from what they say.

IPA's emphasis on sense-making by both participant and researcher means that it can be described as having cognition as a central analytic concern, and this suggests an interesting theoretical alliance with the cognitive paradigm that is dominant in contemporary psychology (Fishe and Taylor, 1991). IPA shares with the cognitive psychology and social cognition approaches in social and clinical psychology, a concern with mental processes (Fishe and Taylor, 1991).

However, IPA strongly diverges from mainstream psychology when it comes to deciding the appropriate methodology for such questions, as while mainstream psychology is still strongly committed to quantitative and experimental methodology, IPA employs in depth qualitative analysis (Millsap and Maydou-Olivares, 2009). Thus, IPA and mainstream psychology converge in being interested in examining how people think about what is happening to them but diverge in deciding how this thinking can best be studied (Smith *et*

al, 2009).

In sum, as exemplified, there are many perspectives on anxiety and worry to date. To hold only one of these perspectives, which all have merit and are pertinent to the human experience, would possibly mean losing the richness of the experience itself, therefore the author has chosen to take a phenomenological stance and carry out the research in an open manner with a view to discovering what unfolds.

To refer only to the DSM-5 (2013) disorder of Generalised Anxiety Disorder would be psycho-pathologising the experience of worry and understanding it as a mental disorder. To refer only to one of the above theories would be to paint only a partial picture of the wealth of opinions and research in this area. Such disorder models continue to be the subject of debate regarding their theoretical underpinnings, validity, utility, aetiology and treatment implications (Widiger and Sankis, 2000).

The present study seeks to develop an understanding of the experience of worry and anxiety and spontaneous images, rather than develop a description or theoretical explanation or as Fischer (1970) comments:

'Only from the perspective of the person living the particular affect can that affect be completely understood' (p. 96).

Based on this, we should not formulate a theory about worry before placing and understanding it in the concrete situation and context in which it occurs. Indeed Binswanger (1958), refers to this subject-object dichotomy as the *'fatal defect of Psychology'* (p. 193). In this way before opposing the tendencies and attitudes oriented to the objectivity and subjectivity, and pretending to vote only for one of them, we should realise that they are aspects of the same experience of being anxious, but that they are aspects at different

experience levels.

What can be postulated however is that worry per se does appear to have an impact upon the everyday functioning of an individual, such as that when worry results in prolonged periods of introspection and social withdrawal, when the process of worry does not stimulate learning and extrapolation to other life situations, and when it becomes so self satisfying that it promotes a pattern of helplessness, it is a phenomenon worth looking at further (Bruhn, 1996).

As, importantly, this paper focuses on worry, anxiety and spontaneous images, and the previously mentioned DSM-IV-TR (2000) and DSM-5 (2013) do not refer to spontaneous images as a symptom of worry within GAD, the author will proceed with an overview of this phenomenon and then relate it to worry.

2.4 Spontaneous Images

About 40,000 years ago our palaeolithic ancestors painted figures of horses, bison, lions and bears on cave walls in France and Spain. In Egypt more than 6,000 years ago religious texts were written in hieroglyphic symbols and buried in tombs. The first language, indeed the only written language for most of human history, was not words, but pictures (Muff, 1997). Those who work in marketing a product like Coca Cola know that one picture is worth a thousand words as close to home the language of imagery is alive and well. A client talks about nightmares, another about flashbacks, another uses art therapy for catharsis. These examples tell us something about the power of images. On other words, whether they come from our inner world, through dreams and fantasies, or from our outer world, images have the power to move us (Silk and Norwood, 2003).

For the purpose of clarity the author wishes to note that the literature search has revealed that spontaneous images are also referred to as intrusive images and so from now on both

terms shall be used interchangeably, whilst also being aware of the slight difference in definition.

According to Hackmann and Holmes (2011), cognitive activity may occur as intrusive images which are are typically represented as visual scenes, although other sensory modalities can occur. Behavioural researchers have commenced systematically to investigate the role of these cognitive phenomena in the pathogenesis of clinical disorders such as Post-Traumatic Stress Disorder and Depression. Indeed, intrusive images have been repeatedly studied in individuals with Post Traumatic Stress Disorder (Reynolds and Brewin, 1999), and Depression (Brewin, 1998) but also other mental health conditions.

Research has indicated that a predominant feature of Post-Traumatic Stress Disorder (PTSD) is the flashback or intrusive image/memory of the event that caused the stressful reaction. According to Birrer *et al* (2007) PTSD images have more of a here-and-now quality. The images formed are also perceived more visually, meaning, with more clarity of colour and content. These intrusive images are referred to as hotspots and are deemed to represent the moment of the peak of emotional distress during the stressful event. Birrer *et al* (2007), argue that images formed by depressed individuals are equally distressing. They also argue that rumination and brief intrusive lexical thoughts are triggers of intrusive images in Depression and PTSD (Birrer *et al*, 2007).

Psychosis is another well researched phenomenon. Morrison (2002) has argued that many of the positive symptoms of psychosis (hallucinations and delusions) can be conceptualised as intrusions into awareness or culturally unacceptable interpretations of such intrusions. The suggestion is that it is the interpretation of the intrusion that causes the distress. Morrison (2001) argued that the nature of these interpretations is affected by faulty self and social knowledge and that both the intrusions and their interpretations are maintained by mood, physiology and cognitive and behavioural responses.

The images associated with Obsessive Compulsive Disorder (OCD) are thought to have a

greater frequency than other Anxiety Disorders, the adoption of a field perspective and lesser degree of association with memories is thought to be the cause (Lipton *et al*, 2010). Image content is said to more often contain themes of unacceptable ideas of harm and imply a dangerous self (Lipton *et al*, 2010).

Individuals with Social Phobia, for example, spontaneously generate distorted negative images of themselves performing poorly in social situations (Hirsh and Holmes, 2007). These idiosyncratic images represent the clients key fears so that when images are generated, the individual often feels more anxious and believes that others can see their symptoms of anxiety (Hirsh and Holmes, 2007). Negative images therefore have a key role in maintaining the disorder. Anxious images often relate to an earlier aversive or traumatic situation, but the clients experience it as if it is happening in the here-and-now and the image is a true representation of how they appear to others (Hirsh and Holmes, 2007).

In sum research seems to imply underlying traumatic memories associated with the aforementioned conditions. There is also evidence to suggest that the reaction to these images influences their frequency and stability over time. However whilst information is available describing the possible origin of the images, as for example, in PTSD there is a element of memory, there is little research into the quality of the images (Hirsh and Holmes, 2007).

Whilst little is known of the interactions between these different intrusive thoughts, recent research is beginning to investigate the interactions among different types of cognitions, revealing the potential catalytic effect of different types of intrusive thoughts and images (Behar *et al*, 2005; Mc Laughlin *et al*, 2007; Michael *et al*, 2007; Ehring *et al*, 2009). Spontaneous Images themselves are not abnormal, indeed many authors have noted their autobiographical context (Hackmann and Holmes, 2004). However, images may also be experienced as actual events happening in the present, or as representing the imagined

future and projected meanings for the self (Hackman and Holmes, 2011). Images can be highly intrusive (sudden and unexpected), distressing and repetitive, they may arise out of the blue and hijack attention and negative self-goals, they may therefore understandably provoke a variety of cognitive and behavioural responses, such as, interpreting the image as representing fact, trying to block it out of the mind, or avoiding triggers for the image. (Hackmann and Holmes, 2011).

Holmes *et al* (2008), define an image as:

*'…a cognitive event in which perceptual information is accessed from memory giving rise to a mental representation equivalent to seeing in the mind's eye or hearing in the mind's ea*r'. (Holmes *et al*, 2008, p. 104).

An image can be defined as more than a memory as it is an active process in which imagination is able to produce combinations such that a memory can take the form of an image but an image does not have to be a memory (Holmes *et al*, 2008). Images can therefore provide an opportunity for an individual to create a representation of a possible future, present or past events as well as distortions of events (Holmes *et al*, 2008). There have been various contribtory theories to understanding spontaneous images. Kosslyn *et al* (2010) do suggest however, that these theories have been restricted by the inherently personal nature of the images themselves. Yet, given this phenomenon of privacy there has been some notable research, for example, Kosslyn *et al* (2010) reported that an image is an emotional experience in visual form, and that this emotion is not just a sentiment but memory itself. This reinforced the work of Conway (2001) who previously stated that there was a link between images and autobiographical memory. Holmes *et al* (2008) argue that images have a more powerful impact on negative

and positive reasoning than verbal reasoning. Kosslyn *et al* (2010) postulate that the idea that images play a special role in emotionally charged material may be due to a particular sensitivity by the emotional system to images, as language evolved later. Loftus (2007) argues that an individual's imagination may inflate and make believble these images although Ehlers and Clark (2000), argue that they may lack context and time. Furthermore Kosslyn *et al* (2010) postulate that how people react to these images may determine whether these thoughts become severe, turn into obsessions or require treatment.

What the above mentioned research has done is to reinforce much earlier research carried out by Horowitz (1970) who argued that images should be defined as constants of consiousness, that possess sensory qualities as opposed to those that are purely verbal or abstract. In addition, they may be categorised as occurring spontaneously, be deliberately generated, transformed or suppressed. They may reflect past, present or future perspectives and may be literal or symbolic (Horowitz, 1970). Indeed Hackman (1998) stated that compared to verbal thoughts, images may sometimes provide direct access to a holistic network of beliefs underlying emotional responses that may be difficult to identify through questioning alone. For example an image content may be based in a childhood memory and for many are believed to suggest a terrible future, in other words the past in the present or future.

Ehlers and Clark (2000) in their Post-Traumatic Stress Disorder (PTSD) model state that distressing memory fragments are elaborated and given a context within an autobiographical memory base. Putting these memories into words provides an opportunity for reflection on distorted appraisals, a time code is attached and no current threats are seen (Ehlers and Clark, 2000). This model could potentially be applied to worry where in many cases a trauma is present but it is of a more implicit nature and dismissed by the individual.

2.4.1 Why study images?

According to Kosslyn *et al* (2010) mental imagery is frequently vivid and distressing. Images can also often seem real and important, they have certain triggers, they affect what people do, perspective taking in images impacts on emotional experience, images can be experienced in different sensory modalities, and engaging with images can lead to new insights. Yet it must also be noted that due possibly to their inherently private nature clients generally do not make explicit to the therapist this experience of images, and unless the therapist is aware of their significance often does not direct the client towards them (Kosslyn *et al*, 2010). Hence a useful and possibly healing piece of therapeutic work goes untouched. However, in contrast, it is important to note that Borovec and Inz (2000), suggested that worry is primarily a verbal-linguistic form of processing information, and involves little imaginal activity – it involves talking to oneself.

Therefore there would appear to be a variety of reasons for studying spontaneous images per se and to discover if participants link their experiences of images with their experience of worry. Furthermore delving into the experience of images in worry and anxiety could also prove rewarding for the therapist /researcher especially given that Hackmann and Holmes (2011) argue that most clients find focusing on the experiences of images tiring, hard, confrontational, emotional, stressful, and energy consuming and therefore engagement with said can be difficult yet fruitful.

According to Hackmann and Holmes (2011) there has been a large amount of research conducted on the experience of images as those recounted in Obsessive Compulsive Disorder, Post Traumatic Stress Disorder and Psychosis. However there has been little

research on the experience of spontaneous images in those who worry (Hackmann,

et al, 2011).

2.5 Overview of the reasons behind the research

Worry has been linked to difficulties across social, occupational and everyday functioning

(Castle *et al*, 2006), and has been linked to physiological disease, relationship

difficulties and reduced concentration (Nutt, 2004) thus significantly contributing to

decrements in the sufferer's ability to function in society**.** These negative effects of worry

are important when considering counselling services and treatments because worry is the

most common reason for attending such services (World Health Organisation/WHO, 2000)

and as such can be expected to present in a large number of people who present for

counselling.

Furthermore as previously mentioned, although there is much research on the experience

of spontaneous images in other areas of mental health difficulties (e.g. Psychosis and PTSD;

Hackmann and Holmes, 2011), there is little research into the experience of spontaneous

imagery in worry. The importance of working with images has been highlighted in the

therapeutic literature (Hackmann and Holmes, 2011), yet there is little information on how

people who experience these kinds of images make sense of them.

2.5.1 *Overview of the reasons for the sample choice*

The sample for this research was chosen for a particular reason. Indeed the sample was

chosen from those attending a student counselling service wherein the author was a trainee

counselling psychologist. It is noteworthy therefore, that the participants had already

sought out counsel for their varying issues which may or not pertain to the subject of this

thesis. Given the nature of the interview questions and their possible emotional content, the method for choosing the participants, that is, those already availing of services, meant that the participants post interview were given the opportunity to further discuss the interview with their regular counsellor. These participants were also chosen as research suggests that worry has been reported as higher amongst young people (18-24 years) than older adults (Myers *et al*, 1984). An Australian study found that a major common stressor experienced in about 1 in every 5.5 young adults was that of adjusting to university life (Jones *et al*, 2009). Some of the challenges students face include academic pressure, finances, social and sexual issues and sleep deprivation (Jones *et al*, 2009). Worry among students has also been shown to adversely influence their academic performance and contribute to learning difficulties (Dyrbye *et al*, 2006) thereby potentially compounding the stress experienced. Therefore whilst worry can occur at any stage of life, research studies suggest that young adulthood can be a period of particular vulnerability both for males and females.

In sum, the current research is primarily concerned with developing an understanding of what it is like for to experience worry and spontaneous images as the research to date is scarce. Young students in the 18 to 25 year bracket were chosen as participants, as research mentioned above suggests that this period in their lives can be particularly stressful and because the author was working in a student counselling service.

2.6 Research questions.

With the above aims in mind, the main research questions were:

Primary: How do young adults who are using a student counselling service make sense of the experience of worry and anxiety?

Secondary: How do these young adults make sense of the experience of spontaneous

Images?

Chapter Three: Methodology and Method

3.1 Methodology

Willig (2008) sets out the following three questions to help identify a methodology's epistemological roots and hence decide on its application to the research at hand:

1. What kind of knowledge does the methodology aim to produce?

2. What kinds of assumptions does the methodology make about the world?

3. How does the methodology conceptualise the role of the researcher in the research?

Keeping these questions in mind it is important to note that an analysis of any form of data represents a key component of research, and constitutes a meaning making part of the process. For many researchers a key aspect of qualitative research is that analysis is guided less by the expectations of the researcher in advance of the analysis and more by their reaction to, and engagement with, the data during the analysis phase. However the process of analysing data is influenced by a multitude of factors including the methodological framework adopted by the researchers, the research questions that guide the study, the methods of data collection used and the nature of the data collected using these methods. It is also likely that the researchers own background, training and preferences will be influential in how they approach this key aspect of the research process. For the purpose of this research a qualitative approach is used called Interpretative Phenomenological Analysis.

This choice will be explained in the next sections.

3.1.1 Purpose of the research

The aim of this study is to explore the personal meaning of the phenomenon of worry, anxiety and spontaneous images. In order to do this a review of all possible, pertinent methodologies is needed.

Given that there has been much criticism of quantitative research, arguing that nomothetic approaches produce results that do not reflect the subjective experience of the individual (Smith *et al*, 2009), and that the current project concerns itself with understanding a human phenomenon and participants experience of this phenomenon, the author decided that this goal fits with the philosophy, strategies, and intentions of the interpretative research paradigm within a qualitative methodology.

Walsh (1995) suggests that qualitative research does not merely apply a method, but works from within an approach. The qualitative approach comprises an appreciation of the conceptual and historical meanings implicit in the research act. It is not just set procedures as researchers engage in a search for meaning and truth in relation to the topic of enquiry. The qualitative method chosen was Interpretative Phenomenological Analysis and the reasons are explained next.

3.1.2 Interpretative phenomenological analysis.

Interpretative phenomenological analysis or IPA has its origins in health psychology (Smith *et al*, 1999) and is theoretically rooted in critical realism (Bhaskar, 1978) and the social

cognition paradigm (Fiske and Taylor, 1991). Critical realism accepts that there are stable and enduring features of reality that exist independently of human conceptualisation. Differences in the meanings individuals attach to experiences are considered possible because they experience different parts of reality. The social cognition paradigm is founded on the premise that human speech and behaviour reflects these differences in meaning either directly or indirectly (Kirsh, 2006). Hence, analysis of interview data is considered to be a reasonable method of accessing and developing an understanding of these differences.

IPA is a qualitative method derived from the ideas of four influential philosophers - Husserl, Heidegger, Merleau-Ponty and Sartre (Smith *et al*, 2009). The works of these philosophers has contributed to the theoretical underpinnings of IPA of which there are three; phenomenology, hermeneutics and idiography. Phenomenology is important because we are seeking to describe the thing itself, the worry and the images. Hermeneutics because the participant is interpreting their experience of the phenomena, and then I as author, in relaying those experiences, am also interpreting. Finally idiography is important as we are seeking to gain an understanding of the individual's experience and sense making within a small group of people.

3.1.2.1 Phenomenology

Phenomenology is concerned with human understanding and originated in the ideas of Edmund Husserl put forward in 1936 (Husserl, 1970). He rejected the view that empirical science is the basis for achieving an understanding of the world, stressing instead the importance of the life world or lived experience. He believed that the core meaning of entities in the world can be understood by intuition. It is this thinking that inspired much recent research in healthcare, in which the focus is on exploring individual lived

experiences. Traditionally, researchers carrying out phenomenology studies have aimed to bracket out their preconceptions (Colaizzi, 1978; Moustakas, 1994) using formal reflexive techniques (Heron, 1990; Duck, 1992). It has been argued that true phenomenological research should also require respondents to engage with these reflexive techniques in order to give a more accurate representation of the way in which they see the world pre-cognitively (Caelli, 2001). From this standpoint it could be argued that IPA has been wrongly labelled as phenomenological. Smith *et al* (1999) stress that the purpose of IPA is to attempt as far as possible to gain an insider perspective of the phenomenon being studied, whilst acknowledging that the researcher is the primary analytical instrument. The researcher's beliefs are not seen as biases to be eliminated but rather as being necessary for making sense of the experiences of other individuals. Reflexivity is viewed as a tool, enabling the researcher to formally acknowledge his or her interpretative role, rather than as an essential technique for removing bias.

Based on a Husserlian view it could be argued that analysis cannot be both interpretative and phenomenological. However, it is important to understand that phenomenological thought has been developed in a variety of different ways. For example, in 1927 Heidegger (See Heidegger, 1962) stressed the importance of being in the world and hence the inevitability of the world being perceived through the lens of historical context and socio -cultural background. Gadamer (1976) also presented the past as productive, shaping the interpreter's present understanding. IPA is therefore phenomenological in that it seeks an insider perspective on the lived experiences of individuals, and interpretative, mentioned next, in that it acknowledges the researcher's personal beliefs and standpoint and embraces the view that understanding requires interpretation. Indeed Wilberg (2012) suggests that Husserl's phenomenology attempts to understand the essence of consciousness and in order to arrive at this essence, she suggests the method of phenomenological reduction.

Husserl refers to common sense assumptions which might limit our perceiving the phenomenon of experience in its essence. Schutz (1967) explained that phenomenology should begin by bracketing out our individuality, each and everyone's particular point of view. We should use the phenomenological reduction to identify the marks of the person on the transpersonal inter-subjectivity with which the social world is given (Schutz, 1967 in Harre, 2000, p.259). Shutz (1967) was also aware that one's own temporal stream of consciousness never completely coincides with that of another. When another's sequence of events and intensity of experience inevitably differ from one's own, this places limits on one's understanding of another. Mead (1934/1972) takes this idea of social phenomenology further still and describes how shared meaning is created. Mead proposes that what a person can see from his/her perspective not only tallies with what another person can see from their perspective, but when a person can simultaneously see another's and his/her own perspective as well as realise that there are yet more perspectives possible, all seeing the same, this must therefore be universal and hence have meaning for more than just oneself (Mead 1934/1972).

Phenomenology therefore, is the study of what experience is like and it has been a major influence in the development of IPA. Phenomenology was originally concerned with perceiving experiences as they are through using techniques to avoid preconceived ideas tainting the essence of the experience (Smith *et al*, 2009). Husserl's work highlights the importance of focusing on experience and an individual's personal understanding of this experience. Heidegger (1962/1927), Merleau-Ponty (1962) and Sartre (1973) developed this by suggesting that individuals exist in a lived world rather than in isolation, signifying that an individuals involvement in the lived world influences their perspective on their lives and experiences. This is an important aspect of IPA as researchers have come to appreciate the complex, relative, sense making processes of their participants as well as the focus on reflexivity.

3.1.2.2 Hermeneutics

Hermeneutics**,** the theory of interpretation, is the second theoretical underpinning of IPA. Within Hermeneutics, interpretation is considered to be an art, whereby the interpretative analyst is able to offer an understanding to an experience that the author cannot. Within this theory the complexity of the relationship between the interpreter and the interpreted is acknowledged. It highlights that access to another person's experience depends on and is complicated by the researchers own conceptions, emphasising the importance of an awareness of one's own biases and preconceptions and maintaining a spirit of openness (Smith *et al*, 2009). Smith and Osborne (2008) argue that in IPA a double hermeneutic is involved, whereby the researcher is trying to make sense of the participants trying to make sense of their world, thus recognising that the production of an interpretative account is a function of the relationship between a researcher and participant, constructed and shaped by their encounter.

Ricoeur (1991) writes that any human action can be regarded as a text and interpreted and that this involves tradition informed inquiry. Questions investigated should always be viewed not only in their cultural-historical context but from the context or tradition of the researcher. We can only make sense of action in terms of the value, virtues and story of the good life that prevail within our cultural world. We accept and embrace these realities rather than pretending that we can achieve a knowledge of human affairs that somehow transcends culture and history, therefore, hermeneutics is not just interpretation but tradition informed interpretation.

Given the interpretative goal of IPA, it is essential to make explicit pre-existing values,

assumptions and beliefs pertinent to the interpretation of the data (Kleinman, 2004). This is because the researcher's background (including those in the field of psychology) will influence the interpretative framework of any analysis.

The hermeneutic circle is a metaphor for understanding and interpretation, which is viewed as a movement between parts (data) and whole (evolving understanding of the phenomenon). This must also be taken into account when analysing as each gives meaning to the other such that understanding is circular and iterative. Therefore the researcher remains open to questions that emerge from studying the phenomenon and allows the text to speak (Smith *et al*, 2009).

3.1.2.3 Idiography

The final major influence upon IPA is idiography. In contrast to the nomothetic approaches which focus on the generalisability of findings, an idiographic approach is concerned with the particular by investigating, in detail, how particular lived experiences have been understood from the perspective of a small group of particular people, in a particular context (Smith *et al,* 2009).

3.1.2.4 Why use IPA?

Interpretative phenomenological analysis is best suited to invite participants to offer a rich detailed first account of their experience, the intention being to elicit stories, thoughts, and feelings about a target phenomenon. Another side to the usage is the involvement of the researcher herself.

The Husserlian emphasis on egological personal and individual style has

led the author to seek out topics where they can clearly demonstrate that they are

generating knowledge based on their own personal investigative journey. This will be explained further in the reflexive piece 3.1.7. In other words, the author is an experienced worrier and experiences spontaneous images.

IPA (Smith *et al*, 2009) is a thematic method, focusing on participant's experience and meaning making. It is not aiming to speculate on causes for their experiences; it aims to describe experience as it is interpreted by participant and researcher. The writing up process is important as the analytic process very much continues through the writing. There is a focus on the relationship as important and is well described by Larkin *et al* (2006), with the key point being that;

'Human beings are always in relationship, and that any discoveries that we make must necessarily be a function of the relationship that pertains between researcher and subject-matter'. (Larkin *et al*, 2006, p.107).

IPA is not about simply describing and packaging the participant's statements, it is also about going deeper, to the underlying pre-reflective assumptions that these descriptions point towards. At the same time, this going deeper must always be rooted in the participant's accounts, hence avoiding the risk of encumbering their meaning-making with irrelevant external theories. This injunction is exemplified by Smith and Osborne (2008), in their caution not to use psychodynamic interpretations of participants' narratives, instead recommending staying closer to the text. All these points make IPA the best fit methodology for the current study as the aims are to search for themes, to be descriptive, to involve the researcher and the participant and go deeper into the lived experience for the participant.

According to the interpretative paradigm, meanings are constructed by human beings in

unique ways, depending on their context and personal frames of references, they engage with the world they are interpreting (Crotty, 1998). This is the notion of multiple constructed realities. In this type of research, findings emerge from the interactions between the researcher and the participants as the research progresses (Creswell, 1998). Therefore subjectivity is valued; there is acknowledgment that humans are incapable of total objectivity because they are situated in a reality constructed by subjective experiences. Furthermore, the research is value-bound by the nature of the questions being asked, the values held by the researcher, and the ways findings are generated and interpreted. This is important as it explains the researchers contribution to interpretation and the possible effect of the dynamic between researchee and researcher on the ultimate descriptions of the phenomena which evolve.

IPA is relevant as the researcher needs to be aware of their natural attitude (the natural attitude is a network of assumptions usually employed to make sense of everyday world, Husserl, 1982) and go beyond it, which is achieved by bracketing off assumptions. The authors training in existential psychotherapy therefore would fit and aid the ability to bracket. Rather than accept or describe phenomenon, the researcher considers it from all angles and perspectives (imaginative variation; Husserl, 1982) so as to separate off those aspects of the phenomenon contingent on particular circumstances and those that remain (the essence).

Using epoche Husserl (1982) suggested that we can get a better understanding of human categories such as time, intentionality, colour and number. Therefore the aim of phenomenology is to produce an exhaustive description of the phenomena of everyday experience; thus arriving at an understanding of the essential structures of the thing itself – the phenomenon.

3.1.3 Epistemological Position

Epistemology, or the theory of knowledge can take many forms. I shall give a brief synopsis before claiming my position. Epistemology or the theory of knowledge asks two questions What can we know? How can we know it?

The following are the main epistemological positions within psychological research today (Potter, 2006);

Positivism.

The positivist view takes the position that the world out there exists and we can describe it objectively (Mills, 1865/2005). If I can see a table I can describe it as it really is, my perceptions and interpretation directly and straight-forwardly correspond to the table. The aim is to provide objective knowledge, unbiased and without involvement of or interpretations by, the researcher.

Empiricism.

The empiricist view takes the position that knowledge is acquired through observations and experiments (Willig, 2001). These give rise to complex ideas and theories. All knowledge therefore must be grounded in data .

Hypothetico-deductivism.

This view originated by Karl Popper (1935), is held in mainstream experimental psychology. Take a theory, propose a hypothesis, experimentally test the hypothesis, then reject the theory or retain it for the time being. A process of elimination exists whereby one falsifies a claim rather than try to prove it.

<u>Social constructionism.</u>

In this view human experience, including perception, is mediated historically, culturally and linguistically (Potter, 2006). How we describe something changes what we know about it. Being aware of one's epistemological position therefore, is crucial for research as it influences the methodology chosen.

I have thought about my position as researcher for many years at this point. I have slowly over the past four years moved from a more positivistic position of working within structure and consequently craving structure, to acknowledging that in wanting this I was neglecting the areas of my world that would not fit within my current ideological view of the world. My view of my lived world has changed such that I now hold two positions and have not completely rejected the original position. Coming from the paradigm of positivism I retain the view that the world we inhabit functions within a certain reality and this is measurable. However I also believe that we as human beings have the capacity to manipulate this world in terms of how we chose to live in it. We have constructed our own reality within a fixed reality. We live in a real world but live within that real in a relativistic way. I also hold the view that we can only experience this reality through our senses therefore we can never fully engage with perceived reality. Further to this however, I believe that the current research lies within the realm of the relativist view in that the participants perspective of their lives lies within the socially created. As a trainee counselling psychologist at The New School of Psychotherapy and Counselling (NSPC), I have gained an understanding of these various epistemological viewpoints and I have been led to believe that there are multiple, socially constructed realities which have no universal or timeless validity (Appleton and King, 1997). In the type of research described here, findings emerge from the interactions between the researcher and the participants as the research progresses. Therefore subjectivity is valued because they are situated in a reality

constructed by subjective experiences. Furthermore, the research is value-bound by the nature of the questions being asked, the values held by the researcher, and by the ways findings are generated and interpreted. Consequently my ontological position is relativist as opposed to realist (Willig, 2001) as for the purpose of this study, as I believe it falls within the social constructionist paradigm.

What we are and what we become are not simple concepts to understand. Descartes' *'I am, I exist' (cogito ergo sum)* can bring us a certain distance in our thinking (Descartes, 1637, p.108). However, this assumption also causes me to ask a question that is fuelled by postmodern perspectives: I may be; but am I static or fluid? Kierkegaard (1844) may provide a tentative way forward;

'The self is a relation which relates to itself or that in the relation which is relating to itself. The self is not the relation but the relation's relating to itself. A human being is a synthesis of the infinite and the finite, of the temporal and the eternal, of freedom and necessity. In short a synthesis is a relation between two terms. Looked at in this way a human being is not yet a self''. (Kierkegaard, 1849. p.13).

Kierkegaard seems to be saying that the self is a complex series of interconnections (relations) that are made up of potentially contradicting factors, and that we are not yet fully who we are. If we amalgamate this idea with Descartes we could state - I am because I am becoming, therefore I am not yet. It suggests that being certain of my position is not necessary as on an ontological level, my selfhood may be in essence uncertain. Therefore from this position I could argue that embracing and learning to live with a sense of ambiguity may be a central part of being human and having and holding a pluralistic stance.

3.1.4   Alternative qualitative methodologies

The aim of qualitative research is:

'to understand and represent the experiences and actions of people as they engage and live

through situations' (Elliott *et al*, 1999, p. 216).

In adopting this methodological approach, researchers use a variety of methods of data

collection. In other words, qualitative data analysis includes a broad range of methods, with

variants reflecting different epistemological and methodological positions. However there

can be a challenge determining the exact differences between the various approaches and

this can create difficulties for the researcher who needs to choose a method of analysis.

Robson (2002) captures the situation well, saying that;

'there is no clear and accepted set of conventions for analysts within the qualitative

approach'. (p. 456).

However this process is made more complicated (and perhaps unnecessarily so) by the use

of what Elliott and Timulak (2005) refer to as brand names, whereby common aspects of the

methods are combined in ways that are presented as unique. Elliott and Timulak (2005) go

on to describe this practice as '*confusing and somewhat proprietary'* (p. 148) stressing the

benefit instead of a more generic approach. Given the variation and debate in this area, the

challenge is to make sure that the procedure by which the researcher makes sense of the

data is systematic and transparent, to allow the reader to understand, evaluate and indeed

replicate it. Recognising the concerns of Elliott and Timulak (2005), there are a number of

analysis methods regularly used by researchers. Despite the branding issue noted above,

these include IPA, Discourse Analysis, Grounded Theory, Narrative Analysis, Thematic

Analysis and Content Analysis. Robson (2002), captures the range of methods using four

categories.

This categorisation considers whether the method uses deductive techniques (whereby the themes or codes are determined based on previous research or theory) or inductive techniques (whereby the themes are determined based on engagement with and interpretation of the data gathered). It also reflects the continuum of methods from structured techniques to unstructured techniques.

It would be impossible to consider all of the named methods used in published research, however this thesis will examine four methods and explain why they were excluded.

3.1.4.1 Discourse analysis

Discourse analysis is concerned with analysis of written or verbal interactions or correspondences (Potter and Wetherell, 1994). Its goal of understanding how people use their language to create and enact identities and activities contrasts with focusing on the detailed understanding of a particular lived experience.

Potter and Wetherell (1994), have written extensively on the topic and describe the key features of this approach, such as recognising discourses as social practices, and examining both the topic and linguistic form of the discourse. Howitt (2010), also captures key elements that include recognising that we use language to construct versions of our reality, and therefore examining the data to identify what reality may be represented in the discourse.

Discourse analysis has become a popular method of analysis in health and psychology with a literature search for the method highlighting its application to a wide range of subjects. It offers a clearly theory-driven approach to understanding discourses and provides researchers with a way to examine the complexities of those same discourses. However as with all methods there are limitations to be considered. Landridge and Hagger-Johnson

(2009), reflect on the strengths and limitations of this approach, noting criticisms such as the risk that the person at the centre of the discourse is lost as a result of the focus on the discourse itself, and the discussion regarding the individual as an *active language user'* (p. 441). Nevertheless, discourse analysis offers a unique method for the consideration of verbal and text-based interactions, although a researcher considering using the approach may need to reflect on the particular nature of the approach and its implications. Discourse analysis was ruled out as it would be difficult to integrate with a hermeneutic phenomenological position epistemologically, in that personal meaning making may be undervalued, given that It focuses on the role of language in the construction of social reality (Willig, 2008).

3.1.4.2 Grounded theory

Grounded theory was developed by Glaser and Strauss (1967) and was perhaps the first formal qualitative analysis technique (Howitt, 2010). Simply put, this approach involves establishing a set of inductive strategies for the analysis of data (Carlson *et al*, 2004). As with discourse analysis the term covers a range of techniques, based on variants that have developed since the 1960s. However, in contrast to discourse analysis this method is not strongly theory driven and indeed for some proponents the intention with this inductive, bottom up method is to develop a theory that explains the data (Carlson *et al*, 2004). Howitt (2010), identifies a number of strengths with this method including its contribution as one of the first well-developed qualitative analysis techniques. Also that it presents as its foundation an approach to testing hypotheses and developing theory that is appropriate to qualitative research. In contrast, Landridge and Hagger-Johnson (2009), note that ongoing debates about the approach represent a challenge, which may tie into the earlier citation from Robson (2002), regarding the lack of accepted conventions in qualitative analysis.

Another significant limitation noted by Landridge and Hagger-Johnson (2009) is the failure to consider the role of language, which is a key feature of the previously considered method of discourse analysis. Despite on-going debate and discussion, grounded theory is a very common method used and indeed in comparison to discourse analysis, one might argue that the coding is more concrete and therefore more practical for the researcher working in an applied context.

Therefore grounded theory was ruled out as it has been suggested that this is best used to address sociological issues, as it focuses on theory construction and social processes that account for phenomena. IPA has a solid epistemological grounding in hermeneutic phenomenology, whilst grounded theory seems more general, even post-positivistic and constructivist in its application and assumptions (Chamaz, 2008).

The first two methods have an established identity as forms of qualitative analysis, however the same cannot be said for the following methods.

3.1.4.3. Thematic analysis

Thematic analysis developed by Braun and Clark (2006), has been identified as a method for identifying, analysing and reporting patterns (themes) within data. It minimally organises and describes a data set in rich detail (Braun and Clarke, 2006) and It is flexible yet structured. Researchers take active and coherent decisions and make them transparent, in terms of: inductive versus theoretical, semantic versus latent themes, essentialist/realist versus constructionist. Braun and Clark (2006) go on to clarify that a theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set.

In discussing this method, Howitt (2010) highlights some of the debate regarding the use of thematic analysis, noting a *'lack of complexity'* (p.164), while Braun and Clarke (2006) point

to a lack of clarity regarding the method. However, Howitt also sees its simplicity as a positive, with the method being suitable as an introduction to qualitative analysis, while Braun and Clarke (2006) support its use as a pathway into other methods. There are a number of similarities and differences between thematic analysis and the preceding methods. For example, both grounded theory and thematic analysis refer to collapsing of the initial codes into more refined themes or concepts. Braun and Clarke (2006) also comment on the use of thematic analysis in cases where there is a guiding thematic framework and where there is not, suggesting the use of inductive and deductive methods, similar to discourse analysis but distinct from grounded theory.

Commenting on the strengths of the approach, Howitt (2010) notes that it is more accessible than other methods, particularly for novice researchers, the public, and indeed policy development. However he does also note the challenge presented by variation in the use of the title thematic analysis, and particularly the variation in quality that can be seen in studies using this method. The issue of quality is one that is central to any method of analysis and Braun and Clarke (2006), provide a very helpful 15-point checklist that researchers chould use to ensure that they are applying this method consistently and to a high standard. The main weaknesses and reasons for excluding this method were however; its simplistic attitude to the data, the possibility of missing nuanced data, flexibility making it difficult to concentrate on what aspect of the data to focus on, its limited interpretative power if the analysis excludes a theoretical framework, the difficulty maintaining a sense of continuity of data in individual accounts and the fact that researchers cannot make claims about language usage.

3.1.4.4. *Content analysis*

This approach is not always viewed as a method of qualitative analysis, indeed Elo and

Kyngas (2007) provide an overview of its qualitative foundations and stress its flexibility as a method. They note that it can be used with either qualitative or quantitative data, with a range of types of data including interviews, documents and images and that it allows for both inductive and deductive analyses. Simply put, content analysis involves establishing a set of categories/themes and applying these categories to the data (Robson, 2002). Robson (2002) stresses that the categories must be clear and precise and also mutually exclusive. Many of the strengths noted for thematic analysis can be applied to content analysis, particularly its simplicity and its accessibility. It is similar to both grounded theory and thematic analysis in the process of refining themes, and as with other methods, allows the researcher to examine the data for the presence of particular themes (deductive) and /or allows the emergence of inductive themes.

However, Elo and Kangas (2007) note that it is seen as too simplistic and the quality of information involved can also be challenging. A final challenge noted by these authors is the difficulty in moving beyond a consideration of categories to isolate more abstract findings. A method such as content analysis will only be suitable for particular questions, while thematic or discourse analysis may represent more flexible methods.

3.1.5   Limitations of the research and IPA

Although IPA recognises the importance of researcher's perspectives, it has been criticised for not providing guidelines on how to incorporate this reflexivity into the research process and for not specifying how researcher conception influences analysis. Willig (2001) suggests therefore that findings invoke a sense of discovery rather than construction, although Smith and Osborne (2008) argue that IPA is an approach rather than a rigid method, allowing flexibility to meet the researchers need and context.

The role of language can be problematic in IPA in that social constructionists argue that language constructs rather than describes reality. It could be said therefore that an interview transcript tells us more about the way in which an individual talks about a particular experience, within a particular context, than about the experience itself (Willig, 2001).

However, IPA acknowledges the role of social constructionism and the fact that our experience is never accessible to us, in keeping with the view of Husserl (1982). It recognises the action-orientated nature of language yet challenges the narrow view of people only as discursive agents (Eatough and Smith, 2006). Furthermore, the ability of participants to communicate the rich texture of their experience successfully is a question that has been often asked of IPA. Individuals may struggle to use language in a way that accurately conveys the subtleties and nuances of their experience (Willig, 2001).

IPA has also been criticised by Giorgi (1997) for being methodologically unclear and lax with an almost laissez-faire attitude to method. In fact Giorgi and Giorgi (2008) propose a descriptive phenomenology, however this did not appear to offer the interpretative flexibility that IPA offers. It is not clear whether such a thing as phenomenology can be simply described. However, the explicit interpretative stance of IPA allows for further interpretation during and after the participant has interpreted and communicated his or her experience to the researcher.

With regards to the specific research proposed in this thesis, there are certain limitations. Taking a phenomenological stance on anxiety/worry and allowing for self-report may have meant that homogeneity could have been compromised. The participants understanding of worry may have been different to the researchers and may have been categorised best by a DSM-IV-TR (2000) or DSM-5 (2013) category. That each

participant was already a service user of the counselling service interfered with ease of

dialogue as there was a tendency for tangential references due to the experience of the

participant as an individual receiving person-centred counselling (a non-directive

therapeutic intervention). However, to inhibit this would have interfered with the

phenomenological aspect of the study. Also the reliance on memory could also be a

limitation as there were many references to past factual experiences.

IPA in general can be intrusive and demanding and therefore ethically questionable and

reporting rich data may compromise confidentiality. It is also very time consuming and hard

to condense findings in to the limits usually imposed on journal articles if publishing. Also all

qualitative research attempts to develop an understanding of how world is constructed,

therefore it is necessary to consider how this study contributes to how the world is

constructed. What does it highlight? What processes of construction might it conceal or

downplay? If as suggested, IPA takes the social and historical context into consideration

must the researcher think about what the study does in relation to the social world? Why

was it carried out and to what use will it be put?

3.1.6. Validity: Quality in qualitative research

Having considered a number of different approaches to qualitative analysis, the final section

of this thesis reflects on key aspects of the analysis. Whether we refer to reliability,

validity, trustworthiness or credibility, as the debate regarding methods of ensuring rigour in

qualitative analysis is central to qualitative research. Morse *et al* (2002) note that some

researchers have debated the relevance of these concepts to qualitative research and Madill

et al (2000), refer to the perception that qualitative approaches can be criticised for the

space that they afford the subjectivity of the researcher.

As a result many researchers have reflected on techniques which may address these

concerns, for example, the use of respondent validation (Elliot and Timulak, 2005), triangulation (Barbour, 2010) and methods for checking the reliability of coding (Guerin and Hennessy, 2000). Elliot and Timulak (2005) recommend an audit process throughout the analysis, with a major audit following the completion of the draft of the analysis. However, Barbour (2010) counsels against the *'tail wagging the dog'* (p.1115), and considers the use of coding and inter-rater reliability to be potentially problematic, to a certain extent, noting concerns such as economy and resources and the tendency to focus on agreement rather than learning from disagreement.

Elliott *et al* (1999) argue the need for checks and balances in qualitative research, this means considering criteria that can be used to ensure the quality of research, a number of which are relevant to data analysis. For example, in discussing criteria for both qualitative and quantitative research, the specification of methods stresses the need for methods of data collection and analysis to be clear and transparent. Looking to Elliot *et al* (1999) and their specific criteria for qualitative research, there are a number that have implications for analysis such as the need to own one's own perspective focusing on the researcher recognising their influence in the research process, and clearly the analysis process is one where this influence could be problematic. Also a criterion that is directly relevant to analysis is grounding in examples, which stresses the need for quotes and other supporting examples.

These examples help the reader assess the need to provide credibility checks such as triangulation with other methods or with the participants themselves. Finally, researchers need to consider the coherence of the analysis, and this relates to the way in which the researcher balances the nuances of the data with an integrated framework or model representing the findings.

Despite debates regarding the subjectivity (inherent or not) of qualitative research in general, an awareness of rigour and credibility checks can only contribute to the research

process. The challenge for the researcher may be to identify a method of enhancing credibility that is in line with their own approach to qualitative research and the method of analysis used.

Therefore, in any type of research, validity refers to the capacity of a measure to accurately capture some characteristic of objective reality. The same issue remains in qualitative research, namely, how can we judge the quality of the research?

Quantitative research, underpinned by a realist, philosophy, bears mostly the assumption that participants data exists out there and a researchers challenge is to uncover and present it with as little bias as possible. Qualitative research however, acknowledges that data is constructed, particularly in the interpretative aspect of analysis. The researchers challenge therefore is to demonstrate the process through which these data constructions are made.

Various guidelines have been set down by Yardley (2008); firstly, sensitivity to context, there needs to be a consideration of relevant theoretical and empirical literature and sensitivity to perspective and socio-cultural context of participants. This has been provided by describing the various theories of anxiety, those that are more aged and prevail today and current perspectives, in order to arrive at some understanding of both the phenomenon of worry and spontaneous images, also by bringing into focus the cultural backgrounds of the participants. Secondly, commitment and rigour, as Yardley identifies four key factors, thorough data collection, depth/breadth of analysis, methodological competence/skill, and in-depth engagement with the topic. To enhance competence, the researcher also attended speciality lectures on IPA as well as consulting a range of relevant literature. Thirdly, coherence and transparency, as Yardley (2008), defines coherence as the extent to which it makes sense as a consistent whole. She emphasises that the clarity and power of the argument one can make for a study and the way in which it is carried out can partly determine its coherence. It is the hope of this study to achieve these goals.

Finally impact and importance, as Yardley proposes (2008), that there is no value in conducting research unless the findings have the potential to make a difference. The need for this particular study is outlined in the introduction and literature review. The conclusion section will present the clinical applications of the study.

Post transcript, the primary supervisor carried out a validity check on the emergent themes and Super-ordinate themes for the participant named Carmen, checking that the emergent themes appeared to match the linked content in the participants descriptive account (See Appendices 7 and 8 as an example of emerging themes).

3.1.7 Reflexivity

It was Moustakas (1975; 1990) who described the stages of heuristic inquiry and introduced the concept of using the self as a major tool in the research process in psychological research.

Social constructionism is part of this shift (Crotty, 1998). Social constructionism invites us to see the world and ourselves as social constructionists and challenges us to view grand narratives. (including those of science and maths) as one of many discourses that are possible among others that have equal value. When we begin to view these discourses as social constructs we can begin to deconstruct fixed beliefs about their power and invite other ways of thinking. Freedman and Combs (2002) argue that listening de-constructively begins with a not-knowing attitude, which seems to be an ideal attitude for researchers who truly seek new knowledge, rather than trying to find knowledge that fits with and reinforces previously chosen theories about people and the world. All these notions contribute greater recognition of the importance of the relationship between storyteller and listener, and knower and what is known, bringing back each with them into the research relevance of creating meaning and understanding of topics under exploration.

At this point it is necessary to explain my fixed held beliefs and other ways of thinking in order to reduce bias in my interpretation, so as I am not trying to find knowledge solely that fits with my view of the world. In order to do this I must be aware of what my view of the world is.

I am a white Irish Female who grew up in Northern Ireland during The Troubles. Due to the nature of the political situation I experienced the anxiety that penetrated the environment of a troubled society. I grew up feeling that the world I lived in was a dangerous one and became a worrier from a young age. This worry in later life manifested itself through spontaneous images and I found that the focus of my worry was my young family especially when they ventured out into the world.

Working on this research with the double hermeneutic meant that I interpreted the participants' interpretation of their experience. I had to be careful to bracket my own assumptions about their experience and try not to lead them towards my own beliefs. I did this by keeping a reflective diary, noting what their experiences brought up for me and noting whether I felt I was interpreting their experiences as my own. Therefore, given the importance of reflexivity in IPA, I made a dedicated attempt at being aware of and attempting to bracket my own suppositions, and also in disclosing as much of them as I can in this sub-section. I was also very aware of my questions and non-verbal communication as I may have encouraged or discouraged certain responses and a different researcher may have elicited different responses; being aware of this process, and as transparent as possible, is a strength of IPA (and much qualitative work in general) as it does not attempt to present a generalisable truth, but rather presents one particular way of understanding a phenomenon of interest. Therefore I must ask myself the following questions; Have I been sufficiently transparent to help the reader the reader judge the validity of this research and

to help the reader answer the questions raised about the purposes, ethics, dilemmas and skills of reflexivity? How has my personal history led to my interest in this topic? What are my pre suppositions about knowledge in this field? How am I positioned in relation to this knowledge? How does my gender, social class, ethnicity and culture influence my positioning in relation to this topic/my informants?

These questions I ask as according to Foucault (1990) we have to analyse the perspective we take on the subject we are analysing, remaining critical of our own position and not assume that we ever reach a position where we have discovered the final truth about a subject.

Mc Leod (1994) argued that research findings would make more sense to readers if they were *'truly reflexive'* (pg 185) and Etherington (2004) suggested that the capacity of the researcher to acknowledge their own experiences and contexts informs the process and outcome of the enquiry, Reflexivity closes the illusory gap between researcher and researched. He also suggested that it important to be clear about what we have discovered and how we have discovered it.

In sum, IPA was chosen for various reasons; IPA suits the research question well, it allows for the interpretation of the researcher, it reflects the researcher's epistemological position, it elicits rich detailed accounts from the participants and it can lead to useful insights for clinical work.

3.2 Method

The following sections aim to explain in detail the method applied to collect the data.

3.2.1 Recruitment

IPA literature recommends a fairly homogenous sample (Smith *et al*, 2009), particularly if the researcher is a newcomer to IPA, therefore the current study applied specific criteria for inclusion (see above). A Student Counselling Service in Dublin, Ireland, was used to recruit the participants for the research as the author was in placement at the service at the time. Prior to collecting the data, the author presented her research to the Counselling Department and explained the criteria for inclusion and the aims of the research to her colleagues. Each counsellor was asked to identify a possible participant and gave them a copy of the Letter of Interest (Appendix 1) and the Information Sheet for Participants (Appendix 2). All interested participants then contacted the researcher to arrange a mutually agreed interview day and time.

3.2.2. Inclusion and exclusion criteria of participants

Participants although chosen by the counsellors and presented with the Letter of Interest and Information Sheet (Appendices 1 and 2), actually self- reported that they experienced worry and anxiety and spontaneous images. The consequences of using self- report included the possibility that a participant may not have been fully aware of the meaning of the excluded criteria. If, for example, this was their first visit to a counsellor and they had no previous knowledge of labels for their psychological issues, there was the possibility of overlap between what they felt they experienced and perhaps what a counsellor may have described them as experiencing. Inlusion criteria were as follows;

Aged between 18 and 25 years: The participants recruited were between the ages 18 to 25 to ensure as close as possible that this was their first experience of university as research has shown that young students can be under a great deal of stress (Jones *et al*, 2009). Also to allow for homogeneity and enhance validity, as the hope being to lower the possible

variability of experience.

Be current service user of the Student Counselling Service: Due the invasive nature of the research questions and the possibility of increased anxiety for the participants it was agreed within the Counselling Service that only those who were already service users should be approached. This would allow a follow up session for the participant with their regular counsellor to process the interview if so requested. This would also mean that counsellors were selecting the possible participants and approaching them on the basis of their past histories. Indeed, whilst this maintained ethical standards and decreased possible harm to the participants, it also influenced the potential for greater access to the non clinical population. By already being a service user of the counselling service, clients demonstrated a certain motivation for change and search for some insight into their experiences. The non-clinical population may not have had these characteristics and hence provide greater scope of experiences.

Be English speaking and of Irish origin: As qualitative research relies heavily on language, non-English speaking participants were excluded as there was a concern that the richness and meaning making of language might get lost in the process of translation. As Ireland is an Island, the cultural differences evident across other countries with bordering nations is not so diverse therefore in staying with an Irish sample it was hoped that there would be greater homogeneity.

Have no current diagnosis of Post Traumatic Stress Disorder, a Psychotic Disorder (e.g. Schizophrenia), or Obsessive Compulsive Disorder: Those with a current diagnosis were excluded in order to stay as close to a phenomenological stance as possible, and to enhance homogeneity. Although many of the disorders overlap in terms of symptoms this

research was explicitly attempting to understand the experience of worry. Another reason for this exclusion was that as previously mentioned, the image content and frequency of these disorders are quite different from worry. In PTSD, the images flash back to a memory and the client is aware of this. With OCD the images are suggested as being similar to those in worry (Langlois *et al*, 2000), in that there is a repetition of intrusions, they have associated negative emotions, dismissal of the intrusion and loss of mental control. However, they are different in that those experienced in OCD are apparently better controlled by the individual. Images associated with Psychosis are different in that the individual may attribute their origin to external located origins.

3.2.3 The sample and table of participant information

Smith and Osborne (2008) recommend that six to eight participants is a reasonable sample size for a Doctoral level research thesis. Participants were five females and three males. One participant (Damian) had a psychiatric diagnosis of Generalised Anxiety Disorder. Table 2 overleaf presents the volunteer participants of the study. For reasons of anonymity all names have been changed to a pseudonym.

Please refer to Table 2 overleaf: Demographic information about participants.

Name	Gender	Age	Ethnicity	Formal diagnosis	Reported onset of worry and images	Living arrangements	General image contect
Carmen	Female	23	White Irish	No	Childhood incident on beach involving younger brother.	Lives at home with sister and parents.	Incidents involving harm to sister and parents. Mice, rats, HIV.
Jackie	Female	25	White Irish	Anxiety (GP)	Childhood incident at primary school involving family.	Lives with two children. Separated from partner.	Incidents in past involving harm to mother (childhood images). Harm to children (current).
Martin	Male	25	White Irish	Anxiety and Depression (GP)	Adolescence and discovery of mother's identity.	Lives with partner and two children.	Incidents involving harm to children.
May	Female	21	White Irish/ Phillipines	Anxiety and Bi Polar II (Psychiatrist)	Adolescence, no specific reason quoted.	Lives at home with parents.	Incidents involving harm to niece and another child.
Josephine	Female	25	White Irish	No	Childhood incidents involving parents.	Married with two children.	Incident involving harm to daughter.
Damian	Male	25	White Irish.	GAD (Psychiatrist)	Childhood incident involving car crash and family member's death.	Married with two children.	Incident involving harm to children.
	Male	25	White Irish	No	Childhood incidents involving neighbours and parent.	Married with two children.	Incident involving harm to neighbour's child and parent.
Catherine	Female	22	White Irish	No	Childhood parental separation	Just returned home to live with mother.	Incidents involving harm to mother (childhood).

3.2.4 Data collection and analysis

Students were given a brief overview of the research, asked to sign a consent form (Appendix 5) and an explanation given that they were free to terminate the interview at any time and withdraw from the research up until the time of publication.

3.2.4.1 Interviews

Smith and Osborne (2008) recommend a semi-structured interview for an IPA study. This facilitates a more informal, flexible conversation, enabling the interviewer to probe particular areas of interest that arise or follow novel areas pertinent to the research question. A semi-structured interview schedule (Appendix 6) was developed based on a relevant literature, discussion with research supervisors and relevant guidance on constructing an interview schedule (Smith and Osborne, 2008).

In-depth semi-structured interviews were audio recorded and ranged in length from 45 to 90 minutes, at the discretion of participants. A semi-structured interview technique was used as a prompt to elicit participants accounts of their experiences. Participants were offered a de-briefing (Appendix 4) after the interview with myself, and an offer to see their regular counsellor. Post interview the interviewer made detailed notes in a reflective journal.

Data was analysed using IPA, as detailed in Smith *et al*, (2009). The analysis was also guided by documentation on quality and qualitative research (Elliott *et al*, 1999; Yardley, 2008) and through the supervision from an experienced qualitative researcher and clinical psychologist. A table of master themes, together with associated sub-themes and supporting verbatim text extracts were then produced (Appendix 10). The

master list of themes and corresponding sub themes were translated into a narrative account that expanded the analysis and explained the themes, illustrated with verbatim extracts. This approach is useful for evolving explanations from the data in the form of models or narrative. It is important to point out that these explanations do not set out cause-and effect relationships as seen in quantitative research.

3.2.4.2 Data analysis four stage process

According to Smith *et al* (2009) it is possible to analyse date at a participant level or a group level. It was decided that a recurrent theme led analysis would be used in this research.

Stage 1: The initial analysis involved repeated readings of each transcript during which sections of text were highlighted and initial observations recorded. This included summarising the content of what was said, describing the phenomena unfolding as well as commenting on connections, similarities, differences, contradictions and preliminary interpretations paying attention to language and concepts.

Stage 2. This stage involved the identification of emerging themes for each verbatim transcript and the identification of key words or phrases that reflected the apparent meaning of participants' accounts within the context of their interviews. This involved moving to a higher level of abstraction, allowing theoretical connections whilst staying grounded in the narrative of the participant. This A list of themes emerging from Transcript 1 were recorded and added to during each reading of subsequent transcripts (2-8). Key words and phrases that were representative of participants experience were then grouped according to themes. Each transcript underwent the same analytic process outlined by

stages 1-2 which yielded a list of themes and associated quotations.

Smith *et al* (2009) suggest ways of looking for patterns and connections between emergent themes, and these ways were used in the analysis:

Abstraction involves putting like with like and developing a new name for the cluster.

Subsumption involves an emergent theme itself acquiring a super-ordinate status as it brings together a series of related themes.

Polarization involves focusing on difference in emergent themes instead of similarity .

Contextualization involves identifying the context or narrative elements within an analysis. Attending to cultural, temporal and narrative themes.

Function involves examining emergent themes for their specific function for example, the interplay of meanings illustrated by organizing themes by their positive and negative presentation may be interpreted beyond what the participant presents in terms of their meaning.

Stage 3. A final comparison of transcripts indicated that there were no dis-confirmatory cases requiring reinterpretation, however, marginal themes were excluded in order to ensure that reported themes were representative of the data. These clusters of themes were then titled creating super-ordinate themes for each participant. Each participants narrative then was reproduced in a table of super-ordinate themes, together with associated sub-themes and supporting verbatim text extracts was then produced (see Appendix 8 and 9 as examples)

Stage 4. This process was repeated for each participant. Finally, these super-ordinate themes were arranged into clusters and higher order Master themes for the group were identified according to both the prevalence of themes across interviews and the individual salience of themes within interviews as well as their component sub themes (Appendix 9) .

3.2.5 *Ethical Issues*

Ethical approval was granted by the New School of Psychotherapy and Counselling and the University in which the student counselling was situated (Appendices 3a and 3b)

3.2.5.1 *Ethical considerations*

The research was approved by the NSPC/Middlesex University Ethics Committee. The participants were informed in writing in the Information Sheet, and verbally prior to starting the interview that they could stop the interview at any time and did not have to answer questions they did not feel comfortable answering. The author is a trainee counselling psychologist with experience of dealing with people who are distressed and the interview was conducted as sensitively as possible. The interview was also followed by a debriefing (at the interviewees agreement, (see Appendix 4) and the participants were offered a post-interview counselling session by myself and/or their usual counsellor at the service. Confidentiality and its limits were clearly detailed in the Information Sheets and explained verbally to the participants (Appendix 2). They were informed that all personally identifying information would be removed from written transcripts and any quotes used within the write up would be sufficiently anonymised. The interviewees were asked to sign a consent form (Appendix 5) and asked for permission verbally also to record the interview. They were also informed of the way the information would be stored by the author, password protected and retained by the NSPC for five years post publication. They were also informed of their right to withdraw at any point up until the publication of the research.

Chapter Four: Results of Analysis

4.1 *Introduction and table of master-themes.*

This section presents the results of the interpretative phenomenological analysis of eight

participants accounts of making sense of the experience of anxiety, worry and spontaneous

images. All eight participants were availing of the services of a student counselling service.

Six master themes emerged from the analysis.

- **Self-absorption**
- **Awareness of worry and anxiety as all encompassing**
- **Trying to cope with worry and anxiety**
- **The past in the present**
- **Consumed by the other**
- **Life with spontaneous images**

These master themes represent making sense of anxiety, worry and spontaneous images for

all eight participants. The process of discovering these themes involved a double

hermeneutic (Smith *et al*, 2009), whereby the author attempted to make sense of the

participant making sense of his/her experience.

This account is therefore partial and subjective and other researchers may have highlighted

different aspects. The themes generated do not cover every aspect of these students

experiences of worry, anxiety and spontaneous images, but were selected due to their

relevance to the research questions.

The table to follow illustrates the six master themes and related sub-themes, which will

each be explored and illustrated with verbatim extracts from the interview transcript.

Table 3a: Main Master themes and sub-themes

Master Themes	Sub Themes
I Self-absorption	The self as vulnerable The self as worried when alone The self as a bad person
II Awareness of worry and anxiety as all Encompassing	Creating an understanding of worry Worry as physiological Worry as mental representations (dreams, images, thoughts)
III Trying to cope with worry and anxiety	Avoidance of worry Detachment from worry Needing outside help
IV The past in the present	People from the past Events from the past Holding onto experiences from the past
V Consumed by the other	The family as unsafe The Other as judgemental The Other as provoking worry The Other as untrustworthy
VI Life with spontaneous images	The image Understanding the image

For the purpose of this research it has been necessary to make minor changes to text details. In order to ensure anonymity, all participants have been given pseudonyms and all identifying and personal information has either been removed or altered. Where a word is implied, but not included, it has been included in square brackets [noun]. As previously stated, six master themes emerged. Four master themes had three subthemes, one had four and one master theme had two subthemes. Each sub-theme varied in the quantity and quality of narrative produced. Again the author draws the readers attention to the language used, for example, at times the participants refer to anxiety even when their anxiety has a specific focus and would perhaps be better described as fear or worry. At other times the word worry is used interchangeably with anxiety. The task set therefore was to differentiate between the referenced language and decipher between the word worry and word anxiety. This was achieved through a thorough reading and re-reading of the

participants narratives and concluding that, whilst anxiety does not have an object, and has

a more generalised attention focus, worry suggests an apprehension of a future occurrence.

Table 3b overleaf provides a summary of which participants subscribed to which Master-

themes and corresponding sub-themes.

Table 3b

Master themes	Sub-themes	Participants
I Self-absorption	The self as vulnerable	Carmen, Jackie, May, Catherine, Martin, Josephine, Damian, James
	The self as worried when alone	Carmen, Jackie, Catherine, May, Josephine, Damian
	The self as a bad person	May, Josephine, Damian, James
II Awareness of worry and anxiety as all Encompassing	Creating an understanding of worry	Catherine, James, May, Josephine, Martin, Damian, Jackie, Carmen.
	Worry as physiological	Carmen, May, Josephine, Damian, James, Martin, Catherine, Jackie
	Worry as mental representations (dreams, images, thoughts)	Carmen, Jackie, May, Josephine, Catherine, Jackie, May, Carmen
III Trying to cope with worry and anxiety	Avoidance of worry	James, Damian, Martin, Catherine, Josephine, May, Jackie, Carmen
	Detachment from worry	Jackie, May, Catherine, Josephine, Damian
	Needing outside help	Martin, Damian, James, Josephine, Catherine, Jackie, May, Carmen

IV The past in the present	People from the past	Jackie, May, James, Catherine, Josephine, Martin, Damian
	Events from the past	Carmen, Damian, May, James, Catherine, Josephine, Martin
	Holding onto experiences from the past	Carmen, Damian, May, Catherine, James, Josephine, Martin
V Consumed by the other	The family as unsafe	Damian, Josephine, James, Martin, Catherine, Carmen, May
	The Other as judgemental	Jackie, May, Damian, Josephine, Martin
	The Other as provoking worry	Carmen, Jackie, May, Catherine, Martin, Damian, Josephine, James
	The Other as untrustworthy	Jackie, James, Josephine, Damian, Martin
VI Life with spontaneous images	The image	Carmen, Jackie, May, Catherine, Martin, Damian, Josephine, James
	Understanding the image	Carmen, James, Josephine, Damian, Martin, Catherine, May, Jackie

4.2 Master theme I: Self absorption

This theme encapsulates the lived experience for the participant as a person living with

worry, anxiety and spontaneous images. For all participants this lived experience, and

placement of the self in relation to their experience, appeared to be a central concern.

This central concern also appeared to be woven through the other themes. It appeared as

if their reflections were embedded in an attempt at self- awareness and a need to

describe and also name the experience for themselves. For all participants this was the

first time they had been asked to describe their experience of worry, anxiety and

spontaneous images. It was also their first experience of attending to the experience of

worry, anxiety and spontaneous images as potentially separate phenomenon. This can at

times be seen by the compartmentalisation of worry and spontaneous images into

separate phenomenon, a dichotomy which may have been created by the questions

asked during the interview. An attempt to describe and make meaning of their experience

therefore, appeared to be inextricably linked to the perception of the self.   This

experience of anxiety and worry was referred to as emanating from within, and affecting

their courage to be in the world, their sense of individuality and functioning in the world,

and at times, their sense of being a valuable member of their world. In other words this

sense of self, coming from the qualities that make one person different from another,

appear to be fixed and static rather than changing and always becoming. This perception

of the self became an important phenomenon in that all participants experience of worry,

anxiety and spontaneous images revealed a sense of vulnerability, worry when alone, and

a sense of being a bad person.

4.2.1 Subtheme I-1: The self as vulnerable

All participants described a sense of the self as vulnerable, a fear of not coping, of a fear of worry and anxiety taking over their lives. The ultimate fear of worry is described by all participants as a fear of losing one's mind which was expressed using different language by each, yet appeared to describe an ultimate crisis with life, and in life, underlying this sense of vulnerability. Therefore there are times when the worry itself becomes the object of fear and so worry is feared.

The most striking characteristic of this sub theme was the perspective taking of participants towards their mental health. There is an overriding sense of vulnerability in relation to their psychological state. Yet there are also contradictions in that it is unacceptable to lose control of one's mind psychologically, however perhaps losing control of one's brain is acceptable. This would suggest that an individual has control over the psychological mind but not over the organic brain. Also there is a suggestion that it is wise to choose the receiver confidant or person this concern is shared with carefully, as society will not accept the vulnerability. Interestingly, just a few simple comments to minimise this fear of losing one's mind seems to have the power to change this perspective completely. There is an understanding of the power of language and how certain words are easier to accept than others:

Carmen: *'I mean I don't really worry about going mental and having to be locked up or anything but sometimes I worry that if my brain doesn't work or something'.*
             (page 23, lines 666-667)

Jackie: *'I'm okay talking to you but anyone else… they'd think I'm crazy.'*
             (page 18, line 612)

Catherine: *'I do remember questioning why I am like this…? I'm hoping that I'm not*

losing my mind or anything…'(page 3, lines 87-88).

Damian: *'It just got to the point where if I didn't do something I feared for my sanity so*

I went to the doctor'. (page 2, line 65-66)… I really thought I was

going mad until the psychiatrist said it was just anxiety or that word you

mentioned… yes generalised anxiety, sure I can cope with that right? I'm not

going mad right?' (page 4, lines 153-154)

There is also a suggestion of a vulnerable physiological state. In particular Damian had

experienced his rather anxious brother have a heart attack. He appears to hold onto this

experience and relate it to the analysis of his own situation. Worry is viewed as being

overtly controlling and as having the potential to ruin a person's life:

Damian: *'My worries affect all aspects of my life. I constantly worry about my health*

especially when I get these panic attacks? How do I know it's not

a heart attack?' (page 3, lines 103-104)

Carmen: *'…and I don't want this to control me like that and ruin my life'.*

(page 15, line 468)

Certain very strong emotions are also attached to this vulnerability. Names are given to

these emotions which appear to range in severity from very emotion provoking words such as dread, to descriptions of accompanying reactions to these emotions such as feeling small. There appears to be an assumption of truth in what the person's mind tells them and consequently this affects their emotions and increases their felt sense of vulnerability. This vulnerability is described as an overwhelming inability to take care of the self and therefore to become reclusive in this anxiety:

Jackie: ' ...then my brain is telling me everything that went on and how I felt that day and then I feel crap, I feel small.' (page 8, lines 275-276)

Damian: 'As I said when I am around my daughter and she needs attention I can't cope. Like the other day my wife wanted to go out to the shopping centre and I was to mind [child]. After one hour she woke up. But I couldn't settle her and I had to call my wife home from her shopping trip... I just had to, I couldn't cope. I can't cope so why does she expect these things from me?' (page 3, lines 91-96)

Carmen: 'Terrible dread... worst possible feeling'.
(page 21, line 612)
' I don't really worry that I'll lose everything but I do fear that it'll get worse and I'll get more reclusive, like I do worry that that'll happen, it's like sometimes I just don't feel like talking to people and sometimes I'm concerned that I just won't do anything, that I'll just kind of... I'll just live inside and I'll just kind of not do anything'. (page 14, lines 425-428)

Jackie: '...and it makes me anxious, then I can't talk.' (page 8, line 280)

Certain contradictions in narrative also emerge. Participants view the self as vulnerable yet they can recount an incident when they were clearly able to take responsibility and defend the self, when they did not demonstrate a vulnerable sense of self:

Carmen: '...but I guess, I mean I shouldn't have tried to fight him off...' (page 4, line 129)

Catherine: 'Yet in my life I'm very independent and have always done everything for myself.' (page 3, line 111)

Initially when reading these participant's descriptions I found myself staying in the present moment. On re-reading I felt that the vulnerability expressed by each participant did not have a particular focused time and that their vulnerability may have been firstly experienced in the past but very much remained in the present and was invited into their futures, perhaps the possible future represented by their worry for their mental state. There is also a sense that participants are worried with regards to expressing their vulnerability with other people, but that it is acceptable within the interview. This ties in with the sense of the worry as leading to losing one's mind, which seems to have an emotional element attached such as shame. It would be shameful to show another person that one is losing one's mind but it is okay within the interview space.

4.2.2   Subtheme I-2: The self as worried when alone

Although as previously mentioned the participant's vulnerability at times was more evident

when they had to cope or perceived coping alone in life, there also appeared to be a lot of

reference to the state of aloneness and subsequent worry and what that represented to all

participants. This sense of being alone is often situationally based:

Carmen: *'I just remember like being in College like what if nobody I know is there and*

                 that kind of thing like I wouldn't want to go to class if my friends were absent

                 or like whatever'. (page 5, lines 154-155)

Jackie: *'… like going places alone with the kids… I'm always anxious about that'.*
                 (page 10, line 344)

Carmen's narrative reminds us that this is a period of transition for this young adult. Up until

this point she has been able to rely on the presence of her friends. Now she must face

entering class with the possibility that no one is there to greet her, how will she cope? This

creates immense anxiety about what may happen if she is confronted with her aloneness,

and also a sense of apprehension or worry about the event of entering class alone itself.

This idea of a fear of not being able to cope is also evident with Jackie when she expresses

her concerns about going out alone with the children. Again a general sense of anxiety is

expressed which seems to be always present when there is a possibility of doing daily tasks

with the children.

Also for Jackie there is the installation of a safety behaviour to help cope with this sense of

aloneness and vulnerability when alone. She talks to herself in an apparent attempt to

lessen this anxiety she is experiencing:

Jackie: 'Yes I think about even just walking on my own home. I can see things

            happening I don't know if it's an image or a thought… I can be walking home

            alone in the dark and I can see someone or I can feel someone and I say

            - come on Jackie'. (page 13, lines 464-467).

This definition of being alone is further defined as a sense of aloneness even when not

alone, or simply as a reaction to feelings about the people in your life:

May: 'Most of the time when I'm on my own… not on… when … but

            on the train there are people around but I'm alone'. (page 8, lines 249-250)

Martin: 'I can be happy with myself all day long, it doesn't bother me being alone. I

            like it... I don't like people. I prefer to be alone'.
            (page 1, line 20-21)
            'I'm just easy going and enjoy my own company… I just don't trust others… I
            dunno I just live in a violent area too… you don't know what way these people
            think'. (page 1, line 25-27)

May expresses a self awareness and reflective understanding of her disconnect with other

people. How then can she reconcile this felt sense of aloneness even when others are

around? Martin in contrast moves between not wanting to share his space with another

person, to reflecting that perhaps this desire originated from real or imagined experiences

with the people who live in his area. He also disconnects from people although somewhat

deliberately and physically. These people are separate from himself to the point that he

cannot know or understand their thought processes.

4.2.3   Subtheme I-3:   The self as a bad person

Another phenomenon that was described during the interviews was the focus on the self as a bad person, as someone who would harm another person. This focus of the self as a bad person relates to an experience with someone known to the individual, either a family member or someone with whom some time has been spent. Tied in with this focus is an apparent sense of emotion which may be guilt or shame. This sense of guilt may focus on behaviour towards another person, either by judging that person or wanting to hurt that person. Also noteworthy is the repetitiveness of this reference to the self as a bad person at different times throughout the interview. Could this be a sense of punishment? By re-referencing a held belief that has been taken as fact, participants appear to have moved to a state of acceptance that they are bad and therefore accepting an attached sense of guilt for behaviour and shame for what that means about them:

May :   *'Like I blame others for how I feel, especially and I feel very guilty for*

it, I blamed my older sister for what happened when I was 17,

I was screaming at her... and I think back to those times and my behaviour

and I get pictures in my mind of how I was back then. Or I'd be sitting in the

lecture theatre and perhaps I would find the lecture boring and my mind

would start to wander and I would get pictures of all the times I was bad and

hurt people'. (page 4, lines 102-106)

'I used to have something like that about my family. My niece is 18 months

old now, when she was younger, a few months after she was born I used to

worry I would harm her, I didn't know…' (page 9, lines 272-273)

Damian: *'… bread and I just got this image in my head… em.. (speaks with lowered*

voice, looks sad) of me stabbing the baby, there I said it…

I just got freaked out and had to walk to the door to get some air…

does that mean I'm a bad person? Would I do this to my own kid?

Am I like my [family member]? Fuck!! Sorry…' (page 4, lines 125-132)

James: *'Maybe I'm not tense and I don't have worries, who knows, maybe it's all in*

my imagination. I worry if I hurt people'. (page 4, lines 105-106)

James does not elaborate on this comment and leaves it almost hanging in the air. There
was a general feeling of a deeper, more illustrative narrative to be explored here, however it
was also noted that this subject of worry, anxiety and images was very emotional for these
participants.

4.3.   Master theme II: Awareness of worry and anxiety as all encompassing

This theme encapsulates the phenomenon of the making sense of the experience of worry
and anxiety per se on their lives and daily functioning . Participants had all attempted to
make sense of their experiences at some time during their lives. Indeed their experience had
an all-encompassing element of involving both body and mind. Responses seemed to refer
to worry on two levels, the body and the mind. At times intertwined and at times separate.
At various stages throughout the interview all participants made reference to their

understanding of worry. Initially this was prompted through the use of an open question asking what this phenomenon meant to each of them. However it was also noted that during the interview process all participants would come back a few times to interpret their own understanding of worry without prompting.

4.3.1. Subtheme II-1: Creating an understanding of worry

In this theme we see participants attribute their worry to something they do not have control over – perhaps that they were born that way. James referred to living with worry as being now normal for him which seems to suggest some form of adjustment to life where worry is constant companion. All participants spoke about how they understand their worry as part of who they are, and this seems to link with how they then cope with their worry – they cannot control their worry, but they can control how they cope with it.

Indeed participants appeared to use various coping mechanisms including: attending the counselling service, asking friends for help, negative futuristic thinking and being active. In a sense therefore this use of coping mechanisms are suggestive of a certain process whereby the participants making sense of their experiences.

Participants refer to their anxiety/worry state as something they were born with or an an innate part of who they are. There is also a suggestion of a lack of control of that anxiety/worry. The suggestion is that there is an acceptance of the anxiety/worry as something one is born with and therefore it is necessary to simply accept and manage. There is also a qualitative versus quantitative aspect to these suggestions in that it is not possible to worry about every aspect on one's life but it is possible to worry too much. There is also a sense that this acceptance of the self as an anxious/worried person has an external frame of

reference, that this information was gathered from outside sources and then accepted as fact. As well as this there is a sense that for some there is a sense of uncertainty in that at times one can feel like an anxious/worried person and at other times not:

Josephine: *'Sometimes I think now that I was just born too sensitive'. (page 2, line 85)*

Catherine: *'I think that's just the kind of person that I am, that I'm a worrier and it's just*
                trying to deal with that… you can't worry about everything…
                I think that's why I find it hard to do what I want because I worry too much'.
                (page 3. lines 91- 93)

May: *'I dunno if it's true but I heard that some have an anxious disposition,*
                they are born that way'. (page 7, lines 211-212)

Damian: *'…then other times I just think that that's me that's just who I am, I was born*
                that way… sorry'. (page 4, lines 141-142)

For others it appears as though this worry or anxiety has become a normal functioning state. It also appears as though there is a recognition of the changes in the view of this anxiety/worry. Anxiety/worry appears to grow over time which may be due to the view that it is not controllable or that perhaps the person was not able to recognise this phenomenon. There is also an acknowledgement of how ingrained anxiety and worry can be in a person's life, so much so that it would need great strides to overcome it:

Josephine: *'…think that have experienced this anxiety all my life... Of course when I was*

younger I didn't recognise it as anxiety'. (page 1, lines 31-32)

Carmen: *'Em a couple of years I guess, I mean I used to think it was kinda normal and*

then I realised it was bigger than myself'. (page 15, lines 456-457)

May: *'At this stage it's part of who I am, a bad thing to say… well not bad but not*

happy to say not proud to say that but has come to that I mean I'd like not to

be worrying or not to be anxious but I think that would take a long time to

achieve'. (page 7, lines 206-209)

James: *'I'm not sure, I've been anxious all my life so this is a state of normality for*

me…' (page 1, line 2-3)

There is a suggestion that anxiety and worry result because the participant is different from others around them. Participants appear to have made a judgement in relation to how those around them experience anxiety. The conclusion is that they experience either anxiety to a lesser degree or their reaction to this anxiety is lesser:

Catherine: *'There's a part of me that would like to think others get these too, I do*

remember questioning why I am like this and do others imagine things like

I see loads of my friends and it seems like not a bother to them'.

(page 3, lines 87-89)

Josephine: *'…and things that didn't seem to annoy others, really annoyed me'. (page 1,*

line 34-35)

Jackie: 'No I don't think anyone's like me. I am more sensitive to how others

feel now though'. (page 18, lines 614-615)

For Carmen there is the suggestion that her anxiety does not come from within her, indeed she is the only participant who refers to anxiety as external. She too is the only participant who interestingly has a Bi-Polar II diagnosis. Perhaps there are other phenomena influencing this view:

Carmen: 'Well I can't be really sure, yes I do feel that it's not a part of me'. (page 15,

line 454)

There is a suggestion that the anxiety does not belong to her or that when she experiences it she dissociates from it. Indeed Carmen also reported that when she becomes highly anxious she has a tendency to feel a state of depersonalisation, where she is not real but the world around her is.

4.3.2.   Subtheme II-2: Worry as physiological

This theme encapsulates the phenomena of the experience of worry and anxiety on or as expressed by the physical body. All participants were acutely aware of the effects of worry on their body and gave detailed narratives of how they made sense of this. There appears to be a general sense that the males experience the physical worry in the chest area and the females in the stomach and then the chest. Interestingly this is also the first time participants use the word panic which implies an ultimate negative reaction or resistance to this experience of worry as well as an escalation of this anxiety and worry to a more intense state.

In particular Carmen, Josephine, Martin and Catherine refer to the experience of panic attacks:

Carmen: 'Yea I wouldn't really sweat if I was anxious, I would sweat more if I was panicking about something like if it was something I was thinking it would be in my stomach like it would be like butterflies or rolling or something'. (page 5, lines 141-143)

Josephine: 'I never used to worry about how I did academically just knew I'd do ok, but lately things are more important and I can feel my heart racing or I get a dizzy head, I think I've even experienced two panic attacks. Both were very different'. (page 1, lines 9-11)

Martin: 'Well a couple of years I had a panic attack at night in my bed, my partner had to take me to hospital… I couldn't breathe and I thought I was having a heart attack'. (page 1, lines 5-6)

Catherine: 'Ah… usually I get kind of ah… what do you call it… not a knot but just something here (points to stomach) and I suppose I kinda like panic a little bit'. (page 2, lines 43-45)

Several participants describe the actual bodily effect of this anxiety or worry, for some there is an escalating effect which begins in one part of the body and moves to another. For others this feelings is pervasive and felt in various parts of the body simultaneously. All appear to be very aware of the body feeling of anxiety. For some this bodily feeling appears

98

to be related to an overwhelming feeling of fatigue:

Damian: *'I feel it here (points to chest again) and then I can't breathe and get this horrible pain in my chest...'I always feel tired, real fatigue, I can't concentrate, I'm always irritable'. (page 1, lines 20-23)*

James: *'Yea (sigh) there's anxiety in every part of me, neck, back, I dunno'. (page 1, line 13)*

Jackie: *'Well... it's horrible!... like it's ... to me it always starts in my stomach like if I'm anxious I always feel it first, I always feel like you know... and I know I'm nervous when I'm going into a situation I don't like and my stomach starts... and I feel like I need to hold myself and then that affects the things that I think about and then I shake, my hands shake and you know... its not nice, you know...its just... (Lower voice and stops)'. (page 1, lines 17-23)*

Participants describe their responses to these physiological feelings. There is a sense that to be able to relax is very important and therefore anxiety is negative in that it is counter to the relaxation state, this is particularly evident when it interferes with the ultimate state of body relaxation, that of sleep:

May: *'Not good'. (page 5, line 153)*

Damian:　　　　　*'Then I can't sleep, night after night I can't sleep'. (page 1, lines 25-26).*

James:　　　　　*'It's related to anxiety but it's always tense, always, even when I sleep,*

always rigid, turning, never relaxed, yes even now, so I'm not finding

this relaxing'. (page 1, lines 13-15)

There is a sense therefore of a never ending cycle, ever present during the day time and also into the night. It is easily understandable therefore when participants state that they are always fatigued.

4.3.3.   Subtheme II-3: Worry as mental representations

A mental representation in this research would refer to a formal system for making sense of things that are not currently seen or sensed by the sense organs. In our minds we often have images of objects, events and settings, we cannot actually smell or see those things but we can imagine them. Whilst mental representations were previously interwoven with the physical experience of worry it also seemed important to draw on this sub-theme separately given the effect of cognitions on the participants. Various words are repeatedly used, in particular the words thoughts and images. Participants are very aware that they experience various cognitions in the form of thoughts and images and even gather these cognitions to form imaginative representations wherein they are able to manipulate and control their cognitions. . There is a suggestion of a more emotive connection between the experience of images and the feelings of the participants. Participants are also able to connect their thoughts to bodily feelings:

Carmen: 'Um… well I guess… It's mostly social…um…but also kind of …mental…
            so if I imagine situations where I'd get uncomfortable I get very
            uncomfortable and I get quite like not dizzy but a little bit of like vertigo,
            kind of… and um and then also I get quite panicky if I think
            about things that would stress me out like'. (page 1, lines 2-5)

James: 'Maybe I'm not tense and I don't have worries who knows maybe it's all in
            my imagination'. (page 4, lines 105-106)

Carmen: 'I mean I don't really know what I think would happen but I just like then I
            start imagining what if this has happened, what if that has happened you
            know and if she lost her phone and what if she's had her bag stolen
            and she can't get home'. (page 7, lines 213-215)

May: 'Or I'd be sitting in the lecture theatre and perhaps I would find the lecture
            boring and my mind would start to wander'. (page 4, lines 105-106)

There is reference to the emotions conjured by these mental representations. Several

participants refer to the word dread or conjure up a feeling of dread for the author:

Carmen: 'Em… like again my heart would leap and its sort of like a dark curtain comes
            in and it like…em…this thing just terrible and you just kinds think that just
            everything has just gone black and nothing else matters and nothing else
            is ever going to be okay'. (page 10, lines 284-286)

Josephine: 'It's like I think a lot , then I have this feeling of like …dread…yes…like a

                 dread… and then I might be in a place where something might happen and

                 out of the blue the image starts to take shape and waits around the corner ,

                 I push it away for I'm afraid to live it. If I did take it on what would that say

                 about me? Well having images of my family'. (page 4, lines 164-168)

However this link between cognitions and emotions is not always made. James is able to

view his cognitions as perhaps something he does not have to take as fact. Yet he also does

not link them to his emotional state:

James: 'Lots of thoughts but don't rationally think of them. I ask myself what have

                 they to do with how I feel, ..What have they to do with my emotional state'?

                 (page 4, line 105-106)

There is a suggestion that these mental representations are quite powerful and also

pervasive to many aspects of life. Mental representations as thoughts can take the form of

worry and become cyclical, they usually focus on money, work, relationships, socialising,

making decisions. Their futuristic element is applicable, in that whilst for some their current

situation dictates that they need to be concerned over certain issues, for others there is an

element of possibility only:

Damian: 'My worries affect all aspects of my life… I constantly worry about my health

                 especially when I get these panic attacks? How do I know it's not a heart

                 attack? Why did my brother get one? I always worry about money…

having to pay for my post grad., is there going to be work at the end

especially in this recession, should I have chosen something else? My

relationship with my wife, will she reject me, will my daughter reject me? I

don't like to be in big crowds so I don't go to concerts, how will I be in later

life in my career? These thoughts are constantly in my head going around and

around and they don't stop I can't make them stop'. (page 3, lines 103-110)

James: *'I roll on, I roll with it and get through it and roll on, there's always thoughts,*

always something to be concerned about, money , family, decisions ,

doing the right thing doing the wrong thing, always something to be

concerned about, yea… money, family decisions, child

rearing, doing the right thing doing the wrong thing'. (page 1, lines 7-10)

Carmen: *'Well I mean it's all kind of mental. Like I usually get anxious all by myself like*

I wouldn't get anxious in an actual real situation, well situations that I tend

to find stressful I tend to avoid. It is mostly when I think about things

happening that I get anxious more so then actually doing anything or

anything actually happening'. (page 1, lines 21-24)

There is a sense of being able to gain entry to Damian's head and to listen to his thought

processes which appear to be unfocused and tangential, suggestive of a lack of control and

confusion. Indeed he ends his narrative by stating that these thoughts don't stop and he

can't make them. James' thoughts seem to parallel Damian's and his analogy of his rolling

through life also nicely exemplifies a lack of control.

4.4. Master theme III: Trying to cope with worry and anxiety

There is a strong theme of worry as being unwanted throughout these passages. Worry is avoided at both a physical and psychological level. There is also an underlying suggestion that the effects of trauma are present in the form of derealisation and depersonalisation. These are discussed under the sub-theme of the 'detachment from worry'. Finally the need and use of external help to manage or resist the worry is discussed.

4.4.1. Subtheme III-1: The avoidance of worry

When worry is avoided psychologically, when it presents itself as an image, the participants described some very interesting visual strategies of avoidance through the use of language that could also refer to cleaning, storage or putting away.
For Catherine and Josephine there is reference to a time line, whereby Catherine reflects on how her use of avoidance has changed since she was a child and Josephine acknowledges that her avoidance had helped her to function in her daily life as she had avoided a long time ago and placed her experiences far from consciousness. Damian uses avoidance to function in his daily life and dismiss his worries, Carmen fills this space left with avoidance with another distracting activity, and Catherine explains that there is a process she experiences in her body before she avoids. James described his avoidance of worry by bottling everything up. Perhaps he has a bottle for each worry. James' narrative suggests that he never actually opens the bottles to confront his worry, rather he pushes them aside and fills another bottle:

James: 'I bottle it up in my head… em … Little compartments, little bottles… when

                 something irritates me it gets put into a bottle in a compartment and after a

few days it get pushed aside and something else comes along'.

(page 2, lines 60-65)

Damian: *'I'll get an image of her packing her bags and just leaving me... yes. Well I*

just push them away and I em... just get on with what I'm doing'.

(page 4, line 148)

Catherine: *'I try to just get rid of it and I'm doing that a lot lately... like if I just have a*

thought I can feel it coming ...like my heart ...and I can just kinda feel

it coming and my heart beats faster and that kinda knot and I just kinda

try and shake it off then...' (page 1, lines 34-36)

Jackie: *'...like if I'm anxious and you know I'm not thinking straight and I don't*

say the right things and I panic and I just go completely away from the

situation altogether...' (page 1, lines 28-30)

'...Yes, if I'm anxious and my mind races so I go through numerous amounts of

thoughts in a few minutes ...and feelings I usually need to take myself out of

the situation and breath or something if I can otherwise...' (page 2, lines 42-

45)

One of the reasons for avoiding the thoughts and images is the possibility of their power, of

the quality of the premonition. In this context a premonition appears to have a negative

context as though they indicate a forewarning of a certain negative event:

Damian: *'Christ I just push them away, I'm afraid at times that they mean that they*

are telling me that something is really going to happen ... you know?..

especially things that I know have happened to other people'. (page 4, lines 138-140)

Josephine: *'I used to be afraid that if I accepted them they would come true and then I would have to wait and see'. (page 4, line 138-139)*

Another reason for avoidance appears to be associated with the unpleasant feelings or emotions tied to these experiences. It is noteworthy how the participants become specific in their use of language. Words like dark, stress and dread are referenced indicating an inability to tolerate the strength of the associated emotion:

Damian: *'I can't stand the feeling that goes along with them (points to stomach/mid area) just that heavy feeling, like that feeling of dark, horrible'.*
(page 4, line 149-151)

Martin: *'I have to push the image away and try to think about something else or the stress just builds up and up… that's what happens'. (page 3, lines 121-122)*

Josephine: *'I could hardly show my feelings about just worry… yes just worry… get on with it is my family's motto… does it work I dunno obviously not for me who knows with the others… It's like I think a lot, then I have this feeling of like…dread…yes...like a dread… and then I might be in a place where something might happen and out of the blue the image starts to take shape and waits around the corner , I push it away for I'm afraid to live it'. (page 4, lines 148-153)*

For others avoidance is more difficult due to the associated element of time, as though there is a waiting process, a lack of control whereby one must wait for this avoidance. There is also sense of habit formation, of acknowledging this experience as a normal part of the self:

James: 'I put anxiety in a bottle and put in mind and wait until it goes away, it's all

                    very confusing anxiety, what is normal and what isn't this is my thing'.

                    (page 2, lines 66-67).

May: 'I let the image play through and then when finished I dunno… sometimes I

                    try to stop it but becomes such a habit letting them come…

                    I never really thought in terms of inviting them in but yes I guess I don't do

                    much to stop it playing in my head'. (page 8, lines 233-236)

However the pervasiveness and futility of avoidance is also clear. These attempts at avoidance have no usefulness as the worry returns and appears spontaneous:

Josephine: 'Of course they come back again'. (page 4, line 154)

Carmen: 'I'll turn on the computer or like chat to somebody or something but like

                    reading does kind of work cos like it would make me forget about being

                    stressed out but then I like think about it again'. (page 11, lines 329-331).

A contradiction appears whereby some distractions do work but then they also do not. There is also a sense of futility in avoidance.

4.4.2. Subtheme III-2: The detachment from worry

With participants there was also a significant reference made to reacting to worry

through detachment. For some participants there were different experiences relating to the

outcomes of worry in that at times panic was experienced and at other times dissociation.

None of the participants provided a link between these two experiences. This subtheme

was separated from the previous subtheme of avoidance as detachment is a choice to

disengage emotionally from people and/ or leave situations that could be harmful.

Avoidance is often dysfunctional coping mechanism that allows us to avoid self-

accountability, ignore people or situations, hide from the truth, or run away from our

responsibilities. Avoidance is often driven by our fear of experiencing rejection, anger,

disappointment, abandonment, or shame.

Furthermore detachment can mean two different things. In the first meaning, it refers to an

inability to connect with others emotionally as well as a means of dealing with worry and

preventing certain situations that trigger it; it is often described as emotional numbing or

dissociation. In the second sense, it is a decision to avoid engaging emotional connections,

rather than an inability or difficulty in doing so, typically for personal, social, or other

reasons. In this sense it can allow people to maintain boundaries, psychic integrity and avoid

undesired impact by or upon others, related to emotional demands. Participants describe

what appears to be a state of dissociation:

Jackie: *'I start analysing what I said and then I don't hear them…they'll talk back to*

                me but I don't hear them… I'll hear about half what was said half of the time

                and then I forget what for example my said… if I said anything like'.

May: 'I'm not sure even if it was me hurting her cos I was looking through my eyes but not quite… it seemed as though I was looking through someone else's eyes, kinda weird'. *(page 9, lines 279-280)*

Catherine: 'I know this might sound weird but I get them in my dreams, it's really weird, it's a weird sensation its really weird to describe it… if I close my eyes it's like a spinning, it's like a far distance spinning , if that makes any sense it's just the feeling I used to get when I was going to sleep and I think it was an anxiety thing and I used to get it a lot when I was younger…not an anxiety but a nervous thing… it was just in my head and I dunno if there was someone there but it was like looking at something distorted… but it was kind of spinning a little, but I remember after my parents split up I got it a lot and I never understood what it was and I had to open my eyes to try and get rid of it'. *(page 2, lines 53-60)*

Josephine: 'Funny thought I remember it as an outsider looking at this young girl who was me yet not me. But then… I …' *(page 3, line 94).*

This dissociation is felt but not remembered at times suggesting that there is a depth to this dissociation in that not only were the participants emotionally absent during the experience but they also at a certain level decided not to retain the experience at all. This experience also has profound physiological effects:

Jackie: 'No my friend said she was talking to me but I don't remember her talking to

me I was probably inside my head'. (page 7, lines 252-253)

Josephine: *'I don't remember what happened after that but that feeling has always*

   remained with me…' (page 3, line 83)

Jackie: *'I just couldn't breathe, I couldn't walk, I felt the room spinning, like walking*

   on air, everyone was looking at me, I felt like I was floating, I just ran

   straight for the toilet'. (page 7, lines 241-244)

4.4.3 Subtheme III-3: Needing external help

At some point all participants have requested some form of external help to deal with their
worry. All are also aware that certain activities lessen their worry yet do not seem to place
value on these activities. All participants use various hobbies or interests as a calming
measure when anxious or worried:

Martin: *'My mind is at ease especially when looking at boats and watching boats go*

   by'. (page 1, line 32-33)

Jackie: *'I dunno there were probably a lot of reasons why I started to feel better…I*

   don't know it was the summer holidays no more school'. (page 7, lines 234-

   236)

Damian: 'I like to garden too when I do this I don't think it's amazing and I feel relaxed afterwards'. (page 2, line 71)

James: 'So yes I started a philosophy course a little while ago hoping that that what I have inside will come together and make sense, I love to fish I want a boat one day too. Hope….You've always hope I've always had hope I remember once or twice not having it and being depressed but it didn't last long cos I always got hope back, I knew there was always hope.' (page 3, lines 77-80)

Participants are prescribed medication for their anxiety or worry yet none appear to take responsibility for wanting these medications. There is a sense of being obliged to take medication as the Doctor has advised. There appears to be a suggestion that taking medication is not the preferred way to cope, that even this is something to worry over. This is evident in Damian's narrative:

Damian: 'I went to my GP about it and he gave me a few tablets, these didn't really help so I went back and got some more. I've been on them since perhaps … 2 to 2 1/2 months, there or there abouts. I still had the symptoms though which was a bummer…. Anyhow… then I went back to the GP again and he gave me more tablets …. Now I don't have any symptoms'.
(page 1, lines 5-9)

Martin: 'I said to my doctor no offence but please don't give me valium… I'll put them on the shelf…. I told him one moment I can be talking to someone and the next I can just change it can depend on the person or me, my moods

just change… he said maybe that's why the valium didn't work. So I've an

appointment with the doctor next week'. (page 1, lines 28-31)

Jackie: *'Yea, I was supposed to but I waited so long? No, I never got to see him. I*

waited so long, anyway my GP put me on anti- anxiety medication'.

(page 6, lines 199-201).

Damian: *'… I don't like to be on medication, I feel that I should be able to get over this*

by myself but I just can't seem to (lowered voice) em.. I take 3 or 4 tablets

when I get up in the morning… I worry about the day it stops working,

I worry about even being on the medication, I think I should be able to help

myself'. (page 1, lines 10-12)

There is an awareness of trying to talk to others but that this doesn't help. These others can take the form of a friend, a sister or just anyone who will listen:

Damian: *'… I talk to a few friends but I suppose there's only so much they can*

understand'. (page 2, line 66)

May: *' … talk to my sister a lot'. (page 10, line 337)*

Carmen: *'I'll turn on the computer or like chat to somebody or something'. (page 11*

line 329)

The advice is to go to counselling, however only when the anxiety is extreme indicating that

there is something wrong with the person or when someone like a GP suggests it. Another reason for the suggestion that counselling is a viewed as somewhat a last option is it's expensive quality. However there is also an appreciation that the counselling in the student service is free:

Jackie: *'I suppose one of the other ways to deal with anxiety is also to take medications, there are different ways but for you… you avoid people and if extreme only you would go into therapy'? (page 6, lines 191-193)*

Damian: *'My GP referred me to a psychiatrist in and they said that I suffered from Generalised Anxiety Disorder and just to go to counselling…' (page 1, lines 26 -27)*
'… counselling is so expensive so in a way I'm lucky to be able to come here…' (page 1, lines 9-10))

Josephine: *'That's why I came into counselling as I was beginning to worry about everything and thought there was something wrong with me'. (page 1, line 30)*

Catherine: *'I would have more money if I didn't have to pay for my therapist'. (page 4, line 135)*

May: *'I guess what I'll talk to [counsellor] about is self- esteem cos that's what my Psychiatrist said too… up til now I was not really focused on it'. (page 10, line 337-338)*

May also suggests that she has to be told how to use the counselling experience. Her psychiatrist tells her to talk about her low self esteem and there is a suggestion that whilst she knew this, she had previously decided not to focus on this issue.

4.5 Master theme IV: The past in the present

Another theme which was repeated in all narratives was the idea that some part of the participant's past was alive and well in the present and very much tied in with the experience of their worry. This was evident in the discourse about specific past events and specific people. There are three sub-themes in this master theme. At times given their connectivity the people from the past overlap with the events from the past, although there are also incidents where this is not the case.

4.5.1   Subtheme IV-1: People from the past

Many participants speak about a person or people from the past who continue to affect them today. Whether they meet these people on a daily basis or never see them again, they are still carried in their minds and affect daily experiences. For some this person from the past is alive in memory and thoughts wander to them every so often. For others this reaction to physically seeing the person in the past is so strong that avoidance is necessary:

Jackie: *'…then I always had issues with teachers'. (page 3, line 84)*

James: *'I remember a child being abducted where we lived and later she was found dead and I remember that was quite scary because my mum had sent me to the shops and I was about 5 or 6. I remember a neighbour throwing a snow ball at me and there was a stone in side and that could have hit me and hurt me ...' (page 1, lines 22-25)*

Catherine: *'Even though...at the time my parents where together my mum was very much a single parent and I thought of her as strong... yet after this, I saw a different side to her, she could be hurt and that scared me'. (page 4, lines 134-136)*

Damian: *'I worried about Mum after he was killed but I was also angry at her. I worried about all of us, but then I was the youngest so there was only so much that I could do. Then well I'm ashamed to mention my older [family member] ... and we were very close... well he killed his life and children some years ago...ah... it was a terrible mess...em ... he tried to kill himself too'. (page 2, lines 41-44)*

Josephine: *'I was always afraid that he would hurt my mum and then what would I do. That's it I spent my entire childhood worrying about my Mum, if he killed her how would I keep the family together, strange thoughts for a young child, I know, but to me they were normal'. (page 2, lines 49-52).*

Martin: *'I was raised by my grandparents and didn't know my Mum until I was 16, I always thought she was my sister. Then I got a life home one night from Town and the taxi-driver told me he was me Dad'. (page 1 lines 14-16)*

So what does it mean for the participants to live with these people from the past? When Jackie in her current life meets anyone from her time at school who may remind her of her teachers she becomes very anxious and has to leave. She is always on a state of alert, especially as she resides in the same area as where she grew up. For James who spent his early years in the U.K. being aware at a young age of the abduction of a young girl and experiencing uncertainty and possible danger appeared to infuse a general awareness of danger, and the possibility that another person can inflict pain and even death on us. Even though he experienced the news of the girl's abduction and the subsequent snow balling at a very young age, he seemed to hold onto these experiences. For Catherine and Josephine who both witnessed domestic arguments between their parents, they found it difficult to let go of the idea that their mothers were vulnerable. Damian witnessed the aftermath of two traumatic events in his life, leading to the development of strong negative emotions both towards his Mother and his other family member. These people are still present in his life in an influential way as noticed by his verbal reference to their importance, even though also in an indirect way as he does not spend time with his mother and his family member is in prison. Martin discovers who is father is by accident. He quite clearly states that he does not trust people, in particular his mother who did not tell him about his past.

Therefore from a very young age all these participants experienced the people whom they expected to take care of them, and be responsible, as well as other members of the adult population, as being untrustworthy, even dangerous. and given this, the response has been to remember their experiences of these people and what they perceive to have learned from them.

4.5.2   Subtheme IV-2: Events from the past.

Participants were able to name the past people and events that were alive in their present

116

yet seemed to be unaware of the part they played in bringing or holding onto these events in their present. They would all refer to these events without prompting. For Damian, the effect of his family member's actions and the consequences of those on his family continuing to make him angry. For Josephine holding onto the perception of the responsible eldest child due to domestic violence in her home and her father's neglectful behaviour. For James holding on to the fear he felt when a neighbour's child went missing and was murdered as well as being attacked by a snow ball. For May the refusal to forgive herself for her perceived irresponsible behaviour and for Catherine the effect her parents fighting and separation.

There is a temporal sense also to the narratives wherein participants describe a specific moment in the past when a certain event happened:

Damian: 'She was having an affair with some bloke and he found out, I don't

            know much else but one night she came home after I guess being with

            this other bloke and he beat her to a pulp. Then he went and killed

            the two boys, why? He was in a terrible state beforehand,

            I remember seeing him that day and he was shaking like some crazy man,

            I didn't know what was wrong with him. Any how he used a knife

            on the boys. He said they couldn't live without their mother…

            who the fuck does such a thing, to this day it makes me angry (loud

            shaky voice)'! (page 2, lines 46-52)

May: 'In 2011 I was working as a child minder, well au pair, but in Ireland. Well the

            child was having a nap, and I was minding the child even though she was

asleep having a nap and the parents… well they were still in the house

but they wanted me to mind her, and I fell asleep… and then I woke up

and the parents, there were still in the house because they were working in

the house, I could see in the reflection of something that they could see

that I was asleep but they didn't know that I had seen that I saw them,

but then I felt really bad because I was meant to be awake and I had

fallen asleep and that really plays on my mind because I was meant

to be awake … I still play that scene over and over'. (page 3, lines 70-75)

James :   *'…very young (sigh) 4,3,4? I remember looking down a man hole that was*

open and seeing steps leading down to it, dark, scary… remember a child

being abducted where we lived and later she was found dead…

I remember a neighbour throwing a snow ball at me and there was a

stone in side and that could have hit me and hurt me…I used to worry a

lot about my [Father]. I have a clear image of him being taken away

to a mental hospital when I was very young, they said he had a psychotic

break down, I used to get pictures in my head of horrible things happening

to him. It must have affected me, I still remember it!' (page 1, lines 19-25)

Catherine: *'I remember a few fights yes… one particular one when I was frightened…*

em… I remember my dad closing the door on my mum's hand… I can even

picture where it was and exactly what happened… that's when I became a

worrier'. (page 4, lines 130-132)

These events appear to be traumatic for these participants and have resulted in a

worry process and an overanalysing of the events themselves rather than the effects these

118

events are having on their current lives. Damian suggests that he still carries the anger he experienced after his event, however, when he describes the event and his anger he does so with a very anxious voice. Carmen reports that she replays the scene in her head over and over in a self punishing way, James states that as he still remembers these events they must have affected him, yet he does not connect the events to his current emotional state. Catherine clearly states that from this time onwards she became a worrier.

Following on from this idea that emotions are connected to these events, this emotion can be fear, anger and worry, when related to the apprehension of an event or anxiety after an event has occurred:

Josephine: 'I would be afraid of him but angry at the same time. I always

              remember waiting for his bang on the front door, he always had to

              bang on the front door and even if I was waiting for him I would startle'.

              (page 1, lines 47-49)

Damian: 'it makes me angry! (loud shaky voice)… I felt really anxious about that'.

              (page 2, line 52)

James;   'I used to get pictures in my head of horrible things happening to him. I

              worried that he wouldn't come home'. (page 4, line 107-109)

There is an awareness of the beginning of symptoms of worry immediately after these events. An acknowledgement that some events are just too important and influential to forget. The act of memory is often taken for proof of the effect the event had on the participant as well as the possible personality change post event:

Damian: 'Funny I had a dream after that in which my nan was evil. I used to think of

              her as evil as she had such a bad temper, we only lived there for a short

              while until my parents got back together… I remember seeing the blood still

              there, I'll never forget that day and seeing that car…' (page 2, lines 59-62)

May: 'I would get images taking me back to that day and see the whole

              thing play out again, I don't like that. I would push that away.' (page 2, line

              66)

James: 'it really affected me I was too small to see inside and that was the scary bit…

              it must have affected me, I remember it..! em…' (page 2, lines 39-40)

Catherine: 'I used to be very bossy… and to me being bossy will be kinda well…

              outgoing … and I know when my parents split up and I moved to my Nanna's

              I actually think I did change, I think I did kind of change a lot. That's when

              I started noticing the nerves, I started noticing them'. (page 2, lines 50-53).

4.5.3   Subtheme IV-3: Holding on to experiences from the past

Participants describe the effects of these past events and past people on their current lived

experiences. Some participants experience dissociation and general traumatic

experiences as many childhood experiences are indeed traumatic in nature.

This holding on to experiences from the past seems to take the form of thoughts and

feelings, even imagination. There is a sense of deliberately keeping past experiences to think about them and make sense of them. Carmen thinks a lot, May chooses to go back to the past, James is always thinking about the past, Josephine overthinks and Jackie holds onto feelings. Carmen and May are able to describe their thought processes. Carmen elaborates further and refers to the imaginative quality of thoughts, there is an aspect of what if?:

Carmen: '*…the things that could have happened. I thought about that a lot and*

em… I guess I often think about being in open spaces or being in a crowd

where I wouldn't know people and these would stress me out sometimes

and I would sometimes think about that…em… and then people dying and

stuff'. (page 2, lines 43-46)

'I mean I don't really know what I think would happen but I

just then I start imagining what if this has happened , what if

that has happened and if she lost her phone what if she's had her bag

stolen and she can't get home'. (page 7, lines 213-215)

May: '*…either I've gotten in to a habit of… I usually go back to the past and think*

about the negative things If I don't think too much then its fine but..

If think too much think about what happened yesterday, or week before

or next week and can't enjoy present moment'. (page 7, line 206-209)

James: '*Never in the moment, always in the past, always thinking about the past'.*

(page 1, lines 5-6)

Josephine: *'As you can see I tend to over-think'. (page 4, line 149)*

Jackie: *'Then the image, oh of me and how I felt back then, kinda heavy and sad. Yes*

            sometimes I do get images of the past, I never thought about that before,

            seeing you're ad. for this research helped me to realise about my

            future images, well they're not really the future, more the present future,

            what can happen in the next moment, so not even a future more'. (page 17,

            lines 596-599)

Jackie refers to the quality of her relationship with her children which she views as being affected by her past experiences. Damian's relationship with his Mother remains distant as it was in his childhood and Josephine acknowledges how this worry and anxiety impacts on her interpersonal relationships:

Josephine: *'Yes and this anxiety or worry has really played out with my children. I*

            Have two children one aged a year and the other four. I worry

            constantly about them and get terrible images'. (page 3, lines 106-109)

Damian: *'I still to this day don't have a good relationship with mum'. (page 3, lines 89-*

            90)

Josephine: *'Yes this anxiety does affect other areas, especially being with other people….*

            I am better now although still shy'. (page 2, line 65)

Holding onto past experiences can take the form of worry itself. Worry becomes a recognised activity. Also past experiences can be held onto through emotional experiences. One such emotional experience is depression and the view is that to experience depression is to suffer:

Catherine;   'I won't do it and there's the whole thing of worrying about my mum and my sister and that's what kept putting me off more and more'. *(page 3, lines 101-102)*
'…and other people say to me look you just can't be worrying or put your life on hold for other people but yet that is what I have a tendency to do…' *(page 3, lines 103-104)*

Martin;   'I have suffered from depression of and on however most of my life. I think this started around 13 or 14… When I feel depressed I don't care about anything, I overeat and can't sleep, that's the worst when I can't sleep because then I get nightmares. I get up early before my kids get up to try to lift my mood so as they don't see me like that. You see I have snapped at the kids in the past and I feel so bad afterwards, so guilty, I don't want them to know me as an angry person, it's not fair on them'. *(page 3, lines 100-105)*

4.6 Master theme V: Consumed by the other

The subthemes in this category reflect how the focus of worry is often on the family, that a family member is unsafe. A second focus relates to other people, that others are

judgemental, untrustworthy and worry provoking. Often when the focus of the worry is a family member, this began very early in childhood usually with reference to a specific incident which may have been perceived by the participant as traumatic.

4.6.1 Subtheme V-1: The family as unsafe

This theme illustrated the worry as being mainly focused and intense in certain areas of the participant's life. Carmen's worry for example, focuses her family, more specifically towards her younger sister and parents.

A timeline appears when participants refer to family. All worry about the safety of immediate family. When younger some worry about parents, when older and with children some worry about their children. The family is viewed as unsafe in the present:

Damian: *'…and I had the knife in my hand cutting the bread and I just got this image in my head….em (talks slower, sad look) of me stabbing the baby'. (page 4, line 130).*

May: *'I used to have something like that about my family. My niece is 18 months old now, when she younger, a few months after she was born I used to worry'. (page 4, lines 129-132)*

Josephine: *'I worry about my future and my kids, am I going to be an overprotective mum? No…. I focus mainly on my daughter not my son so much… not yet anyway.. worry constantly about them and get terrible images.. . You never know like if the kids are sick, I'll worry about them to the point that I keep an eye on every little symptom and so for example, if one had meningitis,*

touch wood, I would be two steps ahead'. (page 9, lines 272-273)

Martin: *'I worry a lot too… about… well all sorts… my children especially… em I have*

               two boys, had them young the first when I was 19, then the second a year

               after. I love them to bits, two beautiful boys… anyway I worry about them

               and know that I'm always thinking about them'. (page 1, lines 7-9)

Catherine: *'…and there's the whole thing of worrying about my mum and my sister'.*

                (page 3, lines 101-102)

There is also a clear distinction between this current worry and the objects the worry

focused on, and how this is different to the object of worry in the past:

James: *'I used to worry a lot about my [parent]. I have a clear image of him being*

               taken away to a mental hospital when I was very young, they said he

               had a psychotic break down, I used to get pictures in my head of horrible

               things happening to him'. (page 3, lines 111-112)

Josephine: *'…funny that it used to be mum and now I don't worry about her so much, it's*

               switched! Wow'! (page 3, line 114)

May: *'She cracked under the pressure and that's why she was in hospital ….*

               she told me some stuff and after that conversation I became less

               preoccupied about her (sister) and all these things'. (page 9, line 273)

This fear for the safety of a family member usually had a focus. Catherine refers to worrying about normal things happening to her family, she does not describe what she means by normal however. Generally however there is a theme of harm being done to the family member:

Catherine: *'When I was little I worried a lot about things happening to my family members just out of no- where (pause)… like em…just like the kind of normal things kids would worry about... I'd get images usually, I generally find that if I am worrying or anything (Louder voice) like that I do get images of things… like I might get a thought and then it would progress into an image'. (page 2, lines 67-71)*

Josephine: *'…if one had meningitis, touch wood, I would be two steps ahead'. (page 3, line 114)*

Catherine: *'…she could be hurt and that scared me and then afterwards'. (page 4 line 136)*

May: *'…a few months after she was born I used to worry I would harm her...' (page 9, line 273)*

There is a clear relationship between fear for a family member's safety and the experience of spontaneous images. There is also a suggestion from Josephine that worry serves a purpose in preparing her for all eventualities. However the originator or inflictor of this

feared harm is not always another person, it can also be the participant.

4.6.2. Subtheme V-2: The other as judgemental

Jackie, May, Damian, Josephine and Martin appear to be sensitive to the judgement of others. This judgement from other people appears to be negative and the reaction is noted as feelings such as feeling awkward, anxious and fear coupled with embarrassment:

Jackie: '…*make me feel awkward, I feel awkward around people like that so*

               I block myself…' (page 5, line 177)

May: '*I'd be anxious about others'. (page 4, line 182)*

Josephine: '…*just I'm afraid I'll go red in certain'. (page 2, line 68)*

There is an obsessive quality to the thoughts each has about the judgements of the other. Whilst initially this judgement may not have importance, after time and with repeat judgements it can hurt and take an obsessive quality. Jackie is aware that this concern about the judgement of others is always with her, even when doing the simplest of tasks:

Jackie: '*It's always about other people, what they think, what they'll do,*

               but I'm getting better, even just getting petrol can be anxiety provoking

               if I don't know where I am it's worse… always about other people.

               What they'll think. Some more than others'. (page 10, lines 349-352)

Martin: '…like there'd be time when I couldn't give a damn what people think , it's just wind going past me, but at other times the exact same thing can be said by a different person and this will stick. May be first time I don't listen and second time I do. I'll be thinking for the rest of the day'. (page 2, lines 81-85)

In particular there are times when the other person does not need to speak, the way they gaze is often enough, there is a suggestion of judgement in the eyes:

Jackie: 'I'm afraid of saying silly things, people can obviously notice it, they look at me strange... always about other people'. (page 4, line 148)

May: ' …now I worry how other perceive me… so…' (page 8, line 266)

Participants also suggest that they know that the other is judgemental because they can somehow know what the other person is thinking. There is a suggestion that this view of the other as judgemental coupled with the exact judgements they impose is taken as fact by the participants:

May: 'I worry how people's opinions of me... and things like that and negative thoughts about me'. (page 8, line 268)

Martin: 'An awful lot of people think that I am cold and shrewd and abrupt… people in general...' (page 2, line 76).

Another aspect of how people communicate their judgemental attitudes is through what they say. There is a reference to labelling and name calling, that there is an aspect to the person that needs correcting or fixing. These are suppositions taken by the participants when they try to make presumptions based on feelings they experience when in contact with other people or through overheard conversations or through direct experience:

Martin: '…people have said it to me…I feel that others judge me … not always'. (page 2, line 81)

Josephine: 'People have called me snobby but I'm not I'm really nice…This wasn't helped by my own family commenting, slagging me when I did! Even my own Mother!' (page 1, lines 38-39)

Damian: 'I overheard my wife talk to her sister about how this therapy has to 'fix me' as if I am broken or something.' (page 4, lines 122-123)

Yet judgement is also felt (Martin) and can come from a family member such as one's Mother (Josephine) or one's Wife (Damian). Perhaps these comments from family members are meant to help but are accepted as harmful.

4.6.3   Subtheme V-3: The other as provoking worry

All participants described their position in relation to the other as provoking worry. This

provocation suggests that a reaction is evoked in the participant owned by the participant as theirs. This differs from the theme of the other as judgemental as this characteristic although also evoking worry is owned by the other person:

Carmen: '…like if I'm not like say if I were meeting someone in a bar or something I'd
              be anxious about going there'. (page 14, lines 432-433).

May: '…because then someone might say something I wasn't expecting and that
              throws me off a bit'. (page 1, line 29)

Jackie: 'Yes I always felt, certain situations, certain people, I was always anxious
              around certain people and I don't know why you know…' (page 2, lines 62-63)

James: 'Ok… I get anxious about a friend I have, he had a affair with a married
              woman and she left her husband, I don't trust him, I believe that he
              would do that to me given the chance'. (page 3, lines 92-93)

Family can also provoke anxiety and worry and the uncertainty of sarcasm can be an issue, or the breaking of promises. Catherine is aware that her worry is as a direct consequence of her parents splitting up:

Jackie: 'Family I'm pretty good at… my close family, yes… my distant family…no, and
              they make you anxious…So now if I see my grandfather and
              I see him coming, I get anxious… he's so sarcastic, like last time I saw him and
              my father together he was sarcastic… like I don't know what he's going to

say'. (page 9, lines 299-308).

Catherine: *'The anxiety is also connected to worry, I think they're all connected…*

em…Yes when my parents split up I would have been a lot more of a worrier…

When I was little I worried a lot about things happening to my family

members just out of nowhere'. (page 2, lines 66-68).

Martin: *'…she has let me down too many times...[Mother] is constantly letting me*

down, what really irritates me is that she makes promises and then breaks

them, she gets my sons hopes up and then lets him down,

I make excuses for her'. (page 2, lines 66-68)

Jackie refers to anxious expectation. Not knowing how her grandfather will speak increases her worry. Catherine's suggestion is that anxiety is related to worry and that after her parents split up, worry would creep up on her and surprise her. Martin seems to collude with the originator of his worry, his mother, in order to protect his sons from worry.

4.6.4   Subtheme V-4: The other as untrustworthy

There is a sense throughout the narratives that the participants cannot generally trust the other people in their life. Interestingly all the participants who contributed to this theme, have children:

James: 'I didn't really trust my mother, dunno why just preferred my father'.

(page 2, line 34)

Damian: 'Who? God I can't talk to Mum (laughs) she can't handle her own life and her

own problems never mind mine! I was angry at Mum after that because

she blamed Dad for the accident and she wasn't there for me'. (page 3, lines

86-89)

Martin: 'I'm just easy going and I enjoy my own company….I just don't trust others…I

dunno I just live in a violent area too… a man got shot last week for no

reason in my area and this worries me'. (page 1, lines 25-27)

There are also consequences attached to trusting the other. Consequences can take the

form of broken promises and the effect of those, or that tasks are not completed in the way

the participant would like them to be. Therefore this trust must be avoided:

Josephine: 'Well, I guess I feel that it's my job I'm very responsible. Also I can't trust

others to do it at all never mind as well. If you want something done right do

it yourself'! (page 2, lines 74-76)

Martin: '… I have 2 small kids I have to protect them [Mother] is constantly letting

me down, what really irritates me is that she makes promises and

then breaks them, she gets my son's hopes up and then lets him down,

I make excuses for her.' (page 1, lines 27-28; 67-68)

'Like even though I trust my family with the kids a little I will have images of

them being kidnapped at my mother's, or my sister's, when they are not

looking or not being responsible, maybe the back door is open and [person]

wanders out, maybe a car is coming and there is an opportunity,

stuff like that, Christ it's hell! Enough!' (page 4, lines 125-128).

Jackie: *'If you don't trust people that's the way it goes, if you don't trust what they*

are gonna say and do. People can hurt (sigh) you so you try to stay away

and protect yourself…' (page 12, lines 228-430).

There is a suggestion that a reliance on the self is the way to defend against the others

untrustworthiness. Yet this idea contradicts the notion of not being able to cope when

alone and of feeling vulnerable which are the sub themes that all participants subscribe to in

theme one *Self absorption*.

4.7 *Master theme VI: Life with spontaneous images*

As there was an abundant amount of data and references to spontaneous images, the

author decided to make a master theme from the descriptions of the various images

themselves. This revealed a very rich descriptive narrative. The first subtheme describes the

image itself. The second attempts to probe the understanding of the experience of the

image.

4.7.1 Subtheme VI-1: The image

Images can take many forms and shapes. Usually they represent a fear, premonition or

simple description of an everyday person or place from the past, present and even future.

All participants were easily able to describe their image of choice. Given the detailed and

specific nature of these images each one will be described individually for each participant.

All participant's images have narrative and have an element of the actual and real in that

they are a protagonist in their image. Carmen's image differs somewhat.

Carmen's images have a symbolic quality and usually contain graphic images of rats or mice,

needles, or harm to family:

Carmen: *'…and then just kind of the main thing like that I had a mouse the last couple*

          of weeks or a couple of weeks ago and my parents were away and there

          was a mouse and I just kept thinking about the mouse like…

          it just kept spontaneously a picture of a mouse running across the floor'.

          (page 17, lines 500-503).

May's images usually refer to a sense of guilt about past actions. The most notable image

contains graphics of a past memory regarding her failure to appropriately supervise a child,

and the child's parents being aware of this:

May: *'Yes one I told you about, I fell asleep when I was meant to be minding a*

          child. I put the laptop down and feel asleep… I woke up and saw in the

          reflection of TV, one of the parents. Then I felt so bad cos I was meant

          to be watching her. They went and I hadn't turned around.

          I was meant to be alert and yes that's one of the images… I can still kinda

remember the living room there were bookshelves and a TV

(describes room) and the child was there'. (page 3, lines 70-77)

James' images appear to contain various traumatising memories. He refer to his time as a young boy in England. He remembers a young girl being murdered and everyone looking for her. His images take an imaginative aspect when he envisions finding this young girls body:

James: *'I always had this vision of a child in the back of a truck when I*

             thought of her… a child in the back of a Truck. The truck was the image,

             that when I went up to the shops for my mother there was a big truck

             parked in the housing estate and I remember climbing up on its wheels

             reaching inside to see if there was a body inside but I couldn't see and

             got no closure I had to go by the truck on the way home and the body

             could have been in the back of it… ' (page 2, lines 50-54).

Jackie's images usually contain a reference to her past at school. She refers to replacing her experiences with what her child must now be experiencing at school. Jackie also generally fears being alone especially at night:

Jackie: *'Yes I think about even just walking on my own home. I can see things*

             happening I don't know if it's an image or a thought… I can be walking

             alone in the dark and I can see someone or I can feel someone and I

             say 'come on J'…' (page 13, lines 464-467).

Martin's images usually focus on the well-being of his two children. Images depict various

scenes of kidnap of his sons even when they are accompanied by family. This is reinforced by the recent kidnapping of a young child in the U.K:

Martin: 'I will have images of them being kidnapped at my mothers,

or my sisters, when they are not looking or not being responsible,

maybe the back door is open and [son] wanders out , maybe a car is coming

and there is an opportunity, stuff like that, Christ it's hell! Enough!!

The images I hate as I said they're always about the boys'. (page 4, lines 125-

128).

Damian has experiences of various images , however one recent image in particular is upsetting for him and remains haunting him. He explains that he has had an image form of his hurting his young daughter. Subsequent feelings and the meaning behind the image are considered as they may relate to his being similar to his [family member] who actually did harm his family:

Damian: 'Well I decided to come here because I was concerned about one image I got,

it really bothered me at the time…em… because… Well I dunno why but

I never thought about talking about this before, I guess I felt a little

ashamed. [Name], my wife went out a few months ago and I was left minding

[A] my daughter, I remember she was in her play pen in the kitchen and

I was looking down at her and talking to her. I was making a sandwich and I

had the knife in my hand cutting the bread and I just got this image in my

head…em… (talks slower, sad look) of me stabbing the baby, there I said it…'

(page 4, lines 125-132)

Josephine like Martin is concerned for the safety of her young family primarily. However she also recognises and refers to the changing content of her images. When she was younger she experienced images depicting harm to her Mother, however usually currently the images contain references to her children only:

Josephine: *'Like stupidly if my daughter goes too close to the kerb I'll get a picture of a car hitting her yet it doesn't '. (page 3, lines 107-108)*

Catherine is not married and does not have children. Mostly her images today are self built and she likes to manipulate them. For example, she may well be the protagonist in a story and get a lot of attention. She refers to images when she was a child however as more disturbing given that they involved harm to her Mother:

Catherine: *'I'd get an image of the guards coming and talking to my Nan saying that she was on her way to work, I think that it was the worry sometimes, cos like my mum used to (slow and reflective low voice) … she used to cycle hail, rain or snow and the worry… cos you'd kind of hear what it was like to cycle in town, yes just the guards coming to say that she was on her way to work…em...and something happened to her and they came to tell us'. (page 3, lines 81-85)*

There is a strong emotive content to all of these images whether they represent a past event, a present fear, a future possible event or have symbolic content. Carmen's symbolic image content of the presence of a mouse is interesting and raises questions with regards to what this means to her or whether there is deeper meaning to an image at all. The word

symbolic is used as Carmen said herself that she does not fear mice nor has she memories of an experience of fearing a mouse, therefore she presumed that her image may represent something else. May uses her images to punish herself, as evidence that she is a bad person, she must be, she has commented because she fell asleep when responsible for a child.

Her image may lead us to a deeper understanding of her beliefs and values. Catherine and James have both experienced images about past events from their childhood. James' images occur currently whereas Catherine recognises that this worry about her Mothers safety is not current but from her childhood. Damian and Martin as Fathers both have images about their child/children. Damian has images about hurting his daughter and Martin about another person hurting his sons. Both provoke strong emotions in these men. Jackie is similar as a young Mother in that her image represents danger surrounding her daughter as well as fear for her safety when walking home.

Indeed on further inspection the images suggest certain beliefs about themselves and family members, belief systems and values and beliefs about their world. Therefore their importance as a possible therapeutic tool is evident.

4.7.2. Subtheme VI-2: Understanding the image

Participants all seek to understand the images, both the content and quality of them. Participants describe images as containing episodes, imagination and feelings from the past, the present and the future. Certain themes emerged from participant's narratives regarding the worry and anxiety as an image. For some there is an understanding of the experience of the image as spontaneous, for others there is a description of how the image is manipulated, of how it may form from a thought, of how it dissipates. Yet again the image is understood as a normal part of life. Other understandings reflect on the time element, are

images futuristic or representations of the present moment:

Catherine: 'I'd get images usually, I generally find that if I am worrying or anything

(Louder voice) like that I do get images of things… like I might get a

thought and then it would progress into an image'. (page 2, lines 69-

71)

Carmen: 'I could have it up to 10 times in like an hour, the images are easier to get rid

Of'. (page 18, lines 535-536)

Jackie: 'I think it goes away again,   not at once and I know I'm being silly or I tell

myself I'm watching too much telly and when I get home I'm fine.

When I'm alone I'll get that image but it'll go away again. Also when

I get home I lock the door. I know it's pretty common for girls to get these

thoughts though'. (page 14, lines 478-482)

Josephine: '…well they're not really the future, more the present future, what can

happen in the next moment, so not even a future more a possibility….wow!'

(page 3, lines 104-105)

The reaction to the images can be quite strong. Reactions and their descriptions are also

quite graphic. Carmen would refer to being creeped out and her skin crawling, Josephine

suggests a fear process, that if her experiences stayed the same she might go crazy, that

when she experiences the images there is a possibility that they may be valid

representations of the truth and therefore in order to be able to cope with them she has to

calm herself down:

Josephine: ' Well if I had to cope I dunno maybe I would go crazy… that is my fear that if my life didn't get better I would go crazy'. (page 3, lines 125-126)

'I used to be afraid that if I accepted them they would come true and then I would have to wait and see. You see these images come when the person I am worried about is usually gone and I can't reach them, I have to wait and I can't wait, it's the time that influences how I react to them. If I can logically calm myself down and think that logically the person is ok, then I'm fine. If there's an equal possibility that they could be harmed then I can't cope. The emotion just builds and builds and I have to find relief so I give in'. (page 3, lines 102-107)

Carmen: 'I don't even know why I hate mice but he just really creeped me out and the picture would come into my head and make my skin crawl'.
(page 17, lines 507-508).

James: 'The image is like a picture or the running over and over of the same shot of a picture. I wouldn't go further with them because I would feel the pain with them and the fear and the sick in the bottom of my stomach…' (page 4, lines 118-120)

Various descriptions of the quality of the image emerge. The spontaneity of the image is evident with Martin's narrative, they pop in so suddenly. The image can be a memory, imagination or a picture that repeats itself. Perhaps the images occur due to the function of

the brain or perhaps they have a function in reminding us that we are a bad person:

Martin: 'This image it's like a picture that suddenly pops up at any time I dunno
            something much make it come but it is just so sudden.' (page 3, lines 123-
            124).

Carmen: '…yes, it's usually like a memory….. it could be totally imagined either… I
            dunno'. (page 18, line 541).

Josephine: '…well they're not really the future, more the present future, what can
            happen in the next moment, so not even a future more a possibility...wow!'
            (page 3, lines 104-105).

Martin: 'Why do I get these I dunno, I read somewhere that I am right brain
            dominant and artistic and there's a link there, but I don't know. I've never
            spoken to anyone other than in here about them'. (page 4, lines 129-130).

Jackie: 'They are the reminder of the bad things I did. I don't need a reminder
            because I remember them anyway I dunno why maybe it's just my
            disposition… I have a propensity to think about bad things. And then the
            images come back as well over and over…' (page 17, lines 575-577)

There is an acknowledgement of the many emotions associated with the experience of
images. These feelings are unwelcome and cause the participant to search for relief:

Damian: 'I can't stand the feeling that goes along with them (points to stomach/mid

area) just that heavy feeling, like that feeling of dark, horrible, dread just

here and when I push away the thought that goes too, thank God!' (page 4,

lines 149-151)

Martin: '…and so anger provoking. I get angry at myself for having them'.

(page 3, line 124).

Josephine: 'Then image oh of me and how I felt back then kinda heavy and sad, the

emotion just builds and builds and I have to find relief so I give in'.

(page 4, lines 107-108).

For Damian there is a dark, horrible dread which he pushes away, for Martin there is anger which he regrets so he gets angry at himself instead, Josephine, on the other hand, feels sad*.*

In sum, all participants give clear descriptions of their individual interpretations of images. Carmen refers to the quantity - she can get up to ten per hour. They are easy to get rid of, can come from a memory or be imagined and create a strong emotional reaction. For Josephine they represent a possible future which if they were true would affect her psychological well being and perhaps make her go crazy. She is also aware of her strong emotional reaction to images. Martin refers to their spontaneous nature, he searches for their cause and concludes that they are due to his artistic inclination and being right brain dominant. Catherine experiences images when worrying and describes their quality in that first come the thoughts and then the images. Damian describes his avoidance of the images and again his strong reaction, which he feels in his stomach, and which he describes as dread. Jackie refers to the repetitive nature of the images, they are common in her

everyday experience and she feels silly at experiencing them. They also serve to remind her

of the bad things she has done which is similar to May's experience. Finally, James

experiences the images as very painful, making him sick to his stomach.

Images have a very powerful effect on the daily lives of participants and it is evident that

each whilst each individual has generated their own individual understanding of their

experiences, all have sought to generate an understanding of some kind.

In sum, this analysis proved very fruitful in providing descriptions of worry and spontaneous

images for all participants. Whilst certain themes were obviously a shared experience

between the participants as a group, when each described their specific experience a lot of

variation emerged.

Chapter Five: Discussion

The findings of the current study will now be considered in relation to the research questions, existing theory and literature. Interpretative phenomenological analysis and other qualitative approaches often lead to new and unexpected themes emerging during interviews and analysis, thus some of the literature introduced below is new (Smith *et al*, 2009).

The following section discusses the main findings in relation to the main research questions which were:

Primary: How do young adults who are using a student counselling service make sense of the experience of worry and anxiety?
Secondary: How do these young adults make sense of the experience of spontaneous images?

I will begin by summarising the findings;

In light of the findings of this research it can be suggested that worry as a phenomeon appears to reflect a state of apprehension for the individual, whereas anxiety does have a general, non focused quality, a state of being. What is evident however, is the relationship between the two phenomena. Participants appear to experience anxiety as a constant companion and transform this anxiety to worry when there is a possible focus, as though the worry is an apprehensive anxiety. This apprehension and anxious state unfold through descriptions of the individual's relationships and attitudes towards their felt sense of self. Narratives suggests a constant relating to the self to the point of being overwhelming and all encompassing, an apparent form of chronic self focus, viewed as

necessary to be prepared to live with anxiety and be ready for worry causing occurrences, which of course then leads to a worry about worry. This state of apprehension and anxious state of being also seem to be a reaction to possible threat, wherein the individual weighs up the likely costs against self-efficacy. In other words, in confronting this cause of worry do they have the necessary coping abilities or is it better to simply avoid? Narratives suggest that if the individual does not hold the view that they have the necessary skills and strength to self protect, worry ensues, even when there is evidence to suggest that they do have the skills.

The particpants accounts suggested that worry is produced as a relatively automatic response, as a protective feature needed to protect this vulnerable sense of self. Worry appears to serve the function of alarm, prompting and preparing the individual to react. It leads to an unfocused attentional style, where the individual grapples with the signals from people and events in their environment whilst also having a sensitivity to emotional information emanating from within the self and arousal, which produces self-absorption. This arousal can take the form of physical manifestations and mental representations such as thoughts, imagination and images. Given the self focus, participants appear to be very aware of this arousal but often seem to misinterpret it's meaning.

They focus on the premonition quality of the mental representations, and the idea that they are going crazy, that the body signals mean ill health, and the thoughts represent fact. Therefore, participants describe a state of readiness, reflection of, and consistency of emotions and both psychological and physiological responses in their bodies. Threat (worry) is maintained if there is elevated evidence for the possibility of threat, always interpreted from within the person or inappropriate problem solving, a fear of not being able to cope which is reinforced or secured by an overwhelming fear for most of being alone. There also appears to be an obsessive quality to their relationships, whereby the participant remains in readiness to intervene to protect and save their loved one from harm, and this seemed to

have origins in a past event. However, for some, this harm may come from the participant themselves which is difficult to accept and resolve, leading to all possible threat situations must be avoided.

The overwhelming presence of spontaneous images is novel in this research. Their graphic and vivid quality and personal as well as symbolic content add a new characteristic to the well documented phenomena of worry and anxiety. Indeed the content of the images for most participants suggests fear and helplessness and a sense of the traumatic. Added to this, the grappling with the significance and understanding of the phenomenon of images and their relation to mental health, whereby the appraisal of the images and thoughts appears to add an extra understanding to their function and an increase in their capacity to affect further thoughts and emotions as well as physiological effects. Finally, this reflection and new understanding is seen to unfold during the interview process, as participants report that they are able to gain new interpretations of their experiences, and share the idea that rather than avoiding or ignoring their experiences, confrontation of said permits the possibility of greater insight and a sense of comfort.

Each theme will now be discussed individully by relating to past research from a philosophical and empirical viewpoint and inserting new research to reflect any novel findings.

5.1.1 Master Theme 1: Self - absorption

As mentioned in the results all participants displayed and reflected on the self and in particular a sense of vulnerability and worry when alone. More than half of the participants also viewed the self as bad with the potential to harm another person, particularly a family

member. Interestingly for the author what came to the fore were the participant's views on their minds, their self-concepts, what it means to be alone, as well as questions about epistemological views on worry, the socially constructed versus the positivistic.

This sense of vulnerability was encapsulated within the view of the possibility of eventually losing one's mind due to a lack of protection of the self. Indeed this view held by participants is interesting given that it supports findings by Kosslyn *et al* (2010), who suggest that how people react to images may determine whether these thoughts become severe, turn into obsessions or require treatment. Therefore there is a suggestion of an element of personal control in this outcome for the individual.

It was also noted that contradictions to this view of vulnerability existed whereby participants did indeed function as independent members of society, yet, their self-perception was the opposite in that although functioning they perceived themselves as not functioning. Some were aware of this contradiction and some not, and it was noted that when a participant was aware of this mental vulnerability often pride kept him/her from owning it. For others the contradiction became evident only during the interview process. For the male participants in particular there was a fear that this mental vulnerability would affect their health. This view supports research by Eisler *et al* (1988) who

suggest a strong correlation between the male view of stress and attitudes to health.

Furthermore, when asked to elaborate on this state of losing one's mind there was a reference to going to nothingness, an ultimate dread, as postulated by Kierkegaard (1849), yet this was not confronted due to the fear of vulnerability that would ensue. Indeed the view of the mind and the possibility of losing it was woven throughout the analysis.

Past research has also referred to this view of thinking about the mind's state. That thinking about thinking, or metacognitions, and an awareness of what influences one to think are fundamental to the escalation and maintenance of worry and anxiety (Wells, 2009;

Cartright-Hatton and Wells, 1997). However what is novel to this research is the idea that participants were indeed aware that they did not want to over-think about where this vulnerability of an ultimate dread would take them, for fear of losing their mind. Hence, they were aware of their over-thinking and feared the consequences of this, yet were afraid to think about the consequences because of the accepted possibility of losing their mind, quite difficult for the author to articulate in summation. However, what does seem to be consistent is the existence of the phenomenon of the fear of losing one's mind and what this really means.

This fear of losing one's mind could link to previous research such as that by Van Deurzen and Adams (2011) and May (1950), who suggest that anxiety becomes neurotic when the individual views it in a negative manner and does not view it constructively. Obviously in accepting this view there is an acceptance of this worry as neurotic. It is also interesting to note that May (1950) suggests that with neurotic anxiety the individual responds to the anxiety in a destructive way involving repression, inhibitions, the development of symptoms and neurotic defence mechanisms. Participants appeared to repress their feelings for fear of losing their mind and many were inhibited in so far as not wanting to socialise (Jackie) or travel (Catherine). Therefore it is an interesting question; is fear of losing one's mind similar to the neurotic anxiety as described by May (1950)? Is this a neurotic anxiety experienced by the participants, or is it a normal anxiety? Noting that normal anxiety is referenced as being proportionate to the cause (Freud, 1936), can we say that the origins of worry for these participants appears to be traumatic in parts, therefore possibly proportionate? A question must be posed therefore: if the participants resulting worry is proportionate to the cause, why are they considered neurotic? In answer to this question, we can turn to further examine the view of normal anxiety, where there is the suggestion that a normal anxiety can be used constructively to confront the dilemma from which it arose (Iacovou, 2011), it is a response to everyday events such as starting a new job (Freud, 1936). This

opens another dabate thereafter asking, are these participants constructively using their anxiety?

Moving forward, May (1950) suggested that neurotic anxiety may result in a poor self concept. The participant named May in particular referred to a concern about her self esteem during the debriefing session. She was the only participant who directly referenced this aspect. Burns (1979) offers a summary of the complexities of this aspect of the self by suggesting that the self concept is a composite image of what we think we are, what we think we can achieve, what we think others think of us, and what we would like to be (Burns, 1979). Gurney (1988) elaborates on this by arguing that our self-esteem is related to our personal evaluation of self-concept, that It is the relative degree of worthiness or acceptability, which people perceive their self-concept to possess (Gurney, 1988). Indeed the narrative of the participants of this study suggests a low self-concept or reduced levels of worthiness and acceptability, which could be evidenced by their sense of vulnerability and worry when alone. For some this extended to a real sense of the self as a bad person and therefore unworthy. This sense of being unworthy appeared to be accompanied by the feelings which participants referred to when they thought of themselves as bad, for example, for May there is a feeling of guilt, for Damian a feeling of shame. Indeed research supports this felt shame and self concept (Gilbert,1998; Eisenberg, 2000; Tangney and Dearing, 2002)

There is also a suggestion that self-concept is tied up with our early experiences and the influence of significant people in our lives (Eisenberg, 2000). This idea of poor self-concept, lack of worthiness or acceptability, also seems to link to the suggestion of an apparent social anxiety as also expressed in this theme. This social anxiety is characterised by a fear of humiliating or embarrassing the self in social situations (i.e. an intense fear of negative evaluation) leading to anxiety and avoidance (Clark and Wells, 1995; Franzoi, 1983; de Jong, 2002).

Another interesting phenomenon was that of a possible separation anxiety. Carmen expresses worry about the separation from her parents and sister. She does not refer to her younger brother whose temporary disappearance on the beach when she was younger, was active as a past event in her present life (see Master theme IV). She referred to this memory during the interview and was observed as trying to understand how this event affected her current life. Catherine also expressed a separation anxiety which she described as the reason for not emigrating. This was directed at her mother and younger sister as a fear of leaving them. Therefore another novel aspect of this research is the idea that for some this separation anxiety is temporally based and current to the people currently in the participant's life and not reflective of the experienced anxiety of the past. Martin also described a worry about separation, however this was directed towards his sons and their possible kidnap. Indeed the phenomenon of separation anxiety has been well documented by research (Ehrenreich, 2008; Black, 1995; Connolly, 2009).

As a matter of interest, separation anxiety is categorised as a disorder of infancy, childhood or adolescence in the DSM-IV-TR (2000), the essential feature being excessive anxiety concerning separation from the home or from those to whom the person is attached. When separated from attachment figures, an individual often needs to know their whereabouts and needs to stay in touch with them (DSM-IV-TR, 2000). This is well illustrated in Carmen's need to know that her family members are contactable. These individuals are often preoccupied with fears that incidents or illness will befall the attachment figures or themselves (DSM-IV-TR, 2000). Josephine worried that her children might contract meningitis, Martin worried about all aspects of his children's safety. Indeed the DSM-IV-TR (2000), also notes that this separation anxiety disorder may develop after some life stress (Chu, 1991). Indeed, the new DSM-5 (2013), has introduced Separation Anxiety Disorder (p.811) as a new anxiety disorder. Yet it is possible to also describe what the DSM categorises as a symptom as an experience of life, and phenemenologically speaking, whilst

this reference to the DSM is noteworthy, for it's value in understanding human symptoms, it does not describe the actual felt experience or sense making of this separation anxiety per se (Downes, 2000).

In this Master theme there also appears to be a consistent belief among most participants that to be alone is worry provoking. This experience may support the work of Yalom (1980) who suggests that anxiety is what we experience when we ignore our existential givens or basic truths about existence, one of these existential givens or basic truths he refers to as existential isolation. However, Yalom (1980) states that he does not refer to an interpersonal isolation which would be described through a social anxiety, nor does he refer to an intrapersonal isolation (isolation from parts of oneself) rather he refers to an isolation both from creatures and from the world. He suggests that no matter how close each of us becomes to another, there remains a final, unbridgeable gap; each of us enters existence alone and must depart from it alone. The existential conflict therefore is the tension between our awareness of our absolute isolation and our wish for contact, for protection, our wish to be a part of a larger whole. Participants possibly were experiencing an existential isolation, a wish for contact, for protection, reinforced by a lack of trust in their past and fear of trusting currently, which also would be a novel and new finding of this research in it's relation to worry and anxiety. This is noteworthy in suggesting that perhaps there is a sense of something more fundamental or profound than a social anxiety. The fear of being alone has also been referenced as a fear of uncertainty (Fritzer, 2014). Therefore this phenomenon of fear of being alone has already been researched and perhaps an associated search for causality has been attached by these authors, what is interesting in this research is the meaning taken by the participants themselves.

Interestingly another perspective could be that of attachment theory and this theory's contribution to understanding the theme of worry when alone (Bowlby 1988). Whilst it is not within the realms of this study to examine the attachment styles of the participants, all did exhibit emotional and behavioural responses suggestive of individuals who sought much reassurance (Allez, 2009). This was particularly noted in the tone of voice of the participants and their use of language (Downes, 2000). Often they spoke in a lowered voice, indeed Damian would often request permission to speak, and all except for James used a very low tone of voice when they spoke. Allez (2009) in her theory also suggests that the preoccupied attachment style manifests itself with an inability to be alone. She also argues that this style leads to a victim position whereby individuals become resistant to any idea they may be able to control their own destiny. This is supported by the research of Fritzer (2014), as mentioned previously. Therefore this attempt to provide an understanding of the participants focus on the self also leads to a suggestion that participants may indeed not want to change this perspective of the self or feel that they actually cannot change. Not all participants were alike, Martin chose to be alone, describing how he would push away the significant figures in his life due to a lack of trust in them. Lyddon (2004) suggests that parental rejection may contribute to a view of the world as a threatening place. This might tie in with Martin's beliefs about his relationship with his mother as a young child. Martin described in his interview how he was raised by his grandparents, and did not know his mother until he was sixteen years old, which may offer some support to Lyddon's (2004) theory; however, it is unclear how Martin himself viewed this early life experience, other than he asked how his mother could raise his siblings and not him. A similar theme relating to potential parental rejection can also be observed in Damian's responses, as Damian expressed that he thought his mother preferred his brothers company to his.

However, Harris (1998) suggests that many personality traits may be due to genetics and not the role of the parents. In other words to what extent can we attribute Martin and

Damian's beliefs to their relationships rather than their innate personality traits?

Another possible explanation of the worry when alone is the inability to problem solve, indeed participants referred to not coping. Studies have examined the relationship between social problem solving and the experience of worry and findings consistently demonstrate that problem orientation but not problem solving skills is significantly related to worry in college students (Dugas *et al,* 1997; Dugas and Freeston, 1997). Individual's with a negative problem orientation tend to view a problem as a threat rather than a challenge, doubting their own ability to solveproblems and become more easily upset and frustrated when confronted with problems Dugas *et al*, 1997).

Perhaps this worry when being alone is as a result of and worry about something happening, wherein participants doubt their ability to problem solve in certain situations as a result of being alone. However, Wilson and Hughes (2011) disagree, suggesting that a high level of worry is not associated with low confidence in problem solving ability. Similarly from as early as six yearsof age some children already have a range of beliefs about worry that are similar to those endorsed by adolescents and adults (Wilson and Hughes, 2011).

The final subtheme *The self as a bad person* presented quite an interesting perspective on the self. Each participant who held this belief thought of themselves as being able to harm another person. Damian his daughter, May her niece, Josephine as somehow being a witness to the harming of her children, James about hurting other people in general. All except James narrate this perspective through the recounting of a specific image. This would link to the research of Hackmann and Holmes (2004) who argue that an image is more than a memory as it is an active process in which imagination is able to produce novel combinations such that a memory can take the form of an image but not vice versa. Damian did have a memory of a family member murdering other family members in a similar way to

the way described in his image containing the use of a knife to kill his own daughter. May has an experience wherein she did not protect a child in her care in a manner deemed satisfactory by the child's parents, as she understood it. Josephine experienced the pain of not being protected by her parents, and James similarly recounted stories of memories in England as a young boy indicative of fearful experiences. The suggestion is that with these participants perhaps the memory has taken the form of animage. As previously mentioned and in some ways to come full circle, Kosslyn e*t al* (2010),suggest that how people respond to these images may determine whether those thoughts become severe, turn into obsessions or require treatment. In general participants responded negatively to their experience of these images with the exception of May who would on occasion play with the images.

Also noteworthy is the inherently private nature of the idea that participant's think of themselves as bad people and sharing this information is very emotional and carries with it a lot of shame as was postulated by Kosslyn *et al* (2010) and Gilbert (1998). This was evidenced during the interviews by the researcher.

5.1.2 Master Theme II: An awareness of worry and anxiety as all -encompassing

This theme revealed three subthemes: Creating an understanding of worry, worry as physiological and worry as mental representations. Participants during the interview evidenced spending some time reflecting on the worry and trying to create an understanding of it. Their understanding was reflected in their descriptions of worry as being part of their make-up, meaning that they were born that way as well as being a learned experience. Although there was reference to some worry as being normal, as was argued by Strongman (1995), there was also a general attitude reflecting their experience of worry as not normal. This is consistent with the resistance to anxiety described by May

(1950).

When participants suggest they were born that way, they appear to be suggesting a genetic coding, a pre-disposition to worry as described by Harris (1998). In places, participants accounts of the origins of their worries suggest they were invoking a potentially primary genetic explanation. However, at other times, they reflected upon the importance of past events in making sense of their worry, as reflected in theme *The past in the present*. Also there is a sense that participants experience and felt worry and anxiety changed over time.

Participants seemed to understand their worry as a symptom of over thinking. Undeed Birrer and Michael (2011) suggest that the human mind is capable of sustaining intense focus and shifting thoughts and yet we can be disturbed by unintended and unwanted intrusive cognitions such as thoughts and images, which interrupt our ongoing activities and redirect attentional resources.

Participants described in detail the physical manifestations of anxiety. The females referred to stomach and heart flutters, the males suggested a link further towards health issues, for example, that the palpitations may indicate heart problems. Indeed the literature suggests that long term exposure to worry can have debilitating effects on the body such as enhanced cardiovascular, endocrinological, immunological and neuro-visceral activity (Eisler *et al*, 1988). What was also noted was that it was the physiological effects of worry that influenced the decisions by the males in particular to seek help. This is suggestive of an inability to help the self and would link with theme three - *Trying to cope with worry and anxiety*, and the subtheme of *Needing outside help*. It is also suggestive of a medicalised attitude to feelings, supporting the idea that as a society we have become more medically reliant (Pilgrim and Bentall, 1999). Damian visited his GP and afterwards, a psychiatrist, and even though he indicated that he did not want to take medication his doctors consequently prescribed them and Damian self administered them. Martin described a similar experience whereas the females interestingly held a contrasting view and spoke mostly about the

benefits of counselling. All participants referred to their experience of worry as mental representationsformed as images, thoughts, or imagination.

Meta-cognitions, or thinking about thinking, awareness of what influences you to think, monitoring of your own thoughts, is also developed in this theme. Meta-cognitions refer to schematic information individuals hold about the significance of cognitive experience and how it should be managed (Wells, 2009). An ample research base has demonstrated that meta-cognitions are fundamental in the escalation and maintenance of worry and anxiety (e.g. Cartright-Hatton and Wells, 1997; Wells, 2009). In the meta-cognitive model of worry, Wells (1995, 2000), proposes that worry is not merely a symptom of anxiety, but an active and motivated style of appraisal and coping driven by meta-cognitions. The model asserts that positive meta-cognitions about worry (e.g. I must worry in order to be prepared) are linked to the activation of worry as a coping strategy. Indeed Josephine worried about her child contracting meningitis and she described this worry as helping her to be prepared for the possibility of this illness. However, Wells (2009) also suggests that when worrying is appraised as dangerous and uncontrollable through the activation of negative meta cognitions about worry (e.g. my worry is uncontrollable) anxiety increases leading to the individual to engage in unhelpful control strategies such as avoidance of worry triggers, reassurance seeking and thought suppression. All participants described experiences of avoidance and thought suppression in particular. This theme therefore also links to the following master-theme of *Awareness of worry and anxiety as all encompassing*. These unhelpful control strategies appear to prevent the disconfirmation that worry can be controlled and lead to it's perseveration, again supporting Wells' research (2009).

Spada *et al* (2012) argue that there are three facets of meta-cognitions (positive beliefs about worry, negative beliefs about thoughts concerning uncontrollability and danger, and beliefs about the need to control thoughts) which predict levels of worry independent of gender, anxiety and parental overprotection. Meta-cognition appears to add to this process

as an independent contributor to levels of worry. Participants exhibited beliefs that worry

had positive attributes as mentioned above, that they could not control the danger evident

in their everyday lives and that they had to control their thought processes. Participants did

recognise their thoughts and images as thoughts and images and not facts, yet at

times responded as though they were. Participants responded with emotion to these

images and thoughts; Martin with anger and annoyance, Josephine with embarrassment

and shame, Jackie with shame and May with fear especially when thinking she could hurt

her niece. These experiences link to the research of Holmes *et al* (2008) who suggest that

images have a more powerful impact on negative and positive emotion than verbal

reasoning. Indeed, there is a link to autobiographical memory, with emotional episodes

being stored as images (Conway, 2001). The imagination may inflate and make believable

these images (Loftus, 2007) although they may lack context and time (Ehlers and Clark,

2000).

5.1.3 Master Theme III: Trying to cope with worry and anxiety

Theme three provides a description of the various responses to worry as demonstrated by

the participants. Generally the responses fell into three categories; avoidance, detachment

and seeking external help.

All participants spoke about avoiding the image content, some of which had a traumatic

quality, some avoided the consequent feelings. It appears that they avoided because if they

did not, the results could suggest that the image was real or they could not cope. Others let

the image form out of habit as was the case with May. Some avoided any situation which

might invoke worry, whereas Catherine described the opposite response of how she accepts

her image and plays with it, manipulating it. If we think of an image as more than a memory,

as an active process in which imagination is able to produce novel combinations such that a

memory can take the form of an image (Hackmann and Holmes, 2011), we could perhaps understand Catherine's way of reacting to her image of being sick. She describes the reaction of others around her on finding out she is very ill, suggesting that she manipulates this images to her benefit. Images can therefore provide an opportunity for an individual to create a representation of possible future, present or past events, as well as distortions of events (Holmes *et al*, 2008).

Most participants avoid or attempt to use avoidance strategies when trying to cope with worry and anxiety. Some cognitive avoidance strategies are automatic and effortless such as when Carmen describes making something to eat or when Jackie switches on the television. These are practical exercises they would carry out in their everyday life regardless of worry, whereas others are intentionally implemented by the individual, for example, Damian going outside for a cigarette and asking his wife to come home and look after their daughter. It has been suggested that cognitive avoidance does not necessarily impede the occurrence of emotional imagery rather it may render the images less vivid and concrete (Stober, 1998) and less detectable suggesting that this avoidance is not completely effective. This mimicks the experience of participants and also links with the research of Wells (2002) who suggests that avoidance can also lead to the escalation and maintenance of worry over time.

There is also a suggestion of dissociative experiences and whilst not all participants demonstrateddetachment or dissociation, for those who did, there opened the possibility of a link with past traumatic experiences. May, for example, viewed herself through the lens of another, Damian experienced nightmares, Josephine looked at herself as an outsider, Jackie could not hear those around her, Catherine felt she was spinning. These experiences would benefit from possible further investigation to describe the relationship between trauma, worry and coping strategies.

Participants also looked for external help to deal with their worry and what was interesting were the strategies employed by the participants to control or maintain their worry levels.

These ranged from gardening (Damian), to reading (Carmen), building/watching boats (Martin & James), changing environment (Catherine). As previously referenced, some took medications even though they expressed a desire not to want to. This interestingly again links to the idea that our society has become more medicalised (Pilgrim and Bentall, 1999), even when presented with side effects and a desire not to take medications, participants continued to do so.

5.1.4 Master Theme IV: The past in the present

All participants referred to events and people from the past. These seemed to be very much alive in their present and having a perceived negative influence, suggestive of the way in which a perceived trauma is relived. As such there is a link to the theme of *The response to worry* by *detachment from the worry*, *The focus on the self as vulnerable*, *The focus on worry as physiological* and *Mental representation*. Most of these people from the past were family members although friends, local community and teachers also were mentioned. Findings drew the author's attention to the literature on other DSM disorders related to trauma. For example, Morrison *et al* (2002), explored mental imagery experienced by clients with Psychosis receiving Cognitive Behavioural Therapy. They found that the majority (74.3%) reported images. These predominantly consisted of images of feared outcomes related to paranoia or traumatic memories (e.g. being physically harmed or threatened) and were related to hallucinatory voice content (e.g. seeing themselves being murdered or criticised by others). This knowledge does raise attention to the view of worry as a separate phenomenon and whether it is difficult to draw a line defining anxiety disorders at all given that they share simialr characteristics or symptoms.

Smith *et al* (2009) postulate that in discussing the results of an IPA it is possible that the interview and analysis may have taken the researcher into new and unanticipated

territory. Themes may emerge during the process which were not anticipated by the interview schedule. Indeed this theme of possible trauma would appear to be one such unexpected theme. The DSM-IV-TR (2000) and DSM-5 (2013), note certain criteria when deciding if a person has experienced trauma and has developed PTSD. One possible understanding her could be that an overlap exists between the experience of trauma and the experience of worry which is novel to this research. Indeed, the notable descriptions of participants which would appear to correlate with the criteria in the DSM-IV-TR (2000) for PTSD. For example, criterion *(A.1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others (p. 468)*.

Damian in particular witnessed the death in a car accident of two family members, he also witnessed the aftermath of the murder of other family members. Josephine witnessed domestic violence. James witnessed his father being involuntarily admitted to a psychiatric hospital. Unfortunately the interview did not reveal whether or not they met criterion *(A.2) wherein the person's response involved intense fear, helplessness, or horror (p. 468)*. However the presumption can be made that given their young age at the time there is a strong possibility that as children their response was expressed as disorganised and agitated behaviour. All also met criterion (B) that of *re-experiencing'* (DSM-IV-TR, 2000: p. 468). Catherine, Josephine and James experienced intrusive distressing recollections of the event in the form of images, thoughts and perceptions, while Damian also experienced recurrent distressing dreams. All met criterion (C) in that they *avoided thoughts and feelings associated with the trauma as well as feeling detachment (p.468)*. They also experienced symptoms of increased arousal as per criterion (D) *difficulty falling asleep, and outbursts of anger (p.468)*. Of course these are interpretations and perhaps another researcher may disagree.In addition, the participants also experienced symptoms that did not fit in with this diagnostic model of PTSD. Another way of viewing this concept of the past living in the

present is to view it as rumination. Rumination is defined as a repetitive cycle as it

involves self focused and uncontrolled negative thinking about past negative

experiences, and or negative mood, that can be cued by an external event or a prior thought

(e.g. Nolen-Hoeksema, 1991; Papageorgiou and Wells, 2003). Indeed Borovec *et al* (1998)

and Roemer and Borovec (1993) argue that rumination is closely linked

to the concept of worry. Thus the major difference in definition is that the focus of the

thoughts in worry is mainly future orientated whereas it is mainly past orientated in

rumination (Birrer and Michael, 2011).

There was an element of rumination with all participants, and this was especially

obvious with May's narrative, which suggested she would ruminate about and feel shame

for what she perceived as her bad self in the past. This theme would therefore also link to

the theme of the focus on *The self as a bad person*.

Participants when referring to people from the past reflected on their worry in relation to

that person and what they might say should they meet them in a social situation. This links

to the previous discussion on the self as worried when alone and also possibly refers to a

social anxiety? Social anxiety research has examined the relationship between social

problem solving and the experience of worry, and according to Dugas et al (1997), findings

consistently demonstrate that problem orientation but not problem solving skills is

significantly related to worry in college students. They also argue that individuals with a

negative problem orientation tend to view a problem as a threat rather than a challenge,

doubting their own ability to solve problems and becoming easily upset and frustrated when

confronted with problems. This would also be consistent with the findings of this research.

5.1.5 Master Theme V: Consumed by the other

Theme five focuses on relationships, in particular familial relationships. Participants in

general viewed the family as being unsafe, and viewed others as judgemental, anxiety-provoking and untrustworthy. Whilst the main focus was that the family was unsafe, the specific family member receiving the attention and focus of the worry could change over time. As children, parents were often the focus of the worry, as adults, siblings or offspring were the focus.

This sense of lack of safety was perceived as caused by various factors; the possible harm inflicted by the world we live in (Martin), the harmful other (Jackie, Martin) or even the possible harm from the participant himself (May, Damian). This also extends to a lack of trust in the other person's ability which can be overcome through being hyper-vigilant or by reassurance seeking supprrting research by Borovec and Roemer (1995). This change in focus in worry, or origin of worry about a person was accounted for by participants by explaining a specific incident (e.g. seeing a mother being hurt by a father). Indeed, Beck and Emery (1985) argue that emotions and behaviours are influenced by one's perceptions of events. As a result people have verydifferent perceptions of the same event because information and experiences are assessed against a set of fairly rigid beliefs, rules or assumptions about the world, the self and other people (Anderson and Morris, 2006). These are often referred to as core beliefs (Psychodynamic Diagnostic Manual, 2000), and the typical core beliefs in the cognitive model of worry involve preoccupation about safety and danger, that the self is in constant danger from forces unknown and others are sources of protection or danger (Anderson and Morris, 2006).

The focus of the other person as judgemental and anxiety-provoking could be linked with the view of the self as vulnerable especially when alone and needing external help. This draws attention to the question: how can an individual ask for help from an untrustworthy other? Josephine is a good example of this as she linked her worry state as somehow related to her father's behaviour when she was a child. Yet embarrassment, and a mother who did not like to express emotion, and was therefore not trusted to confide in, meant

that Josephine experienced a stuckness between needing help and having no trustworthy parent to ask.

5.1.6 Master Theme VI: Life with spontaneous images

The final theme is concerned with the experience of the image itself. Although this theme is interwoven amongst all the other themes it was also deemed important to stand alone given the rich description of images which were presented. It answers the secondary research question and provides a novel, previously un-researched, aspect to this thesis. The narratives described the images themselves and the meaning participants gave to them. The images represented memories of past events for some (James), premonitions of a possible future (Jackie) for others, preoccupations with the past for others (May, Josephine), imagination and playfulness (Catherine), or unusual content, for example, Carmen's reflection on her mouse image. As previously stated, Holmes *et al* (2008), define an image as:

'*a cognitive event in which perceptual information is accessed from memory giving rise to a mental representation equivalent to seeing in the mind's eye or hearing in the minds ea*r' (Holmes *et al*, 2008, p. 104).

We can understand how perhaps the participants images do reflect a memory yet this concept is difficult to apply to Carmen's more symbolic image of a mouse. Later on Hackmann and Holmes publish further research (2011) in which thay argue that images were very vivid and detailedand that an image can be defined as more than a memory, as it is an activeprocess in which imagination is able to produce combinations such that a memory can takethe form of an image but an image does not have to be a memory. Images can therefore provide an opportunity for an individual to create a representation of

a possible future, present or past events as well as distortions of events (Hackmann and Holmes, 2011). Perhaps this is whare Carmen's images fits? Other previous research by Horowitz (1970) focused on defining images as contents of consciousness that possess sensory qualities as opposed to those that are purely verbal or abstract. In addition they may be categorised as occurring spontaneously, being deliberately generated, transformed or suppressed. Therefore an image can be many things. Participant's narratives did suggest that for some the images occurred spontaneously,however, for others they were deliberately generated and played with or transformed. Only May played the image through, as the others preferred to suppress it.

According to Hackmann and Holmes (2011), images may reflect past, present or future perspectives and may be literal or symbolic as perhaps for example, the image of the mouse experienced by Carmen. In particular the images of Carmen focusing on mice and rats took on a symbolic tone. This finding that an image may take a symbolic tone when linked to the autobiographical nature of images in general, suggests perhaps that perhaps Carmen's images could originate from a pre memory time in her life, is this how the brain represents material from past events when it cannot function to form memories? Whilst the other participants can directly link their images back to sometime or some person whose actions negatively affected them, Carmen's does not. She is however also the only participant who tried to explain her experiences of images as perhaps linked to her having a medical condition where she remembers events as a colour. This condition she referred to as called Synesthesia. This links with research suggesting that compared to verbal thoughts, images may sometimes provide direct access to a holistic network of beliefs underlying emotional responses that may be difficult to identify through questioning alone (Hackmann, 1998).

The content of the participants images is also interesting and appears to reflect the core beliefs of the Psychodynamic Diagnostic Manual (2000), in that the typical core beliefs of

worry would involve; *preoccupation about safely and danger, that the self is in constant danger from outside forces and others are sources of protection or danger* (p. 56).

Interestingly a question does arise when we are confronted with images such as those of Carmen, whereby, yes we can link her fear of contracting the HIV virus to a preoccupation about safety and danger, however can this be said about her image of the mouse? Some interpretation on the part of the author is evident in that for me a mouse does not pose a threat as a phenomenon itself yet, I do not know what this represents for Carmen, perhaps as previously mentioned, it involves how the brain works before it can form memories (pre memory processing) or is connected with her very colourful brain processing system or Synaesthesia?

Finally, with reference to the research quoted focusing on worry and anxiety within this particular population (i.e. young people 18-25 years old) it is interesting to note that whilst there appears to be a strong sense of the presence of and impact of worry, anxiety and images on the participants life, there was not a strong correlation with academic life per se, and this is inconsistent with the findings of Weissman *et al* (1984). What was evident was the social impact on participants ability to form new friendships and visit new places alone. However narratives suggested a greater involvement with issues not particularly related to university life, such as a fear of separation (Martin), a fear for the future (Catherine), financial stresses (James) and being similar to a family member (Damian), for example. It is not actually possible to measure the impact that the experience of being at university had on the intensity of these stresses. This could be consistent with the research of Jones *et al* (2009), who refer to the impact of challenges such as finances, social and sexual issues and sleep deprivation. What was also noteworthy was that all participants lived in their own home, either with parents or their own young family which is understandable given the recession in Ireland today yet also a different experience to a lot of students whose university experience involves living away from home and family.

5.2 Methodological considerations and strengths and weaknesses of the research

Overall, this study gave a detailed description of how young students make sense of the experience of spontaneous images in worry/anxiety. A rich description of the experience of worry and its effects on the view of the person and family members both in the past, present and future was revealed. This involved the day to day lived experience of worry and the daily lived experience of spontaneous images which the participants viewed as part of the worry.

The use of qualitative methodology was a strength as it provided the opportunity for the participants to give voice to their experience. The use of Interpretative phenomenological analysis (IPA) appeared to fit well with the aims of the study, allowing a rich and detailed understanding of the students experiences.Indeed another strength lay in the fact that this was the first study of its kind to look at how people experience images linked to worry outside of discrete DSM diagnostic criteria such as PTSD.

One of the primary reasons advances in understanding a Generalised Anxiety Disorder have lagged behind other disorders is due to long standing debates on diagnostic criteria. This study exemplifies this difficulty with criteria as could be seen from the varied experiences and manifestations of worry and anxiety in each participant. Possibly relevant is the emerging appreciation of individual differences in attachment experiences as predictors of anxiety disorders which the DSM would not have accounted for, especially as there is a suggestion of a link between the disorganised attached experience and worry (Allez, 2009), and a link between the disorganised attachment style and trauma (Holloway *et al*, 2013). However equally this study did not seek to describe attachment experiences of the individual participants, rather simply to outline the link between attachment and anxiety. Given this lack of formal diagnostic criteria validity or reliability, a phenomenological stance was taken and so a strength of the study would be in opening up this debate further on

diagnostic criteria given the evidence supplied through the transcripts of individual differences in the participants.

As IPA is an idiographic approach that does not seek to find definitive or positivistic answers, it is not possible to make claims about the generalisability of these results to the wider population. Although others may have had similar experiences, it is necessary to acknowledge that the findings provide an in depth insight into the salient themes of the participants' experiences in this particular study. It is important to consider the transferability of these findings within this context. Similarly, although every attempt was made to be rigorous and transparent throughout the analysis and interpretation, it is important that what it presented is the researchers' interpretation and other researchers may have highlighted different aspects.

A further factor to consider is the potential selection bias amongst those choosing to participate. It is worth noting that the participants self-selected to take part in the research, therefore the experiences of those choosing not to participate may have been quite different. Another possible limitation is the decision not to use member validation. It is suggested that it is a useful method to check the researcher's understanding and to ensure that the participants views are not misrepresented (Yardley, 2008). On the other hand, it is argued that this may lead to confusion, as participants may have changed their mind on an issue, may not understand the interpretations made and may not feel comfortable to comment on the researcher's interpretations (Angen, 2000). Furthermore, it relies on the assumption that there is a fixed truth or reality against which accounts can be measured, continuing the positivist assumption of an external measurable reality (Angen, 2000). It was therefore decided not to use member validation for this study, especially given that it is also resource intensive. Every effort was made however to be transparent about the analytical process and recommendations for ensuring the credibility of results were adhered to (Yardley, 2008).

With regards to the research in general, as previously mentioned, there are other limitations. The participants understanding of worry may have been different to the researchers. Indeed, the study may have been improved by the application of a formal clinical assessment beforehand, however this would compromise the phenomenological stance.

That the participants were already users of the counselling service interfered with ease of dialogue as there was a tendency for tangential references due to the experience of the participant as an individual receiving person-centred counselling. However, to inhibit this could have interfered with the phenomenological aspect of the study in that the interviewers biases could have directed the interviews into more closed questions and taken away from its semi-structured format to a more structured format. This could also have led participants to feel less held and supported during this difficult and personal interview. The reliance on memory could also be a limitation as there were many references to past experiences. Research has demonstrated that memories can indeed be inaccurate (Leahey, 1987). This reference to memory does however strengthen the possibility that there is an autobiographical aspect to images (Hackmann and Holmes, 2011).

Due to the restriction imposed on the study by the student counselling service, the researcher could not directly approach possible participants and therefore the research was time consuming whilst waiting for voluntary participants, this was enhanced by the counsellors admittance to not fully understanding what they were looking for as the phenomenon was new to them. There were also limitations placed on advertising for participants leading to more delays.

Although IPA recognises the importance of researcher's perspectives, it has been criticised for not providing guidelines on how to incorporate this reflexivity into the research process and for not specifying how researcher conception influence analysis. The author in response to this kept meticulous notes in a reflexive diary and weaved this into the interpretative

process. It is also important to note that also as previously expressed, Willig (2001), argues that findings invoke a sense of discovery rather than construction, although Smith and Osbourne (2008) argue that IPA is an approach rather than a rigid method, allowing flexibility to meet the researchers need and context.

The role of language can be problematic in IPA; social constructionists argue that language constructs rather than describes reality. It could be said therefore that an interview transcript tells us more about the way in which an individual talks about a particular experience, within a particular context, than about the experience itself (Willig, 2001). It is also important to note that IPA acknowledges the role of social constructionism and the fact that our experience is never accessible, in keeping with the view of Husserl (1982). It recognises the action-orientated nature of language yet challenges the narrow view of people only as discursive agents (Eatough and Smith, 2006). Furthermore, the ability of participants to communicate the rich texture of their experience successfully is a question that has been often asked of IPA. Individuals may struggle to use language in a way that accurately conveys the subtleties and nuances of their experience (Willig, 2001).

IPA, as previously mentioned, has also been criticised by Giorgi (1997) for being methodologically unclear and lax with an almost laissez-faire attitude to method. As the author of this study I would disagree given that in order to carry out the analysis a certain system of analysis was applied (Smith *et al*, 2009).

5.3 Clinical application and implications for existential psychotherapeutic practice

Given the findings of this research, the clinical implications for psychotherapeutic practice can be described by relating them to a general overview for existential practice and also more specifically to the client.

More generally, given the findings of this research, and in particular the findings derived through gaining an insight of participants experiences using a phenomenological approach, it is possible to suggest that the therapist may rethink the aetiology and treatment of worry by interpreting it not from a biological or behavioural perspective but from an existential framework, from how we live our lives in this current century. This is important given that the last twenty five years have seen the American Psychiatric Association (APA) turn away from psychoanalytically based diagnoses to a more biological/neuropsychological approach as, for example, the new DSM-5 (2013) appears to represent. However, a growing number of social theorists, physicians and psychotherapists (Kutchins and Kirk, 1997; Glenmullen, 2000: Healy, 2004; Moynihan and Cassals, 2005; Critser, 2005) suggest that the Diagnostic and Statistical Manuals have created an overly reductive and simplistic approach to diagnosis and symptom relief through the use of powerful psychotropic medication (Aho, 2008). What is obviously diminished in the objectifying framework of the DSM is the psychotherapist's ability to carefully engage the situated complexities of the client's own experience of worry.

These complexities cannot be addressed by merely examining the client as a biophysical object with overt symptoms or behaviours. This can possibly only be approached by gaining an understanding of the client's way of being-in-the-world, by paying careful attention to the client's existence and all involved in that existence.

The psychiatrist Yalom (1980) helps to apply these existential insights by interpreting them in terms of a dynamic approach to psychotherapy. The word dynamic is used in the technical sense, referring to forces that are in conflict within each individual. This conflict emerges from an individual's singular confrontation with the givens of existence, referred to in the introduction as death, isolation, freedom and meaninglessness. In this view, the conflict between one's desire for security and permanence and the intuitive realisation that life is essentially insecure and impermanent manifests itself in anxious

boundary experiences where the meaningful web of social relations collapses and we are left exposed in a region of raw meaninglessness. The natural response is to flee back to the comforting routines of everyday life, filling out own emptiness with various diversions and distractions – work, shopping, movies, travel, eating out – that keep the anxious awareness at bay. From the perspective of existential psychodynamics, when we flee from despair of our own nothingness we replace it with something objective. In his essay, *The Concept of Dread,* Kierkegaard (1844) explains:

 'The nothing which is the object of anxiety becomes as it were, more and more of a something' (p.55).

In other words, despair in the face of nothing becomes fear of something: of flying, of public speaking, of crowds. Although inconvenient these objective fears can be managed and controlled. Therefore, in reference to the therapeutic intervention, the object of concern would not be the fear of flying, of public speaking, of crowds, as perhaps would be of other models of therapy, rather, existentialism reveals that the nothingness underlying a person's being cannot be controlled because it constitutes what it means to be human. Therefore, rather than fleeing from despair and displacing it into objective fears, existential psychotherapy would seek to draw the client's attention right to the source, to a sincere awareness of our own incompleteness and finitude.

In this way if we accept worry as always present in an individual's experience, we are opening for our client the possibility of seeing it as their way of being-in-the-world and paradoxically we could say that a healthy person is one who confronts worry. As Kierkegaard (1844) once suggested, anxiety is our best professor because it is a sign that is pointing out to us what we have to confront and resolve. This attitude whilst

important for the client to hold is also important for the trained therapist to understand and hold.

Therefore clinically, rather than a client entering therapy feeling that they are somehow defective, the starting point of the therapeutic encounter would change. The individual would not be viewed as defective, rather he/she is would have an opportunity to view the worry as having a meaning and being useful, rather like pain is the body's way of telling us there is something physically that needs attention, worry tells us that there is something in our living experience in the world that needs attention.

More specifically to the client, this study also highlights the interconnection between the different representations of worry which perhaps was made possible again due to the phenomenological approach used. Worry was shown as pervasive, affecting many different aspects of a person's life. Also, and very importantly, this study exemplified the presence and effect of experiencing spontaneous images in the life of the individual experiencing worry.

Again due to the phenomenological and idiographic nature of the study, a clear picture could be painted of each individual's experience of, and understanding of, these images. This yielded fruitful results. Images were quite varied in content, yet all were spontaneous and most caused distress. What is clear from this study is that participants admitted to being quite surprised by the role of these images in their daily life as well as grasping an understanding of aspects of themselves and their views on their experience of worry and images that they did not pre-interview. For many, such views of the self, appeared to operate out of awareness. This operating out of awareness would also have clinical implications in that they may interrupt or thwart the potential for therapeutic change, given that unless the therapist specifically draws the attention of the client to the possibility of images then he/she may not be aware of them. However in drawing attention to this

possibility the therapist also has to change stance from a non-directive stance to a more directive and assessment based stance.

Whether the client is unaware of the images or not, discussing worry and images in the therapy room also overcomes the inherent private nature. This was exemplified through the description by clients of images, and their interpretation of such images, by describing the connection with an emotion such as shame or embarrassment. When a client is too embarrassed to discuss their experience the therapy may be stunted and extra time may be needed to overcome this. Also, given that the feared stimuli in anxiety disorders are abstract and might never occur, this precludes any effective exposure intervention and subsequent therapy, and research has suggested that manipulating images in content and attaching a time line can be an effective therapeutic tool. Therefore recognising the impact of images and using techniques employed with other image full experiences, for example, PTSD, may also be effective with images in worry (Garfinkle and Behar, 2012).

5.4 Suggestions for future research

In 1987 the Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition-Revised (DSM-III-R, 1987, American Psychiatric Association) first named pathological worry as the core feature of Generalised Anxiety Disorder (GAD). Since then, there has been substantial clinical research on worry. However there is also a consensus among worry researchers that more studies concerning worry and associated processes are needed. One such process would be that of the experience of spontaneous images. Therefore, the findings warrant a call for future research to explore the experience of spontaneous images in worry and anxiety. Finding that images were closely correlated with the experience of worry and anxiety, but not effectively recognised by therapists, could lead researchers to focus on

adding new therapy elements designed to reduce this distressing experience. Such new therapy elements could include self-monitoring techniques for noticing triggers and signs of image formation early, and techniques for responding to or diffusing the images, for example (Hackmann and Holmes, 2004; Hackmann et al, 2011).

Given that this interpretative phenomenological methodology highlighted this experience fruitfully, the potential of IPA to complement the varied and abundant empirical literature on a Generalised Anxiety Disorder is noted also. This is especially true in children and young people, as participants described early onset worry and anxiety.

From an empirical point of view, relatively little is known about aetiological or maintaining factors in worry in the youth (Kertz and Woodruff-Borden, 2013). It was evident from the narratives that the participants felt that their anxiety or worry began in childhood. Testing the extent to which cognitive models of worry apply to children would increase understanding the experience of worry and also provide potential targets for treatment interventions.

Compared to adults and adolescents the applicability of conceptual models to children is understudied; however, a small number of studies have established preliminary links between cognitive variables and worry in children younger than age twelve years. For example, first studies of metacognition in adolescents and children suggest that both positive and negative beliefs about worry are relevant to worry in youth (see Ellis and Hudson, 2010 for review). Notably findings with children have been less consistent than with adolescents, particularly as they relate to positive beliefs about worry (Ellis and Hudson, 2010). Other studies have linked intolerance of uncertainty with worry. Intolerance of uncertainty has shown positive associations with worry in children as young as seven years (Fialko et al, 2012) and discriminated clinically anxious from community samples in

ages seven to seventeen years (Comer *et al,* 2009). Finally low problem solving confidence, a component of negative problem orientation, has shown positive relations with worry in community children as young as 6 years old (Parkinson and Creswell, 2011).

The literature is limited in that few studies have examined several cognitive variables simultaneously in children. A notable exception is Fialko *et al* (2012) who included positive beliefs, intolerance of uncertainty, and cognitive avoidance in children aged seven to twelve years; however, they were unable to include a measure of negative problem orientation and did not examine negative belief about worry.

Spada *et al* (2012) argue that no research to date has investigated whether metacognitions can contribute to predicting current levels of worry over and above the established influence of recalled parental overprotection. A deeper knowledge of this area may have implications in understanding developmental aspects of worry and its possible links to metacognitions (Spada *et al*, 2012). This could be relevant for future research. Further research could also help with intervention for reducing vulnerability in emotional distress. In part the assessment of both family environmental factors and metacognitions may help to identify individuals at risk of developing problematic worry routines. Therefore research focusing on prevention techniques would be beneficial.

Further research to develop the facilitation of skills to promote more helpful strategies to cope with problems and stressful situations could be useful; parent training orientated to modify the tendency towards overprotection which may be helpful in reducing the vulnerability to emotional distress; metacognitive interventions aimed at restructuring metacognitions and gaining control over the worry process (Wells, 2009).

Finally, given the indication in this research of a link between trauma and worry, further

research using an interpretative phenomenological analysis methodology towards an understanding of the correlation between trauma and worry would be beneficial for counselling psychologists and existential psychotherapists.

5.5 Study Reflections

Reflexivity in qualitative research is very important in terms of considering how the researcher's own values, interests and assumptions influence interactions with the analysis (Elliott *et al*, 1999).

Throughout this process I found it valuable to keep a reflective diary and record my thoughts and ideas as they developed. I also found it useful to discuss my reflections with my primary supervisor and other peers also carrying out IPA studies for their research.

Prior to this research I was aware that I would have difficulty distinguishing myself as a researcher rather than a therapist therefore I had made assumptions with regards to the participants ability to self reflect and be self aware. In the initial interviews this stance is more evident as I probe for longer and perhaps do not give the participants the space needed to think about their experience before sharing their narrative. This anxiety on my part can be seen to dissipate during the latter interviews.

I was particularly touched by the enthusiasm the participants had for the research and the insights they gained into their view of themselves and their relationships which they openly shared in the post interview stage particularly. Most were surprised at what they considered to be new insights into their behaviour. May and Jackie expressed amazement that they had learned more about themselves during this interview than they had in their counselling

sessions. This made the interviewer more determined to view the benefits of a phenomenological method of therapy over a more person centred, which was the method of therapy all were currently experiencing.

I was also aware of the resilience of the participants particularly those whose life experiences I myself deemed to be traumatic. At times I was moved by their narratives. I was very careful to try not to impose my understandings on the participants. I shared some experiences with participants and found I had to remember to bracket my assumptions and allow the narrative to unfold.

The overall experience of carrying out the research has taught me a great deal about the process of conducting research and the challenges which emerge along the way. In particular having the patience to wait and trust that fellow professionals will refer the volunteers to me. I learnt the importance of developing good relationships with fellow professionals as well as establishing early on a tentative relationship with participants. This research and the techniques I have learnt have also spilled over into my therapeutic skills. Coming from a psychoanalytic tradition originally I became aware of how difficult it was for me to stay with the phenomenological method as my urge was to always look for a cause, although this possibility was forewarned by Smith and Orborne (2008). Therefore, I believe carrying out this research has helped me to be a better therapist and counselling Psychologist.

Chapter Six : Conclusion

This research was conducted in the interpretative paradigm using an IPA approach informed by the work of Smith *et al*, (2009). Data was collected using a semi structured interview. All interviews were transcribed verbatim and these transcriptions along with a reflective diary comprised the texts that were used for data analysis.

IPA proved to be an appropriate methodology to investigate how young people make sense of the experience of anxiety, worry and spontaneous images. The focus that phenomenology provided on lived experience was congruent with the aim of exploring participants meaning making/making sense.

The findings reflected the worldview of those who experience anxiety and worry. All participants referred to themselves as worriers and anxious and none were aware of the effects of images in their experience of worry. However the interview process allowed for reflection on these phenomena.

The findings highlighted the sense of the individual as vulnerable, worried when alone, and in half, the belief that they were bad. Participants believed that their worry and anxiety was something they were born with. This worry manifested itself physically, culminating for some as health issues, and mentally as thoughts and images. These manifestations created strong emotional responses, an obsessive element and fear. Participants described using avoidance strategies to lessen the effects of the worry and images and some would detach from their experiences, suggesting possible childhood trauma. All sought help from others. Most also attempting to help themselves but did not realise the significance of this in changing their experience of worry. For all, past experiences and people played a significant role in maintaining and creating the worry and

again some of these experiences could be deemed traumatic. When looking outward to the world and people, there was a general sense of people as playing a significant role in the origins and maintenance of worry, especially the people from their past and family members. All participants recognised the experience of images and the overwhelming effect of this on their lives.

Overall, therefore, participants worldviews were fraught with concerns for themselves and their family. Concerns were highlighted through images which were vivid and played a powerful role in their lives. This worry began in childhood and was carried into their adulthood with an overwhelming fear of the long term effects of this worry on their mental health. None of the participants were aware of the potentially traumatising effects of past childhood experiences on their mental health and although appearing to the outside world as resilient, were actually quite psychologically vulnerable under their external façade. It is also interesting to note the consideration by the DSM-5 (2013), to add a new disorder called childhood developmental trauma disorder in order to address the experience of children experiencing trauma.

Are the participants misguided in their world views? Or, do they have a real grasp on the world whereas others live with the proverbial 'head in the sand'? Is the task then to manage the participants' existential givens rather than convince the participants that their worry is futile? For myself, as the author, I really felt that had I experienced the events that the participants had, I too, would be anxious and worry likewise.

It is interesting to note that the new DSM-5 (2013) has taken a more dimensional rather than categorical approach to its classification stating that, the individuals subjective experience alongside clinical judgement is necessary in the formulation of a diagnosis (p. 5-

15). It also considers lifespan influences, and whilst it is noted that individuals report that they have felt anxious and nervous all of their lives, in the DSM- 5 GAD is described as commonly manifested in adolescence and young adulthood. There is also a new chapter devoted to trauma and stressor-related disorders and references to symptoms being understood in some instances within an anxiety- or fear based context. Given the ever evolving nature of the quest to establish firm ground for diagnoses, it is noteworthy that we are moving towards valuing the more subjective experience of the human being.

Therefore, overall it is the hope that the findings of this study emphasise the complexities of the human experience and shed a fresh light on the phenomena of worry, anxiety and spontaneous images, as well as a fresh light on the importance of the recognition of and intervention with these phenomena in the therapeutic space.

Chapter Seven: Bibliography

Aho, K. (2008). Rethinking the psychopathology of depression. Existentialism, Buddhism, and the aims of Philosophical Counselling. *Philosophical Practice.* March, 3 (1), 207-18

Ainsworth, M.D.S., Blehar, M.C., Waters, E., and Wall, S. (1978). *Patterns of Attachment: A psychological study of the strange situation*. Hillsdale, NJ: Erlbaum.

Allez, G. H. (2009). *Infant Losses, Adult Searches.* Kormac Books Ltd: London.

American Psychiatric Association (APA) (1980). *Diagnostic and Statistical Manual of Mental Disorders*: *Third edition (DSM-III*). Washington, DC: APA.

American Psychiatric Association (APA) (1987). *Diagnostic and Statistical Manual of Mental Disorders*: *Third edition revised (DSM-III-R*). Washington, DC: APA.

American Psychiatric Association (APA) (2000). *Diagnostic and Statistical Manual of Mental Disorders*: *Fourth edition text revised (DSM-IV-TR*). Washington, DC: APA.

American Psychiatric Association (APA) (2013). *Diagnostic and Statistical Manual of Mental Disorders*: *Fifth edition (DSM-5*). Washington, DC: APA.

Anderson, S., and Morris, J. (2006). Cognitive behaviour therapy for people with Asperger Syndrome. *Behavioural and Cognitive Psychotherapy,* 34, 1-11.

Andrews, G., Hobbs. M.J., Borkovec, T.D., and Beesdo, K. (2010). Generalised worry disorder: A review of DSM-IV generalised anxiety disorder and options for DSM-V.

Depression and Anxiety, 0, 1-14.

Angen, M. (2000). Evaluating Interpretive Inquiry. Reviewing the validity debate and opening the dialogue. *Qualitative Health Research*, 10, 378-395.

Appleton, J., and King, L. (1997). Constructivism: A naturalistic methodology for nursing inquiry. *Methods of Clinical Inquiry*, 20(2), 13-22.

Barbour, R.S. (2010). Checklists for improving rigour in qualitative research. A case of the tail wagging the dog? *British Medical Journal,* 322, 1115-1117.

Bar-Haim, Y., Dan, O., Eshel, Y., and Sagi-Schwartz, A. (2007). Predicting children's anxiety from early attachment relationships. *Journal of Anxiety Disorders*, 21, 1061-1068

Barun, J., Jimerson, D., and Morrison, J. (1975). Anxiety neurosis, depressive disorder and meprobomate addiction. *Western Journal of Medicine*, 123(2), 115-122.

Beck, A. and Emery, G. (1985). *Anxiety disorders and phobias – a Cognitive p*erspective. New York: Bartholomew, Henderson & Dutton: Basic Books.

Behar, E., Zuellig, A., and Borovec, T.D. (2005). Thought and imaginal activity during worry and trauma recall*. Behaviour Therapy*, 36, 157-168.

Bentall, R. (2006). Madness Explained: *Psychosis and Human Nature*. London: Penguin.

Bentall, R. P., Corcoran, R., Howard, N., and Kinderman, P. (2001). Persecutory delusions: a review and theoretical integration. *Clinical Psychology Review*, 21, 1143-1192.

Bentall, R. P., Kinderman, P., and Kaney, S. (1994). The self, attributional processes and

abnormal beliefs: towards a model of persecutory delusions. *Behaviour Research and Therapy*, 32, 331-341.

Bhaskar, R. (1978) *A Realist Theory of Science*. Hassocks, West Sussex: Harvester Press.

Binswanger, L. (1958). The case of Ellen West: An anthropological – clinical study. In R. May, Angel and H Ellenberger (Eds.). *Existence: A New Dimension in Psychiatry and Psychology*. New York: Basic books.

Birrer, E., and Michael, T. (2011). Rumination in PTSD as well as traumatized and Non-traumatized Depressed patients: A cross-sectional clinical study. *Behavioural and Cognitive Psychotherapy*, 39, 381-397.

Birrer, T., Michael, T., and Munsch, S. (2007). Intrusive Images in PTSD and in traumatised and non-traumatised depressed patients. A cross sectional study. *Behaviour Research and Therapy*, 45(9), 2053-2065.

Black, B. (1995). Separation Anxiety Disorder and Panic Disorder. *Journal of Anxiety Disorders in Children and Adolescents*. New York. Guildford. 42. p. 212-234

Boelen, P. A., and Huntjons, R. J. C. (2008). Intrusive Images in grief: An exploratory study. *Clinical Psychology and Psychotherapy*, 15(4), 217-228.

Bogels, S. M., Sneider, N., and Kindt, M. (2003). Specificity of dysfunctional thinking in children with symptoms of social anxiety, separation anxiety and generalised anxiety. *Behaviour Change,* 20, 160-169.

Borovec, T.D., Hazlett-stevens, H., and Diaz, M.L. (1999). The role of positive beliefs about worry in generalised anxiety disorder and its treatment. *Clinical Psychology and Psychotherapy*, 6, 126-138.

Borovec, T.D., Ray , W.J., and Stober, J. (1998). Worry: A cognitive phenomenon intimately linked to affective, physiological, and interpersonal behavioural processes. *Cognitive Therapy and Research,* 22, 561-576.

Borovec, T.D., Robinson, E., Pruxinsky, T., and DePree, J. A. (1983). Preliminary Exploration of Worry. Some Characteristics and Processes. *Behaviour Research and Therapy*, 22, pp. 9-16.

Borovec, T.D., and Roemer, L. (1995). Perceived functions of worry among Generalised Anxiety Disorder subjects: Distraction from more emotional topics? *Journal of Behavioural Therapy and Experimental Psychiatry, 26, 25-30.*

Boss, M. (1979). *Existential foundations of medicine and psychology*. Karnac books: New York, Aronson.

Bourdon, S. (2002). The integration of qualitative data analysis software in research strategies: Resistances and possibilities. Forum: *Qualitative Social Research*, 3(2). Art.11. Available for download from http://nbn-resolving.de/urn:nbn: 0114-fqs0202118.

Bowlby, J. (1988). *A Secure Base*. Routledge: Oxon.

Boyle, M. (1990). *Schizophrenia: A Scientific Delusion?* London: Routledge.

Braun, V., and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.

Braun, J., Jimerson, D., and Morrison, J. (1975). Anxiety neurosis, depressive disorder and meprobamate addiction. *Western Journal of Medication*, 123 (2), 115-122.

Breslau, N. and Davis, G. C. (1985). DSM-III generalized anxiety disorder: an empirical investigation of more stringent criteria. *Psychiatry Research*, 14, 231—238.

Brewin, C. R. (1998). *Post Traumatic Stress Disorder; Malady or Myth*: New Haven: CT: Yale University Press.

Brewin, C. R. (2001). A cognitive neuroscience account of post traumatic stress disorder and its treatment. *Behaviour Research and Therapy*, 39(4), 373-393.

Brewin, C. R. (2007). What is it that a neurobiological model of PTSD must explain? *Progress in Brain Research*, 167, 217-278.

Brewin, C.R., Gregory, J. D., Lipton, M., and Burgess, N. (2010). Intrusive images in psychological disorders: characteristics, neural mechanisms, and treatment implications. *Psychological Review,* 117, 210-232.

Bruhn, J.G. (1990). The Two Sides of Worry. *Southern Medical Journal,* 83, pp 557-562.

Bruner, J. (1990). Acts of Meaning. Harvard University Press.

Buhr, K., and Dugas, M. T. (2002). The Intolerance of uncertainty scale. Psychometric

properties of the English Version. *Behaviour Research and Therapy*, 40, 931-945.

Burns, R.B. (1979). *The self concept in Theory, Measurement, Development and Behaviour*. New York: Longman.

Burr, V. (2003). *Social Constructionsim* (2nd ed.). London: Routledge.

Caelli, K. (2001). Engaging with phenomenology: Is it more of a challenge than it needs to be? Q*ualitative Health Research,* 11, 273–281.

Carlson, N.R., Martin, G. N., and Buskist, W. (2004). *Psychology* (2nd ed.). Harlow: Pearson Education.

Carnegie, D. (2004). *How to Stop Worrying and Start Living*. Gallery Books: Boston.

Carr, A. (2008). *What works with children, adolescents and adults: A Review of Research on the Effectiveness of Psychotherapy*. Routledge Publications: USA

Cartwright-Hatton, S. (1996). Uncontrollable Thought: An Experimental Study of Worry. *Unpublished D. Phil. Thesis*, Oxford University.

Cartwright – Hatton, S., Mather, A., Illingworth, V., J., Harrington, R., and Wells, A. (2004). Development and preliminary validation of the meta-cognitions questionnaire- adolescent version. *Journal of Anxiety Disorders*, 18, 411-422

Cartright-Hatton, S., and Wells, A. (1997). Beliefs about worry and intrusions: the meta-cognitions questionnaire and its correlates. *Journal of Anxiety Disorders*, 11, 279-315

Castle, D,J., Kulkami, J., and Abel, K.M. (2006). *Mood and Anxiety Disorders in Women*. New York: Cambridge University Press.

.

Chamaz, K. (2008). Grounded Theory. In J.A. Smith (ed.), *Qualitative Psychology: A Practical Guide to Methods (2nd edn*). London: Sage.

Cheron, D. M., Ehrenreich, J. T., and Pincus, D. B. (2009). Assessment of parental experiential avoidance in a clinical sample of children with anxiety disorder. *Child Psychiatry and Human Development*, 40, 383-403

Chorpita, B. F., and Barlow, D. H. (1998). The development of anxiety: the role of control in early environment. *Psychological Bulletin*, 124, 3-21

Chu, J. A. (1991). A repetitive compulsion revisited. Reliving dissociative trauma. *Psychotherapy, Thepry, Research, Practice, Training*. Vol. 28(. P. 327-332.2)

Clark, D.M. (2000). A Cognitive Model of Post Traumatic Stress Disorder. *Behaviour Research and Therapy,* 38, 319-345.

Clark, D. M. and Wells, A. (1995). A cognitive model of social phobia. In R. G. Heimberg, M. R. Liebowitz, D. A. Hope and F. R. Scheier (Eds.), *Social Phobia: Diagnosis, Assessment and Treatment.* New York: Guilford Press.

Cohn, H. (1997*). Existential Thought and Therapeutic Practice.* London: Sage.

Cohn, H. (2002). *Heidegger and the Roots of Existential Therapy:* Continuum, London.

Colaizzi, P.F. (1978). Psychological research as the phenomenologist views it. *In Existential*

Phenomenological Alternatives for Psychology, pp. 48–71 [R Vaile and M King, editors]. New York: Oxford University Press.

Comer, J. S., Roy, A. K., Furr, J. M., Gotimer, K., Beidas, R. S., Dugas, M, J*., et al*. (2009). The Intolerance of uncertainty Scale for Children: a psychometric evaluation*. Psychological Assessment*, 21, 402-411

Connolly, S. D. (2009). *Anxiety Disorders in Children and Adolescents*. Psychiatric Times.

Conway, M.A. (1997). Introduction: What are memories? In M.A. Conway (Ed), *Recovered Memories and False Memories* (pp.1-22). Oxford: Oxford University Press.

Conway, M, A. (2001). Sensory-perceptual episodic memory and its content: autobiographical memory. *Philosophical transactions of the Royal Society of London Series B-Biological Sciences,* 356 (1414), 1375-1384.

Cooper, M. (2003). *Existential Therapies*: Sage Publications. London.

Coplan, J.D., Hodulik, S., Mathew, S.J., Mao, X., Hof, P.R., Gomas, J.M., and Shungu, D.C. (2012). The relationship between intelligence and anxiety: An Association with subcortical white matter metabolism. *Frontiers in Evolutionary Neuroscience*, 2011,3: 8.

Creswell, J. W. (1998). *Qualitative inquiry and research design*: *Choosing among five designs.* Thousand Oaks, CA: Sage.

Critser, G. (2005). Generation Rx: *How prescription drugs are altering American lives, minds, and bodies*. Boston: Houghton Mifflin.

Crotty, M. (1998). *The Foundations of Social Research*. Sage Publications: London

Davey, G. C. L. (1994a). Pathological worrying as exacerbated problem solving. In G.C.L. Davey, G., and Tallas, F. (Eds), *Worrying: Perspectives on Theory, Assessment and Treatment*. Chichester, England: Wiley.

Davis, M. (1990). Animal models of anxiety based on classical conditioning. The conditioned response (CER) and the fear potentiated startle effect. *Pharmacological Therapy,* 47(2):,147-65

DeJong, P, J. (2002). Implicit self esteem and social anxiety: differential self favouring effects in high and low anxiety individuals. *Behaviour Research and Therapy*. Vol. 40. Issue 5. 501-508.

Descartes, R. (1637). *La Geometrie*. Smith, David, E., and Lantham, M. L., trans., 1954. The geometry of Rene Descartes. Dover.

Derakshan, N., Ansari, T, L., Hansard, M., Shoker, L., and Eysenck, M. W. (2009). Anxiety, inhibition, efficiency and effectiveness: An Investigation using an anti-saccade task. *Experimental Psychology,* 56, 48-55.

Dilthey, W. (1833). In Owensby, J (1994). *Dilthey and the Narrative of History*: Cornell University Press.

Downes, W. (2000). The language of felt experience: emotional evaluation and intuition. *Language and Literature*. Vol. 9. No. 2. 99-121.

Duck, S. (1992). *Human Relationships*, 2nd ed. London: Sage Publications.

Dugas, M. J., Freeston, M. H., and Ladouceur, R (1997). Intolerance of uncertainty and problem orientation in worry. *Cognitive Therapy and Research*, 21, 593-606.

Dugas, M.J., Gagnon, F., Ladouceur, R., and Freeston, M. H. (1998). Generalized Anxiety Disorder: A preliminary test of a conceptual model. *Behaviour Research and Therapy*, 36, 215-226.

Dyrbye, L.N., Thomas, M.R., and Shanafelt, T. D. (2006). Systematic review of depression, anxiety and other indicators of psychological distress among U.S. and Canadian Medical Students. *Academic Medicine*, 81, 354-373.

Eagle, M. (1993). *Recent Developments in Psychoanalysis:* Harvard University Press.

Eatough, V., and Smith, J.A. (2006). 'I was like a wild person': Understanding feelings of anger using interpretative phenomenological analysis. *British Journal of Psychology*, 97, 483-498.

Eatough, V., and Smith, J, A. (2008). Interpretative Phenomenological Analysis. In C. Willig and W. Stainton Rogers (eds). *Handbook of Qualitative Research in Psychology*. London: Sage.

Ehlers, A., and Clark, D.M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy, 38, 319-345.*

Ehrenreich, J. T., Santucci, L. C., and Weiner, C. L. Separation Anxiety Disorder in Youth: Phenomenology, Assessment and Treatment. *Psicol Conductual*. 16(3). 389-412.

Ehring, T., Zetsche, U., and Ehlers, A. (2009). The effects of rumination on mood and intrusive memories after exposure to traumatic material: an experimental study. *Journal of Behaviour and Psychiatry*, 40(40), 499-514.

Eisler, R. M., Skidmere, J. R., and Ward, C. H. (2010). Masculine gender role stress: Predictors of anger, anxiety and health-risk behaviours. *Journal of Personality Assessment*, Vol. 52, Issue 1. 133-141.

Elliott, R., Fischer, C., and Rennie, D.L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related field. *British Journal of Clinical Psychology*, 38, 215-229

Elliot, R., & Timulak, L. (2005). Descriptive and interpretive approaches to qualitative research. In J. Miles and P. Gilbert (Eds.), *A handbook of research methods for clinical and health psychology.* Oxford: Oxford University Press.

Ellis, D. M., and Hudson, J. L. (2010). The metacognitive model of generalised anxiety disorder in children and adolescents. *Clinical Child and Family Psychology Review,* 13, 151-163.

Elo, S., and Kyngas, H. (2007). The qualitative content analysis approach to research methodology. *Journal of Advanced Nursing,* 11, 107-115

Etherington, K. (2004). *Becoming a Reflexive Researcher*. Using ourselves in research. Jessica Kingsley Publishers. UK.

Fade, S.A. (2003). Communicating and judging the quality of qualitative research: the need for a new language. *Journal of Human Nutrition and Dietetics*, 16, 139–149.

Fairbairn, W, R. D. (1952). *Psychoanalytic studies of the personality*. Routledge Publications: London

Fialko, L., Bolton, D., and Perrin, S. (2012). Applicability of a cognitive model of worry to children and adolescents. *Behaviour Research and Therapy*, 50, 341-349.

Field, T. (1996). Attachment and Separation in Young Children. *Annual Review of Psychology*, Vol. 47, 547-562.

Fischer, W.F. (1970). *Theories of Anxiety*. NY & London: Harper and Row.

Fishe, S.T. and Taylor, S.E. (1991). *Social Cognition, 2nd* ed. New York: McGraw-Hill.

Fiske, S.T. and Taylor, S.E. (1991). *Social Cognition, 2nd* ed. New York: McGraw-Hill.

Foa, E. B., Franklin, M. E., Perry, K. J. and Herbert, J. D. (1996). Cognitive biases in generalised social phobia. *Journal of Abnormal Psychology*, 105, 433-439.

Follett, W. C., and Houts, A. C. (1996). Introduction to the special section on the development of theoretically coherent alternatives to the DSM system. *Journal of*

Consulting and Clinical Psychology, 64, 1117-1119.

Foucault, M. (1990). *The history of sexuality*. Vol. 1. Introduction. New York. Vintage.

Fox, D., and Prilleltensky, I. (1997). *Critical psychology: An introduction*. Sage on-line.

Franzoi, S. L. (1983). Self concept differences as a function of private self consciousness and social anxiety. *Journal of Research in Personality*. P. 275-287.

Freedman, J,. and Combs, G. (2002). *Narrative therapy: A Social Construction of Preferred Realities*. London W.W. Norton.

Freeman, D., and Garety, P. A. (2000). Comments of the comments of persecutory delusions: does the definition need clarification? *British Journal of Clinical Psychology,* 39, 407-414.

Freeman, D., Garety, P. A., Bebbington, P. E., Smith, B., Rollinson, R., and Fowler, D. (2005) Psychological investigations of the structure and emotional distress. *Psychological Medicine*, 31, 1293-1306.

Freeman, D., Gittins, M., Pugh, A., Antley, A., Slater., & Dunn, G. (2008). What makes one person paranoid and another person anxious? The differential prediction of social anxiety and persecutory ideation in an experimental situation. *Journal of Psychological Medicine*, 38(8), 1121-1132.

Freud S. (1911) in *The Letter*: Irish Journal for Lacanian Psychoanalysis. Summer, 2009.

Freud, S. (1936). *The Problem of Anxiety*. New York: Liverright.

Fritzer, L. (2014). *What is the fear of being alone*?. Medical Review Board. May 2014

Gadamer, H. (1990/1960). *Truth and Method.* (2nd rev.edn). New York: Crossroad.

Gadamer, H.G. (1976) *Philosophical Hermeneutics* (translated by DE Linge). Berkley, CA: University of California Press.

Gallagher, B., and Cartright-Hatton, S. (2008). The relationship between parenting factors and trait anxiety: mediating role of cognitive errors and metacognition. *Journal of Anxiety Disorders,* 22, 722-733.

Gauthier, J.G (2011), Bridging the gap between biological and psychological perspectives in the treatment of anxiety disorders. *Canadian Psychology*, 40, 1-13

Gauthier, J., and Bouchard, S. (1996). Le traitement psychologique du trouble panique. *In Trouble panique: Developpements recents* (consensus) (pp.26-29). Montreal, QC: Association/Troubles Anxieux du Quebec.

Gergen, K. J. (1999). *An Invitation to Social Constructionism*. London : Sage.

Gilbert, P. (1998). What is shame. Some core issues and controversies in shame. *Interpreting Behaviour, Psychopathology and Culture.* Ed. By Gilbert, P., and Andrews, B. Oxford, England. Oxford University Press. P. 3-38.

Giorgi, A. (1997). The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *Journal of Phenomenological Psychology*, 28, 235-260.

Giorgi, A., and Giorgi, B. (2008). Phenomenology. In J.A. Smith (Ed.). *Qualitative psychology: A practical guide to methods* (2nd edn). London: Sage.

Glaser, S., and Hennessy, E. (2002). Pupil's definitions of bullying. *European Journal of Psychology and Education,* 17, 249-262.

Glaser, B. G., and Strauss, A, L. (1967). *The discovery of grounded theory*. Strategies for qualitative research. Aldine: Atherton.

Glenmullen, J. (2001). *Prozac backlash: Overcoming the dangers of Prozac, Zoloft, Paxil, and other antidepressants with safe, effective alternatives.* New York: Touchstone Books.

Goldstein, K. (1939). *The Organism*. New York: American Book Company.

Gould, R.A., Otto, M. W., and Pollack, M. H. (1995). A meta-analysis of treatment outcome for panic disorder. *Clinical Psychology Review*, 15, 819-844.

Gruner, K., Muris, P., and Merckelbach, H. (1999). The relationship between anxious rearing behaviours and anxiety disorders symptomatology in normal children. *Journal of Behaviour Therapy and Experimental Psychiatry*, 30, 27-35.

Guerin, S., and Hennessey, E. (2000). Pupils definition of bullying. *European Journal of Psychology and Education. 1*7, 249-262.

Gumley, A., and Schwannauer, M. (2006). *Staying well after psychosis: a cognitive interpersonal; approach to recovery and relapse prevention*. Chichester: Wiley and Sons Ltd.

Gurney, P. (1988). *Self-Esteem in children with special educational needs*. London and New York: Routledge.

Hackmann, A. (1998). Working with images in Clinical Psychology. In A.S. Bellack & M.Hersen (Eds.), *Comprehensive Clinical Psycholog*y (Vol.6, pp.301-318). New York, NY:Elsevier.

Hackmann, A., Bennett-Levy, J., and Holmes, E. (2011). *Oxford Guide to Imagery in Cognitive Therapy*. Oxford University Press.

Hackmann, A., and Holmes, E.A. (2004). Reflecting on Imagery: a clinical perspective and overview of the special issue of Memory on mental imagery and memory in psychopathology. *Memory, 12, 389-402.*

Hackmann, A., and Holmes, E. (2011). *Mental Imagery and Memory in Psychopathology:* Psychology Press.

Harper Collins *English Dictionary*. (1995). 3rd Ed. London. Harper Collins.

Harre, R. (2000). *The Social Construction of Terrorism*. In F. M. Moghaddam and A. J. Marsella. (Eds). *Understanding Terrorism*. P 91-102: Washington DC.

Harris, J.R. (1998). The *Nurture Assumption; Why children turn out the way they do.* NY: Free Press

Healy, D. (2004). *Let them eat Prozac: The Unhealthy Relationship between the Pharmaceutical Industry and Depression*. New York: New York University Press.

Heidegger, M. (1962). *Being and Time*. Oxford: Blackwell Publishing. (Original Publishing

1927).

Heidegger, M. (1962). *Being and Time* (translated by J Macquarrie and E Robinson). New York: Harper and Row.

Heimberg, R.G., Turk, C, L., and Mennin, D. S. (2004). *Generalized Anxiety Disorder*: The Guilford Press, London.

Heron, J. (1990). *Helping the client: A creative practical guide*. Newbury Park, CA: Sage Publications.

Hirsh. C. R., and Holmes, E. A. (2007). Mental imagery in anxiety disorders. *Psychiatry*, 6(4), 161-165.

Hogarty, G., and Flasher, S. (1999). Developmental theory for a cognitive enhancement therapy of schizophrenia. *Schizophrenia Bulletin*, 25, 677-692.

Holmes, E.A., Geddes, J.R., Colom, F., and Goodwin, G.M. (2008). Mental Imagery as an emotional amplifier: application to Bipolar Disorder. *Behaviour Research and Therapy, 46, 1251-1258*

Holmes, E. A., Grey, N., and Young, K. A. D. (2005). Intrusive Images and 'hotspots' of trauma memories in PTSD; an exploratory investigation of emotions and cognitive theories. *Journal of Behavioural Therapy and Experimental Psychology*, 36(1), 3-17.

Holmes, E.A., and Mathhews, A. (2005). Mental imagery and emotion: a special

relationship? *Emotion*, 5, 489-497.

Holmes, E.A., Matthews, A., Dalgleish, T., and MacKintosh, B., (2008). The causal effect of mental imagery on emotion assessed using picture-word cues. *Emotion,* 8, 395-409.

Horney, K. (1937). *The Neurotic Personality of our Time*: Norton. New York.

Horowitz, M, J. (1970). *Image Formation and Cognition*. New York, NY: Appleton-Century-Crofts.

Horwitz, A. V. (2012*). All we have is fear: Psychiatry's transformation of natural anxieties into mental disorders*: Oxford University Press.

Howe, K.R. (2012). Mixed Methods, Triangulation and Causal Explanation. *Journal of Mixed Methods Research*. Feb., Vol. 6. No. 2, p 89-96.

Howitt, D. (2010). *Introduction to Qualitative Methods in Psychology.* Harlow: Pearson Education.

Hoyer J., Becker, E.S,. and Roth, W.T. (2001). Characteristics of worry in GAD patients, social phobics, and controls. *Depression and Anxiety, 13*(2),89-96

Husserl, E. (1970). *The Crisis of European Sciences and Transcendental Phenomenology* (translated by D Carr). Evanston IL: Northwestern University Press.

Husserl, E. (1982). *Ideas pertaining to a pure phenomenology and to a phenomenological philosophy*(F. Kersten, Trans.). Dordrecht: Kluer.

Husserl, E. (1999). Ideas. I. In D. Welton (Ed). *The Essential Husserl: Basic writings in Transcendental phenomenology* (pp. 63-65). Bloomington and Indianapolis, IN: Indiana University Press.

Iacovou, S. (2011). The difference between ontic and ontological anxiety. *Journal for the Society of Existential Analysis*, January edition.

Izard, C.E. (1977). *Human Emotions.* NY & London: Plenum Press.

Jaspers, K. (1997). *General Psychopathology*. Vol. 1&2. (trans J. Hoenig & Marian W. Hamilton): Baltimore and London. John Hopkins University Press.

Jones, N.P., Papadakis, A.A., Hogan, C.M., and Strauman, T.J. (2009). Over and over again: Rumination, reflection, and promotion goal failure and their interactive effects on depressive symptoms: *Behaviour Research and Therapy*, 47 (3), 254-259.

Kalin, N. H. (1993). The neurobiology of fear. *Scientific America*. 268. 94-101.

Kant, E. (1929). *Critique of Pure Reason*. Trans. Norman Kemp Smith. London: MacMillan.

Kelvens, C. (1997*). Fear and Anxiety*. California State University, Northridge.

Kertz, S., and Woodruff-Borden, Janet. (2013). The role of metacognition, intolerance of uncertainty , and negative problem orientation in children's worry. *Behavioural and Cognitive Psychotherapy*, 2013, 41, 243-248

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangus, K. R. and Walters, E. E. (2005).

Lifetime prevalence and age of onset disturbances of DSM-IV Disorders in the National Co-morbidity Survey Replication. *Archives of General Psychiatry*, 62, 593-602.

Kierkegaard, S. (1844). *The Concept of Dread*. (trans. by Walter Lowrie), New Jersey: Princeton University Press.

Kierkegaard, S. (1849). *The Sickness onto Death*. (trans. By Walter Lowrie), New Jersey: Princeton University Press.

Kirsh, H. E. (2006). Social cognition and epilepsy. *Surgery, Epilepsy and Behaviour*, Vol. 8, 71-80.

Klein, M. (1921). In Klein (1975). *The Development of the Child*, Vol. 1, pg 4-13

Kleinman, S. (2004). Phenomenology: To wonder and search for meanings. *Nurse Researcher*, 11, 7-19.

Kosslyn, S.M., Alpert, N. M., Thompson, W. L., Chabris, C. F., Rauds, S. L., and Anderson, A. K. (1994). Visual mental imagery activates topographically organised visual cortex. PET Investigations. *Journal of Cognitive Neuroscience*, 5, 263-287.

Kosslyn, S.M., Thompson, W,L ., and Ganis, G. (2010). *The Case for Mental Imagery*. Oxford University Press. London

Kutchins, H. and Kirk, S. (1997). *Making us Crazy: DSM, The Psychiatric Bible and the Creation of Mental Disorders.* New York: Free Press

Husserl, E. (1977). *Phenomenological Psychology: Lectures, Summer Semester*, 1925. Trans.

John Scanlon. The Hague: Martinis. Nijhoff.

Husserl, E. (1982). *Ideas pertaining to a pure phenomenology and to a phenomenological Philosophy* (F. Kersten, Trans.). Dordrecht: Kluer.

Husserl, E. (1999). *The Idea of Phenomenology*. Trans. Lee Hardy. Dordreacht: Kluner.

Husserl, E. (1999). Ideas. I. In D. Welton (Ed). *The Essential Husserl: Basic writings in Transcendental phenomenology* (pp. 63-65). Bloomington and Indianapolis, IN: Indiana University Press.

Husserl, E. (2001). *Logical Investigations*. Dermot Moran (ed). 2nd Ed, 2 vols. London: Routledge.

Langdridge, D., and Hagger-Johnson, G. (2009). *Introduction to research methods and data analysis in psychology* (2nd ed.), Harlow: Pearson Education.

Langlois, F., Freeston. M. H., and Landonceur. M. (2000). Differences and Similarities between obsessive intrusive thoughts and worry in a non-clinical population. *Behaviour Research and Therapy*, 38(2), 157-173.

Larkin, M., Watts, S., and Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3, 102-120.

Leahey, T. (1987). *A list of psychology: Currents in psychological thought*. Englewood Cliffs, N.J: Prentice-Hall.

Lindgren, B. M., Oster, I., Astrom, S., and Graneheim, U, H. (2012). 'They don't understand …

you cut yourself in order to live'. Interpretive repertoires jointly constructing interactions between adult women who self-harm and professional caregivers. *International Journal of Qualitative Studies in Health and Well-Being,* 6, 7254.

Lipton, M. G., Brewin, C. R., Linke, S., and Halpin, J. (2010). Distinguishing features of intrusive images in OCD. *Journal of Anxiety Disorders*, 24(8), 816-822.

Loftus, E.F. (2007). Elizabeth F. Loftus (Autobiography) in Lindzey, G. and Runyan, M. (Eds). *History of Psychology in Autobiography.* Vol . IX Washington. DC: American Psychological Association Press, p.198-227.

Luft, J. (1969). *Of Human Interactions*: The Johari Model. Palo Alto, CA: Mayfield.

Lyddon, W,J. (2004). *Generalised anxiety disorder: Advances in Research and Practice*: Guilford Press, New York.

MacQuarrie, J. (1972). *Existentialism*. Westminster of Philadelphia Publishers.

Madill, A., Jordan, A., and Shirley, C. (2000). Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies. *British Journal of Psychology*, 91, 1-20.

Manfredi, C., Caselli, G., Rebecchi, D., Rovetto, F., Ruggiero, G.M., Sassaroli, S., and Spada, M.M. (2011). Temperament and parental styles as predictors of ruminative brooding and worry. *Personality and Individual Differences*, 50, 186-191.

Matthews, A., and Mac Lead, C. (2005). Cognitive Vulnerability to Emotional Disorders.

Annual Review Clinical Psychology, Vol. 1, 167-95.

May, R. (1950). *The Meaning of Anxiety*. The Ronald Press Company: U.S.A.

May, R. (1953). *Man's Search for Himself* : New York. Norton.

Mc Laughlin, K.A., Borovec, T.D., and Sibrava, N. (2007). The effects of worry and rumination on affect states and cognitive activity, *Behaviour Therapy*, 38, 23-38

McLeod, J. (2001). *Qualitative Research in Counselling and Psychotherapy*. Sage Publications. U.K.

McLeod, J. (1994). *Doing Counselling Research*: London. Sage

Mead, G. H (1934/1972). *Mind Self and Society, Vol. 1,* published. Chicago: Chicago University Press.

Merleau Ponty, M. (1962) *The Phenomenology of Perception* (trans. C. Smith). London: Routledge (original work published 1945).

Michael, T., Halligan, S.L., Clark, D. M., and Ehlers. A (2007). Rumination in post traumatic stress disorder. *Depression and Anxiety*, 24, 307-317.

Mills, J. S. (2005). *Auguste Comte and Positivism*, 1865. E books.

Millsap, R. E., Maydou-Olivares, A. (2009). *The Sage Handbook of Quantitative Methods in Psychology.* Arizona State University Press. USA

Morse, J. M., Barrett, M., Mayan, M., Olson, K., and Spiers, J. (2002). Verification strategies

for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods,* 1(2), 13-22.

Morrison, A. P., Beck, A, T.,M Glentworth, D., Dunn. H., Reid. G.S., Larkin, W. and Williams, S. (2002). Imagery and psychotic symptoms: a preliminary investigation. *Behaviour Research and Therapy*, 40, 1053-1062.

Morrison, A. P., and Wells, A. (2007). Relationship between worry, psychotic experiences and emotional distress in patients with schizo spectrum diagnosis and comparisons with anxious and non- patient groups. *Behaviour Research and Therapy*, 45(7), 1593-1600.

Moustakas, C. (1975). *The Touch of Loneliness*. Englewood Cliffs: NJ: Prentice Hall.

Moustakas, C. (1990). *Heuristic Research Design, Methodology and Application*. London : Sage.

Moustakas, C. (1994). *Phenomenological Research Methods.* Thousand Oaks, CA: Sage Publications

Moustakas, C., and Douglass, B. G. (1985). ' Heuristic inquiry. The internal search to know.' *Journal of Humanistic Psychology,* 25, 3, 39-55.

Moynihan, R. and Cassels, A. (2005). *Selling sickness: How the world's biggest pharmaceutical companies are turning us all into patients*. New York: Nation Books.

Muff, J. (1997). A picture is worth a thousand words. *Perspectives in Psychiatric Care. 33(1).*

Muris, P. (2002). Parental rearing behaviours and worry of normal adolescents.

Psychological Reports, 91, 428-430.

Muris, P., and Merckelbach, H. (1998). Perceived parental rearing behaviour and anxiety disorders symptoms in normal children. *Personality and Individual Differences,* 25, 1199-1206

Myers, J.K., Weissman, M. M., Tischler, G.L., Holzer, C.E., Leaf, P.J., Orvaschel, H., *et al.* (1984). Six month prevalence of psychiatric disorders in three communities: 1980 to 1982. *Archives of General Psychiatry*, 41, 959-967.

Nathanielsz, P.W. (2000). Fetal Programming: How the quality of foetal life alters biology for a lifetime. *Neoreviews*: 1: e126-e131.

Nietzsche, F. (1901/1968). *The Will to Power*. In Science, nature, society and art: Random House.

Nolen-Hoeksema, S. (1991). Response to depression and their effects on the duration of depressive episodes. *Journal of Abnormal Psychology*, 100, 569-582.

Nutt, D. (2004). Anxiety and Depression: Individual entities or two sides to the same coin? *International Journal of Clinical Practice.* 8, 19-24.

Panskepp, J. (1998). *Affective Neuroscience*: The foundations of human and animal emotions. New York: Oxford University Press.

Papageorgiou, C., and Wells, A (2003). An empirical test of a clinical meta-cognitive model of rumination and depression. *Cognitive Therapy and Research*, 27, 261-273

Parkinsin, M ., and Creswell, C. (2011). Worry and problem-solving skills and beliefs in primary school children. *British Journal of Clinical Psychology*, 50, 106-112.

PDM Task Force. (2006). *Psychodynamic Diagnostic Manual*. Silver Spring, MD: Alliance of Psychoanalytic Organisations.

Pilgrim, D., and Bentall , R. (1999). The medicalisation of misery: A critical realist analysis of the concept of depression. *Journal of Mental Health*. Vol. 8. No. 3.

Popper, K. (1935). *The Logic of Scientific Discovery*. Vienna: Austria

Potter, S. (2006). *Doing Postgraduate Research. 2nd Edition*. Sage Publications.

Potter, J., and Wetherall, M. (1994). Analyzing discourse. In A. Bryman & R. G. Burgess (Eds.). *Analyzing Qualitative Data. London:* Routledge.

Rabiee, F. (2004). Focus group interview and data analysis. *Proceedings of the Nutrition Society.* 63, 655–660.

Rapee, R. M. and Heimberg, R. G. (1997). A cognitive-behavioural model of anxiety in social phobia. *Behaviour Research and Therapy*, 35, 741-753

Reynolds, M. and Brewin, C. R. (1999). Intrusive memories in depression and post traumatic stress disorder. *Behaviour Research and therapy*, 37 (3), 201-215.

Richardson, L. (1990). *Writing Strategies: Reaching Diverse Audiences*. London: Sage

Ricoeur, P. (1991). *Explanation and Understanding. In From Text to Action;* trans. Kathleen

Blamey and John Thompson. Evanston Ill: Northwestern University Press.

Robson, C. (2002). *Real World Research (2nd ed*.). Oxford: Blackwell.

Roemer, L., and Borovec, T. D. (1993). Worry: unwanted cognitive activity that controls unwanted somatic experience. In D. M. Wegner and J. W. Pennebaker (Eds.). *Handbook of Mental Control.* Englewood Cliffs, NJ: Prentice Hall.

Ruscio, A.M., Lane, M,. Roy-Byrne, P., *et al*. (2005). Should excessive worry be required for a diagnosis of generalised anxiety disorder? Results from the U.S. national co-morbidity survey replication. *Psychological Medicine*, 35, 1761-1772

Sartre, J. P. (1973). *Existentialism and Humanism* (trans. P. Mairet). London: Methuen (original work published 1939).

Sassaroli, S. (2012). Parental overprotection and metacognitions as predictors of worry and anxiety. *Behavioural and Cognitive Psychotherapy*, 40, 287-296.

Schore, A, N. (2000). Attachment and the regulation of the right brain. *Attachment and Human Development, 2(1), 23-47.*

Schutz, A. (1967). *Phenomenology of the Social World*. Evanstone: Northwestern University Press (original publication 1932).

Shorey, H.S., and Snyder, C.R. (2006). The role of adult attachment styles in psychopathology. *Review of General Psychology*, Vol. 10 (1), 1-20

Silk, G., and Norwood, M. S. (2003). The power of images. *Journal of the Imagination in Language Learning and Thinking.* Vol. 7.

Sloan, T. (Ed). (2000). *Critical Psychology. Voices for Change*. London: Macmillan.

Smith, J, A. (1996). Beyond the divide between cognition and discourse: using interpretative phenomenological analysis in health psychology: *Psychology and Health*, 11, 261-71.

Smith, J.A., Flowers, P., and Larkin, M. (2009*). Interpretative Phenomenological Analysis: Theory, Method and Research. London:* Sage Publications.

Smith, J.A., Flowers, P., and Osborne, M. (1997). Interpretative phenomenological analysis and the psychology of health and illness. *In Material Discourses in Health and Illness*, pp. 68–91 [Yardley, editor]. London: Routledge.

Smith, J.A., Harre, R., and Van Langenhove, L. (editors). (1995). Ideography and the case study. *Rethinking Psychology*, pp. 59–69. London: Sage Publications.

Smith, J.A., Jarman, M., and Osborne, M. (1999). Doing interpretative phenomenological analysis. In *Qualitative Health Psychology*: Theories and Methods, pp. 218–240 [M Murray and K Chamberlain, editors]. London: Sage Publications.

Smith, J. and Osborne, T, (2008). *Interpretative Phenomenological Analysis.* In J.A. Smith (Ed), Qualitative Psychology: A Practical Guide to Methods. London: Sage.

Spada, M. M., Caselli, G., Manfredi, C., Rebecchi, D., Rovetti, F., Riggiero, G. M., Nikcevic, A.

V., and Sassaroli, S. (2012). Parental overprotection and metacognitions as predictors of worry and anxiety. *Behavioural and Cognitive Psychotherapy*, 40, 287-296.

Spakes, A. (1998). Reciprocity in Critical Research? Some unsettling thoughts: In G. Shacklock and J, Smyth. (eds). *Being Reflexive in Critical Educational and Social Research.* London: Peter Lang

Spinelli, E. (2007). *Practising Existential Psychotherapy. The Relational World*. Sage Publications: London.

Spinelli, E. (2005). *The Interpreted World*. Karmac Books: London

Spitzer, R.L., First, M.B. and Wakefield, J.C. (2007). Saving PTSD from itself in DSM-V. *Journal Of Anxiety Disorders, 21, 233-241.*

Steel, C., Fowler, D., and Holmes, E. A (2005). Psychosis. *Behavioural and Cognitive Psychotherapy*, 33 (02). 139-152

Stober, J. (1998). Worry, problem solving and suppression of imagery. The role of concreteness. *Behaviour Research and Therapy*, 36, 751-756.

Stocchi, F., Nordera, G., and Jokinen, R. H. (2003). Efficacy and tolerability of paroxtine for the long term treatment of GAD. *Journal of Clinical Psychiatry*, 64(3), 250-258.

Strauss, A., and Corbin, J., (1998) *Axial coding. Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*, pp. 123–142. London: Sage Publications.

Strongman, K.T. (1995). Theories of Anxiety. *New Zealand Journal of Psychology*, Vol. 24, No. 2

Stuart, A. D. P., Holmes, E. A. and Brewin, C. R. (2006). The influence of a visuospatial grounding task on intrusive images of a traumatic film. *Behaviour Research and therapy*, 44(4), 611-619

Sullivan, H.S. (1953). *The Interpersonal Theory of Psychiatry.* W.W. Norton, New York, USA.

Tallas, F., Davey, G. C. L., and Capuzzo, N. (1994). The phenomenology of non-pathological worry: A preliminary investigation. In G. Davey & F. Tallas (Eds.), *Worrying: Perspectives on Theory*, *Assessment and Treatment*, p. 61-89. Toronto: John Wiley & Sons.

Tallis, F., and Eysenck, M. W. (1994). Worry: Mechanisms and Modulating Influences. *Behavioral and Cognitive Psychotherapy,* Vol. 22, 37-56

Tangney, J. P. and Dearing, R. L. (2002). Shame, guilt and psychopathology. *Shame and guilt.* Ed. By Tangney, J. P. and Dearing, R. L. New York. Guildford Press. P. 112-129.

Tillich, P. (2000). *The Courage To Be.* London: Yale University Press (original work published 1952

Van den Bergh, B.R., Mulder, E.J., Mennes, M., and Glover, V. (2005). Antenatal maternal anxiety and stress and the neurobiological development of the foetus: Links and possible mechanisms. A Review. *Neuroscience and Bio-behavioural Review*, April, 29 (2), 237-58.

Van Deurzen, E. (2002) *Existential Counselling and Psychotherapy in Practice*. London,

Thousand Oaks. New Dehli: Sage.

Van Deurzen, E. (2009). *Everyday Mysteries.* Routledge: London and New York.

Van Deurzen, E., and Adams, M. (2011). *Skills in Existential Counselling and Psychotherapy*. Sage Publications Ltd: London.

Walsh, R. (1995). Phenomenological mapping. A method for describing and comparing states of consciousness. *Journal of Transpersonal Psychology*, 27, 25-26

Wells, A. (1995). Worry and the incubation of intrusive images following stress. *Behaviour Research and Therapy,* 33, 579-583

Wells, A. (2000). *Emotional Disorders and Metacognition: Innovative Cognitive Therapy*. Chichester: Wiley.

Wells, A. (2002). Worry, metacognition and GAD: Nature, consequences and treatment. *Journal of Cognitive Psychotherapy*, 21, 265-273

Wells, A. (2009). *Metacognitive Therapy for Anxiety and Depression*. New York: Guilford Press.

Wells, A. (2009)**.** *Cognitive Therapy of Anxiety Disorders*. John Wiley & Sons: U.K.

Wells, A. and Papageorgiou, C (1995). Worry and the Incubation of Images following Stress *Behaviour Research and Therapy*, 32, pp. 867-870.

Widiger, I.A., and Sankis, L.M. (2000). Towards DSM-V and the classification of

psychopathology. *Psychological Bulletin*, 126, 946-963.

Wilberg, G. (2012). Lost in Translation: The horizon versus the Horizontal. *Hermeneutic Circular*, July, 2012. p. 6-9

Wild, J., Hackmann, A., and Clark, D. M. (2007). When the present visits the past: updating traumatic memories in social phobia. *Journal of Behaviour Therapy and Experimental Psychiatry,* 38, 386-401.

Willig, C. (2001). *Introducing Qualitative Research in Psychology: Adventures in Theory.* Buckingham: Open University Press.

Willig, C. (2001). *Interpretative phenomenology. Introducing Qualitative Research in Psychology: Adventures in Theory and Method,* pp. 65–69. Milton Keynes, Bucks.: Op

Willig, C. (2008). *Introducing Qualitative Research in Psychology* (2nd Ed). Maidenhead: Open University Press.

Wilson, C., and Hughes, C. (2011), Worry, beliefs about worry and problem solving in young children. *Behavioural and Cognitive Psychotherapy*, 39, 507-521

World Health Organisation. (2000). Cross-national comparisons of the prevalence and correlates of mental disorders. WHO International Consortium in Psychiatric Epidemiology. *Bulletin of the World Health Organisation*, 78, 413-426.

Yalom, I. (1980). *Existential Psychotherapy*. Yalom Family trust. U.S.A.

Yardley, L. (2008). Demonstrating Validity in Qualitative Psychology. In J.A. Smith (Ed.)

Qualitative Psychology: A Practical Guide to Research Methods (pp.235-251). London: SAGE
Publications Ltd.

Young, J.E., Klosko, J.S., and Weishar, M.E. (2003) *Schema Therapy*: The Guildford Press.
London

Zahavi, D. (2003). *Husserl's Phenomenology*. Stanford: Stanford University Press.

Zetche, U., Ehring, T., and Ehlers, A. (2009). The effects of rumination on mood and intrusive
memories after exposures to traumatic material: an experimental study. *Journal of
Behaviour Therapy and Experimental Psychiatry*, 40, 499-514*.*

Chapter Eight: APPENDICES

Appendix 1　　– Letter of Interest

Appendix 2　　– Information Sheet

Appendix 3a & 3b　– Ethical Approval: NSPC/Middlesex & TCD

Appendix 4　　– Debriefing

Appendix 5　　– Consent Form

Appendix 6　　– Interview Schedule

Appendix 7　　– Audit trail participant – Carmen

Appendix 8　　– Super-ordinate theme table – Carmen

Appendix 9　　– Super-ordinate themes all participants

Appendix 10　 – Master themes for the group

Appendix One – Letter of Interest

Appendix One

The New School of Psychotherapy and Counselling, 258 Belsize Road, London NW64BT

Letter of Interest

Do you experience anxiety and spontaneous images?

My name is Joanne Kelly Keogh and I am a third year trainee on the Doctorate in Counselling Psychology programme at the New School of Psychotherapy and Counselling in conjunction with the University of Middlesex, London. As part of my Doctoral research I am conducting a study about people's experiences of anxiety with spontaneous images.

Spontaneous images – can include involuntary thoughts, images and ideas, that may or may not be difficult to manage or eliminate.

I am looking for participants who are 18 to 25 years old, English speaking and of Irish origin. You should not have any current psychiatric diagnosis of Post Traumatic Stress Disorder, Obsessive Compulsive Disorder or Psychotic Disorder (e.g. schizophrenia) and you should experience spontaneous images in your everyday life.

As a participant you will be asked to take part in a 60 minute interview to discuss your feelings of anxiety and in particular the images you experience. All participant information used in the study will have your name removed. The interviews will take place in the Student Counselling Service at an agreed time.

If you are interested in this study, please contact me for further information on the following number 0866098836 or at the student counselling service on 01 896 1407. e-mail: Kellykj@tcd.ie.

Kind regards,

Joanne Kelly Keogh

Trainee Counselling Psychologist.

APPENDIX TWO – Information Sheet for Participants

Appendix Two

The New School of Psychotherapy and Counselling, 258 Belsize Road, London, NW6 4BT

Information Sheet for Participants.

My name is Joanne Kelly-Keogh and I am a third year trainee on the Doctorate in Counselling Psychology programme at the New School of Counselling and Psychotherapy in conjunction with the University of Middlesex, London. As part fulfilment of my Doctorate I am carrying out a study of the experience of anxiety with spontaneous images.

Information about the Research.

Study Title: Making sense of the experience of Spontaneous Images in Anxiety.

You are invited to take part in a research study. Before deciding whether to take part, it is important for you to understand why the research is being carried out and what it will involve. Please take time to read the following information carefully and discuss it if you wish. Ask me if there is anything that is not clear or if you would like some more information. Take time to decide whether or not you would like to take part.

What is the purpose of the study?

Many people experience anxiety in their everyday lives, and different people respond differently to this experience of anxiety. A proportion of those who experience this anxiety also experience spontaneous images. There is not a lot known about the nature of these images or their particular characteristics. The purpose of this study is to gather information from those who experience these images as to the nature and experience of such images. An understanding of the experience of spontaneous images in anxiety will hopefully aid those working in a therapeutic setting (therapists and counsellors) to understand the subjective experience of such images with anxiety and refine the ways in which they are addressed in therapy.

Why are you being asked to participate?

You have been asked to take part in the study as during college, students deal with a unique set of potentially stressful experiences. Specifically, college calls for a significant transition where students experience many firsts, including new lifestyle, friends, roommates, exposure to new cultures and

alternate ways of thinking. Any of these could be associated with feelings of anxiety. Individuals who meet the following criteria are invited to take part in this study;

Be a student of Trinity College Dublin.

Currently experiencing anxiety with spontaneous images.

The anxiety should be experienced in the absence of a diagnosis of post-traumatic stress disorder, a psychotic disorder (e.g. schizophrenia) or Obsessive Compulsive Disorder.

Do you have to take part?

Taking part in this research is entirely voluntary. You do not have to take part if you do not want to. If you decide to take part, you may withdraw at any time without giving a reason. If you agree to participate you will be asked to sign a consent form. You may contact the researcher at any time to request that your data be removed from the study.

What will happen if I take part?

A meeting will be arranged at your convenience in the Student Counselling Service. Any questions will be clarified. You will be asked to sign a consent form to say that you are happy to take part in the research and consent to having the interview recorded in audio. As researcher I will then ask you some questions about your experiences of anxiety and spontaneous images. This interview will be semi-structured, meaning that it will be flexible and allowing new questions to be brought up as a result of what we are discussing. It is expected that the interview will take 60 minutes to complete. The audio recording of the interview will later be transcribed verbatim. Participant confidentiality will be respected by assigning a pseudonym to each participant. The information from this research may be used for reports and publications as well as the thesis. I cannot guarantee complete anonymity as I may use quotes *verbatim* in an effort to illustrate findings. When the information is transcribed the audio recording will be destroyed. When the interview is complete you will be offered the opportunity to debrief and also given some information about anxiety and spontaneous images. The information will be kept securely by me for a period of six months after I graduate.

What are the possible disadvantages and risks of taking part in this study?

There are no known risks to taking part in this study. However, in the interview I may ask you some questions that involve how you experience your anxiety and spontaneous images. You may find thinking about these experiences distressing. If so, you are free to stop the interview either for a period of time or indefinitely. You will then be offered a debriefing session immediately. If deemed helpful you may also wish to have a follow on counselling session with a staff member in the Student Counselling Service

What are the possible benefits of taking part in this study?

Taking part in this study will give you the opportunity to talk openly about your experiences of anxiety and spontaneous images, however, it is not 'therapy'. In the long term it is hoped that this information will help Counselling Psychologists gain a better understanding of spontaneous images

in anxiety. Also it may be helpful to verbalise your current experience and aid your understanding of your own personal experience of anxiety and spontaneous images.

Will your taking part in this study be kept confidential?

All information which is collected will be allocated a pseudonym. Personal details will be kept the same in an effort to 'contextualise' what you are saying about your experiences of spontaneous images. Quotes may be reproduced *verbatim* to illustrate the research, however all identifying details will be removed. After the recordings are transcribed they will be destroyed. When discussed with my supervisor your pseudonym will be used. You may ask to have your data removed from the study at any point, including after the interview.

What will happen to the results of the research study?

The results of the research will be written up by me, the researcher, as part of my Counselling Psychology Doctorate. A copy of the research will be kept in the library at the New School of Psychotherapy and Counselling (NSPC), London. A written transcript of your interview will be kept in a locked filing cabinet by me for six months post qualification. After this time, it will be destroyed. Participants are entitled to a copy of the study's findings under the Freedom of Information Act, if so requested. Data generated from this study may inform journal articles, workshops, and anonymity will be respected through the use of a pseudonym in any professional or academic products that may arise from this study.

Who is organising the research?

This research is part fulfilment for the Doctorate in Counselling Psychology with the New School of Psychotherapy and Counselling and Middlesex University, London.

Complaints.

Should you as participant at any time feel the need to complain, please contact my supervisor at the contact address below, or, the Director of the Student Counselling Service, Ms. Deirdre Flynn.

Contacts for further information.

If you have any further queries or questions please do not hesitate to contact us...

Researcher - Joanne Kelly Keogh

Trainee Counselling Psychologist

Doctorate in Counselling Psychology Training Course, The New School of Psychotherapy and Counselling, 258 Belsize Road, London, NW6 4BT. Tel: 0044 207 624 0471. email: kellykj@tcd.ie

Research Supervisor – Dr. Andrew Fox

Clinical Psychologist

c/o The New School of Psychotherapy and Counselling, 258 Belsize Road, London, NW6 4BT. Tel: 0044 207 624 0471   Email: andyp.fox@gmail.com

Student Counselling Service, 7-9 South Leinster Street, Trinity College, Dublin 2. Tel: 01 8961407 Email: **student-counselling@tcd.ie**

This information sheet is for you to keep. If you wish to participate in the study you will also get a copy of the consent form to keep.

Thank you for your time.

APPENDIX THREE A - ETHICAL APPROVAL NSPC/MIDDLESEX

& THREE B – ETHICAL APPROVAL TCD

APPENDIX THREE A**: Ethics Approval for SCS Trainee Research**

'Making sense of the experience of Spontaneous Images in Anxiety.' (2012)

Researcher: Joanne Kelly Keogh

I would see this research proposal as meeting the requirement of protecting vulnerable subjects at three decisive levels:
1. The information sheet and the consent form make it clear to the participants that they can opt out of continuing the interview at any time. The ability to withdraw from the research process is one of the conditions stated in international guidelines, and it is met.

2. The interviewer has the requisite training to recognise and to deal with stressful reactions by participants. Thus, the psychological accompaniment of students being counselled in the SCS is continuous, they are being cared for already at the interview stage should the need arise.
["As interviewer I am aware that there is a small risk of the participant experiencing the beginning of a panic attack, heightened anxiety or dissociation and in which case I will immediately take appropriate measures to reduce anxiety and calm participants.
The interviewer has had experience of working therapeutically with and recognising these states."]

3. Special attention is given to recording the participants' experience adequately, with a high level of reflection on how the researcher's interpretation has to do justice to the research subjects' perspective. This may be helped by the approach chosen, interpretive phenomenological analysis, which takes the lived experience of participants' seriously, rather than subject it to preconceived frameworks of evaluation.
["**RESULTS**
Results will be presented as a table of themes to show where the researcher has moved back and forth between the various analytic stages and where the integrity of what the participant has said has been preserved as much as possible. Results will aim to answer the research question in terms of the experience of worry and spontaneous images. Each transcript will be read and given a coded for items of interest, themes and psychological concepts, moving from the part to the whole and back.
This will be done after each individual interview to insure a freshness and caution between the participants' own words and my interpretation of them."]

From a research ethics perspective, there is ample evidence of a highly reflected and self-critical process.

In addition, the theoretical alternatives posed between seeing anxiety as a general rather than as an abnormal experience of human subjectivity lead into interdisciplinary questions between psychology and philosophical anthropology and theory of the self (Kierkegaard). I would see it as an exceptionally well conceived proposal that is highly aware of its interdisciplinary dimensions.

Maureen Junker-Kenny

June 30, 2012

APPENDIX FOUR – DEBRIEFING

APPENDIX FOUR

The New School of Psychotherapy and Counselling, 258 Belsize Road, London NW6 4BT

RESEARCH QUESTION

How do people make sense of the experience of spontaneous images in anxiety?

DEBRIEFING.

A full debriefing will provide participants with any necessary information to complete their understanding of the nature of the research.

I, the researcher will...

> Ask participant whether or not they are interested in debriefing. I am obliged to offer but participants are not obliged to accept.
>
> Discuss with the participants their experience of the research in order to monitor any unforeseen negative effects or misconceptions. Special consideration will be given to concerns over confidentiality, anonymity. Should a participant react in a highly anxious way I will be ready to intervene It is my job to make sure that the participant feels that I have their best interests at heart.
>
> The Researcher will communicate to participants on leaving that they have made an important contribution.
>
> To thank the participant for her involvement.
>
> Offer continued support in the Counselling by suggesting that they make a follow up appointment with their counsellor to discuss the experience of the interview.
>
> Leave my contact details so I am contactable should any difficulties arise due to the interview.

JOANNE KELLY KEOGH

DPSYCH COUNSELLING PSYCHOLOGY

APPENDIX FIVE – CONSENT FORM

APPENDIX FIVE

Middlesex University School of Health and Social Sciences

Psychology Department

Written Informed Consent

Title of study and academic year: 'making sense of the experience of Spontaneous Images in anxiety.' (2012)

Researcher: Joanne Kelly Keogh

Supervisor *(only for students):* Dr Andrew Fox

I have understood the details of the research as explained to me by the researcher, and confirm that I have consented to act as a participant.

I have been given contact details for the researcher in the information sheet.

I understand that my participation is entirely voluntary, the data collected during the research will not be identifiable, and I have the right to withdraw from the project at any time without any obligation to explain my reasons for doing so.

I further understand that the data I provide may be used for analysis and subsequent publication, and provide my consent that this might occur.

_____   _____

Print name   Sign Name

date: _____

To the participants: Data may be inspected by the Chair of the Psychology Ethics panel and the Chair of the School of Social Sciences Ethics committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits: _____

APPENDIX SIX – INTERVIEW SCHEDULE

APPENDIX SIX

<u>Interview Schedule</u>

Pre-Amble – explain the purpose of the interview and structure. Explain what my questions are for. That participants are free to withdraw from the study at any time up until publication. To sign the consent form. (The words anxiety and worry are interchangeable depending on the word the participant uses)

Personal Meaning (Interchange with Worry)

Can you tell me what it is like for you to experience anxiety/worry? By this I mean in what way do you recognise anxiety in yourself? Can you describe this anxiety to me?

Can you tell me how long you have felt like this, felt this anxiety?

Can you tell me a bit more about how you respond to this anxiety? Prompt; medications, therapy.

How do you make sense of this anxiety?

Does this anxiety affect other areas of your life? (medically, psychologically-emotions/feelings, socially, at home, academia, family)

How do you feel about your anxiety?

Has this anxiety changed over time? If so can you say more?

Do you sometimes get images/pictures for example in your head? Can you describe what this is like? (Prompt for descriptions of feelings, thoughts, possibly ask for recent example.)

How do you deal with these images when they come?

Why do you think you get these images?

How do you think your life would be without these images?

APPENDIX SEVEN – AUDIT TRAIL PARTICIPANT CARMEN

APPENDIX 7 – Audit TRAIL

Chronological list of emerging themes : Interview 1 Carmen

Emerging Themes	Page. Line
Aspects anxiety, social and mental, internal vs external	1:3
Imagining situations in anxiety	1:3/4
Present vs future discomfort in anxiety – time element	1:4
Language um..em..unsure , thinking	1:3/4
Physiological feelings dizzy/vertigo	1:5
Get panicky through thinking- body and mind connection	1:5
Things stress me out- external causes	1:6
Sudden nature thinks parents ah.. language	1:6
Parents unresponsible/trust home late as perceived	1:7
Get anxious… sometimes, incongruence	1:7
Reaction as doing … ring them	1:8
Reaction as being… can't relax	1:8
Anxiety as mental. Internal	1:26
Anxiety as self generated	1:26
Imagined not real situations	1:27
Reaction to the real; avoidance	1:27
Thinking leading to anxiety	1:28
Unreal aspect things not actually happening	1:29
Time line	2:38
Non reflective nature	2:39
No anxiety when contained and familiar	2:39
Relation to college	2:40
Social aspect ordering food public	2:41
Definition nervous	2:40
Sort of anxiety as recent	2:42
Trauma as cause specific work incident	2:50
In counselling for incident at work	
Rumination about past incident man with knife	2:51
Issues open spaces/ agoraphobia/being in crowd	2:53
Crowd where don't know anyone social anxiety/alone	2:54
Dying of 'people'	2:55
Work by self/vulnerability	2:57
Accurate memory of what man said in knife attack/trauma	2:58
Confusion/ time line problem	2:59
Incongruence 'cut a it on my fingers'	2:58
Freaked me out psy and physio reaction?	2:59

Language 'I sort of stuck my hand out', 'he sort of jabbed me with the knife' lack of ownership?	2:62 2:63
Laughs at grandiosity of incident/feelings vs affect	2:65
Futuristic thoughts/negative/what if	2:67
Fear of needle	2:68
Fighting him off voice louder	2:68
Paranoia as thought process	2:72
HIV and that kind of thing	2:72
Thoughts as possibilities/how I could	2:74
Escape from, protection of self	2:73
Fear of HIV /dying	2:81
Always fear of dying	2:82
Fear size, big fear	2:82
Feeling toxic/death	2:84
Futuristic, catastrophic thoughts	2:84
Terminal/dying	2:85
Dying as limiting	2:85
Fear of death (just)	2:89
Fear of dying	2:89
Avoidance of dying	2:89
Main fear , fear of dying in bad way	2:90
Emotion vs affect , a little upset (laughs)	2:92
Dismissive of feelings, crying but I'm ok	2:96
Not afraid of just death	3:105
Fear of dying	3:105
Dying with regret/guilt	3:106
Hate to be dying	3:111
Control over dying	3:111
Dying with regret/guilt	3:113
Different place and time control , escape dying	3:117
Logical awareness	3:121
Thinking as controlling	3:123
Self blame	4:134
Not doing as told	4:133
Fight or flight as instinct	4:134
Control of instincts	4:138
Self as doing 'stupid'	4:139
Lack of choice in reaction	4:140
Anxiety in stomach, sweat	4:144
Anxiety in lip and brow	4:146
Just anxious as type anxiety	4:151
Panicky as more than anxious	4:152
Sweat as part of panicky / anxiety as 'just anxious'	4:151
Thoughts as anxiety	4:152
Stomach, butterflies as anxiety	4:153
Timeline of origin anxiety unsure	4:157
College as transition	5:161

Worry as anxiety	5:163
Lack of friends	5:163
Going to class alone	5:164
Thoughts as futuristic/ negative	5:165
Need to not be alone	5:166
Memory as poor	5:168
Worry as anticipation of something in negative way	5:177
Worry as stress	5:178
Worry about unforeseen future	5:178
Worry as excessive thinking	5:178
Worry as not serving a purpose	5:185
Worry as not stopping anything from happening	5:188
Worry as serving a purpose	6:193
Worry as self preservation	6:194
Worry as preventative	6:196
Realises no control of events happening	6:205
Sister as focus of anxiety	6:206
Fear for sister safety	6:207
Taking over from parents	6:207
Sister as irresponsible	6:208
Succumbing to anxiety texting sister	6:209
Self talking as coping	6:216
Lack of trust others	6:217
Anxiety as affecting sleep	6:218
Distractions	7:220
Imagination	7:224
What if	7:224
Catastrophising	7:225
Safety	7:227
Sister as dead	7:229
Worry as coping	7:237
Worry as life as different	7:238
Lack of coping in others	7:240
Worry as giving peace of mind	7:254
Protection of others/seeing what they are doing	8:263
Oldest in family	8:270
Parents as not heaping responsibility	8:271
Unknown origins feeling responsible towards others	8:272
Heart leaps, body a wave, stomach clenched, thinking	8:280
No control over thinking	8:282
It gets into my head, flow from body to mind	8:282
Memory of traumatic event	9:287
Parents anxiety	9:288
Imagination of futuristic outcomes from young age (8)	9:290
Negative outcomes from trauma	9:290
First memory of feeling anxious as associated trauma	9:296
Dread	9:300

Dread as heart leaping	9:303
Dread as a dark curtain, as black	9:304
Dread as nothing else mattering	9:305
Dread as absolute	9:305
Dread as nothing else ever going to be ok	9:305
Memory as contributing to the worry	9:311
Memory as a feeling	10:325
Mums reaction as feeling	10:326
Unsure about facts	10:326
Dealing with anxiety distraction	10:332
Comfort eating	10:332
Reading, watching tv, make sandwich	10:335
Last feeling of hunger making food to distract only	10:336 341
Comfort eating when stressed	10:342
Reading as distracting sometimes	10:344
Watching tv as not working	10:345
Chatting on computer as not working	10:345
Reading as forgetting about stress	10:346
Stress as returning in thoughts	10:347
Stressed out = feeling worried	11:351
Stressed out = thinking	11:351
Stressed out = general feeling of dread	11:352
Anxiety as worrying senselessly	11:363
Anxiety as having no benefit	11:364
Anxiety can't be helped	11:364
Anxiety more serious than everyday worry	11:365
Anxiety as a problem	11:366
Anxiety as root problem can be helped	11:374
Anxiety as symptoms can't be helped	11:374
Can't stop being anxious	11:375
Without any work can't be helped	11:377
Life without anxiety as calmer	12:380
Life without anxiety as easier	12:381
Good to worry	12:381
Worry as foreseeing	12:381
No anxiety as doing more	12:382
No anxiety when with friends	12:385
Enjoyment and not thinking = no anxiety	12:386
Alone = thinking	12:387
Not doing productive = thinking	12:388
Anxiety as affecting social life	12:400
Anxiety as affecting doing things	12:400
Anxiety as affecting meeting new people	12:401
Anxiety as affecting going new places	12:401

Worrying about amount of worrying as a problem	12:408
Sometimes worry about self?	12:408
As a person she is too anxious	13: 413
Comparison to others	13:413
Others as not doing, as afraid of doing	13:414
Affecting academics through not being able to focus	13:423
Worry about worry	13:424
Outside thing as stressing	13:424
Outside thing as upsetting	13:425
Losing mind no	13:437
Getting worse	13:438
Fear of becoming reclusive due to anxiety	13:439
Lack of wanting to talk to others	13:440
Doing nothing to help self	13:440
Living inside	13:441
Anxiety vs just not wanting to talk to anyone	13:444
Bizarrely anxious about going out	13:445
Anxiety about leaving the house	13:445
Anxiety about going somewhere	13:446
Anxiety about going into bar alone	13:446
Immediate relief needed	14:447
Avoidance of anxiety by staying inside and doing nothing	14:448
Fear of being anxious	14:450
Gotten worse over time/ as changed over time	14:453
More frequent	14:453
Seeing counsellor for anxiety	14:454
Thinking more often	14:455
Anxiety as nervous	14:456
New causes for anxiety	14:456
Anxiety at public speaking	14:457
No link to new life at university	14:457
Uncomfortable speaking in front of people	14:457
Can't fight anxiety	14:462
Sometimes wants to fight anxiety	14:462
Anxiety as bigger than me	14:464
Anxiety as not part of me	14:468
Anxiety as normal a couple of years ago	14:479
Anxiety as bigger than I thought	14:471
Not just one thing as externalising cause of anxiety	14:474
Normal to worry about certain things	14:475
Comparison to friends	14:476
Learning by comparing	14:477
Anxiety not actually that normal	14:478
Suffering from anxiety/ anxiety as suffering	15:480 498
Friend as having fear of intimacy	15:482
Fear of intimacy as not normal	15:482

Anxiety as controlling me	15:482
Anxiety as ruining my life	15:483
Anxiety as affecting other people	15:485
A certain type of anxious person/ anxiety as a type of person	15:485
Not everyone suffers from anxiety	15:498
Everybody worries	16::501
Worrying about stuff that people usually don't worry about, being different	15:504
Suffering anxiety as very bad , more frequent	15:503
Thinking differently to others	15:506
Felling differently to others about anxiety	15:507
Images about needles	16:522 558
Images about a mouse	16:525
Getting images when alone at home	16:524
Getting images when parents away	16:524
Spontaneity of pictures	16:525
Images as unpredictable	16:526/7
Feeling anxious about images	16:529
Picture as fact and focus	16:530
Creeped out by images	16:530
Picture coming into head	16:531
Images making skin crawl	16:531
Shaking image away	16:533 542
Thinking of something else	16:533
Distraction as doing something physical	16:534
Images as easier to get rid of than thoughts	16:541
Image as a flash	16:541 547
Thoughts as more persistent	17:544
Thoughts in a cycle	17:547
Thoughts as ideas of things that could happen – premonition	17:552
Image as a photograph in my head – not premonition?	17:553
Images as happening a lot	17:555
Normal days vs stress day	17:557
Specific worry	17:558
Needle image 20 times/hour	17:559
Image as continuing to come back as uncontrollable	17:559
First the worry, then the image, then the thought	17:558
Image as a memory	17:565 571
Image as imagination	17:565 570
No origin of images	18:574
AIDs images as seen on musical and tv	18:581
Blood and HIV	18:583
Info about HIV age 12	18:586
Friend needle stick injury	18:589
Hospital as dangerous	18:590
Evidence of friend getting needle injury as doubling fear	18:591
Possibilities as thoughts	18:592

Feeling yucky getting images	18:599
Jerk around, twitching	18:601
Images as minor panic, creeped out	18:603
Seeing mouse as dread but not as bad	18:604
Heart leaping	18:605
Needles as an object of fear	19:607
Needle as harm	19:609
Infection	19;612
Terminal illness	19:613
Cancer	19:614
Not liking to be surprised	19:619
Liking to be prepared	19:620
Anything can happen when not prepared	19:623
Control	19:626
Feeling terrible when no control	20:636
Not dealing with emotion	20:637
Physically distracting from image	20:647
Wanting to get rid of image	20:647
Sometimes forgets about image	20:654
Everyone's brain working the same	20:656
The brain as the centre of this experience	20:656
Everyone's brain as different	20:657
Not being the same as everyone else	20:665
The brain function as unconscious	20:665
I'm not in control if unconscious	20:666
Brain as working slightly different	21:669
Being visual	21:671
Not the same as everyone else	21:674
Different in a mental way	21:676
Thinking wrongly	21:678
Not worrying about going mental	21:684
Worry if brain doesn't work	21:785
Different from others	21:686
Fear of not helping the self	21:691
Nothing over there	21:696
Fear of nothing	21:697
Wanting images to go away	22:703
Life without images calmer, relaxed, more normal	22:708
Using anxiety to test oneself	22:713
Using anxiety to push myself	22:715

APPENDIX EIGHT – SUPER-ORDINATE THEME TABLE - CARMEN

Appendix 8 INTERVIEW 1 - THEMES

Clustered themes and super-ordinate themes – Interview 1

1: Name of theme: The focus of worry			
Emerging Themes	Page Numbers	Sub Themes	Quotes
Sisters safety	7:207 8:227 7:208 8:229	Family	'…she's..out I get very nervous….. I'll get very worried about that…' 'Her safety'. 'She'll forget to let me know if she's coming home.'
Younger brother Parent as not responsible	1:6		'She could be dead or something like that..' '…ah like say if my parents haven't come home…like um…if they said they'd be home…'
	7:207		
Me as responsible	9:270		Sometimes if my parents go away… 'I mean like I'm the oldest in my family..'
Protection from outside world	8:229 14:445	Social	'I can't see what everyone is doing and I can't protect them I suppose but… '(tearful) 'I'm just bizarrely anxious about just going out…'
Coping externally	15:447 14:446 14:445 15:457 15:448		 'about having to go in and if I can't see them immediately..' 'I'd be anxious about going there by myself' 'just leaving the house and going somewhere'
Inside as safe			'like the past couple of years I've gotten very uncomfortable speaking in front of people'
	2:39		'I'll just prefer to stay inside and do nothing'
In relation to other people	14:413 15:477 16:480-85 13:400-402		'I wouldn't have really noticed it in secondary school but then everything was so contained and everything was so familiar..' 'Em… I don't wanna be like one of those people who like doesn't do anything because they are afraid of doing something..' ' I guess the more you learn about these things the more you realise that well that's not actually hat… normal'
Objects			'.. that's not normal and I don't want this to control me like that and to ruin my life….I saw things happen to other people… do I wanna be like that…. Be that kinda person?' 'Em… I guess socially is probably the worse…. To meet new people…'
Vulnerable	2:57	Self	' Em… well I was in work by myself and….'

Nervous Controlling Emotions Future Communication	15:456 16:483 21:637 3:84		'…there are some things I never really would have been nervous about..' 'I don't want this to control me like that..and to ruin my life' 'I'm not'. (Dealing with emotions) 'it just makes me feel toxic, I guess, that I wouldn't be able to have children..' Use of tone, language
2: Name of theme: Coping with the experience of worry			
Emerging Themes	Page Numbers	Sub Themes	Quotes
Counselling Friends Helping self	2:50 14:454	Needing help	' Um.. well I had an incident where I was in work which is why I was in the counselling service '. '…and I mean I was seeing a counsellor..'
'What if' Paranoia Futuristic Controlling Catastrophising No control over Worry about worry As persistent As cyclical As premonitions As possibilities Rationalisation Distraction Hyper-vigilance Imagining Rumination Wishing Generalisation Projecting	3:67/68 6:165 8:224 3:72 3:84 4:1238:225 9:282 14:424 18:544 18:544 18:547 18:552 19:592 11:344-347 1:8 1:27 12:352	Psychologically as thought processes	'What if he had a needle….. I had tried to fight him of?' ' what if nobody I know is here', 'what if this has happened, what if that has happened.' 'like I'd really be paranoid..' ' that I wouldn't be able to have children' 'I just wasn't really thinking clearly..' 'her bag is stolen , she can't get home; ' I can't stop thinking about it and I can't think about anything else' 'but I worried about what my worry was doing' 'thoughts are more persistent' 'thoughts are more persistent' 'Yea there's like a cycle..' 'Like em ideas of things that could happen' ' I thought about the kind of things that can happen..' 'cos it would make me forget about being stressed…' I'd have to ring them' 'I wouldn't often get anxious in an actual real situation..' 'that general feeling of dread'
Eating Preparing Avoiding Going Productive	11:334-336 17:533 11:344 13:388	Physically as doing	'So like I'll try to kind of read…' 'I'll either shake my head' 'I'll turn on the computer…' 'I'm not really doing something productive'
Blame/critical Soothing Needing relief	4:117/8 5:139 11:336	Towards self	'if I had been in a different place at a different time' 'like that was stupid' ' I sort of do it just to sort of do something'

Needing assurance understanding Defeatism self sacrificing responsible	7:218 7:193 5:131 12:374 7:210 1:7		'I wouldn't be able to go back to sleep'. 'what if I've left the curler on' 'I couldn't stop him from coming in..' 'its almost it cant really be helped'.. 'if she replies then I can sleep and if she doesn't..' ' if my parents …I'd get anxious'

3. Name of theme: Different names for worry

Emerging themes	Page Numbers	Sub themes	Quotes
Physically Psychologically Definition	11:342 11:344 – 347 11:347 12:351	Stress	'I might like em.. comfort eat another time not really when I'm stressed out.' 'reading will work… watching tv doesn't…I'll turn on the computer or like chat to somebody.. reading does kinda work' 'forget about being stressed out but then I like think about it again'. 'feeling very worried and em… yea, thinking about all those things and that general feeling of dread'
Physically Psychologically Images	5:151-153 19:603/604 19:603 2:53 19:603-05	Panic	'I would sweat more if I was panicking…stomach… butterflies' 'getting creeped out'.. ' my heart leaped' Minor panic 'being in open spaces or being in a crowd' 'no its more of …minor panic…'
Physically Psychologically Images	11:332 9:280 11:342 10:303-305 19:604	Dread	' I'm more likely to distract myself but I comfort eat too'' read or watch tv, … make a sandwich… actually one of times don't feel like eating…' 'my heart would kinds leap… all over … like a wave….my stomach would be kinda clenched…' 'not when I'm stressed out' 'sort of like a dark curtain comes in…. everything just goes black… nothing else matters…nothing else ever going to be ok…' 'when I thought I saw an actual mouse I got that sort of like dread… and then I just imagine.'
Social Anticipatory Purposeful	6:163 6:177/178 6:188/9 6:185	Worry	' kinda worried I wouldn't have friends…' 'when you anticipate something in a negative way..when you get stressed out about something that hasn't happened.'

Brain	7:193-196 13:408 12:365 8:237 8:254 13:380 14:424 16:503/4 22:684		'It has never stopped anything from happening..' Worry as not serving a purpose Worry as serving a purpose..'it's like self preservation… if I'm worried my nose might run on the train I'll take tissues.' ' I think that that's sort of a problem' 'everyday worry would ..be a problem' 'I'd worry about how I would cope.' 'peace of mind' ' good to worry about somethings' 'worried about what my worry was doing' 'everyone worries about exams.. stuff that people don't usually think about' 'worry about going mental..I worry that if my brain doesn't work
Physiologically Problem Psychological Type of person	5:144/146 11:364 12:374 15:464 12:377 13:382 15:478 15:456 16:480 482 498 16:485	Anxiety	' I guess in my stomach and I sweat sometimes…and my lip and my brow' 'Anxiety would be more serious than everyday worry..' 'the root problem… but like the symptoms can't really be helped' 'I do feel like it's bigger than myself..' 'without any work it can't be helped' 'no anxiety .. I would be a lot calmer..' 'I never really would have been nervous..' ' you realise that ..well that's not that normal.. 'a friend of mine… who suffers from anxiety' ' a fear of intimacy.' ' not everyone suffers from anxiety' ; do I wanna be like that and be that kinda person'
Focused Size	22:696 3:89 16:482 3:82	Fear	'nothing' 'not just death it's like dying in a really crap way'., 'dying in a way that could have been easily avoided… kind of one of my main fears.' 'fear of intimacy.' 'but it's like a really big fear..'

4. Name of theme: The origins of worry			
Emerging themes	Page numbers	Sub themes	Quotes
Objects of trauma Incidents of trauma Feelings	2:51 3:72 2:55 2:57-59 2:68 10:287-290 2:59	Trauma	' a man came in with a knife' 'paranoid about HIV' 'people dying and stuff' 'I was in work…. Cut a bit on my fingers'.' Tried to fight him of' 'there was one time on the beach..' 'and that kinda really freaked me out.'
	9:271/2 15:474	Unknown	'like I don't really know where it came from'. 'I'm not sure I could identify just one thing'
Parents School sister family unsafe world	1:6 14:423 7:208 9:270 7:218	External	'parents haven't come home' 'what my worry was doing to my academics' 'parents go away and she's out' 'oldest in family' 'her boyfriend with her.. she's safe''
Self generated Thinking differently Feeling differently	1:26 16:506 15:507	Self	' It's all kind of mental, like I usually get anxious by myself..' 'they don't think about it in the same way' ' they don't feel the same..'
Incident at work Remembering Incident Remembering feelings not facts	2:58/9 6:168 10:287-90 11:325	Memory	'cut a bit on my fingers and that really freaked me out.' 'that's all I can remember' 'there was one time on the beach..' 'I can't remember how people were acting but I knew like it was really bad..'
	7:205	Lack of control	'I can't really stop anything from happening'
Types of people	14:414 15:477 16:485	Learning from others	'I don't wanna be like one of those people..' 'the more you learn about these things the more you realise..' 'do I wanna be like that and be that kinda person'

5. Name of theme: worry as resistance to something:

Other peoples death	2:55	Death	'and then people dying and stuff'
Dying	4:105 111		'I wouldn't be afraid of death but like dying..'' I would hate to be d
			'where someone would actually infect me'
Disease	3:81 84		'I'd be afraid of getting HIV… I would be kind of you know, termina
	3:89		' It's not just death its like dying in a really crap way'
Surprise	20:619/20	Uncertainty	' I don't like to be surprised I like to be prepared for things'
Preparedness	20:623		What can happen if unprepared..' anything'
Control	20:626		'out of control'
feeling	20:631		' like stuff has happened that I couldn't control'
	21:636		'terrible'
Places	2:57	Isolation	'I was in work by myself'
Others	6:163		' worried that I wouldn't have friends.'
	6:165		'what if nobody I know is here…'
	7:207		'my parents go away an she's out and I get very nervous…'
	17:525		' a couple of weeks ago my parents were away and there was just
Dying with	4:107	Guilt and regret	' dying before I did anything… dying in a way that I would regret'
Time and place	4:113		'If I hadn't been there at that time or done that..'

6. Theme name: worry represented as an image

Emerging theme	Page no.	Sub theme	Quotes
Needle	17:522	Objects of fear	' I get a lot of images about needles..'
Mouse	17:525		'thinking about the mouse, like it just kept spontaneously, a picture of a mouse…'
Rat	18:570		'sometimes I'd imagine a rat'
HIV	19:581		'someone with HIV was in it'
Blood	19:582		'transmitted by blood'
AIDs epidemic	19:579		'during the AIDS epidemic'
Creeped out	17:530	Physiological response	'I don't even know why I hate mice but he just really creeped me out and the picture would come into my head and make my skin crawl…'
Rid of	17:541	Psychological response	'the images are easier to get rid of'
Flash	18:547	Spontaneity	'an image would just like flash into my head'
Order of images	18:560 18:558	Occurance	'first to be worried then the images come afterwards and the thoughts' 'I could have it up to 20 times in like an hour'

Memory	18:553 18:565	Origin		'would be just like a photograph' 'yes its usually like a memory' ' but yet its like a memory'
Imagination	18:565			'it could be totally imagined either'
Play Tv	19:579- 584			'A bohemian New York..'
All people visual different	21:654 22:671 22:674 22:678			'I dunno do most people not…get images?' 'Well it could do because obviously I'm quite visual' 'just not the same as everyone else' 'just being a bit off… thinking wrongly'.

APPENDIX NINE – SUPER-ORDINATE THEMES ALL PARTICIPANTS

Appendix 9 – SUPER ORDINATE THEMES FROM ALL INTERVIEWS

Superordinate themes from all interviews

Interview 1 - Carmen

The focus on worry

Coping with the experience of worry

Different names for worry

The origins of worry

Worry as the resistance to something

Worry represented in image form.

Interview 2- Jackie

Involvement with the self

The self as reflective

Obsession with the other

The past in the present

Taking a position in relation to worry

Strategies for coping

Worry represented in image form

Interview 3- Josephine

The response to worry

Ultimate concerns

The origins of worry

The relationship with the self

The relationship with others

A traumatic past

Understanding worry and images

Interview 4- May

Worry as a process

Worry as focused on something

Responding to Worry

Not coping with Worry

View of the self

Worry as beginning somewhere

Concerns due to worry

Worry presented as images

Interview 5- Catherine

The focus on the self

Understanding worry

Worry as telling me something

Memory and worry

The effects of worry on the person

Responding to worry

Worry as images

Interview 6 – Martin

The focus on the self

Experiencing worry

Worry as an ultimate concern about something

Understanding worry

Worry expressed as other emotions

The negative other

Responding to worry

Worry as Images

Interview 7 – Damian

Worry as not coping

Worry as a fear of something

Worry due to traumatic past

Worry as focused on something

Worry as describing me

People from the past

Worry as images

Interview 8 – James

The influence of the other

Worry represented as fear and anger

The past in the present

The power of the image

People from the past

APPENDIX TEN – MASTER THEMES FOR THE WHOLE GROUP

Self-Absorption
The self as vulnerable

Carmen: defeatism, controlling my life*…311, 396, 350, 621*

Jackie: … and then I feel small and it makes me anxious… 8:280
Jackie: I don't like others to see me that weak… 15:536
Jackie: I am more sensitive to how… 18:614-615
May: thought I was going mad… 1:30-
May: and I was very vulnerable… 1:18-19
May: couldn't cope..1:30
Catherine: hoping I'm not losing my mind…3:88-

Catherine: vulnerable… 2:54 me getting sick

Martin: and this would stick…2:82

Josephine: I worry …1:7
Josephine: no one would ever love me…3:96

Damian: I was the youngest…2:42
Damian: I overheard my wife…4:122
Damian: health .. daughter..

James: Mum sent me; I need to be able to cope better; Father taken away 1:19, 2:36, 2:41, 4:107

The self as worried when alone

Carmen: dread 432; from others; 621,631,634 (image 738)
Carmen: parents away 738; just me 739; stop doing things 960; nothing 966

Jackie: when I'm alone… 14:480-482
Jackie: like going places when alone… 10:344-347
J*ackie*: walking on my own… 13:464-467, 14:478-482
Jackie: I'm afraid to be alone in the dark… 14:488

May: …there are people around but I'm alone…8:250-
Catherine: of being on my own …1:29-30
Catherine: going alone 3:106-110
Catherine: part of being alone that scares me… 3:112-119

Martin: it doesn't bother me being alone…1:20

Josephine: I was alone…1:36

Damian: I would always be alone..2:55-57
Damian: I wanted to dig …2:57

James: Being lost and…1:27
James: Mother sent me…1:29

The self as a bad person

Jackie: it's my fault… 18:623-626 & 629-630

May: I used to worry I would harm her…9:272-273, 9:275-277
May: 8:258; 9:276; 9:275-; 9:277; 9:294; 1:15; 4:106;
1:106, 1:123, 6:188, 10:325, 1:22

Josephine: I am a bad person…4:168
Damian: hurt my daughter…4:126
James: I worry if I hurt people…4:106

An awareness of worry and anxiety as all-encompassing

Creating an understanding of worry

Carmen: Just anxious..640, overtime changes, as suffering, 680, 703, 684, ruining, 687, type person, 687

Jackie: well it affects them… 11:390-395; 11:399-403

Jackie**:** sometimes I act different… if you want to fit in…4:114-115:11;386-387

J*ackie*: sometimes I think it I all in your head… 6:207-209
J*ackie*: sometimes I act differently…4:114-
Jackie: if you get anxious a lot… need therapy… 5:167-171

Catherine: I could never make sense of it… 2:63-
Catherine: I do remember questioning…3:87-93
Catherine: life without them… 4:139-147
Catherine: I used to be very bossy… 2:50-53

May: I guess I just always felt different from others… 1:21-22
May: It was not so easy to fit in… 1:26-28
May: I was different, I felt like an outsider..4:130-132
May: I guess because I don't really look Irish… 5:148-149, 5:153-154, 5:159, 5:161-166
May: I worry more than a lot of people… 7:206-209
May: she's not aware of me… 10:328-329

Worry as physiological

Carmen: vertigo, panicky, stomach and sweat, lip and brow, butterflies, can't sleep, heart leaps, body wave, 6,7,224,133,227,236,325, 403, 432
Jackie: well …it's horrible…. It always starts in my stomach 1:17-22
May: eating less… 1:10-12
Catherine: feeling in my stomach… 1:5, 1:32, 1:35-, 2:39, 2:56
Catherine: catch my breath… 2:39-42
James: every part of me…1:13-15, 2:55, 2:57
Damian: here, tired, can't sleep, shake, heavy, 1:4-5, 1:21, 1:23, 1:26, 1:30, 1:43, 4:150
Martin: panic, can't sleep, 1:5, 3:115, sex, 3:60, 4:138, not relaxed
Josephine: tummy, heart, back, suffer, 1:2, 1:10, 1:12, 1:27, 3:88, 3:92

Worry as mental representations

Carmen: thoughts, 418, 104, 106, 773, 201, 162, memories, 464, 413, cyclical, 493, 767, powerful, 643, 764, crazy, 938, images, 868, 849, 890, 922

Jackie: well …it's horrible…. It always starts in my stomach 1:17-22
Jackie: like if you go into a situation… 1:25-26 : Like if I think… 1:34-35
Jackie: I'm always ready.. 9:329-330
Jackie: I just try to plan it out… 8:291-293
Jackie: I'll go over and over it in my head… 6:188-189

May: I would imagine scenarios in my head… 1:23-24
May: sometimes like before I meet people… 4:110-113
May: in general it leads to images.. 8:256-257

Catherine: feeling in my stomach… 1:5, 1:32, 1:35-, 2:39, 2:56
Catherine: catch my breath… 2:39-42

Josephine: thoughts, 1:23, 1:24, over think, 2:87, 4:163, lack control, 1:30, 5:181, images, 3:100, 3:102, 4:138-143.

Martin: images, 4:125, 3:114, 3;117, 3:123, constant, 3:84, 3:116

James: thoughts, 1:7, 3:100, 3:83-85

Damian: lack control, 3:82, 3:109, pervasive, 4:137, 2:63, dreams, 1:33, 2:60,

Trying to cope with worry and anxiety

Avoidance of Worry

Jackie: I try not to care 9:313-325
Jackie: if I feel I'll be really nervous…4:114-121
Jackie: I'll make myself a cup of tea… 12:431-433
Jackie: I take my- self out… 2:44-45
Jackie: eventually I got up and walked 3:77-78
Jackie: put my head down and just hide… 3:106-107
Jackie: the majority of times I just run away… 4:142-143
Jackie: I'll try to keep busy… 7:255-257

May: I try to say no and not think about it… 2:64-66
May: push that away… 3: 79

Catherine: I just try to get rid of it… 1:34-37, Covering, 1:19 push away 4:131-4:148
Damian: bottle up, 1:13, push away 4:131-4:148
James: bottle up, 2:60, 2:64-65, 104-106
Martin: push image away, 3:114, 3:121
J*osephine*: push away 4:167, shake head, 4:137, bury them, 2:45, get on with it, 2:68, hid it, 2:86

Detachment from Worry

Jackie: and then I don't hear them…5:185-187
J*ackie*: I just couldn't breathe… 7:242-244
Jackie: my friend said she was talking to me but… 7:252-253

May: looking through someone else's eyes… 9:279-280
Catherine: if I close my eyes it seems like spinning… 2:53-56
Josephine: outsider, 1:39, feel, 4:135
Damian: nightmares, 2:54

Needing outside help

Jackie: when I'm going into a situation I don't like… and I feel like I need to hold myself..   1:20
Jackie: mum took me to the Doctor… 7:245-248
Jackie: maybe that helped… 7:233-237

May: well I come here and I see an OT… 3:86-89
May: sometimes I see my psych… 10:336-338

Damian: Doctor/ meds,1 :15, 2:63, 1:5, counsellor, 1:9, 1:27, 2:65, garden, 2:71

Martin: meds, 1:29, boats 2:07
James: swim, 3:75, philosophy, 3:77, fishing 3:78,
Josephine: relax techniques, 1:18, counselling, 1:44, 5:182

The past in the present

People from the past

Carmen: Sister 306, brother, 422, 418

Jackie: yet in the bar, this is reality… 15:5:21- 523, 534-536
Jackie: see someone… 8:271-276, 8:277-280
Jackie : I go back… 9:300-311
Jackie: I work with one of the girls from my past… 13:447-451
Jackie: I always remember… 2:54-59

James: child, 1:19, grandmother, 2:55, Father, 4:107
Martin: grandparents, 1:14, biological mother, 1:19,
Damian: Father, 2:53, 2:73, Mother, 3:78, Cousin, 2:42
Josephine: Father, 1:40, Mother, 3:130, sister, 1:52,
May: cousin 240, child, 3:70, kids, 5:151,
Catherine: parents, 2:52

Events from the past

Carmen: brother lost, 418, incident friend, 830, robbery, 194
Jackie: if I see her I go back… 8:277-280
Jackie: If I see them I go back… 9:300-307
Jackie: and going by what I was like… 17:575-580

May: it made me think… 2:57-58
May: I usually go back to the past and… 2:66
May: child minder… 3:70-79
May: I think back to those times…4:102-104, 4:118-119
May: yes the one I told you about… 7:230-235 (image)
Josephine: Father abuse, 1:40, life experiences, 1:66, sisters ill health, 1:56,
Damian: Fathers death, 2:42, Accident, 4:144, Cousin 2:64
Martin: childhood, 1:14, Mother , 2:71, suicide attempt, 1:33, 3:109
James: girl lost and murdered, 1:19, Stuck, 2:41, Grandmothers house, 2:55, Father taken away,4:107

Holding onto experiences from the past

Carmen: can't relax sister goes out, 306-310, Family, 302, children, 130, fearful the new, 632

Jackie: the way I was when I was in school… 17:575-580
Jackie: I hated being asked… 2:67-85, 3:78-95, 3:101-107,
Jackie: we had an issue in the past… 15:522-524
Jackie: when I go back… 9:300-306
Jackie: the fight that caused the rift… 13:450-451

May: they are the reminder of the bad things… 8:258-260
May: things from the past… 10:304

James: never in the moment, 1:10
Martin: depression/suicide, 1:33, 3:109
Damian: mother, daughter, 2:69, 4:138

Josephine: possibility, 3:110, feelings, 1:25
Catherine: travel, 3:110

Consumed by the Other
The family as unsafe

Carmen: sister 306, brother, 418, parents, 302

Jackie: if something happens… 10:344-346
Jackie: like something dramatic. Like if my daughter is in the garden and I can see a car smashing into her… 17: 599- 603; 17:606-607

May: a person was going to hurt her… 9:275-277
May: my niece yes… 9:284-288
May: Sister in hospital..6:172, cousin dying, 2:40

Catherine: when I was younger… mum get sick… 3:78-85
Catherine: worrying about mum and sister. 3:102-
Catherine: dad closing door on mums hand… 4:128-132, 133-138
Josephine: children, 3:106, Mum, 1:6
Martin: children, 1:7, 2:47, 3;105, 4:138
James: family, 4:106, father, 4:107
Damian: daughter, 4:138

The other as judgemental

Jackie: if you don't trust others… 12:428-433
Jackie: and the whole class were skittering… 3:81-84
Jackie: they make you anxious… 9:299- 300
Jackie: it's always other people… 10:349-350
Jackie: people who make me feel… 12:428-433
Jackie: they look at me strange… 4:148-151
Jackie: well they don't like you… 13:454-458

May: they said stuff like… 5:151.
May: I worry about how other people perceive me…9:300-304, 9:286
Catherine: social, 1:9
Martin: people think, 2:76, others judge me, 2:81, it will stick, 3:83

Josephine: people called me, 2:81, slagging me, 2:84, remarks, 3:94
Damian: lack understanding, 2:67, overheard wife, 4:122

The other as provoking worry

Carmen: 363, just me, 739, friendships, 251, 259
Jackie: yes I always felt…2:62-84
Jackie: they make you anxious… 9:300-311
Jackie: if I run into him and my aunt…9:317-325
Jackie: she could say and do anything… 9:330-333
Jackie: it's always about other people.. 10:349-350

May: cousin died by suicide and I suppose that made me anxious… 2:40
May; anxious… around other people… 4:110-113

Catherine: altercation another girl.. 2:43-45
James: Mother, 4:110, friend, 4:121
Martin: mother, 3:108, partner, 3:94
Josephine: Father, 1:40, Mother and sister, 1:48, 1:52, the other, 2:80
Damian: cousin, mother, wife, 2:41, 2:67

The other as untrustworthy

Jackie: if you don't trust others… 12:428-433

Carmen: I can't trust. 3:118
James: mother, I don't trust my Mother, 4:110

Josephine: others, *Martin:* others, 1:26, I don't trust anyone, 2:49, letting me down, 2:67, makes
                promises, 2:67, 4:125

Life with Spontaneous Images

The image

Catherine: recent is getting sick… 2:72-77
Damian: daughter, 4:126
Carmen: mouse, 741, rats, 799
James: girl, 1:34, falling, 4:115
Martin: children, 4:133,
Josephine: children, 3:106, 3:111, 5:184
Jackie: son school, 16:546, daughter, 17:599
May: past, 8:258

Understanding the image

Catherine: if I am worrying… I do get images… 2:66-71
May: they are the reminder of all the bad… 8:258-260
May: or be so intrusive… 8:247-252
May: if I try not to let my mind wander… 8:244-245, 8:257
Carmen: flash, 762, photo, 775, short, 777, 20/hour, 777, fact, 748
James: response, 4:118-120
Martin: danger, 1:26
Josephine: possibility, 3:110, first occurring, 3:126, persevering, 4:138, premonition, 4:158
Jackie: all linked, 3:101
Damian: bad person, 1:23 shame.