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Editorial

Volume 13, Issue 2 - 2019. Dr Ann Moir-Bussy

Welcome to Volume 13, Issue 2 for 2019. It is heartening to see so many counsellors engaging in research that is so beneficial to the wellbeing of their clients, and providing learning for all of us from their experience.

Our first manuscript touches the controversial topic of abortion. This article focusses not on this controversy but rather on the experience of the women who have had to undergo an abortion and the mixed feelings that they experienced even years later. In her Ph D research, Brooker worked with three Australian women who felt either unsettled or had unresolved issues after an abortion. Feelings of regret, shame, sadness, anger, guilt are some feelings that lingered. Brooker invited these women to a very safe space where they could retell their story and reflect on their emotions and experiences, and heal the embodiment of these experiences. Her research is a powerful resource for counsellors who want to support women who may feel negatively impacted by the experience of an abortion.

Anne Murphy, a Master of Counselling student, engaged in research around mindfulness-based interventions that could be used in fibromyalgia. Her literature review focuses on the most recent research and its findings and discussed the mechanisms of mindfulness both in the treatment of chronic pain and depression. What she discovered is there is a crucial need for the development of a consistent and standardised mindfulness meditation program that is specifically tailored for the treatment of fibromyalgia.

Kunzang Chopel, also a graduate form the Master of Counselling Program turned his attention to mindfulness as well - this time in a very different context and country – that of Bhutan. Kunzang was a student of mine when he commenced his Masters degree and had come from teaching in High Schools in Bhutan where mindfulness had become an integral aspect of the counselling sessions and of teaching there. In this article he traces the history of the development and incorporation of counselling into their education programs and how they blended western counselling psychology with mindfulness-based contemplative psychology, drawn from Bhutan's strong Buddhist background and culture.

Michelle Martin, a registered psychologist in Adelaide, has worked since 2003 with management of chronic pain, integrating mindfulness-based interventions and change-based acceptance-based interventions in pain management. In this article Michelle explores a multi-disciplinary approach for dealing with chronic pain, particularly noting how counselling can help in managing the emotions associated with pain, as well as providing a broader level of support, including pain education and the introduction of specific strategies for managing the pain.

Editors

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Gathering data to support the interventions counsellors use to help clients achieve their goals is so important and Judith Rose Boyland achieved that in her research into the experiences of those who cared for a loved one with Alzheimers. Now graduated with her doctorate, Judith encourages all counsellors to add to the growing body of knowledge for practitioners and encourages a social constructivist approach to the gathering of empirical data. She notes that "by being aware and recognising one's own interpretations of lived experience can influence the interpretation of data, the researcher acknowledges and owns, and explicitly deals with personal subjectivity throughout the investigative process".

Our final article in this issue is from Kay Distel. A Tomatis consultant, psychotherapist, researcher and trainer in Hervey Bay, Kay shares a case study which was a wonderful journey of transition from loss and trauma to inner peace. Kay's deep knowledge of the Tomatis method – a powerful method which gives the solution to tap into the unique difficulties experienced by those who have auditory processing challenges, is evidenced in her work in this case study.

We hope to bring out a Special Issue either later this year or early next year with selected papers from the 6th Asia Pacific Rim International Counselling Conference which was held in Brisbane in late September. It was an incredibly rich gathering of practitioners from around the world, and who shared knowledge and wisdom from their years of experience. In the mean time do enjoy this issue and please consider submitting your own experience for next year's issues.

Ann Moir-Bussy
Editor

Table of Contents

Volume 13, Issue 2 - 2019

Engaging the Resourcefulness of the Body: Transmuting Regret and Self-Doubt After Abortion

Miriam Rose Brooker

For many women having an abortion is unproblematic. However, mixed feelings are not uncommon, and in my PhD research it was evident that for some women, feelings of regret, guilt, shame, sadness and anger lingered, even years later. Within this paper, I distil the healing wisdom of three Australian women who felt unsettled or unresolved about a past abortion. These women took part in a therapeutic research process that invited: (1) a retelling of their abortion experiences in a reflective way, focusing on how they felt about their abortion and themselves, and how they coped; and, (2) an exploration of their bodily felt sensing of their abortion experiences, described verbally during the session and then depicted non-verbally afterwards, using art materials of their choice. The research processes and findings are useful for guiding counselling and therapeutic work with women who feel negatively impacted by a past abortion experience.

Keywords: *abortion, focusing, felt sense, bodily felt wisdom, healing, resourcefulness, creativity*

Introduction

How many women are allowed to express the complexity of their feelings and experiences of their bodies, especially sex, menstruation, abortion, motherhood and birth? And if they try, will they be shamed and guilty? Where do women find positive social support and rich social symbols for the meanings of their experiences – especially their painful, angry, or frustrated experiences? (Oliver, 2006, p. 103)

According to the Public Health Association of Australia, "Abortion is a common part of many women's reproductive experience with one quarter to one third of all Australian women having an abortion at some point in their life" (Public Health Association of Australia, 2014, p. 1). In 2015, the abortion proportion for women of reproductive age (15 to 44 years) was just under twenty per cent (19.0) in Western Australia (Government of Western Australia Department of Health, 2018). Many Australian women will have one or more abortions during their lifetime, but for each woman the reasons and circumstances that led to having an abortion will vary, as will their emotional responses.

Abortion is a hotly debated, sensitive and emotional issue that has people divided over whether or not women should have access to abortion on demand. Those keen to protect women's reproductive rights argue that women should have the right to choose whether or not they carry a pregnancy to term. For pro-choice women, there is some concern that acknowledgement that some women experience having an abortion as a source of "disorientation and suffering", or that some women perceive a miscarried or aborted foetus to have personhood (i.e., to be a baby), could undermine women's access to safe and legal abortion (Cahill, 2015, p. 56; Parsons, 2010). Within this article, I assume a pro-choice position, and argue that regardless of their ideological position on abortion, any woman who feels unsettled or disquieted by having an abortion needs access to positive social support and the space to explore her feelings without judgment or agenda.

Within this article, I demonstrate that women can find ways of resolving their inner conflict about a past abortion with reference to their own inner bodily wisdom about what is needed to be able to move forwards in their lives. Within the article I present case studies of three women who reported experiencing emotional disquiet or ambivalence about having had an abortion in the past. They all participated in both an in-person semi-structured interview and a unique Focusing and Art process. I discuss how these women came to feel better (or fine) about themselves and their abortion.

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Women's Emotional Responses After Abortion

Whether women have positive experiences or outcomes after abortion is not an either/or consideration. Within the research literature, many women who identified positive emotions or outcomes after abortion also reported some painful emotional responses and socially-derived challenges about their decision. These mixed and ambivalent findings demonstrate that nuance and complexity is often there for women who have experienced abortion (Kero & Lalos, 2000; Major et al., 2009; Weitz, Moore, Gordon, & Adler, 2008).

There are many influences on how women think about and respond to their experiences of abortion, as identified by Brenda Major and colleagues in the following quote:

> Women's psychological experience of abortion is not uniform; rather, it varies as a function of their personal characteristics; events that lead up to the pregnancy; the circumstances of their lives and relationships at the time that a decision to terminate the pregnancy is made; the reasons for, type, and timing of the abortion; events and conditions that occur in their lives during and subsequent to an abortion; and the larger social-political context in which abortion takes place. (Major et al., 2009, p. 866)

There is no "typical" response to having an abortion (Major et al., 2009). In addition, women's appraisals of their abortion experiences can change over time. Rosanna Hess identified that the meaning of an abortion can alter with changes in participant's lives: "Time and intervening events can change perceptions, memories and meaning. We found that the changes in participants' lives were an essential part of their total experience" (Hess, 2004, p. 196). As part of their qualitative investigation of women's long-term experiences and perspectives on past terminations, Kathryn Dykes and colleagues acknowledged that, "For some women termination may be continually reappraised in their changing life context" (Dykes, Slade, & Haywood, 2011, p. 93). Appraisals that women make about abortion include: what pregnancy and abortion mean to them, its perceived social acceptability, their assessments of their ability to cope with their feelings after abortion and the kinds of responses to having an abortion that are acceptable within their ideological or social context (Major et al., 2009).

Satisfaction with the decision to abort a pregnancy does not mean that it was an easy choice or one without personal ramifications. Tracy Weitz acknowledged the complexity of making the decision to abort a pregnancy when she stated that: "Abortion is not an easy issue for most women. It is a complicated life decision in a situation where there is no easy option" (Weitz et al., 2008, p. 88). Carol Gilligan (1982) identified that abortion involves making a hard choice, since it includes weighing up conflicting personal needs and interests: a woman's own and those of others. Gilligan pointed out that there is also contradiction and challenge inherent in the situation of choosing an abortion, because it can raise difficult questions about responsibility, self-care, selfishness, morality and immorality (Gilligan, 1982). In summarising their interview-based research on women having abortions in Victoria (Australia), Doreen Rosenthal and colleagues noted the difficulty of choosing abortion when a woman takes into account the needs of "the fetus, herself, and others" (Rosenthal, Rowe, Mallett, Hardiman, & Kirkman, 2009, p. 21). They pointed out that considering the needs of the foetus can render the abortion necessary, whilst also making it a very difficult decision to make (Rosenthal et al., 2009).

After having an abortion, women can experience a mixture of emotions including distress, sadness, regret and guilt, as well as relief, happiness and satisfaction. Tracy Weitz summed this up when she stated:

> Women can experience a range of emotions, from sadness to elation and everything in between, and even many emotions simultaneously. Women can regret their abortions just as they can celebrate them. Complex feelings are a normal part of major life decisions, and having strong feelings, even negative ones, does not represent pathology. (Weitz et al., 2008, p. 88)

Women may not think about their past abortion(s) regularly, but when they do, they may need to access support. Qualitative research has identified that women mostly think about their past abortion(s) episodically or sporadically. Katrina Kimport and colleagues (2012) investigated what kinds of support women sought after abortion by interviewing and holding focus groups with counsellors from four abortion support phone-services in the United States (N=20). One of their main findings was that talk-line staff perceived women to need episodic support after abortion. That is, emotional material related to the abortion experience had been observed to emerge unexpectedly, sometimes years later and the talk line services were able to provide timely support to women (Kimport, Perrucci, & Weitz, 2012). JoAnn Trybulski (2005) identified that thoughts about a past abortion could arise intrusively and "without warning," even during mundane activities unrelated to the abortion (Trybulski, 2005, p. 568). Trybulski found that participant reports of depression, anxiety, regret and guilt were intermittent, but that they could occur many years after the abortion had taken place. She also noted that these emotional episodes prompted some participants to reflect on their abortion again, which sometimes raised issues and sometimes gave them the opportunity to develop new insights or perspectives (Trybulski, 2005).

When issues concerning a past abortion arise, women may need to access support that takes account of their ideological and social perspectives on abortion. Social influences on women's responses to abortion are well demonstrated in qualitative and sociological research conducted by Jennifer Keys (2010). Keys explored how women managed their emotional responses after having an abortion in relation to their social and ideological positioning about abortion: pro-choice, pro-life or in the middle. She found that how women managed their emotional responses after abortion and what they considered to be a "successful" response, depended on how they related to abortion debate rhetoric (Keys, 2010, p. 65). For examples, a pro-life woman may expect to feel upset and distressed after having an abortion and may have difficulty experiencing feelings of relief; whereas, a pro-choice woman may expect to feel relief and may struggle with feelings of guilt or regret. Keys identified that women in the ideological middle may have to "more actively try to resist thinking of the foetus as possessing human qualities

in order to keep themselves from feeling sad" (Keys, 2010, p. 57).

What abortion means to individual women is also influenced by social perspectives on abortion, womanhood and motherhood. Anneli Kero and Ann Lalos (2000) explored ambivalence in relation to legal abortion amongst Swedish women and their male partners one year after abortion. They found that over half of their female participants had reported feeling shameful in relation to having an abortion (Kero & Lalos, 2000). The rationale that they offered related to social influences:

> This must be considered in the light of the meaning of womanhood in the current cultural context, as strongly associated with reproduction, motherhood and goodness. From this point of view, abortion becomes a denial of the essence of motherhood and therefore, in spite of the legal position, the impact of having an abortion might be difficult to integrate into the concept of womanhood. (Kero & Lalos, 2000, pp. 89-90)

Kero and Lalos also reported that over half of their female participants had experienced their abortion as a conflict of conscience. They explained that for these women, whereas social conditions may frame abortion as a necessity and a right, ethical and religious considerations may cause it to be "regarded as 'a violation of nature' and the fetus as a 'child'. Thus, abortion becomes synonymous with denying a child its life" (Kero & Lalos, 2000, p. 89). Based on their findings, Kero and Lalos concluded that ambivalence in relation to abortion is logical, given the competing frameworks that exist within the wider social context (Kero & Lalos, 2000). Indeed, Jennifer Key's observed that even pro-choice women have emotional work to do after abortion, in order to maintain their positive feelings and to deflect negative social responses (Keys, 2010).

It is unsurprising that some women experience ambiguity and contradiction in how they relate to a past abortion. Emotional support for women after abortion needs to take into account their ideological views about abortion, their life circumstances, how they feel about motherhood, subsequent important events in women's lives (such as having children or losing a wanted pregnancy through miscarriage or stillbirth), as well as social influences on their feelings and responses.

The Resourcefulness and Creativity of the Body

Since abortion takes place inside women's bodies I chose to engage with women's inner bodily responses to abortion as a powerful way to generate knowledge about healing after abortion. As this article demonstrates, a focus on a woman's bodily-felt responses to abortion can support creative and adaptive ways for her to be with a previously unsettling or discordant experience (Cornell, 2013). With reference to a woman's inner bodily sensing, this article will show that women can transmute complex and even contradictory feelings about past abortion experiences in ways that make sense to them and that help them to move forward with their lives. Attending to the bodily-felt sense of a past abortion can help women to develop life narratives (stories) that build them up and leave them feeling stronger about past abortion decisions that they have made (Angus & Greenberg, 2011).

In order to discover how women's bodies are integral to their meaning-making about their experiences of abortion, I adopted a theoretical approach that framed women's bodies as an ever-evolving process that interacts with the world, dissolving boundaries between subject and object. The first challenge that I faced in developing this approach, was to identify how a woman's bodily knowing about her abortion experiences might be accessed and expressed through an appropriately sensitive and supportive research process. My search led me to the therapeutic work of Eugene Gendlin, a philosopher and psychologist working from within the phenomenological[1] tradition. I found that Gendlin's approach provided a way of viewing the body as a process interacting with the world; this was both refreshing and helpful, since it took into account a person's experiencing of themselves in relation to a social context.

Gendlin's view of the body is based on the assumption that bodies transact with the world and that this relationship is a dynamic one, as he explains below:

> Your situation and you are not two things, as if the external things were a situation without you. Nor is your bodily sense separate from the situation and merely internal…The body-sense is the situation, inherently an interaction, not a mix of two things. (Gendlin, 1992, pp. 343-353)

In my reading of Gendlin, the practice of Focusing emerged as a skill-set integral to successful therapy. It facilitates a way of accessing new ways of perceiving and acting in the world, via attention to what is being sensed in the body. Gendlin firstly called this body-sense the "felt meaning" (Gendlin, 1962), and a couple of years later he called it "Focusing", which he stated "is the whole process which ensues when the individual attends to the direct referent of experiencing" (Gendlin, 1964, pp. 100-148). In 1967, Gendlin, as a member of Carl Roger's Psychotherapy Research Group, identified that when patients with schizophrenia attended to their "whole sense of the situation", therapeutic change occurred (Gendlin, 1967, p. 537). In 1968, Gendlin and associates found that Focusing was a key ingredient in effective psychotherapy. In a therapeutic context, a helpful alliance between therapist and client may look something like the following:

> The therapist calls the client's attention to an *as yet unclear partly cognitive and situational complex* which is concretely felt by the client. The client must then be willing and able to focus his [sic] attention directly on this felt complex so that he [sic] can concretely feel and struggle with it. (Gendlin, Beebe, Cassens, Klein, & Oberlander, 1968, p. 218)

By following this "felt complex" through Focusing, the body can imply some logical next steps for a person's life.

According to Gendlin, these next steps are not born of repetition, but rather, they may be drawn from some situations that the client's body has experienced and can then elaborate upon (Gendlin, 1992). The bodily felt sense includes many potential ways of being in relation to any situation. However, the felt sense does not include *all* possible alternatives for action and whilst the next steps that may eventuate for a person may be novel, they will also somehow feel "right" to them (Cornell, 2013). Gendlin explained this forward movement as taking into account what "continues" our life and what does not (Gendlin, 1992, pp.

343-353). In this way, change that occurs through Focusing is quite specific to an individual's life situation, but it also contains great creative potential for them (Cornell, 2013).

There is an important difference between what Gendlin has identified as Focusing and the practice of simply talking and reflecting content back to a client, which does not necessarily lead to effective psychotherapeutic change. Simply talking may include both internal cognitive explanations and descriptions of external situations or events, which Gendlin identified as "externalising" and "intellectualising" (Gendlin et al., 1968). Focusing within a therapeutic context takes this a step further by drawing a client's attention to their felt sensing or felt meaning. In this mode, the therapist's task is to draw their client's attention to their own understandings by offering a "reflection of feeling" whereby "the therapist will respond to the feelings the client implied" (Gendlin et al., 1968, p. 217). Doing this assists the client to focus their attention on their felt meaning, which is associated with effective therapeutic change.

In more contemporary terms, Laury Rappaport described the felt sense as another name for our inner wisdom, which "comes through the body in relation to all of our experiences in life" (Rappaport, 2013, p. 201). Ann Weiser Cornell and Barbara McGavin defined Focusing as, "a simple matter of holding a kind of open, non-judging attention to something which is directly experienced but is not yet in words." (Cornell & McGavin, 2002, p. i). Focusing as a term incorporates both attending to this naturally occurring felt sense and the processes that can be taught to help people bring their awareness there[2] (Cornell, 1996; Gendlin, 1981). Focusing can be applied in situations outside of therapy such as creativity and problem solving and is a useful addition for any activity intended to develop us personally or deepen our bodily awareness or knowing (Cornell, 2005; Gendlin, 1981; Gendlin et al., 1968; Rappaport, 2009). In this way, it was well-suited to a research process with therapeutic potential that is designed to explore bodily knowing.

A Research Process that Promotes Healing and Engages with the Body

My PhD research (conducted between 2012 and 2016) explored how women from different ideological positions made sense of, or generated meanings about, their abortion experiences. By adopting a holistic framework for abortion, which acknowledges the bodily and spiritual dimensions, as well as the emotional and social, my research gave participants the opportunity to develop their sense of what they valued and what supported their growth. Through the research, I discovered a variety of ways in which my research participants experienced some kind of relief from internal and socially derived emotional distress after abortion, and re-established their subjective sense of wholeness (i.e., healing). I'm sharing my research process here because my participants found it helpful and effective and I believe it translates well into a counselling or therapy context.

In Stage One of the research, I asked 23 Australian women with varied ideological positions on abortion a range of semi-structured interview questions; inviting them to revisit their abortion experiences in ways they may not have considered previously. I provided a confidential and supportive space within which they could share intimately about their abortion experiences. The interview process also made it possible for women to identify how their life narratives about abortion had changed over time. The rapport that was generated through the face-to-face interviews may be explained by the strengths of feminist in-depth interviewing generally. These include an emphasis on a conversational style where the researcher is responsive to the cues of their participant when posing questions (Hesse-Biber, 2007) and an interpersonal context where feeling for one's participants can be conveyed (Westmarland, 2001). The deeper listening and sharing that occurred within this exchange left me with a strong sense of rapport and insight into these women's experiences.

The questions that I asked each participant are listed below. If the woman had more than one abortion, I asked the questions for each one separately.

1. Please describe the circumstances that led you to terminate this pregnancy? (Prompts: You could include any situations or circumstances that led you to have this pregnancy terminated: e.g., relational, career, financial, medical, etc).
2. What was the overall abortion experience like for you? (Prompts: How did you think and feel about it? What did it mean to you given your background, circumstances, or stage in life?)
3. What was the time after the abortion like for you? (Prompts: How did you cope? You might want to include any significant markers, turning points or insights that you are aware of in relation to this abortion. Did you create or hold a ritual or ceremony post abortion?).
4. How did your experience of abortion shape your relationships with others? (Prompts: Who did you talk to about your abortion? What kinds of messages did you receive? Who helped and who didn't help?)
5. How did having this abortion impact on your sense of yourself (or who see yourself as being)? (Prompts: Did this abortion change how you thought about yourself or your life? Were there any positive or negative outcomes for you from deciding to terminate this pregnancy? How are you in relation to this abortion now?)
6. If you are a parent, did having children either before or after your abortion impact on your experience of it? (Prompt: Has having children impacted on how you thought or felt about this abortion?)
7. Is there anything that I haven't asked you that you feel is important to share about your abortion experience before we finish?

These questions worked well and served to help women tell their abortion stories in a full and complete way. Some women commented that they had new insights or made new connections after reflecting on their abortion experiences in this way.

In Stage Two of the research, eight women returned after interview to engage in an individual Focusing and Art Process that invited them to go inside themselves and sense what wanted to come and be known about their abortion experiences (Author reference). At the start of the session, once the woman was comfortably seated or lying down (her choice), I read a bodily-focused attunement:

Okay, so just taking your time and maybe if you feel to just

> letting your eyes close, and adjusting your body in any way to give you more comfort … And just beginning to let some awareness come into your body. Maybe first being aware of the outer area of your body, your arms and your hands… noticing what your hands are touching and how they feel … And being aware also of your legs… and your feet … Noticing what your feet are touching, and how they feel. And bringing your awareness up through your legs, your lower legs, your upper legs … Being aware of the contact of your body on the chair … and letting it support you. And maybe letting yourself rest into that support … And then inviting your awareness up through your back, sensing your back … Sensing your shoulders, and your neck, your head on your neck … and letting movement come there if it wants to … And being aware of your head, and your face …
>
> And then letting your awareness come inward, inside, into that whole inner area of your body, into the whole area that includes your throat, your chest, taking in your lungs and your heart, that solar plexus area, your stomach, and your belly. And just be there. Just let your awareness rest gently in that whole inner area. And give yourself a gentle invitation in there, like you're saying, "What wants to come and be known about my abortion experience?" And then just wait … and when you're aware of something you might let me know.
>
> (Attunement based on Cornell & McGavin, 2002, supplementary Inner Relationship Focusing training materials).

I then reflected their experiences back to them using Focusing language designed to deepen their inner perceptions, as they described them out loud during the session. This was immediately followed by an art process where participants were able to depict their inner experiences symbolically, visually and non-verbally. I had the art materials nearby and had introduced the participant to them prior to the session. They were able to choose from a range of options including: water paints, acrylic paints, pastels, clay, and items such as buttons, glitter, feathers, seeds and dried leaves. Afterwards they described their artwork and what it meant to them, in response to my question, "In your own words, how would you describe what you've made?" During this process, individual participants frequently reinterpreted or renegotiated the personal meaning or significance of their abortion(s). Within the research, women described and interpreted their own artwork. This distinguished the art process employed within the research from art therapy, since art therapy integrates creative expression with a psychotherapeutic framework involving assessment and intervention (Rappaport, 2009).

Combined, the interview and Focusing and Art Process generated verbal as well as visual, symbolic and non-verbal expressions of what each woman contacted, and these are presented within the three case studies outlined below.

Participant Experiences of Transmutation Through the Research Methods

Each of the case studies presented below includes: (1) a retelling of the woman's abortion experiences and responses described during interview (the context); and, (2) examples of the bodily felt senses that came up in relation to their abortion experiences, their art work and their interpretation of it.

Melanie

Interview context

At the time of interview, Melanie was aged between 35 and 39 years and her only abortion had taken place around 20 years earlier at 8 weeks or less of gestation, when she was aged between 15 and 19 years. She has given birth to three children since her abortion.

For Melanie, having an abortion was "kind of the lowest point I could get to without, you know, dying". Melanie described the difficult social, mental and physical circumstances that led to her needing to have an abortion as a teenager. When she fell pregnant, she was estranged from her family and was suffering with both high anxiety and poor health. She said that she didn't feel as though she could survive a pregnancy, let alone care for a baby. She also identified that because she had been brought up Catholic and her mother was "really anti-abortion," she had believed that it was "absolutely the wrong thing to do". Melanie's ideological positioning on abortion was largely pro-life.

Immediately after the abortion Melanie described feeling numb and said she just got on with things and tried not to think about it. However, she also said that she noticed that she was feeling very angry towards pregnant women that she encountered, as well as with herself, for being so disconnected from her body and for not being able to care for a child. She said that as a result she had realised that having a child was something that she really wanted. About eighteen months later, Melanie conceived again, and even though she knew she was going to be on her own with the child, she felt that she could cope this time. She reported feeling guilty that she hadn't been able to keep the previous pregnancy. When I asked her how the abortion had impacted on her sense of self, she responded:

> At the time, like I said, it was terrible. My sense of self, I just felt like I was a terrible person, that I could have done this, or got to the point where I felt like I had no option, so at the time it was not good. But now that you know, it's been a long time, I'm really okay with who I am and I don't feel guilty anymore and you know, it happened and I'm not necessarily glad it happened but it definitely prompted change.

Melanie's abortion prompted her to take better care of herself so that she could have children in the future. Despite her statement that she was now okay with the abortion, her experiences in the Focusing and Art Process showed that there were still some residual feelings there that needed to be attended to.

Focusing and Art session

Melanie: I've got sort of no words actually for what's coming, but all I can see is like a yellow, it's like a yellow form (Melanie laughed) like a bright yellow form just sitting sort of in my uterus really.

Miriam: Yeah, you're sensing something like a bright yellow form that's centred in your uterus area.

Melanie: Hmmm. It feels like, it doesn't feel bad (Melanie laughed) it feels quite positive and just, it doesn't feel judgemental, I don't feel judged if that makes sense … which is funny because it's not what I thought I would feel.

Miriam: Yeah, and you're sensing something in that area there that's quite positive…

Melanie: Yeah, it is positive. It's just like a golden light.

Miriam: Yeah, it's like a golden light. Maybe you could say to that golden light, "Yes I know you're there."

Melanie: I'm saying it, I'm just saying it.

Miriam: Yeah, and then see what comes.

Melanie: [Long pause]. It's sort of like a breeze, or I can't explain it.

Miriam: Hmmm. You're sensing something like a breeze there.

Melanie: It's kind of leaving (tears came).

Miriam: And there's a sense of leaving with that breeze.

Melanie: And it makes me sad.

Miriam: Hmmm, something about that breeze leaving brings a feeling of sadness. And maybe just see if it would be okay to be with that. [Long pause].

Miriam: And if it feels right, you might invite it to let you know what gets it so sad.

Melanie: I don't know if this is me or (Melanie laughed), or what I'm feeling, just that it wasn't the right time.

Miriam: So you're hearing it say something like, "It wasn't the right time."

Melanie: I just feel like it wanted to be acknowledged.

Melanie went on to sense a "cooler distant feeling" vertically up her diaphragm area, with a "white sort of blue" colour associated with it. When she explored that felt sense further, she said that she felt cold all over her body.

Melanie: I think that coldness is of, like kind of what I did afterwards? Or I just put it up to get through really. Um, I think that, I know that's what it is. So that's why there's that feeling of coldness with it as well, it's like detachment or cutting something off. And I know that I'm not the same person that I was from that (tears came).

Miriam: So you're noticing a connection between the coldness that you're sensing and how you dealt with things afterwards and that kind of detachment that was there.

Melanie: Definitely. That's how I just carried on.

Melanie reported feeling better once she had acknowledged this.

Melanie: I don't think I realised that I was still sort of carrying it around with me as much as I was, I think I thought I'd let go of it a long time ago, but I don't think I had (Melanie laughed nervously)… (Tearfully) I don't think it really wanted me to feel so [guilty], well there was always guilt you know, with my other kids, so other pregnancies, it's always in your mind that there was someone else so you didn't have that baby, so you do, well I have always felt guilty, even though it got less over the years, it's always there. And like I said, I think it changed who I was a little bit emotionally, so I don't know, maybe that's it (Melanie laughed nervously and sighed a couple of times).

Next, Melanie sensed something heavy and difficult to be with in the middle of her chest, which she associated with the guilt. I suggested that if it felt right, she could invite an image, a symbol or a word that connects with that felt sense to come and be known.

Melanie: (Pause) Well it's like one of those big black cockies [cockatoos] (Melanie laughed nervously) with the white, you know, thing around the back of its neck, flying away from me into like a sun, but not a bright sun, like a setting sun. That's the image that came to me.

Miriam: Wow. So, it's showing you an image of one of those black cockies with the white crest, flying away from you, into something like a setting sun. (Pause while Melanie cried and sighed). Is there more?

Melanie: No, it's just sad because it's gone, that's all.

Miriam: You're sensing some real sadness.

Melanie: Yeah, it's just gone.

Miriam: There's sadness there that it's gone.

Melanie: Yeah. And from the image I feel like it's been gone for a long, long, long, long time … And maybe that's what it was trying to show me (Melanie laughed nervously and sighed).

Miriam: Hmm, there's some recognition there that maybe that's what it was trying to show you. And maybe just take that inside and check that that feels okay or right to you.

Melanie: It does, because the sadness I'm feeling is for me (Melanie laughed nervously) if that makes sense. It's not, from that, it's like the baby or the spirit is okay. There's nothing, there's no sadness coming from it, if that makes sense, it's coming from, the sadness is all me (Melanie laughed nervously), but I know that that side of it is okay.

Melanie's experiences in the session helped her to make a distinction between her guilt and sadness and her sense of the 'baby or the spirit', which felt okay to her. Melanie reported feeling a lot lighter at this stage of the session and moved onto working with the art materials.

Melanie, (2013). ***Clay Nest.*** Clay decorated with seed-pods, bark, wood-nuts and feathers, 15cm x 10cm. Photographer: XX. Copyright: XX.

After Melanie had made her clay nest, I asked her what she had made.

Melanie: I think it's a clay nest (Melanie laughed) … all I could think of was I wanted something really earthy and cosy and safe and soft inside, but sort of protected on the outside, so these (Melanie pointed to the feathers) just seem really strong

to me, so there's a real sort of strong protection around it, but it just needed something strong and warm and safe and even the colours, just earthy and nothing bright, nothing artificial … And when I first sat down I sort of wanted to make a sort of little clay baby really, to put in it, but that just felt completely wrong once I started doing it, the thought of actually putting anything in there just didn't, I couldn't, just nup.

But I do think when I was making it, I was sort of feeling like the baby had deserved something safe and warm (tears came), and protected, but I couldn't do that.

Miriam: And how do you feel as you look at it now?

Melanie: Um, good … it felt nice to make it … it felt nice to give it something, something nice … I think it deserved it … through the whole process … what I've just given it is all the reasons that I didn't have it, I didn't go through with the pregnancy, because I just couldn't give it this and I knew that (big sigh). Even though I would have liked to … I couldn't give it somewhere safe and warm and cosy and protected to live or to grow up in, or be born into.

Making the clay nest for the baby or spirit[3] allowed Melanie to enact what she hadn't been able to give the baby at the time of the abortion. This was the "logical step" that was within her body that had not had any expression. There was a sense of completion once the nest was made and Melanie had acknowledged the reality of it being an empty nest.

Erin

Interview context

Erin was in her early thirties when the interview took place, and her only abortion had occurred between two and three years previously, between 11-12 weeks of gestation. She has had a child since the research took place.

Erin explained during interview that she didn't come from an anti-abortion background, but her mother had experienced an abortion before her birth and had always regretted it. Erin reported that her father had told her she would also regret it if she had an abortion.

Erin said that after finding that she was pregnant, she became aware of her partner's possessiveness about having a baby and the full extent of his mental health issues. She was worried that continuing with the pregnancy would tie her to this man for a lifetime, which she did not feel that she could cope with:

> I kept on going, "This can work, this can work", … but with me and [name], every time he was there or every time I thought about him, it was just like it wasn't working, it wasn't working and he was very strong in saying that he was going to be wherever his child was going to be. … He also put a lot of pressure on me because he said that it was his last chance to have child and he had a lot of really heavy depression around that.

Erin also explained that she sought ongoing counselling and support from a reproductive health service to help her decide what to do and to support her after the abortion. She said that she had to work hard to reconcile herself with ending the pregnancy, because she had realised through becoming pregnant that she really wanted to have children and be a mother. She also explained that she had believed that pregnancy represented a child choosing to come into the world and that by ending it she was acting against life. Erin's ideological positioning on abortion was in the middle since she wasn't anti-abortion, but she did perceive abortion to be "acting against a life".

On the other hand, she also recognised her decision to end the pregnancy was the first time that she had ever said "o" to something, rather than feeling as though her choices were influenced by the opinions of others or were made by just "going with the flow". She deliberated on her decision up to 12 weeks of gestation when she had the spiritual experience of feeling that Jesus had come and taken the child and she felt as if it had already gone, and that it didn't seem right to continue the pregnancy after that.

In relation to having had the abortion, Erin said:

> I don't know if I can say that I feel like I made the right decision, but I feel like I did the only thing that I could do … I actually feel like I'd be a much better mother now than I ever, ever could be maybe, even if it was only two years ago … that level of counselling and stuff has been quite profound in my life and I feel like I've got a bit more will actually in my life … I feel like I don't know if I'll get the chance to have a child, but I feel like I'd really, really love to be a mother.

Erin's comments convey some ambivalence around the decision to have the abortion, even though she felt that it was the only thing that she could have done under the circumstances.

Focusing and Art session

As soon as I had led her through the attunement at the beginning of the session Erin contacted some positive and supportive spiritual presences of differing cultural origins, including an Indigenous woman in her forties who smiled at her and the presence of both Jesus and Mother Mary. Soon after being kept company by these spiritual supports, Erin sensed two quite different bodily sensations in her stomach area. My Inner Relationship Focusing training suggests that when two parts are there, it is most helpful to offer the Focuser the option of being with both or of noticing which one wants their attention more (Cornell & McGavin, 2002).

Erin: (Pause). On some level, it kind of feels quite empty inside, and then I started feeling like this weight on my, it kind of a bit feels like a baby curled up and laying on top of my stomach.

Miriam: Yeah, you're sensing something inside that feels quite empty and you're also sensing like a presence of a baby curled up on your front, on the outside, and both are there. And maybe just sense whether you'd like to be with both or whether one or the other would like your attention more.

Erin: My attention's more strongly on the baby or the sensation of the baby.

Miriam: Yeah, so maybe just see if it would be okay to be with that for a while.

Erin: [Long pause]

Miriam: And if it feels okay to, maybe you could let me know what you're aware of.

Erin: I think my mind's going in and out of … seeing this baby and having a look at its feet or its legs or just feeling how nice it feels to offer something so much safety or love. And I keep seeing the colour yellow as well, there's a lot of yellow. And I just get the sense that it's going to be okay … and the yellow maybe helps to create space or hope or possibility or okay-ness or other things and feeling alright about where I am at with my pathway.

Erin soon moved onto working with the art materials.

Erin, (2014), *Yellow Joy.* Chalk pastel on paper, 21 cm x 29.5 cm. Photographer: XX. Copyright: XX

After she had completed making her art work, I invited Erin to describe it to me.

Erin: I think I'm maybe just realising that I haven't been allowing joy or something…

Miriam: Yeah, so you're sensing a lot of joy there that maybe wants more expression.

Erin: Yeah. Yeah, I think I've just been getting weighed down by all the heavy bits. It's kind of like, I was thinking about like there's no pattern or thing that my mind can get trapped into or identify with, it's just yellow, it's just all yellow. There's something just so simple and easy about that.

Miriam: Hmmm, so what are you sensing in your body as you look at this piece now?

Erin: Hmmm, just maybe insight into the process … some kind of awareness that life is to be treasured and experience is to be treasured and it doesn't need to be weighed down by all these fears or analytical thoughts or patterns into thinking that this is going to be this thing or whatever, it is what it is and its miraculous and its marvellous.

Miriam: So, it's letting you know that life is to be treasured and it's miraculous and marvellous and it doesn't need to be weighed down.

Erin: Yeah, yeah, I think maybe I had too much emphasis on just all the painful parts of it. There is joy in it all.

Erin's session gave her a clear sense of needing to make more room for acceptance, joy and aliveness in her experience of life (it is what it is), as well as feeling that things would be okay. She also indicated that the simplicity of the yellow counteracted her mind's tendency to get caught up in fear and analysis. I kept in contact with Erin after the research process was completed, and am aware that yellow continued to be a significant symbol for her. There was a patch of yellow paint in the entrance of the house that Erin moved into, she continued to draw yellow rectangles and pin them up around her home, and she told me that she "felt like yellow" when her new partner showered her with the yellow blossom of a tree that she was standing under. She has since had a child with him.

Nicola

At the time of interview, Nicola was aged 45 to 54 years and her only abortion had taken place around ten years earlier, when she was aged between 35 and 39 years, at 8 weeks or less of gestation.

The abortion took place on medical grounds as a result of an early scan (after some spot bleeding) that suggested that she had a "blighted ovum" and that the embryo was not growing sufficiently.[4] After the abortion (Dilation and curettage), Nicola reported crying for "two weeks solid". She said that she felt, "super, super sad". Nicola explained that she wasn't "anti-abortion in any way … it wouldn't have bothered me either if that was my choice". She said that the sadness was the disappointment of not having a pregnancy and a baby at the end of it. However, she also said that the experience gave her great clarity that she really wanted a child and she went straight back to ovulation tracking to help with re-conceiving.

When Nicola conceived again three months later and again had some spot bleeding, she was sent to the same radiographer for a scan at the same stage of gestation. He again diagnosed a blighted ovum. However, Nicola ignored the advice to have the pregnancy terminated:

> … the second time I did not go into trauma and grief or anything else, I got strong and just went, "I'm not willing to accept your assessment, I want someone else", so yeah, and I didn't fall apart, you know, turn into a blubbering heap and do nothing else for three weeks, I just went, "No."

Nicola engaged a gynaecologist and got a second opinion. She went on to deliver a healthy child. In retrospect, she concluded:

> Yeah, so I actually think that I quite possibly terminated a perfectly healthy child … Based on appalling medical advice, and my own ignorance. And my own, because I immediately went into, I suppose shock and grief when I was told, and I wasn't capable then of, you know, thinking through logical steps … all the advice I had gotten was all black and white. There was no grey discussion and that I think is their failing. It was all about, "Oh no, blighted ovum, boof, get rid of it!" … It was full on. It was a bit rude really.

Nicola compared the two pregnancies and concluded that she "had the right kid" since the earlier pregnancy had been "high energy", which she associated with having a girl because of the different hormones associated. However, she also commented, "I don't know why, but when they told me I was having a boy, I was like, 'Oh damn, I wanted a girl'." (Nicola laughed).

Nicola concluded that the abortion was part of the journey towards getting her son, although as she discussed it, she acknowledged that the first pregnancy (baby) had been overlooked:

> I don't see it as an abortion in isolation or, I suppose in some ways that's not fair, because … I haven't thought about the first child in its own right. So, I don't think I've denied it an identity necessarily but when I think about it it's all part of the journey toward getting or having my son [name]. So maybe that's actually … a little bit unfair and that my first baby in my mind hasn't really had its own identity.

There was a sense of something being unfinished in Nicola's observation that the ending of the first pregnancy blended in with her decision to conceive and have another child.

Focusing and Art session

At the start of her session, Nicola sensed some tension in her hands, which she identified as feeling "a little bit angry". She then acknowledged that her belly felt "all round and empty", there was some pressure in her solar plexus, which she associated with

"having no control" and a tightness in her throat which led her to saying, "There's no voice." She summed all of this up by stating, "It's like I didn't matter, my baby didn't matter. They didn't take the time to explore, to even think about it."

Miriam: And where does that connect in your body now?

Nicola: My hands.

Miriam: And maybe just keep your hands company for a while and see how you would describe the sensations in your hands.

Nicola: It's like they're gnarled.

Miriam: Yeah, you're sensing something really gnarled in your hands there. And maybe take that word "gnarled" back to your hands and check that that gets it.

Nicola: Hmmm, it's like they're old and withered but they're still angry (Nicola chuckled).

Miriam: Yeah, you're sensing that they feel old and withered, but they're still angry.

Nicola: Hmmm. They don't want to let it go.

Miriam: Yeah, and you're sensing that they don't want to let it go. And maybe, if it feels right, maybe you could take some time to sense how it feels from its point of view.

Nicola: Abandoned. Forgotten. Put to the side.

Miriam: Yeah, you're really sensing that it feels abandoned, and forgotten, and put to the side. And maybe you could let it know that you really hear that.

Nicola: Hmmm. Yeah, I really hear that, I hear that lack of importance.

Miriam: (Pause). And if it feels right, you might take some time to sense if there might be more that it wants you to know.

Nicola: (Pause). Hmmm, there was joy (Nicola smiled).

Miriam: Yeah, it's letting you know that there was joy.

Nicola: And my body remembers.

Miriam: Yeah, and you're really noticing that your body remembers that. And maybe just take some time to really soak that up. Take it in. And if you feel to you could put a hand gently there, wherever it is that you're sensing that joy.

Nicola: (Nicola placed one hand on her belly area and rubbed it gently, and then placed the other hand on her heart area). Hmmm.

Miriam: And if it feels right, maybe you could invite a symbol or an image or a word or something that connects to that joy there for you to come.

Nicola: It's the pretty ribbons and the glittery stuff, all the girly stuff (Nicola chuckled). I know what I want to make.

During the session, Nicola acknowledged that she was still angry and didn't want to let go. However, once she had been with that and acknowledged it fully, what emerged was a sense of the joy of the pregnancy that had been and her sense of the potential life that ended with the abortion. Since it had been unacknowledged in the way that her pregnancy ended and she went on to re-conceive so quickly, she was able to do so through the art work that she went on to make.

Nicola, (2013), *Serendipity.* Clay decorated with shells, wool, glitter, and buttons, 17cm x 17cm. Photographer: XX. Copyright: XX.

After she had finished making her art work, I invited Nicola to describe it.

Nicola: I hadn't recalled there being any joy associated with it, with my baby at all. So yeah, it went from when we first started out, all I had was an empty shell and there was nothing in me and that's all I was going to build, until we were talking and we got to the joy bit and I thought, "Wow, yeah there was joy". And I've always been convinced that my baby was a girl, but like who would know, because it's not like I was important enough to be told what kind of child I had or anything else … And my child had no identity and no nothing, not even a gender, I think that's outrageous. But I was convinced that it was a girl so there's all pretty treasures in the bottom that my little girl would have loved … it's like a little treasure chest in there. Just like she was.

Miriam: And how is that connecting with your body now?

Nicola: My body is satisfied now.

The session gave Nicola's body the opportunity to complete something that hadn't been expressed for her to feel satisfied that her first baby had been fully acknowledged.

Limitations on Accessing Bodily Felt Wisdom

Two of the eight participants who completed this research process, Donna and Kristie, found it difficult to be with their bodily felt senses. One stopped the process during the attunement and preferred to sit and chat about her abortion whilst she was creating with the art materials. This woman had experienced a serious sexual assault and preferred not to focus inside her body. Her art work expressed her perspective about unwanted pregnancy and abortion, but without direct reference to her bodily felt senses. The second woman did the attunement and experienced some very strong sensations of having the room spin and feeling like she was "drunk" and might fall of her chair. She persisted with following her felt senses despite the offer of ending the session, and encountered a guardian/protector figure within her psyche that did not want her to go into the "boxes" that

she had stored in the "attic". She drew the attic and the boxes with one opened. This box had light and two butterflies emerging from inside it, which represented her living children. Longer term counselling or therapy may have helped both women to build a sense of inner safety, but this was beyond the bounds of the research and a one-off Focusing and Art Process.

The Benefits of a Bodily Approach to Women's Experiences of Abortion

Melanie, Erin and Nicola each reported distress or ambivalence about a past abortion during interview, but made a positive shift during the Focusing and Art Process. This occurred for two other research participants, Charmaine and Reilly, and their sessions are reported elsewhere (Author reference). Another woman, Renée, also had a full Focusing and Art session, but hadn't experienced distress about having an abortion. Her session reflected her positive beliefs about the meaning of abortion in the context of universal cycles of life, death and regeneration (Author reference).

The discussion that follows elucidates the benefits of the Focusing and Art Process in supporting client-directed healing or relief from experiences of emotional distress after having an abortion, even years afterwards.

Moving through emotions from the past, in the present

During interview, Melanie, Erin and Nicola each described a mixture of difficult emotions about having had an abortion, including: sadness, shock, grief, anxiety, anger, shame, guilt, ambivalence, and numbness. Often these emotions were related in the past tense, such as in Nicolas's description of feeling shock and grief when she was told that she needed to abort her pregnancy on medical grounds. These emotions weren't always apparent in the present though.

Having interviews followed by a separate Focusing and Art Process made it possible to identify that a participant could report feeling okay about her abortion now, during interview (for example, Melanie), and yet have residual feelings of sadness and guilt arise during the Focusing and Art Process. As identified earlier in this article, women's access to their feelings about a past abortion can be episodic. Often, they are tucked away outside of consciousness; especially since abortion is not easy to discuss and the associated feelings can be difficult to be with. Also, in our mind-over-matter society, the mental reality of our stories, thoughts and beliefs can take precedence over our bodily lived experiences; especially when emotions such as shame and guilt arise that conflict with how we'd rather be experiencing ourselves.

The Focusing process gave participants a unique and engaging way of being with feelings related to a past abortion experience in the present. By attending to the body and inviting "what wants to come and be known", the feelings emerged as felt senses in the body, which could be described in a range of ways: (a) as physical sensations (e.g., feeling cold or heavy); (b) by association (e.g., sadness being associated with a bird flying off into a sunset); (c) through a representation (e.g., gnarled hands representing anger that's been held onto); or, (d) by naming the emotion that the feelings in the body imply (e.g., naming the heaviness and discomfort in the chest as guilt). Participants' feelings, which were sensed within their bodies during the session, often evoked related life experiences that they had already had. It was common for nature, people and objects to become part of the sessions, whether they were present in the moment (e.g., a yellow shawl, shadows), remembered (a bird flying into a sunset, exploring a baby's feet), or felt-imagined (depicting the energy of a lost child). These phenomena interacted and combined within the felt sense, and were expressed in words, symbols and metaphors that were resonant with layers of personal meaning and significance. As the women Focused on what was unfolding within them (with a non-judgmental and compassionate kind of attending), they stayed silent or described their inner experiences aloud; they also shed tears, laughed, sighed and moved their bodies around as they released emotions that had been unacknowledged, held onto, or suppressed for some time.

Giving participants the opportunity to engage with art materials after their Focusing session allowed them to depict their inner experiences symbolically, visually and non-verbally. Art provided another opening for participants to be with their felt senses, follow them, and to represent them in a tactile and visual way. The art process provided comfort and holding as emotions were expressed whilst working with the media: clay could be pummelled, massaged and shaped; paints could be dabbed, flicked or swept onto the page; chalk pastels could be pressed firmly for bold lines or rubbed lightly for shading, etc. The women expressed care and attention to their felt senses as they worked and literally brought things to life with the art materials. Their inner experiences became manifest through creations that could be seen, touched and felt into as the women described what they had made.

Accessing growth and positive insights in relation to experiences of loss or ending

The Focusing and Art Process allowed each woman to contact positive experiences that had been overlooked or submerged alongside their difficult emotional responses to having an abortion. Melanie, Erin and Nicola each had positive associations arise naturally within their sessions. For Melanie, it was reassurance that the baby or spirit was okay and the insight that the sadness was for herself and the care that she'd been unable to express at the time. For Erin it was allowing herself to feel joy and optimism about her pathway in life; savouring the positive experiences and acknowledging what is, rather than over-analysing and getting weighed down with the negatives. For Nicola it was allowing herself to feel the joy of the pregnancy and being able to acknowledge the identity of what she had sensed her girl-baby to have been.

Within the Focusing framework, when what is suggested or implied by the felt sense happens, it is called " 'carrying forward', and is correlated with immediate physiological changes such as relief and deeper breath, and affect and behaviour changes" (Cornell 2013, p. 25). The enacting of the felt sense takes life forward in a way that makes sense and is enriching for the Focuser, and results "in a 'felt shift', or change" (Rappaport

2009, p. 99). For all three of these participants, being able to represent the felt sense with art also enabled them to express the carrying forwardness (Rappaport, 2009), which brought a sense of completeness or satisfaction (Cornell, 2013). Because each woman took their art work home, they also had a tangible reminder of the felt shift that had taken place in relation to their abortion experiences: "The art serves as a visual reminder, affirming movement in the direction of growth and healing" (Rappaport 2009, p. 100). Each woman was able to bring life to a more accepting, compassionate and optimistic perspective on their abortion experiences.

Focusing through the body generates spiritual connection and meaning

The Focusing and Art Process helped to underscore that healing after abortion involves being in a kindly and accepting relationship with oneself and with one's bodily senses. Being present to themselves in this generous and attentive way helped Melanie, Erin and Nicola to identify what was missing for them, to express it, and to re-establish a subjective sense of self-understanding and wholeness in relation to a past abortion that had been challenging for them. It is also noteworthy that each connected in a spiritual way during their Focusing and Art session, and that this sense of spirituality emanated from their bodily living, and runs counter to a traditional split between the body and spirit (Todres, 2007).

A "universal" approach to measuring spirituality, which includes both religious and non-religious orientations, defines spirituality as "one's striving for and experience of connection with the essence of life" (de Jager Meezenbroek, Garssen, van den Berg, Van Dierendonck, et al., 2012, p. 142). According to Eltica de Jager Meezenbroek and colleagues, spirituality includes three main dimensions: "connectedness with oneself, connectedness with others and nature, and connectedness with the transcendent" (de Jager Meezenbroek et al., 2012, p. 142). All three of these dimensions are present within the 'embodied enquiry perspective', which Les Todres based on Gendlin's work and his Focusing process. For Todres, spirituality integrates the personal, natural and the transpersonal, since:

> Spirituality is a dimension that is felt as the quality of one's widest and deepest context. This deepest felt context reflects both inner and relational contexts because experiencing is not just 'inside one's skin'. But neither does it exclude the intimate 'ownness' of one's sense of interior. So even though such an openness 'goes far and wide' and responds to callings beyond the 'self' the direction of spirituality is, paradoxically, the direction of the lived body; spirituality is experienced through the body, rather than without the body…So, a spirituality informed by embodied enquiry is interested in an incarnate spirituality and the ways in which one's broadest contexts can be embodied and embraced in living a human life (Todres, pp. 184-185).

Thus, for Todres, the lived body is the opening to spirituality. For the three women whose Focusing and Art Process experiences are presented here, their spiritual sense of the "spirit" of the "baby", of their life's path, of the spiritual supports that were present in the session, of what their life would be like if they held onto the anger or the emotional detachment, and of what connecting with positivity or joy opened up for them, was accessed through their bodily senses. Their bodily felt senses helped them to connect more deeply with themselves, others, nature, and the transcendent.

Having an abortion involves making a morally contested and existential decision, and acting on that decision with finality. Each of the women whose abortion experiences are represented here had a different ideological stance on abortion (Melissa came from a pro-life background, Erin was in the middle, and Nicola was pro-choice), and yet each woman sensed broader, unseen aspects that informed their insights, understandings and their wisdom in relation to those challenging circumstances. These broader experiences made sense to each woman, based on what she felt and intuited within her body. They provided opportunities for connection and support of varying kinds, they reaffirmed values, and they provided reassurance.

In Summary

Women's emotional responses to abortion are complex, varied and multi-layered. Beliefs, social attitudes and the circumstances in which the abortion took place can impact upon a woman's emotional responses. Difficult feelings in relation to an abortion can emerge episodically and without notice, even years later. Inviting women to connect with their bodily-felt experiences of abortion facilitates their access to a resourcefulness and a positivity that tends to be obscured through verbal accounts alone. By adopting a broader and bodily-focused framework, within which multiple dimensions of life can interact creatively and dynamically, women have the space and the opportunity to discover what gives them a sense of completion, and supports their lives moving forward. They encounter their own unique sense of aliveness and what it means to be whole.

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Brief Bio

Miriam Rose Brooker is a Postdoctoral Research Associate at Edith Cowan University (Perth, Western Australia). Her PhD thesis entitled, *Lilith's daughters: Women's experiences of healing after abortion* was awarded the Edith Cowan University Magdalena Prize for Feminist Research in 2016. Miriam's thesis drew on feminist body scholarship, phenomenology, and art-based research practices to generate an innovative methodology designed to sensitively elicit embodied stories of the abortion experience and its aftermath, and the visual, symbolic and non-verbal expressions that accompanied them.

Footnotes

[1]"The study of the development of human consciousness and self-awareness …" (Merriam-Webster.com, https//www.merriam-webster.com/dictionary/phenomenology).

[2]I undertook Focusing training by telephone with Ann Weiser Cornell, who lives in the United States.

[3]I am using the language of the participant here to honour her perceptions.

[4]Nicola's GP sent her to a fertility clinic to have these early scans, due to her own relationship with the service.

Mindfulness-Based Interventions and Fibromyalgia: A Literature Review

Anne Murphy

Fibromyalgia is a chronic illness characterized by musculoskeletal pain, pain catastrophizing and associated sleep disturbance, depression and anxiety symptoms. Mindfulness meditation training in its group counselling form has been found to have a salutary effect on chronic pain as well as reduce relapse in depression. To date, there has been substantial research on the effects of mindfulness for the treatment of fibromyalgia, however the outcomes have been inconsistent. Therefore, this literature review summarises the most recent research and their findings, as well as discusses the mechanisms of mindfulness in the treatment of chronic pain and depression. In general, there are current issues in reaching conclusive evidence on the efficacy of mindfulness for fibromyalgia due to the lack of robustness in the research methodology, small sample sizes, inconsistencies in the mindfulness programs and the inherent heterogeneity of the illness. A consistent and standardized mindfulness meditation program specifically tailored for the treatment of fibromyalgia is still required.

Keywords: *Fibromyalgia, Mindfulness meditation, Mindfulness-Based Stress Reduction, Mindfulness-Based Cognitive Therapy.*

Fibromyalgia is a chronic illness of unknown aetiology, affecting about 2-4% of the population, and is characterised by musculoskeletal pain and low pain thresholds in various places throughout the body as well as secondary symptoms such as sleep disturbance, fatigue, depression, anxiety, somatic symptoms, morning stiffness, cognitive dysfunction and pain catastrophizing. Typically, those affected by the condition tend to be mostly female in middle age, and increasing in prevalence by age (Brooks et al., 2017; Clauw & Wallace, 2009; Henke & Chur-Hansen, 2104). The classification criteria for fibromyalgia was defined in 1990 and therefore, most of the research has been in the last 30 years (Kozasa et al., 2012).

Mindfulness is commonly defined as 'paying attention in a particular way: on purpose, in the present moment, and non-judgementally' (Kabat-Zinn, 1994, p. 4). On-going mindfulness meditation training is purported to develop the mental capacity to be more fully attentive in the present moment without judgement or reactivity. Accordingly, the main facets apparent when experiencing a mindfulness state have been defined by factor analysis as observing, describing, acting with awareness, non-judging of inner experience and non-reactivity (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006).

Mindfulness-based interventions have been found to have a mediating effect on chronic pain in general (Ball, Sharizan, Franklin, & Rogozinska, 2017), and more specifically on improving well-being in patients with fibromyalgia (Grossman, Tielfenthaler-Gilmer, Raysz, & Kesper, 2007). This literature review aims to evaluate the current research literature on mindfulness and its salutary effects on patients suffering with fibromyalgia to determine its efficacy, especially in reducing pain symptomology and associated psychopathology.

Mindfulness: Background

While mindfulness meditation has its roots in early Buddhist meditation practices (Kabat-Zinn, 2011), mindfulness meditation was adapted as a secular group program by Jon Kabat-Zinn in the 1980s for use in a medical/clinical setting. Kabat-Zinn's mindfulness program originated as an outpatient behavioural program at the University of Massachusetts Medical School for the relief of chronic pain, revealing considerable improvements in pain management and associated psychopathology (Kabat-Zinn, 1982). These research findings were followed up with supporting evidence to establish the early success of the program for pain management and other symptomology (Kabat-Zinn, Lipworth, & Burney, 1985), showing long-term effects (Kabat-Zinn, Lipworth, Burney, & Sellers, 1986). This program

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became known as Mindfulness-based Stress Reduction (MBSR), which has now been widely delivered across a broad range of physical and mental health domains. The MBSR program is typically conducted in a group setting over 8 weeks for 2.5-3.5 hours per week, and includes an all-day silent retreat with weekly homework assignments (Kabat-Zinn, 1990).

Mindfulness-based Cognitive Therapy (MBCT) was later developed in the 1990s as an 8-week program based upon MBSR with the inclusion of cognitive therapy, specifically designed for the treatment of relapse in depression. The cognitive therapy component targets persistent maladaptive thinking patterns that perpetuate depression and is based upon the foundational work of Aaron Beck (1976). MBCT is also conducted in a group setting for 8 weeks with assigned homework, but without an all-day silent retreat (Segal, Williams & Teasdale 2002).

Literature Review: Methodology

The electronic databases were searched to identify relevant research studies using the keywords: Mindfulness AND fibromyalgia. Due to the abundance of research literature in this subject area, the search results were limited to the recent decade of English-language publications within the 2009-2019 date range. The reference lists of the selected research articles were further reviewed to identify any other relevant research pertinent to this review.

Existing Literature Reviews

In the scientific literature, there is an abundance of research literature on mindfulness-based therapies for the treatment of fibromyalgia. Hence, to begin the literature review, a summary of the existing literature reviews within this topic area is discussed.

Linda Carlson's (2012) paper on mindfulness and physical conditions reviewed seven research studies specifically related to mindfulness and fibromyalgia, revealing improvements in pain, sleep, fatigue and coping, although the level of evidence[i] was found to be weak at a level 2 evidence. A further review found that most of the extant research was methodically poor with only two research studies specifically related to mindfulness meditation and fibromyalgia achieving a regular methodological quality. Another seven studies were also identified, although these were not randomised or controlled. The authors concluded that while most of the studies demonstrate an improvement in symptoms, MBSR appears to be the most promising mindfulness-based intervention for fibromyalgia (Kozasa et al., 2012).

However, a further systematic review and meta-analysis of six research studies, involving a total of 674 patients with fibromyalgia found small effects on short-term improvements (for quality of life and pain) for MBSR, when compared to controls. Although, the number of research studies were minimal and more robust randomised-controlled trails were recommended (Lauche et al., 2013). Another systematic review of ten research studies on mindfulness-based interventions for patients with fibromyalgia found evidence for the relief of a range of physical symptoms and reduced outcome measures for depression, anxiety and psychological distress. However, the number of studies were small with a variety of outcome measures used in the research and more robust randomized-controlled trials with consistent follow-ups are still recommended (Henke & Chur-Hansen, 2104).

In a more recent literature review, Adler-Neal and Zeidan (2017) concluded that mindfulness meditation could mitigate the pain experience for patients suffering with fibromyalgia by altering the cognitions relating to their pain and improving the emotional response by the mindful attitude of non-judgment and non-reactivity. They theorised that the most effective mechanisms in a mindfulness-based intervention to attenuate pain and the associated psychopathology in fibromyalgia was: a) an acceptance of the pain, b) a non-judgmental awareness of physical sensations, and c) a non-attachment to conceptual self-relating, the symptoms and the contextual environment. However, a customised mindfulness meditation intervention that is more accessible, shorter in length and specifically targets the mechanisms found to improve the fibromyalgia symptoms is still required (Adler-Neal & Zeidan 2017).

Mindfulness and Pain Management

A marked feature of fibromyalgia is hypervigilance to pain and pain catastrophizing compared to other forms of chronic pain (Crombez, Eccleston, Van den Broeck, Goubert, & Van Houdenhove, 2004). While mindfulness was not found to specifically reduce pain in itself, a randomised trial of MBSR (compared to controls) found improvements in some of the symptoms of fibromyalgia, such as less perceived stress, better sleep and an overall reduction in the severity of the symptoms (Cash et al., 2015). This research study reveals the need to determine the mechanisms of action required to address the broad and varied symptomology found in fibromyalgia so that a more innovative and tailored mindfulness program may be developed (Davis, 2105).

However, the results are inconsistent. For example, in a 3-armed trial, 177 female patients with fibromyalgia were randomly allocated to either a MBSR program, an active control or wait list. The research findings did not support the effectiveness of MBSR for fibromyalgia for quality of life compared to the active control, revealing only small effects on the health-related quality of life (HRQoL) outcome measure. Although, the authors acknowledged the additional burden of completing the self-report questionnaire by the patients at a time when they were fatigued (Schmidt et al., 2011).

The Mechanisms of Mindfulness in Pain Management

The chronic pain experienced in fibromyalgia often stimulates negative thought patterns that precipitates pain catastrophizing and magnifies the pain experience. However, the mindfulness facets of observing, acting with awareness and non-judgment appear to moderate the intensity of the pain and associated catastrophic thinking (Dorado et al., 2018).

Mindfulness meditation training is posited to mediate pain in fibromyalgia by the mechanism of selective attention; that is by the non-avoidance of the pain at the preliminary stages through increased attention, so that the pain at the later stages can be more easily disengaged from, when compared to a control group (Vago & Nakamura, 2011). It is proposed that the action of the mindfulness practice allows one to decenter from the painful sensations by realising that one's "awareness of sensations, thoughts, and feelings is different from the sensations, the thoughts and the feelings themselves" (Kabat-Zinn, 1990, p. 297). Thus, the ability to be able to pull back from the intensity of the sensory experience by mindfulness practice allows for an

alteration in the perception of that experience, thereby mediating the direct relationship to the pain. Moreover, by the action of exposure, the distress and the reactivity associated with the pain may be gradually reduced by desensitisation, through the on-going, non-judgemental observation of the painful sensations as well as the adoption of a non-judgement attitude towards any cognitions about the pain (Baer 2003).

The symptoms of fibromyalgia are known to be exacerbated by stress (Henke & Chur-Hansen, 2014; Lush et al., 2009), and therefore, increase the sensitivity to the pain (Adler-Neal & Zeidan, 2017). It has been well-established that chronic stress suppresses immune function and increases inflammation in the body (McEwen, 2008). To-date, there exists a substantial body of research literature to support the assertion that MBSR can significantly reduce levels of stress (Creswell, Pacilio, Lindsay, & Brown, 2014; Khoury et al., 2013; Hölzel et al., 2010), with subsequent decreases in the inflammation response (Davidson et al., 2003; Rosenkranz et al., 2013). Therefore, it is reasonable to propose that a mindfulness-based intervention by its stress-reducing result, may in turn alleviate the inflammatory symptomology that typically present in fibromyalgia (Adler-Neal & Zeidan, 2017). Moreover, the body awareness practices incorporated within the mindfulness program (such as the body scan and the mindfulness of the body practice in sitting and walking meditations) have been found to be effective in the management and relief of pain, in general (Zeidan & Vago, 2016).

Mindfulness and the Treatment of Psychopathology

Depression has been found to be commonly associated with fibromyalgia, which is frequently exacerbated by the chronic and painful symptoms of the illness (Brooks et al. 2017). Mindfulness practice has been generally found to have an ameliorating effect on depressive symptoms (Segal, Williams, & Teasdale, 2002), and more specifically for patients with fibromyalgia. For instance, in a randomized trial of 51 participants, MBSR was found to be significantly effective in the reduction of depressive symptomology, when compared to a wait-list control group (Sephton et al., 2007).

These results have been further corroborated by more recent research. A study using MBCT on a small sample of 17 females found a significant improvement on the impact caused by fibromyalgia as well as reduced depressive symptoms, when compared to a control group, and these results were maintained after a 3-month follow-up (Parra-Delgado & Latorre-Postigo, 2013). A more recent study of 117 participants with fibromyalgia found mindfulness significantly reduced the symptoms of depression as well as reduced perceived stress, activity interference and pain catastrophizing. Activity interference is the impact on the person's everyday function because of the debilitating nature of the illness. Further, a direct relationship was found between mindfulness and perceived stress and the depressive symptoms, with an indirect association between mindfulness and activity interference through perceived stress, as well as an indirect association between mindfulness and pain catastrophizing via perceived stress and activity interference. A strong indirect association between mindfulness and depression was also found through strong direct associations with perceived stress, activity interference and pain catastrophizing (Brooks et al., 2017). These findings suggest that higher levels of mindfulness significantly reduce the symptoms of depression by directly reducing the perception of stress, thereby increasing everyday function and decreasing the propensity to engage in pain catastrophizing.

Further, a research study with a sample of 24 fibromyalgia patients found that an 8-week MBSR intervention significantly reduced basal sympathetic (SNS) activation on psychophysiological measures but not the anxiety or depressive symptoms, although the sample size was small and their pre-treatment scores were low and mild, respectively (Lush et al., 2009). Previous research has indicated increased sympathetic basal tone amongst patients with fibromyalgia (Cohen et al., 2000). The authors concluded that the reduction in sympathetic activity by participating in a mindfulness program could produce positive health benefits and help alleviate anxiety (Lush et al., 2009). Further, mindfulness interventions delivered online for patients with fibromyalgia reported improvements in pain management, mood, anxiety and social engagement, highlighting the benefit of providing a low-cost online intervention (Davis & Zautra, 2013; Garrido-Torres et al., 2016).

Moreover, a 7-week mindfulness intervention program specifically targeting anger, anxiety and depression in 32 women with fibromyalgia reported significant effectiveness in reducing state anger, internal anger, state anxiety and depression as well as improving internal anger control, when compared to a waitlist control, and with sustained improvements after a 3-month follow-up (Amutio, Franco, de Carmen Pérez-Fuentes, Gázquez, & Mercader, 2015). These results suggest that a mindfulness program specifically designed for fibromyalgia would benefit from teaching anger management skills as well as targeting depression and anxiety-related symptoms. Overall, the results from these research studies suggest that mindfulness can provide considerable benefit for patients with fibromyalgia by reducing their depressive symptoms.

The Mechanisms of Mindfulness for Depression

In general, mindfulness meditation practice has been shown to have a remedial effect on depression by developing the capacity to be able to decenter[ii] from negative cognitions (Teasdale et al., 2002), lessen self-judgements by engaging in self-compassion (Rude, Maestas, & Neff, 2007), reduce the propensity to engage in rumination (Fresco, Segal, Buis, & Kennedy, 2007), and to be able to let go of negative thoughts more easily (Frewen, Evans, Maraj, Dozois, & Partridge, 2008). Overall, mindfulness has been found to support emotion regulation (Chambers, Gullone, & Allen, 2009), and promote mental health by reducing anxiety and negative emotions (Gratz & Tull, 2010; Khoury et al., 2013). The main mechanisms of mindfulness briefly outlined here may be beneficial for sufferers of fibromyalgia who can experience depressive symptoms as part of their chronic health condition.

Some Limitations in the Research

To date, there are some limitations in the research which make definitive conclusions about the efficacy of mindfulness for fibromyalgia problematic. Firstly, the minimal number of robust randomised-controlled trails in this area of research has hindered efforts to prove its effectiveness on measurable outcomes (Henke & Chur-Hansen, 2014; Kozasa et al., 2012; Lauche, Cramer,

Dobos, Langhorst, & Schmidt, 2013). Small sample sizes, high attrition rates, lack of a control group, the use of subjective self-report measures and inconsistencies in follow-ups are consistent limitations found in the current research literature (Adler-Neal & Zeidan, 207; Henke & Chur-Hansen, 2014).

Further, there is an inherent selection bias in the research samples due to the prevalence of the sufferers of fibromyalgia being mostly women in middle-age or older (Henke & Chur-Hansen, 2014). Moreover, the various and non-specific nature of the fibromyalgia condition (Clauw & Wallace, 2009), produces a broad heterogeneity amongst the samples and therefore, wide variations in the outcome measures, causing confounding variables that are difficult to control, especially when compared against a control group (Davis, 2015; Henke & Chur-Hansen, 2014). Patients with fibromyalgia also tend to suffer from fatigue which may make sustaining a mindfulness practice difficult for them (Adler-Neal & Zeidan, 2017).

In addition, in mindfulness-related research it is generally acknowledged that there are certain limitations with the psychometric measures frequently used to measure mindfulness and that these issues are difficult to rectify, especially related to biases and differences in understanding when self-reporting (Baer, 2019). Moreover, the effectiveness of the mindfulness program depends upon the standardisation and consistency of the program, the expertise of the mindfulness facilitator and the individual commitment of the participants to their own mindfulness meditation practice (Baer, Crane, Miller, & Kuyken, 2019).

Conclusion

Overall, the results of the research studies on the efficacy of mindfulness for fibromyalgia have been inconsistent. In general, mindfulness meditation training has been found to help manage pain and reduce pain catastrophizing as well as alleviate the associated depression and anxiety symptoms. However, it is difficult to make definitive conclusions about the effectiveness of mindfulness for this specific population due to the inherent heterogeneity of the illness, the variations in research methodology, including issues such as selection bias, sample sizes, drop-outs, the outcome measures, lack of controls, as well as general inconsistencies in the mindfulness meditation programs. In the future, more robust research studies are required with a final meta-analysis to ascertain the overall effectiveness of mindfulness-based therapy for patients with fibromyalgia. It is also recommended that a standardised mindfulness meditation program that is specifically tailored for fibromyalgia be developed for further research.

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Footnotes

[i]Levels of evidence (LoE) are a medical ranking system used in clinical trials or research studies to define the strength of the results.

[ii]Decentering is the ability to objectively observe thoughts, feelings, and bodily sensations with awareness and non-judgement (Segal, Williams, & Teasdale, 2002).

The Impact of Mindfulness on Counselling Sessions in High Schools in Bhutan – as seen through the therapists' lens

Kunzang Chophel

Fibromyalgia is a chronic illness characterized by musculoskeletal pain, pain Mindfulness meditation has been an integral part of Buddhist practice for over 2600 years (Shapiro & Carlson, 2009, Germer, 2005). It is deeply rooted in the spiritual and cultural fabric of Bhutan. Recently, it has become a significant aspect of Counselling education in Bhutan. Counsellors trained there are well-informed about the synergy between western counselling and eastern contemplative psychology. Mindfulness is integral to contemplative psychology offered by the Royal University of Bhutan in collaboration with Naropa University, Colorado in USA. Once in the field, counsellors are expected to practice mindfulness meditation and offer mindfulness-based counselling interventions to their clients.

The proposed study will explore how six counsellors in Bhutan make sense of their lived phenomena of mindfulness meditation in general, and how this experience influences the dynamics of their counselling session with the clients. Interpretative Phenomenological Analysis (IPA) was the methodology used to collect and analyze the data from the six participants. Semi-structured interviews were used.

Keywords: *mindfulness, Bhutan counsellors, contemplative psychology, school counselling*

Introduction

The Counselling profession was fully recognized by the Royal Government of Bhutan in 2009, and 68 School Counsellors were approved by the Royal Civil Service Commission of Bhutan (CECD, 2010). Subsequently, the Ministry of Education recruited 12 fulltime school counsellors, who later became the first group of a new generation of Bhutanese Counsellors. The Royal University of Bhutan started a Post Graduate Diploma in Guidance and Counselling course in 2011. A requirement of the training was a course in mindfulness meditation. Thinley (2012) claims that mindfulness meditation has been part of Bhutanese religious and cultural fabric for many years. However, with the commencement of the counselling course in Bhutan, mindfulness meditation broadened from its traditional religious role. Initially mindfulness was only practiced by the Buddhist monks within the norms and discipline of their monastic way of life, whereas today it is widely practiced everywhere, including schools. The concept and practice of mindfulness has become universal today, and though its root is in Buddhism, mindfulness also plays a secular role and it is all-inclusive and all-expansive, meaning that it is taught as self-discipline for students, enabling them to cope with behavioural issues.

Since Bhutan did not have expertise in this new paradigm shift to mindfulness meditation, the Government, through the Royal University of Bhutan, sought assistance and collaboration with the Naropa University of Colorado, USA. This initiative also brought a shift in Bhutanese outlook toward counselling psychology, which was initially viewed as a western intrusion and meant for 'correcting spoilt brats' (CECD, 2010). Stigma existed around the notion that counselling was only for wayward children, and students and parents would either refuse, or show reluctance to engage with school counselling services. This was a huge challenge, for the counselling educators especially, the first group of school counsellors recruited by the Ministry of Education in 2010. As the counsellors continued to advocate mindfulness as an important part of counselling interventions, more people began to see it as part of Bhutanese's own culture, thereby bringing about a gradual change concerning the prejudice that most counsellors had for western counselling.

The blend of western counselling psychology with mindfulness-based contemplative psychology heralded a marriage between the two. Today, there are over 83 school counsellors across the country who embrace this new approach to counselling. Many teachers in Bhutan are trained in basic mindfulness cultivation techniques. Several schools adopted a

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culture of starting a day in school with at least 3 to 5 minutes of mindfulness meditation, either during their morning assembly prayers or before they began their first lesson of the day. This was part of national initiative to improve the psychological-wellbeing of the teachers and students, so as to effect the national goal of Gross National Happiness (Wangmo, 2012). Psychological well-being is one of the core domains of Gross National Happiness, a philosophy propounded by the Forth King of Bhutan in 1972, which debunks the idea of Gross Domestic Product as the indicator of national well-being and happiness (Thinley, 2007).

As Mindfulness-based contemplative counselling interventions were a pilot program for the Government and the Royal University of Bhutan from 2011, this research offers a rare opportunity to explore the proposed phenomenon through the lens of the therapists' perceptions. While there have been stories of success through these interventions, no research has been conducted to date to demonstrate that success.

This pilot study is an opportunity to set precedents and establish the foundation for other scholars and researchers to delve deeper into the proposed topic

This research explored individual counsellor's experience and perspective of mindfulness-based counselling intervention, with special attention on how the mindfulness qualities, such as a non-judgmental attitude, awareness, empathy, acceptance and compassion, are generated through mindfulness and how these have an impact the counselling session.

The proponents of client-centered theory, like Rogers and Wood (1974), suggested that a therapist's function is to be 'immediately present and accessible to his or her client and rely on this moment to moment experiencing in the relationship to facilitate the therapeutic movement' (p.214). Mindfulness meditation on the other hand offers an opportunity to be aware of and embrace one's own moment-to-moment experience (Kabat Zin, 1990, p.2). Hence, it would help to know how the counsellor, who has had constant mindfulness practice experience, influences his or her counselling session in the therapeutic setting. This knowledge will also enable the counselor educators to improve building the 'counselling intervention' with the clients through a 'mindfulness' perspective, while training and preparing their counselling students for their personal and professional development.

The primary aim of the study was to explore and unravel how the phenomena of mindfulness meditation is experienced and interpreted by counsellors in Bhutan. It also aspired to explore how their background and practices of mindfulness meditation at the professional level influenced their counselling session with the clients, which many humanistic therapists claim as the most important factor that will determine the client therapeutic outcome (Watson, 2002)

Review of literature

Mindfulness meditation originates from Buddhist culture and dates back more than 2600 years (Shapiro & Carlson, 2009; Germer, 2009). It is an essential part of Buddhist teachings. The term 'Mindfulness' is derived from a Pali word, Sati, and it means in English, awareness, attention, discernment, and remembering. (Carlson & Shapiro, 2009; Germer, 2005). In contemporary psychology, mindfulness has been defined differently by various authors. Kabat-Zinn (2003) defined mindfulness as, "the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment" (2003, p.145). Bishop et al. (2004) explain that, it as an approach for expanding awareness through a skilful response to any mental process that stimulates emotional distress and maladaptive behaviour (p.230). Further, Germer (2005) describes mindfulness as being wakeful and recognizing the happenings in the present moment (p. 24). Thinley (2012), former Vice Chancellor of the Royal University of Bhutan, shares that it is a process of knowing whenever one's mind remains in the present, as against when it wanders into the past or the future (p.100).

Despite these variations of the definition of the mindfulness meditation, the common themes that almost all the definitions share are: "awareness, attention, present moment, empathy, intention and non-judgmental", which are also necessary for positive therapeutic alliance (Rogers & Wood, 1957).

Mindfulness intervention was propounded by Kabat-Zinn as part of his Mindfulness Based Stress Reduction program and it is today the most widely investigated mindfulness intervention in the psychological studies (Dean, 2009). Over the past 20 years, the practice of mindfulness has been increasingly used to treat a range of mental health disorders including depression, anxiety, substance abuse, as well as eating, attention deficit, and personality disorders (reviewed by Baer, 2003). Aspects of mindfulness practice have been incorporated into Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999), Mindfulness-based Cognitive Therapy (Segal, Williams & Teasdale, 2002), Addiction Treatment and Relapse Prevention (Marlatt & Gordon, 1985), Dialectical Behavior Therapy (Linehan, 1993), and Mindfulness-based intervention for Eating Disorders (M-BEAT; Kristeller & Hallett, 1999; Wolever, 2009). In addition to the practice of mindfulness in mental health treatment, there is evidence from a recent randomized controlled trial, that clinicians, who develop mindfulness through the practice of meditation, have clients with better outcomes compared to those who do not practice meditation (Grepmair et al., 2007).

The mindfulness program taught to the counsellor-trainees at the Royal University of Bhutan shares similar mindfulness cultivation techniques with those of the Mindfulness Based Stress Reduction Therapy (MBSRT). MBSRT is a structured eight to ten weeks program for a group of 15 to 30 participants. The methods used for cultivating mindfulness are, sitting meditation with body scan and mindful movement, three minutes breathing space and loving kindness meditation (Kabat-Zinn, 1982). Except for three minutes breathing space technique, the other methods are taught and practiced by the student-counsellors at the Royal University of Bhutan. However, this program is not taught as part of MBSRT, but in general as Mindfulness meditation or Mindfulness Based Counselling Interventions.

Besides these structured formal mindfulness techniques, counsellors are also taught informal techniques like mindfulness during eating, walking, working, swimming and driving. These are also part of unstructured programs carried out for the participants for the MBSRT Program (Baer, 2003). Despite differences in the practice of each skill or method, the goal of every technique is to bring awareness of the present moment with purposeful intention and without judgment (Dean, 2009). However, Greason and Cashwell (2009) concluded from their review of literature, that counsellor education training has focused on external and

observational behaviours, such as mirroring and reflection of feeling, rather than cultivation of internal habits of mind needed to control attention and respond with both cognitive and affective empathy. In addition, other counsellor educators have noted that the students' development of cognitive complexity has been a haphazard process (Choate & Granello, 2006; Fong, Borders, Ethington & Pitts, 1997).

Eliot (2004) states that the foundation of a positive therapeutic alliance in a counselling session depends on Rogers' three core conditions: congruence, unconditional positive regard and empathy. There are studies which show the connection between those core conditions with that of mindfulness-centred compassion, and non-judgmental and purposeful attention to the present moment with the client, within the counselling session (Meccollum & Gehat, 2010, Hick, 2008). There is also the view that mindfulness meditation may have an impact on the therapeutic alliance in a counselling session, when practiced by the counsellor. Some recent studies show that mindfulness meditation can improve a counsellor's level of empathy and help develop overall self-care (Sehure, 2008). Several studies have looked specifically at the experience of mindfulness practiced within the sessions. Bien (2008) suggests that, as therapists adopt a mindful presence, they will also convey warmth and empathy toward their clients. Unfortunately, there are only a few studies that considered the counsellor's mindfulness background and consistency of practice in relation to his or her experience of the impact of mindfulness on a counselling session. Most studies focused on mindfulness interventions within the session, rather than the experiences that a counsellor takes into the session. This study aspires to fill that missing dimension of the counsellor's experience and the impact of mindfulness on a counselling session.

Lambart and Barley (2001) postulate that the idea of empathy has gained immense attention in psychotherapy literature. Carl Rogers was one of the first to infuse the idea of empathic understanding into psychotherapy. He posits that empathy is the capacity of a therapist to communicate with awareness and understanding of the client's moment to moment experience within a counselling session (Rogers, 1961). In other words, empathy is the foundation on which therapists can connect with their clients in a counselling session with understanding, but without judgment, of the client's current frame of reference. Aiken (2006) conducted a study that demonstrated the effect of mindfulness on a therapist's ability to sense their client's sufferings in more authentic way. There are several studies which show that mindfulness meditation can have a positive influence on a psychotherapist's capacity to offer presence, acceptance and empathy to their clients (Bibeau, et. el., 2015). There is no literature which shows how these qualities of mindfulness hinder the counselling session.

The Counsellor training program in Bhutan also uses two specific guided mindfulness meditation techniques called Loving-Kindness and Compassion meditation. Salzberg (2011) mentioned that, "Loving-kindness mindfulness meditation opens our hearts to loving ourselves genuinely for who we are, with all our imperfections and that's the gateway to loving others" (p.28). Tirch (2010) thinks that such progression of loving-kindness from self to others through mindfulness meditation sows the seeds which cultivate compassion. However, there are no studies which show the influence of loving-kindness and compassion on the counselling session, so that this study will explore that missing relationship in the context of a counselling session.

In conclusion, within the last two decades there has been great interest in mindfulness meditation amongst clinicians, scientists and scholars. Pickert (2014) states that mindfulness is growing in popularity as a practice in daily life, that is apart from Buddhist insight meditation and its application in clinical psychology. A substantial number of studies on mindfulness are available, yet there are very limited studies around the therapist's mindfulness background and experiences and its influence on a therapeutic setting. More importantly, there are no studies regarding these issues, as they are practiced in Bhutan. This research sought to explore the overall impact of mindfulness practice on counselling sessions through the Bhutanese counsellors' lived experience of mindfulness. The study also explored how relevant it is to include mindfulness meditation into their counselling sessions, especially since Bhutan is mainly a Buddhist society.

Research Design

Cresswell (2009) states that, it is useful to be aware of the researchers' assumptions and beliefs about the world, because these influence the way in which the researchers conduct their research. It also makes the researcher and others aware of how our beliefs may influence the methods that we use. An individual's worldview which is underpinned by his or her beliefs and assumptions is referred to as a paradigm (Guba & Lincoln, 1994; Sparkes & Smith, 2014). It is our worldview which influences the specific research paradigm that we align to, which in turn is likely to influence the methods that we use to collect and interpret data (Maxwell & Mittapalli, 2010). It is important that we, as researchers, must understand our own worldview and the assumptions on which it is founded. Denzin and Lincoln (2005), claim that our worldviews are based on ontological, epistemological and methodological assumptions.

An ontological stance shows the relationship between the world and our human interpretations and practices relating to that relationship. It determines whether or not the reality exists entirely separate from human practices and understandings, or that it is simply a part of human existence and practices and it cannot exist on its own (Braun & Clarke, 2013). Ontology is concerned with the nature of reality and focuses on understanding what is real (Cresswell, 2007; Denzin & Lincoln, 2003). Sparkes and Smith (2014) state that realism and relativism are two predominant ontologies which determine our views of reality.

The perception of the phenomenon of mindfulness meditation varies from person to person and the truth about mindfulness meditation depends on how each individual experiences it and develops their own perspectives about it. For instance, the way counselling is seen in Australia is different to that in Bhutan. The way mindfulness is viewed in a Buddhist context varies from the way it is perceived in a psychotherapeutic context. This proposed study does not intend to seek to confirm the truth about mindfulness phenomena, but rather to reflect on the experience of each individual participant, as he or she makes sense of that experience in a Bhutanese setting.

Epistemology refers to the study, theory, and justification of knowledge (Denzin & Lincoln, 2003). Crotty (1998) says that, it is a way of understanding and explaining how we know what we know. It entails explaining how individuals formulate knowledge about the world around them (Denzin & Lincoln, 2005). The epistemological approach for this research is that of

social constructivism. Social constructivism is a philosophical stance that considers personal experience and meanings as constructed and shaped by culture and language (Burr, 2003). A researcher who uses this lens will believe that meaning is constructed by the individual based on their interactions with the world, and that different meanings can be assigned by different individuals to the same scenario (Gray, 2009). All knowledge and meaningful reality are constructed by an interaction between human beings and their world, and are developed and transmitted within an essentially social context (Crotty, 1998, p. 42). A researcher approaching from this perspective, will focus on gaining an understanding of the participants' interpretations of their reality of mindfulness meditation, which has been derived from their social interaction and interpersonal relationship. It also means that the knowledge and the reality of the subject under study will be constructed through the researcher's interaction with and perception of their interpretations of the phenomenon under study (Smith & Osborn, 2015).

Crotty (1998) describes this theoretical perspective as an approach to understanding and explaining social and human world that is grounded in the assumptions that researchers bring to their methodology of choice. He states that it relates to the researcher's underlying philosophical assumptions about the human world and the social life within that world. As a researcher coming from a constructivist epistemology, with the afore-mentioned intention of proposed study, and the research question posed, the theoretical perspective underlying this study is that of interpretivism. In this study, the researcher will take a position that 'all research is interpretive and guided by a set of beliefs and feelings about the world and how it should be understood and studied' (Denzin & Myers, 1999).

Methodology

This research project incorporated Interpretative Phenomenological Analysis (IPA) as the methodology for the study. This is because the outcome of this study is not a generation or confirmation of truth or knowledge about reality, but a deeper exploration of the phenomenon of mindfulness meditation and its particular impact on mindfulness in a counselling session. IPA is chosen as it offers a fitting study design that fits in well with ontology, epistemology, the theoretical perspective and the research aims, as determined by the proposed research question.

IPA is an approach which is dedicated to the detailed exploration of personal meaning and lived experience (Smith & Osborn, 2015). Smith and Osborn also posit that IPA aims to explore in detail how participants make sense of their personal and social world, and the main currency for an IPA study is the meanings that particular experiences, events, and states hold for participants (2015, p. 25). IPA is underpinned by its three fundamental principles of phenomenology, hermeneutics, and ideography.

Phenomenology originated from Husserl's philosophical science of consciousness with hermeneutics, and with symbolic-interactionism, that is based on the premise that the meanings an individual ascribes to events are integral and are accessible only through an interpretative process (Biggerstaff & Thompson, 2008; Smith & Osborn, 2015). Phenomenology emphasizes an exploration of the lived-world of the participants and understanding how participants make sense of that particular experience (Crotty, 1998). Smith and Osborn (2015) mentioned that IPA is phenomenological as it entails the detailed examination of the participant's lived experiences and attempts to explore that professional experience. It does not attempt to produce an objective statement of event itself.

According to hermeneutics one needs to understand the mind-set of a person and her or his language which mediates that experience of the world, in order to translate his or her message (Freeman, 2008). IPA researchers try to explore what it is like to stand in the shoes of their subjects, and through an interpretative process, bring understanding to their experience (Pietkiewicz& Smith, 2014). This means that IPA is a dynamic process, in which a researcher plays an active role and has access to the participants' experience, through which to make sense of how they find meaning in that experience, in the context of their professional world (Smith & Osborn, 2008). The analytical process of IPA is called a double hermeneutic or a two-stage interpretation process. It means that the participants are trying to make sense of their world and the researcher is trying to make sense of how the participants are seeking to make sense of their world. Thus, IPA is intellectually connected to hermeneutics and theories of interpretation (Packer & Addison, 1998; Smith, 2007).

The third and final theoretical foundation of IPA is its use of ideography. This refers to an in-depth study of single cases and the examination of the participants' perspectives in their unique contexts (Pietkiewicz& Smith, 2014). The idiographic approach requires the exploration of every single case before drawing any general conclusion. The researcher's focus is on the particular rather than universal (Smith, Harre, & Van Langenhove, 1995). It does not eschew generalizations, but works painstakingly from individual cases very cautiously to more general claims (Smith & Osborn, 2015).

Method

As a researcher using IPA to explore and analyse how participants perceive and make sense of their experience with mindfulness meditation, a flexible method for collecting the data is required (Smith & Osborn, 2015). Semi-structured interviews were used for this research, as these allow the participants to enunciate their professional experience through responses to open-ended questions (Denzin & Lincoln, 2008). It also enabled the researcher and participants to engage in a dialogue, whereby initial questions could be changed according to their responses, and the interviewer will be able to probe into any interesting and significant areas that might come up during the interview (Smith & Osborn, 2015). This will generate rich and relevant new stories, which otherwise would be missed in structured interviews. The following draft questions were used in the semi-structured interview:

i. Could you tell me what is your overall experience of mindfulness as a counsellor?
ii. What is your experience like when you are using mindfulness in counselling sessions?
iii. Could you say something on how mindfulness helps or hinders a counselling session?
iv. How has mindfulness helped or hindered you as a counsellor to develop acceptance, compassion, empathy, openness, a non-judgemental stance and moment to moment awareness while sitting with your clients?
v. How does mindfulness impact on your therapeutic

relationship with clients?

vi. How do you think mindfulness could be used with clients?

vii. Tell me some examples of how mindfulness has impacted counselling sessions.

viii. Are there any differences you find when using or not using mindfulness in counselling sessions?

ix. If there is anything you wish add, I would be very happy to hear that.

A purposive sampling was used for the proposed study, as it allowed the researcher to collect important information from the participants who share a similar experience and understanding around the research questions (Guarte& Barrios, 2006). Six Bhutanese counsellors (3 male/female) working in Bhutan were included. Guarte and Barrios (2006) state that the selection of the participants in purposive sampling is subjective to researchers' experience and characteristics of interest. Since the researcher shares a similar professional, linguistic, cultural, and religious background with the participants, that will enable the creation of a level of comfort and understanding and a more open conversation with them during the interview.

The program officer from the department of school education, Ministry of Education was asked to correspond with counsellors from six districts inviting them to participate in the study. Once they responded positively, a participant consent form was sent via email. The interviews took place via skype or zoom. An audio recording device was used to record the interview, which was later transcribed and the recorded audio was destroyed after the data was fully analysed. A copy of the transcript was shared with the participant for their cross-checking.

Data Analysis Strategy

As per Pietkiewicz and Smith (2014), for an IPA researcher, the first step towards data analysis was multiple reading of the transcripts and making notes. The literature says that 'doing this will enable the researcher to immerse in the data, help recall the atmosphere of the interview, and the setting in which it was conducted' (p. 12).

The next step involved the transformation of notes into emergent themes. At this stage, the researcher will have to work more with the notes and comments made in the first stage, than with that of the interview transcripts. The aim at this stage is to draw emerging themes from the notes and more focus should be on psychological conceptualization (Pietkiewicz & Smith, 2014; Osborn & Smith, 2015; Smith, 20017). It is also at this stage that IPA researcher is involved in the process of the hermeneutic circle.

The third and final step the researcher needs is to seekrelationship between and clustering of the themes arising from the data. This stage entails looking for connections between emerging themes and grouping them together according to conceptual similarities, and the researcher is required to produce each cluster with a descriptive label. The final list of themes will have numerous super-ordinates and sub-themes (Pietkiewicz & Smith, 2014; Osborn & Smith, 2015). Based on this final list, the writing will be done as the basis for further discussions and the findings.

Participants were given full information about the study: the purpose, phenomena under study, and objectives and methodology incorporated for the research project. At the end of the project, a summary of the findings was shared with the participants and the data was stored with the University of the Sunshine Coast at least for next five years.

Findings

The current finding sets promising confirmation that therapists' regular mindfulness enables positive therapeutic alliance in counselling sessions, which could be very valuable for Bhutanese counsellors. All the participants claimed that their regular mindfulness practice brought change in their approach to therapy, which made them at ease and aware of the unhealthy verbal and physical clues while in a counselling session with clients. They could connect better with the clients and managed to be more aware of their limitations and that prevented them from emotional entanglement with the clients. All the participants agreed that sometimes not thinking about answers or the result of the therapy, and by simply listening to clients with more openness, acceptance, empathy and authentic presence, helped clients heal better than offering solutions in counselling sessions.

Participants also pointed out that being mindful in sessions helped them to recognize experiences of counter-transference within the moment of here-and-now during the sessions. They said that their counter-transference led to judgment of clients, biases and were harmful to their therapeutic alliance with the clients. They said that their improved ability to practice "letting go" made them more comfortable to free themselves from emotional entanglement or force themselves to stand back from certain negative experience and emotions. The current study also pointed out that a heightened sense of awareness amongst the participants was the reason for their resolve to re-think their approach to therapy, which they claimed has redefined their counselling and psychotherapeutic style.

Conclusion

The proposed study will explore the phenomena of mindfulness meditation and how it influences the dynamic of the counseling session in high schools in Bhutan. Despite mindfulness meditation attracting immense interest from clinicians, researchers and scholars over the last two decades, and with a great deal of literature available, there are very few studies done on the impact of mindfulness meditation practice by the therapists in their work with the clients. This study will be the first of such kind ever attempted in Bhutan, especially in the context of counselling interventions. The researcher approaches the proposed study from his relativist ontology, constructivist epistemology and interpretivist theoretical paradigm. IPA will be the research framework that will guide the research process and outcome. The primary reason for choosing IPA is aligned with the aim of the proposed research; that is, to explore the lived experience of mindfulness meditation on the part of Bhutanese counsellors.

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Supporting Clients who have Persistent Pain: A Primer for Counsellors

Michelle Martin

Pain is one of the most common reasons people seek medical advice, with chronic (persistent) pain affecting many Australians. Medical treatments for pain management can be limited, and a multi-disciplinary approach, often involving a range of allied health professionals, is now widely recommended. The importance of psychological support in pain management is now much better understood, and mental health clinicians form an integral part of any pain management team. Counselling can help in managing the emotions associated with the physical pain, as well as providing the opportunity to provide a much broader level of support including pain education and the introduction of specific pain management strategies.

Keywords: *chronic pain, pain management, persistent pain*

Introduction

Chronic, or persistent pain, affects one in five Australians of all ages, with the rate increasing as people age (Painaustralia.org.au, n.d.). It is one of the most common reasons people seek medical advice and is often the main reason cited for self-medication (Eccleston, 2001). In 2007, it cost the Australian economy in excess of $34 billion (Painaustralia.org.au, n.d.), and effective management can present a significant challenge to all health care professions. In 2017-18, the National Health Survey results of the Australian Bureau of Statistics (Abs.gov.au, 2018) reported that 47.3% of Australians surveyed had one or more chronic conditions, a 5.1% increase in a ten-year period. These chronic health conditions included some key conditions associated with persistent pain such as back problems (16.4% or 4.0 million people), and arthritis (15.0% or 3.6 million people). Aside from mental health and behavioural problems, these two conditions rated higher than other chronic diseases such as asthma, diabetes, cardiovascular diseases, cancer, and kidney disease, yet the majority of Australians do not understand persistent pain and many health care professionals struggle to manage the demands. We also know that the prevalence of disability is high in conditions associated with persistent pain. In 2015, the Australian Institute of Health and Welfare report on chronic conditions and disability revealed that chronic or recurring pain or discomfort was rated as the predominant impairment, limitation or restriction for people with arthritis and related disorders (52.9%) and for people with back pain and problems (63.5%) AIHW (2018).

So what is chronic or persistent pain? We know that acute pain is a vital experience for survival; without it we can suffer injury or illness that can be life-threatening. Pain is defined as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage” (Iasp-pain.org, 2018). It is important to note that the definition includes an emotional component. The experience of emotion is related to the ways in which the brain processes these signals that are later determined as pain. There is no one “centre for pain” in the brain, and many areas are involved in processing signals from the nervous system (Butler & Moseley, 2013; Moseley & Butler, 2015; Moseley & Butler, 2017). We know that there are a range of biological processes involved in facilitating the delivery of signals throughout the central nervous system, and that many systems are involved in determining an outcome from all the information received. We also now understand the concept of neuroplasticity a little better, recognising that the nervous system, including the brain, is adaptable to a range of stimuli and can readily make the changes required to facilitate improved coping or to adopt new and different functions.

Experiencing emotion with pain also affects how we pay attention to the sensations, and may mean taking faster and more decisive action. The definition also allows for “potential” damage, indicating a strong relationship between our perception of a threat to the body, and the range of thoughts and emotions that align with this perception. The context in which pain occurs and the meaning of the pain to the individual, alongside other personal and cultural factors, needs to be considered. We all respond to pain with our own set of thoughts, emotions and behaviours. Sometimes these responses are helpful to begin with, but over time they may become unhelpful and on occasions

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harmful. Many myths and misunderstandings abound, and this can lead to increased fear of pain and maladaptive responses. Psychological factors are therefore central to the pain experience (Eccleston, 2001) and, given this, clinicians who support mental health and emotional wellbeing, are a vital part of the multi-disciplinary pain management team.

The terms chronic and persistent are used interchangeably in Australia. Chronic or persistent pain is defined as pain that "has lasted beyond the time expected for healing following surgery, trauma or other condition" (Painaustralia.org.au, n.d.). Chronic pain lacks the warning function that we see in acute pain. It can be thought of as a maladaptive response to the initial stimuli, and serves no important biological function. A timeframe of three months (or 12 weeks) has frequently been used to determine if pain has transitioned from acute to chronic, however it should be noted that three months may be considered too short for recovery from some health complaints, e.g., from a traumatic injury. Daily functioning, including the capacity to work within or outside the home, relationships, sleep and mental health are all potentially impacted by persistent pain. The level of perceived or actual disability also varies, with significant ramifications for the health care and welfare systems as people struggle to manage the changes in their lives.

How can counselling help?

Counselling, or psychological support, is provided by a range of mental health clinicians including but not limited to psychiatrists, counsellors, social workers, psychologists, mental health nurses, psychotherapists, and mental health occupational therapists. It is not just about helping an individual with pain to manage the emotions associated with the physical pain itself. Counselling has the opportunity to provide a much broader level of support including pain education and the introduction of specific pain management strategies. Education regarding pain should always be provided in a timely fashion (Briggs, 2012; Butler & Moseley, 2013; Moseley & Butler, 2015; Moseley & Butler, 2017) and is invaluable, as it provides a solid foundation for the use of multiple management strategies, importantly providing a clear rationale for the non-medical approaches. The non-medical approaches encompass a range of coping strategies aimed at assisting clients to adopt new and more effective ways of management. These approaches take into account the difficulties that are inherent in treating persistent pain from a purely medical perspective, e.g., managing the ineffectiveness, side effects or dangers associated with pain medications, navigating the laws regarding prescribing specific pain medications, or the lack of appropriate medical interventions for the individual's condition. For these reasons, pain cannot be managed purely by medical treatments, but requires a multi-modal approach.

Taking a history for a client with pain

Obtaining a thorough history for clients presenting with pain issues is important to clearly establish goals and identify the therapeutic pathway. A pain assessment should comprise an assessment session and the administration of relevant self-report measures, in addition to any information collated from other health professionals (Flor & Turk, 2011; Winterowd et al., 2003). Importantly, history-taking should cover both the presenting physical problem, i.e., the pain history, and a broad psychosocial overview.

In examining the client's pain history, we look at the following: any diagnoses made or suspected; the date of onset and the time at which pain worsened or became harder to manage; precipitating factors including what was happening at the time pain started or worsened; pain sites and which areas the client considers the worst; accompanying physical and emotional symptoms; and, intensity levels, triggers, and the pattern of the pain. Understanding whether the client is facing any legal or compensation issues is also important, given the tremendous stress this can involve. A pain history should also include past and present treatments and the client's view of their effectiveness, information on their general health, and importantly a history of substance use.

A full assessment of mental health is also crucial, including assessment of risk and exploration of any trauma history, whether it has a direct relationship to the pain or not. With a mental health assessment, understanding the client's locus of control is important, as is an appreciation of personality factors, their cognitive style, and their perceptions and beliefs about pain. Many clients with pain often have useful coping strategies that they do not view as such, therefore exploring coping styles can be useful to build upon or modify already existing techniques. Understanding the client's expectations and their goals for attending the appointment, are also valuable pieces of information to guide your approach. Furthermore, the pain history should include information on daily functioning, including whether the client paces well with activities, appetite, self-care and exercise, sleep issues, and family and social functioning, including the quality of relationships and social supports. Information on a family history of pain or chronic illness, and coping style, may also prove useful.

Psychological Management Approaches

The psychological management approaches include a variety of strategies aimed at improving and then maintaining a client's daily functioning in all domains (Davies et al., 2015; Eccleston, 2001; Eccleston et al., 2013; Flor & Turk, 2011; Moseley & Butler, 2015; Nicholas et al., 2011; Roditi & Robinson, 2011; Winterowd et al., 2003). Many paradigms are used in the pain management field including Cognitive-Behaviour Therapy (CBT), Acceptance and Commitment Therapy (ACT), Hypnosis, and mindfulness-based approaches such as Mindfulness-Based Stress Reduction (MBSR) or Mindfulness-Based Cognitive Therapy (MBCT).

For individuals to cope better with a chronic condition like pain, the relationship between the physical and psychological must be addressed, and the psychological approaches enable a broad conceptualisation of the person's life and the factors that should be addressed. In most approaches, a conceptualisation of the client's history is formulated following the assessment phase, and goal setting is employed to begin addressing the client's needs. This is guided by the clinician to ensure realistic and appropriate goals are the focus. A level of behavioural activation is aimed for, with approaches engaging clients from different perspectives. Alongside increased activities, clients should be taught activity pacing to ensure their activity levels are within realistic limits and to provide a platform from which to improve functioning. Approaches that are designed to calm the nervous system such as relaxation or meditation, or mindfulness

techniques, are also central to more effective coping. Some clients may even benefit from hypnosis, an approach designed to address pain coping on many levels. Attentional techniques such as distraction and desensitisation may be employed, and client's cognitions and beliefs should be explored and addressed. In addition to this, managing sleep difficulties, stress management and problem-solving, managing relationship and interpersonal difficulties, and developing management plans for dealing with setbacks and flare-ups is important.

The psychological approaches may be delivered on an individual basis, or via group therapy. Group therapy provides a unique experience for clients with pain, giving them access to peers who have similar experiences, and enabling clients to learn from each other as well as from the programme. The mindfulness-based approaches, CBT and ACT have a range of manualised group therapy programmes that can be utilised.

When should I recommend more than counselling for my client?

In pain management, we often talk about "clinical flags", or indicators that further investigation or treatment is required in some area. The psychosocial indicators are called "Yellow Flags". These are the factors that may indicate an increased risk of distress, disability or drug misuse, and include an individual's attitudes, beliefs, emotions and behaviours, as well as factors that may influence these areas such as family and work place (Aci.health.nsw.gov.au, 2019). The use of Yellow Flags originated with chronic lower back pain however the concept is broadly used to identify significant psychosocial issues across a range of conditions and can be a useful screening tool to conceptualise potential future difficulties. These flags may also provide a useful indicator for when further specialised input is required from a psychologist who works in pain management, or from a psychiatrist.

Initiating a referral to another health care professional can sometimes be difficult. If rapport is well-established, clients may have difficulty seeing the need for such a referral. It can also be daunting for clients to consider a referral to a psychiatrist, particularly if they have struggled with the perception that people do not believe them. Establishing clear therapy goals and review points throughout therapy can help set up the expectation that counselling may be time-limited, and enables frequent opportunities to discuss progress in therapy and the need for additional input. Providing a clear rationale to the client of the need for further specialist input will also ease the client's concern, and points to the importance of pain education at the very beginning so as to help the client understand the multi-disciplinary approach. Initiating a referral to a psychiatrist or a psychologist under the Medical Benefits Schedule is the domain of the GP, however counsellors can and should make specific requests from the GP when they see a clear need for their client.

Where can I learn more?

Counsellors and mental health professionals can access the wide variety of training opportunities now available in Australia and online. The initial focus for any health care professional working with clients with persistent pain should be on understanding the neuroscience of this complex phenomenon, and learning how to impart this knowledge gently and accurately to a client who may not fully understand why they have been referred for counselling. Clinicians should also access specific training on using and tailoring psychological techniques to pain management. The Australian Pain Society (Australian Pain Society, n.d.) provides professional links to various training opportunities and is recommended as a starting point for further information.

Conclusion

The reality is that persistent pain is a complex issue for both clients and health care professionals. Education regarding pain management, including public education, is vital to ensure early intervention to prevent chronicity, and to ensure that appropriate treatments are offered at the right time. In light of all the available research, the role of the counselling professions has become important to support the mental health and wellbeing of clients with persistent pain.

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Bio

Michelle Martin is a Registered Psychologist in Adelaide. She is endorsed in the areas of Clinical Psychology and Health Psychology, and has worked in pain management with adults experiencing persistent pain since 2003. Michelle currently works as the Senior Clinical Psychologist in the Pain Management Unit at the Queen Elizabeth Hospital (formerly at the Royal Adelaide Hospital). She has been instrumental in redesigning services within this Unit, and has supervised many clinical and health psychology students in this field. She has special interests in the applications of mindfulness-based interventions with chronic pain, the integration of change-based and acceptance-based interventions in pain management, and pelvic pain conditions for women and men.

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A social constructivist approach to the gathering of empirical data

Dr Judith R Boyland

Constructivism offers a paradigm of investigative thinking whereby the researcher journeys with participants into a space of interpreted reality that is as personal and individual as each person in the collective sampling and as diverse as the multiplicity of lived experiences that are profiled. As individuals live in the world of their personal reality each interprets that reality in their own way, leading the researcher towards building a diverse and complex socially constructed landscape that profiles the collective experience without the presumption of universality. By being aware and recognising how one's own interpretations of lived experience can influence interpretation of the data, the researcher acknowledges, owns, and explicitly deals with personal subjectivity throughout the investigative process.

Keywords: *axiology, biosocial interpretation, epistemology, essential/intrinsic variables, data corpus, hermeneutics, interfunctional relations, ontology, quark, social construction, social reality*

Introduction

Social constructivism has its origins in the seminal work of Vygotsky (1934/1986) who postulated the notion that it was not possible to separate learning from social context. Advancing this assumption, Vygotsky established the concept of interfunctional relations and proposed that knowledge is a product of the interaction of social and mental functions whereby each individual mentally constructs a world of experience through cognitive processes. Also described as interpretivism, social constructivism can be defined as a worldview wherein individuals seek understanding of their known world in a manner that is of their own experience (Creswell, 2013; Denzin & Lincoln, 2011; Mertens, 2010; Schwandt, 2003). From a platform of social constructivism, persons interpret their world through a subjective lens which, from a philosophical perspective, influences and is influenced by epistemological, axiological, and ontological positions that define their lived reality (Boyland, 2018). As individuals live in the world of their personal reality each interprets that reality in their own way leading the researcher towards building a diverse and complex socially constructed landscape that profiles the collective experience in terms of individual knowledge, actions and beliefs, and personal experience: without any sense of universality.

According to Schwandt (2003), a construction can be viewed as knowledge and truth being created by the mind in correspondence with something real in the world. This would seem to be consistent with the ideas expressed by Berger and Luckmann (1966/1975/1991), who postulated the notion that knowledge is created by the interaction of individuals, and the influence that one individual has upon another individual. It would also seem to be in agreement with the ideas of Hammersley (1990) who claimed that while reality is socially defined, it also refers to the subjective experience of everyday life and is about how the world is understood rather than about the objective reality of the natural world.

Drawing on conceptions developed by Gergen (1991) and Ginter et al. (1996), Cottone (2001) argued that social constructivism highlights the notion that what is real is not objective fact. Rather, social constructivism allows for a biosocial interpretation of what is real. Cottone's claim is that the reality of the individual gives way to relational reality where all that is known is known through biological and social relationships, is grounded in the biology of cognition, and evolves through interpersonal interaction and agreement about what is fact.

Social Reality

In debating the notion of social reality, Finn (2002) argued that the whole issue of constructivism versus realism arises only in the context where the metaphysics of the freedom of will is accepted. In defence of his argument, Finn proposed a position that could be defined in response to the following rhetorical questions – Is not reality constructed by our own activity? Is not social convention constructed out of individual

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beliefs? Do we not collectively invent the world rather than discover it? According to Lincoln and Guba (2000), the belief is that knowledge encapsulates local and specific constructed realities and varies in accordance with the individual and the situation. In considering epistemological practicalities, they define the aim of constructivist inquiry as being about understanding and reconstruction; where the nature of the knowledge to be understood relates to individual reconstructions coming together around consensus.

Knowledge is accumulated through informed and sophisticated reconstructions and vicarious experience while the quality of the criteria relies on trustworthiness and authenticity. From an axiological perspective knowledge is propositional, in that it is underpinned by a transactional knowing deemed to be instrumentally valuable as a means to social emancipation. General values are formative in that they are inherent in the developing nature of the research with the specific values of altruism and empowerment being promoted and with there being an intrinsic ethical tilt towards revelation as the constructivist researcher moves towards a praxis of participation where the focus of concern is on "liberation from oppression and freeing of the human spirit" (Lincoln and Guba [2000], p. 169). Action is intertwined with validity: that is, it is purposeful and the means is justified by the end. Profiling a constructivist perspective on the link between knowledge, action, and the impact on the relational *Self*, Lincoln and Guba proposed that the ensuing ontology is grounded in principles of relativism. Therefore, from a platform of constructivism, a universal and absolute truth is unattainable.

Methodology incorporates both hermeneutics and logic, where principles of interpretation are suspended in the common language that is shared and understood by both researcher and participant. Neimeyer and Levitt (2001) proposed that constructivist methodology elucidates local rather than universal meanings and practices; focusses on provisional rather than essential patterns of meaning construction; considers knowledge to be the production of social and personal processes of making meaning; and is more concerned with the pragmatic utility of validity of application than with validity per se. It is this focus on distinctive patterns or processes of constructing meaning in a given personal or social context without the presumption of universality that differentiates constructivist methodology from traditional knowledge claims and it is these very distinctive patterns that set constructivist methods apart from constructionist methods, where attention is shifted to broader systems that characterise cultural contexts.

From an alternative perspective, similarities with constructionism reflect Owen's hypothesis that the inherited and developmental aspects of human nature and all other aspects of humanity are created, maintained, and destroyed in interactions with others (Owen, 1995). Such a hypothesis could give rise to the notion of a social construct as defining meaning or connection assigned to objects, situations, and happenings in the environment. Owen also referenced the notion of defining meaning to people's conceptions of their relationships to and their interactions with these objects and events. Therefore, it could be suggested that while a specific social construct might be an idea or notion that appears to be natural and obvious to the people who accept it, it may or may not represent reality as a statement of fact or as something that exists independently of ideas or perceptions that are universally held about it.

In further consideration of the social context, Kukla (2000) proposed the notion that social facts are the clearest example we have to constructed facts, with social convention being constructed out of individual beliefs and intentions. He also claimed that for this to be so, a certain kind of constructive activity needs to have taken place. In support of his argument, Kukla introduced the notion of a "quark",[1] maintaining that constructions are fashioned out of social episodes whereby constructive activities constitute the fact.

While analysing social constructivism according to the aims of science, Khalifa (2010) identified social constructivists as holding to the notion that things taken for granted are actually products of social contingencies. He identified a philosophical pull between strong constructivism and weak constructivism – the "strong" thesis being that facts are constructed; and the "weak" thesis claiming that if scientific practices were different, hypotheticals would not be postulated as fact. Suggesting a middle path, Khalifa's claim was simply that if social conditions were different, conceptions about reality would be different.

From a perspective of standing on middle ground, the short explanation of constructivism postulates that the aim must have something to do with social conditions while also satisfying some plausibility condition. In both data collection and data analysis, concern lies with the pragmatic utility of validity of application and the specific social construct appears to be natural and obvious to the people who accept it. The collective narrative that emerges from the data corpus[2] profiles a landscape that encapsulates this world of lived experience which, as well as not representing reality as a statement of universal fact, acknowledges that the reality of the lived experience is something that exists independently of ideas or perceptions that are universally held about it.

Knowing, Doing, Being

Marton and Booth (1997) put forward a constructivist position when they expressed that conceptions of reality are aspects of individual awareness that exist in some latent form and can be brought to a reflected or thematisised state through the researcher's interventions during the course of interview. Thus it is that the authors posited the notion of seeing individuals as the bearers of different ways of experiencing which, for Prosser (2011), is contextualised through the visual when stated as, "how humans 'see' is part nature and part nurture: being governed by perception that, like other sensory modes, is mediated by physiology, culture and history" (p. 479, internal quotation marks included in original text).

Berger and Luckmann (1966/1975/1991) referred to the notion of everyday life presenting as a reality, interpreted by individuals as being subjectively meaningful as a coherent world organised around the "here" of the body and the "now" of the present (pp. 19-22). They identified thought processes as being shaped by conditions in the social setting within which they occur. These same authors also emphasised the point that all social facts are defined as including elements of human thought, understanding, and meaning: whereby constructing multiple realities.

In a similar vein Owen (1995) suggested that the tool of knowing is inevitably the subjectivity of the people themselves and while acknowledging that each human being is an individual, it also needs to be acknowledged that humans are part of a shared collective of aims, values, and experiences. Referencing the conventions of "individualism"[3] and "groupism"[4],

Owen maintained that it is only through the integration of both arguments, that contextual thinking can be produced whereby the personal qualities of the individual and the impacting social forces are seen in parallel as a co-construction of the individual in community. As Owen argued, just because we can each say, "I" and because we each have a separate body, does not mean that thoughts and emotions are located solely within the individual. Rather, thoughts and emotions exist between individual human beings who can be said to construct a shared social reality: such as may reflect Siegel's notion of the neurobiology of "we" (Siegel, 2008) and Jung's paradigm of the collective unconscious (Jung, 1933/2001; 1936/1991).

The approach of human beings constructing a shared social reality was also posited by Berger and Luckmann (1966/1975/1991), who suggested that much of the individual's personal space is intimately influenced by others who are around. In particular, are those with whom the individual interacts on a daily basis, sharing the world of everyday intersubjective immediate experience and using both verbal and non-verbal communication to influence the dialectics of social reality. Encountered social facts affect and condition human beliefs and conversely, human beliefs affect the social facts of the lived experience. Berger and Luckmann also claimed that the influence of others with whom the individual is intimately connected can impact to such a degree, that any clear boundary of "what is mine" or "who I am" can become blurred. They further argued that as individuals are interdependent with others, when the boundaries become blurred an individual can become dependent on others in sustaining personal well-being.

The notion of an integrated construct was also explored by Ashby (1952) and Powers (1973/2005, 1998) who referred to human beings as being essentially intricate control systems who behave as a means of defending essential variables (Ashby) and intrinsic variables (Powers) against external disturbance. These variables are said to include basic physiological fluctuations in body temperature, blood pressure, and/or blood glucose levels. Also included are higher order disturbances to the firing of cortical neurons and synaptic integration that influence perception, cognition, and action that is crucial to the holistic well-being of the human system. Ashby and Powers claimed that these essential/intrinsic variables need to be maintained at optimum levels – or at least, maintained within non-lethal limits required for efficient operation and survival.

Criticism of Social Constructivism

Critics of social construction have claimed that it rejects criticism, is too subjective, and avoids conflict (Ratner, 2005). However, in addressing such criticism, Gergen (1999/2009) postulated the notion that the major question within a framework of construction is not one of objectivity; but one of utility. Gergen also referenced the need for the researcher to take a critical stance towards taken-for-granted knowledge in favour of generating understanding of people's lives and appreciating the challenges that people confront. Through the sharing of first-hand experience, people are encouraged to tell their story in their own terms – a story of reality as it is lived: from moment to moment, day to day, week to week, year to year.

Validity In Outcome

Distancing the Self from a taken-for-granted stance is actualised through incorporation of processes of analytic bracketing which, as defined by Braud (1998), are about attempting to remove biases while seeking to provide as clear and pure a channel as possible: one that is free from impeding and interfering preconceptions about the research topic. Braud also claimed that employing strategies to quiet the interference of bias and to allow access to the embodied truths as described by participants enhances the validity of empirical evidence that constitutes raw data. By being aware and recognising how one's own interpretations can influence interpretation of the data, the researcher acknowledges and explicitly deals with personal subjectivity throughout the investigative process. How one deals with personal interpretation and acknowledges and deals with personal subjectivity is essentially determined by which philosophical approach best suits the specific research project; promotes the most rigorous, authentic, and trustworthy interpretation of the data; and produces the most valid interpretation of how persons conceptualise the lived reality of their world.

If dealing with the data from a descriptive point of reference as postulated by Husserl (1929/1960/1982), one comes with a view that the *object* of investigation is an intentional structure that is understood in terms of the context. What one brings to this particular context is a plethora of prior experience and assumption which must be purged or bracketed in order to attend to the actual phenomenon that is the focus of both attention and intention. If dealing with the data from an interpretative point of reference as postulated by Heidegger (1927/1962), one comes with a view that the subject of investigation is about one's presence in the world that is defined by the context. According to Heidegger, above all else, we are "beings in the world" (p. 83) and it is how we *Be* in the world that defines our lived reality. In essence, from a platform of description, the focus is on the *epistemology* of the object and from an interpretative platform, the focus is on the *ontology of the subject*.

From the hermeneutic position as explained by Romanyshyn (2010), there is no way to step outside the work of interpretation and no way to stand apart from it:

> The researcher is an encircled researcher . . . [and] enters into the circle with his or her prejudices. . . . [which] are the way into the text where they are challenged, transformed and lead to a different understanding of the text, a circular process that is on-going within an infinite horizon of possibilities (p. 317).

As contextualised by Marton and Booth (1997) and Sandberg (1996), it is interpretative awareness that is embodied in a bracketed reduction of personal experience, enabling the researcher to avoid generation of description that is beyond evidence generated by participants. With the locus of inquiry being to profile distinctive patterns of constructing meaning within a defined social context, participant sampling is ideally oriented towards enabling the most comprehensive and valid profiling of relevant data, while portraying a holistic snapshot of individual rather than universal reality.

In Conclusion

Constructivism offers a paradigm of thinking whereby the researcher journeys with participants into a space of interpreted

reality that is as personal and individual as is each person in the collective sampling and as diverse as the collective of lived experiences that are profiled. Constructivist research demands a fluidity that requires the researcher to adopt a view that each participant constructs reality differently. These differences stem from the various ways individual participants acquire, select, interpret, and organise the knowledge that they bear and the information that they are willing to share in the telling of a story that identifies as a world of personal reality.

Participant sampling is oriented towards enabling the most comprehensive and valid profiling of relevant data while portraying a holistic snapshot of individual rather than universal reality. The social constructivist researcher positions the dialogical self of *I*, the researcher,[5] so as to provide each participant with opportunity to reconceptualise, reframe, re-construct, understand and make meaning of the reality that is his/her lived experience. Such is the position that best serves the need of the individual participant to capture what Shotter and Gergen (1994) described as a knowing from within expressed as conversational knowing. By intertwining speaking, listening, hearing reflexively and seeing within a process of dialogic interchange, living dialogue emerges into conscious awareness.

There is also acknowledgment that emotion is integral to the process and that *Self* states are dynamically organised and reorganised from moment to moment in a unified sense of Being and presence which as defined by Heidegger (1927/1962), is about Being-present-at-hand or Being-present-in-the-world. In that presence, Heidegger suggests that one is concernfully absorbed with that which may be akin to what Murray (2005, 2016) refers to as *the world that is*. It is Being-there, concernfully present with *Other* – be that another individual person, multiple other persons, or the unconscious states of *Self*. The emerging hypothesis suggests that the way of *Being-in-the-world* is incomprehensible in isolation from *knowing* about the world and *doing* what needs to be done so as to survive the lived experience of being in the world. In essence, *Being* is about Being-there. Thus, it is implied that understanding the way of Being-there or Being-in-the-world or Being-present-in-the world is also incomprehensible in isolation from an insight into the world where the participant is concernfully absorbed (Boyland, 2018).

From a constructivist perspective, data gathering and data analysis processes seek to elicit an understanding of how persons create their knowledge constructs and how these constructs contribute to understanding social influences and individual thought processes. When the locus of inquiry is to profile distinctive patterns of constructing meaning within a specifically defined social context without the presumption of universality, a constructivist methodology is ideally suited for engaging with a target demographic that encompasses constituencies with a focus on individuals, families, workers, students, children, parents, adolescents, caregivers, professional associates, recreational/sporting organisations, cultural/religious/gender groups, and multiple other social constructs within the community of human experience.

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Footnotes

[1]A hypothetical postulated as a fact (Kukla, 2000, pp. 60-62).

[2]All data collected is referenced as the "data corpus": terminology used by Braun and Clarke (2006) as a tool to define and differentiate elements of data in the process of thematic analysis.

[3]According to Owen, "individualism" regards human behaviour as the result of personal choices, grounded in the individual's values and unique personal characteristics.

[4]According to Owen, "groupism" holds the view that human behaviour can only be understood within its overall social context wherein individuals are influenced by the people around them much more than by their own trait.

[5]Reflection of Dialogical Self Theory as constructed by Hermans, 2001; 2012.

Loss and Trauma- a journey of transition to inner peace

Kay Distel

This story journey took about six years - through emotional trauma: loss of a partner, loss of place: through the physical trauma to the ears from a severe blow to the head resulting in tinnitus and an exacerbated emotional dysregulation.

I will introduce the main features of the analysis of this story is done through the use of auditory graphs which were taken at the beginning and end of HKs two intensive Tomatis clinical programs. I parallel this information to the theoretical framework of the Tomatis Listening test. Presented in italics are the un-edited reflections written by KH during the intensives and follow- up discussions.

Keywords: *auditory processing, emotional self-regulation, brain stimulation, therapeutic listening*

I felt like a plant in barren soil, just drying up, or pot bound with my roots all wrapped around each other choking me from the inside. The program offered a way of internal healing that lead to me being able to connect with my external environment and create nourishment in my world internally and externally KH 31V12/2015.

Introduction: KH History

KH is a single woman in her mid-fifties who lost her life partner by sudden death (2009) leaving her to manage a primary industry property. In late 2012 she moved from the farm to pursue her love of horses and begin to relate to the world again. One day in mid-2013, while working in a paddock, a tree branch impacted on the left side of her head at the base of her skull causing uncontrollable ringing ears, (tinnitus) disorientation and a very foggy pressured feeling in her left ear. In retrospect, confirmed by a phone call in 2015, her program represented on an emotional level the first space she could let go after leaving her farm and re-access her options. She was unsure of how long such a process would take.

I had known KH for over twenty years. We shared a common interest in the mastery of voice and healing sound. We had lost contact for over fifteen years when she rang to tell me of her demise. In deeply distressed state when she arrived for her treatment in March 2014. She had driven six hundred kilometres to attend my clinical program. She had been living with this head pressure, the ensuring confusion and withdrawal for nine months.

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A background to the Tomatis Listening test and a short analysis

As a medically trained ear, nose and throat specialist and also researcher Dr Tomatis was familiar with the use resonant frequencies of body organs to perform medical procedures. An example is the use of, EEGs to measure brainwave frequencies with different frequency bands that correspond to different functions, such as sleep and attention.

In his early research work in the 1950s, he identified three frequency zones corresponding to different areas of human brain and body functions; which provided a developmental framework and established a direction for an individualized listening training.

These frequency zones came from extensive clinical observations in the manner the sound stimulation was received in the various sound frequency bands. While at first site these zones seem a broad generalization from practice and consultation there is no doubt that many of these variables exist and can be shown to change through the listening test.

Below, depicted in yellow, are the areas of concern for HK suggested by both the interview and the listening test as needing improvement.

Zone One: The Vestibular area- sensory integration
Low frequency sounds 0-700hz

Issues addressed:
Balance
Rhythm
Coordination
Muscle tone
Body awareness
Sense of direction
Laterality
Right/left discrimination
Zone 2: Speech and Language
Mid to higher frequency sounds 700- 3000-4000hz
Issues addressed:
Memory
Concentration
Attention
Speech
Language
Vocal Control
Zone 3:Integration
High frequency sounds 4000hz and above
Issues addressed:
Energy
Intuition
Ideas
Ideals
Spirituality
Creativity
Auditory Cohesion

The brain organizations are interrelated and interdependent. These three zones can be viewed as a neuro developmental model going from the lower level of brain sensory organization to support the higher-level functions of cortical charge. In practice, the lower level, zone one is the foundation, zone two builds on that foundation, while zone three supports the integration processes of both zone one and zone two

A program starts on the macro level by firstly providing stimulation and calming qualities across the full range of sound frequencies, in a sequential manner, to help the general organization and balance of all three zones, prior to an individual micro level 'fine tuning' takes place.

The Tomatis auditory listening test

The test establishes the patterns within the zones and takes into account both air and bone conduction. Air conductions is working on the muscular system and the bone conduction works directly on the nervous system.

A most informative test is where pure tone signals are presented in pairs -for example 8000Hz.followed by 6000 Hz., for instance- loudly enough so they are easily heard. The subject has to determine the pitch of the second sounds, which are an octave or half-octave apart. Dr. Tomatis called this the test of 'selectivity', describing it as "the ability to tune in to and analyse the specific sounds of one's native language". In today's parlance, this is usually identified as a sound discrimination test. By indicating an error made at the lowest frequency means from this point upward the selectivity is 'closed' at that frequency for all those frequencies above. This has ramifications for efficient and effective self-regulation.

Another element of the testing is mapping bone conduction. A bone vibrator is placed just behind the ear and ideally one hears the sound just as one would hear the sound produced through the air conduction earphones. If the sound is perceived as coming from the middle of the head, on the opposite side, or from somewhere beyond the skull, it infers that any sound referral is likely to cause a level of confusion. This is called spacial error.

Distress in the body is indicated by the shape of the bone conduction curves. A normal curve is considered to be ascending from base to 4000kz and then lower in the high frequency range. If both ears have the same peaks and valleys at the same frequency range, we assume these represent the distressed areas in the body as well as indicating in what zonal functions are being compromised. This can be an indicator of actual or potential health and/or learning issues.

Selected analysis of the KH auditory graphs

- Sound discrimination: I found four errors with closure from 4000kz on the right ear (RE) which effectively closes the whole of the left ear (LE). This was felt by KH as an exacerbated feeling of pressure in her left ear.
- By the end of the second program, three errors remained on the high frequencies of the left ear effectively meaning the whole system was now only closed in the left ear high frequencies, the fog had disappeared and a new self-regulation had been enacted.
- Bone conduction and the spatialisation: Nine spatial errors: two errors on right ear and seven errors on left ear. This meant KH was perceiving these left ear sounds on the right ear. By the end of the first program only two errors remained on the left ear.
- On return for the second session some weeks later, the errors on left ear had returned indicating that the integration time between these sessions had been too long. However, by the end of the session of this intensive these errors had disappeared entirely.
- The shape of bone conduction curve: Six errors at 1000, 1500 and 3000 kz frequencies in both ears. These three frequencies in the language zone of the graph account for the disharmony of KH in her inner and outer world: an inward turning and lacking motivation to outwardly communicate. By the end of the first program there were two errors: on right ear 1000kz, and left ear 1500 kz. Had an order been restored to the left ear? No not at this point.
- Again, by the end of second session the graph showed both bone conduction curves were only slightly above the top of the air conduction, rather than as previously a huge gap was seen between bone conduction and air conduction. And a smooth curve rather than peaks and valleys ensured which was interpreted as the inner and outer selves were no longer at war which is very evident in HKs reflections.

In the beginning discussion KH reported that she couldn't hear out of the left ear, it had a 'fullness' and was deeply muffled. She would cover her left ear and while it 'felt like herself with a sensation of deadness', her experience of the fullness was not as uncomfortable.

Reflections from KH

1.Following her first fifteen program, March 2014

A wider spectrum of my 'Self'

I started out pretty distressed. It was a real relief to cry about distressing things and feel a current of love stir deeper in my being. (This was) an opportunity to listen for my'Self', to listen through pain and loss and reconnect with creative expression in colour and words. And a chance to stop everything else and listen to my distress, my yearning, my love, my hopes and my needs.

Listening to a musical language that covers so much more of my being than the general use of words. Hearing the contrast, in the quiet place of the Gregorian, to the narrow band of thought I had become accustomed to.

As the week progressed I became aware of changes in my sense of solidarity within my own mind and body. As if I had more resources to tackle my life with. More ready access to the 'more' of my being. My mind rewired (along with my brain) to listen for a kindness and a potency that I found in the music.

I am resolved to improve the quality of sound I expose myself to and to listen to what is there even more fully: to nurture my ears as the custodians of my being. Through the stimulation came the art: I did, however, have to listen for that as well.

I have remembered myself in a new way. The support of the stimulation of the music and the bone conduction, showed me that I need this support to thrive. Disconnected from, it, I wither. Pay attention to the music, the vibrations. The inner sounds of my body and my being are thrilled to have so much more direct communication with the outer sounds and vibrations of the stimulation provided.

I am released from the stresses of talking: searching for nourishment there, is like squeezing water out of a potato. It's there, but you have to work really hard for a very small amount. Realising that the food I seek cannot really be found there, helped me look more directly where it can be found, felt and received; directly, through the languages of light, colour, sound and touch, felt in my skin and deeper within.

Going beyond words again.
Quietly waiting for spirit's breath
Inspire…..
Expire…..

After about 5 days (15 hours) I experienced a very distinct change. A real sense of integration and empowerment - I could manage outside influences, I was sure of it, and able to go forward with direction.

2. Verbal comments at the end of the session

You offer a lot of emotional space and I find that really helpful You came in and talked and sometimes I could do it both ways-listener and listen.

I don't care about the tinnitus it's now background not driving. It is (like) a banquet of sound to listen to and tinnitus is a decoration on the table.

3. The follow up program April 2014

Coming back to this intensive KH was very aware of how much more active and motivated she had been following her first program. In this session she did voice/ear/brain reconnection work which she discusses:

I was not nearly so chronically and easily overwhelmed, able to engage in outside activities, focus more easily in general, and hold my own sense of self in conversations with others. These skills continued in develop through the second program. I appeared to be much less dependent on visual aids in listening. For example, I could look into the person eyes in conversation-not so focus on the mouth to back up my hearing. The other level of this was simply being more interested in the other person's state. Prior to staring Tomatis I was very easily overwhelmed by other people and not interested in them for that reason. I felt I had very little to give directly, rather more able to give by working in the background. This round of the program has given me more of a sense of direct exchange in communication and discussion. I don't feel depleted by or avoid interactions or am I having to adapt myself to suit the other person's state.

The active voice work has been very stimulating and gave me a wonderful sense of promise that the electronic ear voice could teach my brain to reach for more of me. Gradually, my voice would soften around its current edges and more of who I sense I could be, would be present for me to enjoy.

While the work is subtle it's also quite tangible for me. The changes I feel currently are encouraging to my general functioning in the world. I hope to be better equipped to maintain an ear on my own presence and be less affected/pulled about by other people's stresses and unconscious needs.

By firing up more of my brain, I like to think of it as my inner self training my local self to expand, giving my inner and outer egos a better alignment and giving me better access to more of who, I quite naturally, am.

I found the reading quite tiring and had to open myself quite softly to a different way of relating to the words on the page. That was really a great change.

Kay's knowledge and awareness of the process are obviously invaluable. She is constantly present to the subtle impact of the process, tailoring the next step specifically for me and my progress.

4. Contact by phone December 2016

An opening remark from KH as she summed up the experience:

I didn't know how long it would take to adjust. It was like being a newborn again. I had an intrinsic self, but I had to develop these renewed neural pathways through my sensory interactions with the world. Not relying on my intellect to fill the gaps. I had inner motivation and I knew I could build on that and learn the rest. Looking back, I can see that I felt I could be who I wanted to be in the world in a way that had previously eluded me.

I didn't have to know everything before I began. I could rely on myself, my resources and my life, to shape me. I no longer felt abandoned, in a tiny life boat, awash on an enormous ocean that I was supposed to know how to navigate and couldn't. I stopped feeling isolated from myself. From my inner Self. I had a long way yet to go, but I had a genuine sense of myself as a foundation.

The program was like a pragmatic spiritual tuning. The neural changes led to tangible changes in my sensory relationship with the world. The way I inhabit myself and my life changed. I recovered a sense of presence I hadn't felt since leaving the farm. There was much more to develop but I knew I had the wiring for it. I could learn the rest and grow stronger in my own way. I was now so much less confused by other people's contradictions and subterfuge. I was much more able to recognise and validate my own instincts, especially when confronted with mixed messages from other people.

While there have been other things I've used to build on the foundation the program gave me, it was the place where my internal world rebooted in my brain after leaving the farm. I now have a deep and abiding sense of Ray's presence, ever near and always willing to be brighter. I don't feel alone, even though I spend a great deal of time by myself. I have retrained as a life coach and am in the process of creating a little business called 'Knowing by Heart' that will incorporate my writing and my horses, for those who wish to work with them or their own. I finally feel I am well on the way to planting myself in a garden of my own making.

My summing up

KH agreed that the highlights on the zone map (depicted in yellow) could represent some of the changes she experienced on her Tomatis program. The major change in laterality, (zone 1) depicted by particularly the left ear bone conduction graph, had a reduction in errors from seven to two errors by end of the first program,. When she returned for the second intensive it was very evident there was a difference in her emotional self-regulation. This cross lateral migration of the bone conduction exacerbated by the head trauma, was corrected and the foggy pressure eased leaving her able to improve and make changes in concentration, attention, speech and vocal control. Her groundedness and clearly embodied life approach was articulated clearly in her spoken and written reflections as her spiritual peace and creativity transitioned by the end of the program and eight months beyond.

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