

**MASTER OF ARTS IN PSYCHOSYNTHESIS PSYCHOTHERAPY
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**DRAGANA DJUKIC
GROUP MA6**

DISSERTATION

**WHAT CAN PSYCHOSYNTHESIS THEORY AND CLINICAL APPLICATIONS
BRING TO PSYCHOTHERAPEUTIC WORK WITH
ANXIETY AND ANXIETY STATES?**

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INTRODUCTION

This study explores the meaning of anxiety and the ways of working therapeutically with anxiety by eliciting the views and experiences of six psychosynthesis therapist.

The idea for this study emerged during the MA degree course in Psychosynthesis Psychotherapy. Given that anxiety disorders are the most common form of mental disorders, I was surprised to find that in our curriculum we did not have a seminar on anxiety and anxiety disorders. According to the US National Institute of Mental Health it is estimated that 26.2 percent of the US population aged 18 and older suffer from a diagnosable mental disorder in a given year (www.nimh.nih.gov). Statistics say that:

- 18.1% of people have an anxiety disorder
- 9.5% have a mood disorder
- 6.7% have a depressive disorder
- 2.6% have a bipolar disorder
- 1.1% have schizophrenia

The UK figures are very similar. According to the Psychiatric Morbidity Survey, 0.5% of the UK population, aged 16 to 75, suffers from psychosis, 2.6% from depression and 13.3% from some form of anxiety disorder, which is almost one in six of the adult population (Psychiatric Morbidity Survey, 2000).

My motivation and enthusiasm to explore the subject on anxiety grew even more after reviewing the psychosynthesis literature. I realized that very little had been written on anxiety and that there was no research done on therapeutic work with anxiety and anxiety states. I find it also important to say that my interest in anxiety has been present for many years because of my personal experience, but I have never done a 'real world research' or written a more extensive study on the subject of anxiety apart from writing an academic paper on panic attacks.

This dissertation consists of four chapters. The first chapter draws upon the literature and insights of philosophers, psychologists and psychotherapists on the nature of anxiety. It outlines the four main forms of anxiety, the theories on the origins of anxiety and the current therapeutic approaches to anxiety. The second chapter presents the study's aims. It includes a critical discussion of the methodology that I had chosen for this inquiry and offers an explanation of the methodology that I used to collect and analyze the data. The third chapter presents the findings of my inquiry which I grouped into four main themes:

types of anxiety, anxiety and society, anxiety and Self-realization, and working therapeutically with anxiety. It includes my reflective discussion of the findings in relation to the psychosynthesis literature and other existing literature on anxiety. The final chapter presents a critical discussion of the implications of the methodology that I used for this inquiry, the implications of the findings, and ends with closing thoughts drawn from the study.

CHAPTER ONE: LITERATURE REVIEW

- The nature of anxiety
- The four main forms of anxiety
- Theories on the origins of anxiety
- Current psychotherapeutic approaches to anxiety

This chapter presents a review of the psychotherapeutic literature on anxiety. The chapter begins with an explanation of the nature of anxiety and then goes on to describe the four main forms of anxiety, the theories on the origins of anxiety and the current psychotherapeutic approaches to anxiety. Finally, the chapter draws to a close by identifying the main research questions to be addressed in this study.

(Note: All terms and concepts used in this study are as defined by psychosynthesis theory, if not otherwise stated. Although psychosynthesis is a transpersonal psychology, in this study I address the psychosynthesis model separately from the main body of the transpersonal school of thought.)

THE NATURE OF ANXIETY

“There is no question that the problem of anxiety is a nodal point at which the most various and important questions converge, a riddle whose solution would be bound to throw a flood of light on our whole mental existence.”

— Freud (1974, p441)

The Penguin Dictionary of Psychology defines anxiety as a “vague, unpleasant emotional state with qualities of apprehension, dread, distress and uneasiness” (1985). In the psychotherapeutic literature anxiety is described as basic human emotion that arises when our well-being or existence are threatened in some way (Freud, 1974; Gerzon, 1998; May, 1996). It can be provoked by anything from our primitive biological urge for self-preservation or everyday worries (Barlow, 1988; Freud, 1974), to our most profound philosophical and spiritual dilemmas about death and the meaning of life (Assagioli, 1990; Haronian, 1967; Yalom, 1980).

Anxiety comes from the Latin *anxius* meaning “painful or apprehensive uneasiness of mind usually over an impending or anticipated ill” (www.merriam-webster.com). The word anxious is derived from the Indo-European *angh* which refers to a feeling of torment and strangulation (The American Heritage Dictionary of the English Language, 2000). The German word *angst* comes from the same root and is the word used by Freud (1974, org.

pub. in 1916) and the existential philosophers and psychotherapists (Kierkegaard, 1980; May, 1996; Tillich, 2000; Yalom, 1980). The English language is rich in terms which describe anxiety, such as: agitation, anguish, apprehension, concern, desperation, disquiet, distress, dread, edginess, jitteriness, nervousness, panic, tension, torment, uneasiness, upset, worry (www.merriam-webster.com). All these words, in my view, tell us about the many subtle shades of anxiety as an emotion.

In the psychotherapeutic literature, including psychosynthesis, the words anxiety and fear are often used interchangeably. However, many early theorists, among them Kierkegaard (1980, org. pub. 1849), Freud (1974, org. pub in 1916), Marx (1978) and May (1996, org. pub. 1950), made a clear distinction between anxiety and fear. According to them, anxiety is a feeling of tension or dread originating from within and fear is based on an outer danger. While fear is usually intense but transitory, anxiety is experienced as a more diffused but continual presence within the mind. While fear has a clear object (an imminent threat to our safety), anxiety does not. In anxiety, the threat is vague and always related to an unknown future and the uncertainties of life, usually about things that we feel we do not have control of. This is why, May says, anxiety often provokes in us feelings of insecurity and helplessness (1996, p205). Assagioli (1991, p170) defines anxiety as a morbid form of fear. He describes anxiety as a state of agitation and anticipation related either to the execution of a fearful action or to the events that evoke fears (1991a). He adds that anxiety is always felt as a physical and psychological constriction and it can be experienced as a profound desperation (ibid.).

The existentialist Rollo May holds that fear and anxiety represent threats to different levels of the personality (May, 1996). May sees anxiety as a threat to the fundamental values of an individual, and fear as a threat to more peripheral values. According to him anxiety strikes on a much deeper level than fear; it attacks the foundation of our personality. He defines anxiety as “the apprehension cued off by a threat to some value that the individual holds essential to his existence as a personality” (ibid., p205). Similarly, the theologian Paul Tillich suggests that we experience anxiety when we face some kind of danger which could go so far as to annihilate our existence (Tillich, 2000, orig. pub. 1952). He says that we as human beings are consciously aware of our being but we are also aware that at any moment we might cease to be. Anxiety, according to Tillich, comes from our awareness of the possibility of nonbeing. He defines anxiety as our reaction to the threat of nonbeing, where ‘nonbeing’ does not mean simply the threat of physical death but lies in the psychological and spiritual realms as well (ibid.).

May (1996, p207) points out that since anxiety threatens the foundation of our personality, we cannot ‘stand outside’ the threat, we cannot objectify it. This is why anxiety appears as a subjective, objectless experience (ibid.).

THE FOUR MAIN FORMS OF ANXIETY

The psychotherapeutic literature shows that each main school of thought addresses a different form of anxiety. Namely, the psychoanalytic school concentrates on *neurotic anxiety* and makes a distinction between *neurotic* and *natural anxiety* (Freud, 1974; Gerzon, 1998; May, 1996), the existential school recognizes *existential anxiety* (Kierkegaard, 1980; May, 1996; Yalom, 1980) and the transpersonal focuses on *spiritual* or *transpersonal anxiety* (Assagioli, 1990; Battista, 1996; Haronian, 1967). Each of these four forms is discussed below.

1. Natural Anxiety

“Normal anxiety is an expression of the capacity of the organism to react to threats; this capacity is innate and has its inherited neurophysiologic system.”

— Rollo May (1996, p216)

This form of anxiety is what Freud (1973, 1974) classified as “realistic anxiety” or “objective anxiety”, May (1996) called “normal anxiety” and Gerzon (1998) “natural anxiety” (I will use the term “natural anxiety”). Freud (1974) describes natural anxiety as a useful emotional reaction since it protects us from being surprised by sudden threats for which we are unprepared. He regards natural anxiety as an expression of the instincts of self-preservation and not a clinical problem. All our realistic worries and concerns about our day-to-day life belong to natural anxiety. Natural anxiety is always in proportion to the situation and disappears as soon as the object of the anxiety has been acknowledged and dealt with, or if the threatening situation has changed (ibid.).

Biology and neuroscience tell us that our capacity to experience natural anxiety is innate and hardwired into our nervous system (Cannon, 1967; LeDoux, 2003; Selye, 1984). In terms of biology and neuroscience, anxiety is seen as a normal body response to threat. When we perceive danger, our bodies rapidly produce adrenaline that triggers a series of bodily changes which prime us to take immediate action in order to deal with a threat or crisis. This bodily response is termed the “fight-or-flight” response and was first described by Cannon (1967, org. pub. in 1932).

May (1996) holds that natural anxiety is an essential part of being human. Without natural anxiety we would be overcome with boredom, become insensitive, and live without the necessary tension we require to preserve our human existence (ibid.). Similarly, Freud (1973, 1974) and other theorists (Gerzon, 1998; Marks, 1978) maintain that without natural anxiety and its protective function we would never survive in the world. Yet, on the other hand, it can become highly uncomfortable if we feel inadequate for the challenge at hand or if we are confronted with a situation where we risk the loss of something we hold essential to our well-being or existence. In this case, natural anxiety has the tendency to transform into a pathological form of anxiety which is neurotic anxiety (Freud, 1974; Gerzon, 1998; Marks, 1978; May, 1996).

2. Neurotic Anxiety

“Neurotic anxiety is anxiety about an unknown danger.”
— Freud (1993, p325)

Freud (1973, 1974) was the first to study this form of anxiety and termed it in an 1895 paper. He defined neurotic anxiety as a pathological form of anxiety and made a clear distinction between natural and neurotic anxiety. According to Freud (1973, 1974), and other theorists on anxiety who followed him (Gerzon, 1998; May, 1996), natural anxiety is an emotional response to a threat which is in proportion to the actual danger, while neurotic anxiety is an emotional response which is out of proportion to the actual danger or is experienced where no real danger exists. Natural anxiety does not involve repression or other mechanisms of intrapsychic conflict, while neurotic anxiety does. Natural anxiety is used for a constructive solution to the problem which causes anxiety, while neurotic anxiety results in avoidance of the problem. It is important to mention briefly that in the psychotherapeutic literature (including psychosynthesis), the term ‘anxiety’ is often used as a synonym for neurotic anxiety. Similarly, I find that in everyday life when we talk about anxiety, we mainly talk about our experience of the neurotic type of anxiety expressed as worry, self-doubt, panic, and even helplessness.

Freud (1974, 1993) maintained that neurotic anxiety always involves some inner psychological conflict and repression that generally have their origins in early childhood. May (1996) explains that repression happens because a child is not mature enough to objectively meet the problems of a threatening interpersonal situation and to consciously acknowledge the cause of the threat (for example, “My mother doesn’t want me”). Thus, the object of anxiety becomes repressed. This kind of repression, according to May, is a central feature of neurotic anxiety (ibid.). Freud (1973, 1974) and other theorists (May, 1996;

Kohut, 1977; Winnicott, 1990) hold that the repression of the object of anxiety, which begins in a child's early relations with his parents, continues in the form of repression of similar threats as they occur throughout his adult life. This is why neurotic anxiety appears as a particularly 'objectless' experience, in addition to the objectless nature of anxiety in general (May, 1996). Many theorists share the view that nobody can avoid neurotic anxiety because the process of growth always involves some degree of conflict and repression originating from the early childhood relationships (Freud, 1974; Gerzon, 1998; May, 1996).

In today's psychology and psychiatry, neurotic anxiety is diagnosed as an anxiety disorder or as some category of anxiety disorders. Among the many classifications of anxiety disorders, the most used in the therapeutic field is taken from the DSM-IV (1994) which classifies anxiety into five main categories: generalized anxiety disorder, panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, and phobias (social phobia, agoraphobia, and specific phobia). Some theorists (Freud, 1974; Gerzon, 1998; May, 1996) maintain that the neurotic type of anxiety plays a central role in most, if not all, mental disorders. Even clinical depression is believed to have an anxiety component (Barlow, 1988; Beck & Emery, 1985).

3. Existential Anxiety

“Anxiety emanates from the individual's confrontation with the ultimate concerns in existence.”

— I.D. Yalom (1980, p110)

Existential anxiety is a key concept in the existential school of philosophy and psychotherapy for it is seen as an inseparable part of our existence as human beings (Kierkegaard, 1980; May, 1996; Yalom, 1980). While neurotic anxiety is related to our past conditioning (Freud, 1974) and natural anxiety deals with the challenges of the present in day-to-day life (May, 1996), existential anxiety is related to our known and uncertain future (Kierkegaard, 1980; Yalom, 1980). This kind of anxiety was termed 'angst' or 'dread' by the existential philosophers and was first described by the Danish philosopher Soren Kierkegaard, who is often regarded as the earliest existential philosopher. In 1844 he wrote what is considered to be the first book on anxiety, *The Concept of Dread*.

Existential psychotherapy assumes that at the core of anxiety lie the inner conflicts which spring from a confrontation with ultimate concerns that are deeply rooted in the very nature of human existence (Yalom, 1980). According to Yalom (1980, p8), one of the core existential conflicts arises between our awareness of the inevitability of death and our desire to continue to live. Another existential concern is freedom, where 'freedom' refers to the

absence of external structure (Yalom, 1980). We are born into a universe that has no inherent design, and we are entirely responsible for our own lives, choices, actions and for the resulting outcomes. Here, the existential conflict arises between our confrontation with groundlessness and our wish for ground and structure (ibid.). The third existential concern is existential isolation. Yalom says, “No matter how close each of us becomes to another, there remains a final, unbridgeable gap; each of us enters existence alone and must depart from it alone” (1980, p9). In this case, the existential conflict arises from the tension between our awareness of our absolute isolation and our desire to feel connected to a larger whole. When talking about meaninglessness as the fourth existential concern, Yalom notes, “If we must die, if we constitute our own world, if each is ultimately alone in an indifferent universe, then what meaning does life have?” (1980, p9). He maintains that, as meaning-seeking creatures, we are thrown into a universe that has no meaning, and this dilemma creates another existential conflict.

These four ultimate concerns – death, freedom, isolation and meaninglessness – exist as conflicting forces at different levels of awareness and some of them may be entirely unconscious (Yalom, 1980). Yalom says that existential anxiety usually rushes up from the unconscious when we approach mid-life or turning points in our lives, or when we are confronted with death (ibid.).

4. Spiritual or Transpersonal Anxiety

“First a shudder runs through you, and then the old awe creeps over you.”

— Plato, *Phaedrus*

Transpersonal psychology, including psychosynthesis, recognizes *spiritual* or *transpersonal anxiety* (Assagioli, 1990; Scotton *et al.*, 1996). According to Wilber (1996), most other psychotherapeutic approaches do not address spiritual anxiety; instead, spiritual anxiety is reduced to a pathological kind of anxiety or to a “shadow anxiety”. This kind of anxiety is experienced on the spiritual path and the path of Self-realization (Assagioli, 1990; Haronian, 1967; Whitmore, 1992). Assagioli (1990), in his paper on “Self-Realization and Psychological Disturbances” first published in 1965, recognized that at the root of spiritual anxiety lies a conflict whereby we suppress and deny our spiritual nature and our potential while at the same time yearning for both.

In the language of religion, spiritual anxiety is often called the fear of God and divine awe (Corbett, 2004, p11-33). Corbett (2004) sustains that spiritual anxiety is at the root of all human fears and apprehensions, and considers spiritual anxiety as a core anxiety. While

natural anxiety expresses our worries about being able to achieve personal goals (May, 1996), spiritual anxiety questions the very foundation of our being and asks: Who am I? (Gerzon, 1998). It strikes our very core and our relationship with our deepest spiritual nature (Corbett, 2004; Gerzon, 1998). Religion and many spiritual traditions hold that spiritual anxiety entered human life the moment we became self-conscious beings and began to feel separate from the rest of the universe and our spiritual source (Gerzon, 1998).

Assagioli (1990) and other theorists (Corbett, 2004; Grof, 1988; Grof & Grof, 1989; Haronian, 1967) maintain that spiritual anxiety may follow us, consciously or unconsciously, throughout our lives. It may be experienced as a vague feeling of somehow not being quite good enough, or that we have lost our way and our sense of who we are. These feelings are often described as ‘divine homesickness’ (Assagioli, 1990). However, in moments of transpersonal crisis caused by spiritual emergency we may experience a profound and terrifying anxiety of annihilation and personal disintegration (Assagioli, 1990; Cortright, 1997; Grof & Grof, 1989). It is then that we may feel that our identity is breaking down and that we are losing our sanity (ibid.).

The view that transpersonal growth and Self-realization are inseparable from anxiety is expressed by psychosynthesis therapists Haronian (1967) in his paper *The Repression of the Sublime* and Whitmore (1992) in the chapter on *Longing and Resistance: The Repression of the Sublime*. Sublime in its broadest sense covers “all man’s impulses, instincts, drives, urges to be something more, better, greater than he is” (Haronian, 1967). According to Haronian (1967) and Whitmore (1992), we long for growth but we fear the challenge of it, because growth always involves changes and means abandoning the familiar for the unknown. When these changes are far-reaching they tend to arouse anxiety which Whitmore (1992, p132) termed as ‘fear of the sublime’.

THEORIES ON THE ORIGINS OF ANXIETY

“The most basic primordial anxiety does not seem to concern one’s own inner drives, but [rather]... the threat of nonbeing arising from a failed empathic relationship.”

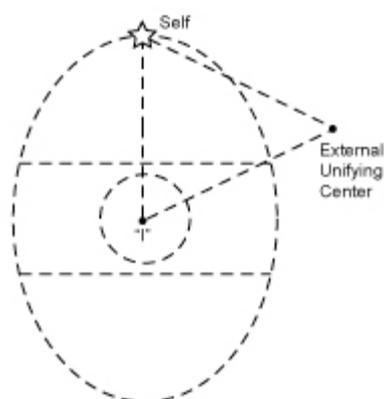
— Firman and Gila (1997, p108)

Sigmund Freud, in his first theory on anxiety developed between 1894 and 1905, sees anxiety as a manifestation of repressed libido (Freud, 1973, 1974). In his second theory, developed around 1915, he views anxiety as a repetition of the experience of birth or as the fear of castration. During the 1920s he begins to study ego and suggests that the continual conflicts between the id, the ego and the superego create anxiety (ibid.). Harry Stack

Sullivan, a neo-Freudian analyst and founder of the interpersonal relations theory, abandons Freud's drive theory and offers another view on the origins of anxiety in his writings published in 1940. He sees anxiety as an interpersonal phenomenon rooted in the early relationship between the infant and the mother (*cited in* May, 1996). According to Sullivan, the infant is born with an empathic capacity to sense the feelings of significant people around him. Thus, he can experience apprehension long before he is sufficiently mature to be consciously aware of approval or disapproval. Anxiety, according to Sullivan, has its origin in the infant's apprehension of disapproval by the mother (*ibid.*).

British psychoanalyst Donald W. Winnicott (1990), in his object relation theory conceived in the 1950s, maintains that the mother needs to provide the "holding environment" (a type of empathic connection) necessary for a child to experience a "continuity of being". An empathic failure in the caregiver-infant relationship disrupts the infant's experience of continuity of being, and this disruption creates what Winnicott terms "the unthinkable or archaic anxiety" (*ibid.*). In a similar way, the British psychoanalyst John Bowlby (1998), in his attachment theory developed in the 1960s, argues that the infant's urge to attach to the mother is genetically-programmed because human babies are born helpless. Anxiety arises in a young infant as a dramatic response to separation and the absence of the attachment figure – the mother or the main caregiver. Bowlby believes that separation anxiety, usually caused by repeated threats of abandonment or rejections by caregivers, is at the root of the anxiety disorders (*ibid.*). We can find a somewhat alike point of view in the works of Heinz Kohut (1977), an American analyst and the founder of self psychology. Kohut sees the empathic relationship as vital for the experience of selfhood and therefore as "psychological oxygen", without which the child cannot survive. A lack of empathic response from the significant other (a caregiver) causes "unnamable dread" or "disintegration anxiety" arising from the danger of the dissolution of the self (*ibid.*). Here, too, we can recognize the threat of nonbeing and the anxiety related to it.

In the school of psychosynthesis, the psychotherapists John Firman and Anna Gila (1997) offer a similar concept on the origins of anxiety. They explain the primal experience of



anxiety in terms of the 'I-Self connection' and the 'external unifying centre' (Firman & Gila, 1997). In psychosynthesis, Self is seen as the deeper Ground of Being from which 'I' or personal being flows. The connection between 'I' and Self (the I-Self connection) is the core of human being-ness; it gives us the experience of personal selfhood and a continuity of

being throughout all our experiences, from “the peak of ecstasy to the abyss of despair” (Firman & Russell, 1994, p14). Psychosynthesis holds that the primary I-Self connection is facilitated by the mirroring others in our lives that Assagioli called *the external unifying centres* (Assagioli, 1990, p25). During early childhood, the caregiver (a parent) operates as the principle external unifying centre, that is, as the facilitating medium for the child’s I-Self connection (Assagioli, 1990; Firman & Gila, 1997). According to Firman and Gila (1997) the moments of an empathic failure of the external unifying centre disrupt the experience of the I-Self connection and the continuity of being. This disruption in the continuity of being causes the I-Self wound and provokes in the child “the most basic primordial anxiety” of the threat of personal nonexistence, of annihilation and nonbeing (Firman & Gila, 1997, p108). The I-Self wound is seen to be at the root of all psychological disorders (Firman & Gila, 1997, 2002).

Stanislav Grof, a psychiatrist and one of the founders of transpersonal psychology, maintains that the primal experience of anxiety can be tracked down to the birth trauma (Grof, 1988). Grof identifies four Basic Perinatal Matrices corresponding to the four stages of the birth process – the prenatal period in the womb, the onset of the birth process, movement down the birth canal, and birth itself. According to Grof, our experience of anxiety is conditioned by the experiences of trauma in particular stages of the birth process (ibid.).

CURRENT PSYCHOTHERAPEUTIC APPROCHES TO ANXIETY

Reviewing the psychotherapeutic literature, I have found that cognitive-behaviour therapy (CBT) is the most represented and most commonly used approach for treating anxiety and anxiety disorders. Modern CBT has inherited the traditional approach to anxiety laid by Aaron Beck and his colleagues in 1985. The main focus of CBT is on what is happening in the present and on the processes currently maintaining the problem, rather than the processes that might have led to its development many years ago (Beck & Emery, 1985; Westbrook *et al.*, 2008). Anxiety disorders are seen as a normal reaction to stress or threat which has become exaggerated by heightened physical reaction, distorted thinking and problem behaviours. The aim of CBT is to break, by introducing techniques, the unhelpful cycles formed by problem sensations, cognitions and behaviours (Westbrook *et al.*, 2008, p189).

In contrast, I have found very little written on the psychodynamic approach for treating anxiety and anxiety disorders. The psychodynamic approach is based on the notion that people who suffer from anxiety disorders have a psychological vulnerability to anxiety associated with “personality disturbances, relationship problems, difficulties tolerating and defining inner emotional experiences, and unconscious conflicts about separation, anger and sexuality” (Busch, 2006). Psychodynamic psychotherapy addresses intrapsychic conflicts, defence mechanisms, developmental factors and transference. Thus, it puts focus on vulnerabilities, past traumas and past conditioning (ibid.).

The existential literature has paid considerable attention to therapeutic work with anxiety, especially with the existential form of anxiety (Deurzen, 2007; Yalom, 1980). The existential therapeutic approach does not attempt to eliminate anxiety but rather encourages people to face it (Deurzen, 2007). The task of the therapist is to help the client to understand the meaning of anxiety and gain the strength to live with it constructively (ibid.). Regarding the transpersonal therapeutic approach to anxiety, there are numerous research studies written on the subject. Transpersonal psychotherapy does not pathologize anxiety, but sees it as a symbol which has a meaning (Gordon-Brown, I., & Somers, B., 2002, 2008; Scotton *et al.*, 1996). The techniques of guided imagery, visualization and meditation are suggested as useful for therapeutic work with anxiety (ibid.).

Research studies show that CBT for anxiety disorder is effective as short-term treatment (Durham *et al.*, 2005; James *et al.*, 2005). However, there is evidence that many people fail to respond to CBT and questions remain about the long-term effectiveness of CBT interventions (ibid.). Regarding the effectiveness of psychodynamic and existential therapy in treating anxiety, I have not been able to find any research study on the subject. In contrast, there are a number of studies which confirm the effectiveness of transpersonal psychotherapy in treating anxiety (see Scotton *et al.*, 1996).

Going through the psychosynthesis literature, I have found that there is very little written on anxiety and on therapeutic work with anxiety and anxiety states. Apart from texts by Assagioli (1990, p35-59; 1991, p169-172), Haronian (1967), and Whitmore (1991, p132-133) on anxiety of the sublime and a chapter on existential anxiety written by Alberti (1997, p63-78), there are also three academic papers concerning anxiety, published in Italian: on existential anxiety (Caretta, 2004), on the symbolic meaning of anxiety (Tallerini, 2003) and on panic attacks (Djukic, 2004). However, there are no research studies on therapeutic work with anxiety and anxiety states.

In summary, going through the literature concerning anxiety I have found that anxiety and fear differ in many ways (Freud, 1974; May, 1996). One of the differences that I noted as particularly important is that anxiety strikes at much deeper levels of our personality than fear (May, 1996; Tillich, 2000). Anxiety can be defined as our reaction to the threat of personal annihilation, or to the threat of nonbeing (Tillich, 2000). Regarding the origins of anxiety, it seems that the schools of depth psychology (Bowlby, 1998; Kohut, 1997; Winnicott, 1990) and psychosynthesis (Firman & Gila, 1997, 2002) share the same view. Both of them place the origins of anxiety within the context of the early interpersonal relationship and hold that a lack of empathic response from a caregiver or, in psychosynthesis terms, the empathic failure of the external unifying centre, provokes in the child the most basic primordial anxiety of the threat of nonbeing (ibid.). I found particularly interesting Grof's view (1988) who relates the origins of anxiety to the birth trauma and the prenatal experiences. Furthermore, the psychotherapeutic literature shows that each main school of thought – psychoanalysis (Freud, 1973, 1974), existential (Yalom, 1980) and transpersonal (Scotton, 1996) – describes and addresses a different form of anxiety which, in my view, illustrates the complexity of the phenomenon of anxiety. Generally, anxiety can be classified into four main forms: natural anxiety, neurotic, existential and spiritual (or transpersonal) anxiety (Freud, 1973; Scotton, 1996; Yalom, 1980). Regarding current therapeutic approaches to anxiety, I have found that the therapeutic goals can be very different: the CBT approach (Westbrook *et al.*, 2008) holds that the main target in treating anxiety is the symptoms themselves, the existential approach (Yalom, 1980) does not attempt to eliminate anxiety but rather encourages people to face it, and the transpersonal psychology (Scotton *et al.*, 1996) looks at the symbolic meaning of anxiety.

Going through the psychosynthesis literature, I have noticed a large lack of information on anxiety and on therapeutic work with anxiety which in turn raised a number of questions that I considered important to be explored in this study. The first question was about how psychosynthesis therapists work with anxiety and anxiety states. Given that there are no research studies on this subject, this meant that there was an even greater significance in conducting this study. The second question was about the meaning of anxiety from the psychosynthesis perspective, and the third was whether the distinctive features of psychosynthesis were uniquely significant in psychotherapeutic work with anxiety and anxiety states.

This concludes the discussion on the psychotherapeutic literature concerning anxiety. In the following chapter I will discuss the research approach that I adopted for this study and other

methodological considerations that I had taken into account while I was preparing and conducting the inquiry, analyzing data and writing the results.

CHAPTER TWO: RESEARCH METHODOLOGY

- Key research question
- Methodology
- Collecting the data
- Data analysis
- Ethical issues

This chapter highlights the study's aims. It includes a critical discussion of the methodology that I adopted for this inquiry and offers an explanation of the methodology that I used to collect and analyze the data. The chapter concludes with the ethical issues and statements that link with Chapter Three, which deals with the findings of this study.

KEY RESEARCH QUESTION

McLeod (1999) and other authors on research methods (Braud & Anderson, 1998; Patton, 2002; Robson, 2002) underline the importance of choosing carefully the key research question. McLeod (1999, p43) states, "One of the crucial tasks at the beginning of a research is to give careful thought to the research question(s) that will be asked... An interesting question opens up an area of knowledge, it allows different aspects of the topic to be seen". Since the psychosynthesis literature review had exposed a lack of information on anxiety and on the therapeutic work with anxiety and anxiety states, I chose the following key research question for my study:

What can psychosynthesis theory and clinical applications bring
to psychotherapeutic work with anxiety and anxiety states?

METHODOLOGY

Robson (2002) says that when undertaking any research it is essential to choose a methodology that is suitable to the key research question. Patton (2002) suggests that a researcher should adopt a pragmatic approach by allowing the research question to generate the methodology.

The literature on research methods in counselling and psychotherapy recommends two main approaches: (1) the *quantitative* approach which is based on positivism – a philosophical belief which argues that true knowledge can be gained only empirically from objective

observations of facts and experiences, and (2) the *qualitative* approach which is based on relativism – a philosophical view of reality as ‘socially constructed’ meaning that the truth (or falsity) of statements depends upon the person making the statement or upon his or her circumstances and society (MA research seminars handouts, 2007; McLeod, 2003; Robson, 2002).

The quantitative approach puts emphasis on creating a *hypothesis*, *measuring* things and on *the researcher’s detachment* from the measuring process in order to minimize bias and subjectivity (McLeod, 2003; Robson, 2002). The qualitative approach, in contrast, puts emphasis on *discovery* rather than prediction, it uses *narratives* rather than numbers to describe phenomena of interest, and it recognizes that the researcher’s views, knowledge and interactions with the participants may form part of the data (ibid.). While the quantitative approach aims to find a relationship between cause and effect, the qualitative approach is interpretative in nature, seeking to find meaning, thematic links and connections (McLeod, 1999). McLeod states that a qualitative research can be considered as “a process of systematic inquiry into the meanings which people employ to make sense of their experiences and guide their actions” and underlines that the focus on meaning denotes a fundamental difference between qualitative and quantitative research (McLeod, 1999, p117).

Since the aim of my study was to explore the meaning of anxiety and how psychosynthesis therapists work with anxiety and anxiety states, after looking at a range of different research methods and discussing my research project at the MA seminars, I considered that a qualitative phenomenological approach was best suited for addressing my key research question for the following reasons:

Firstly, since the qualitative approach is fundamentally about discovery and meaning (McLeod, 1999), I considered it to be the most appropriate because the aim of my study was to explore ways of working with anxiety using the psychosynthesis model, rather than to evaluate the psychosynthesis therapeutic approach in which case the quantitative approach would be more appropriate (ibid.). Furthermore, I was looking to find *an explanation for anxiety* (from the psychosynthesis perspective), which was another indication that the qualitative approach is more appropriate for my study (Braud & Anderson, 1998).

Secondly, looking at various qualitative methods currently active (Benz, V.M., & Shapiro, J.J., 1998; Braud & Anderson, 1998; Robson, 2002; Willig, 2001), I considered the grounded theory method and the phenomenological method as possible methods for my study. After reading detailed descriptions of these two methods I realized that the phenomenological method seemed more appropriate for my study. I found that both

methods have the same aim, which is to develop a complete and clear description and understanding of the topic of the study by exploring the participants' experiences from their perspective (Braud & Anderson, 1998). However, in contrast to the grounded theory method which requires the researcher to begin a research with no pre-existing theory or literature review (Braud & Anderson, 1998, p276), the phenomenological method recognizes that any exploration implicates the researcher's own view and knowledge on the subject (ibid., p264). Braud and Anderson (1998) write that the strengths of the phenomenological method lie in providing a rich and complete description of human experiences and meanings. Its most immediate limitations are that it depends on the articulate skills of the participants who provide information and that the research conclusions depend on the particular participants chosen for the study (ibid.).

COLLECTING THE DATA

There is a wide range of methods and techniques for gathering data in qualitative studies – questionnaires, interviews, direct observations, written documents (McLeod, 1999; Patton, 2002; Robson, 2002). Robson (2002, p385) points out that the choice of method for gathering data should be driven by the research question the researcher is seeking to answer. This has to be moderated by what is feasible in terms of time and other resources as well as the researcher's skills and expertise.

Considering my research question, I chose individual, audio-taped interviews as the most appropriate data-gathering technique. Interviews are generally used to collect qualitative data in order to “gain a detailed picture of a respondent's beliefs about, or perceptions or accounts of, a particular topic” (Smith, 1995, p9). The aim of interviews is, as it is of all qualitative data collection methods, “to generate a qualitative text which will form the basis for analysis and interpretation” (McLeod, 1999, p123). One of the main disadvantages of interviews lies in the amount of time that can be spent in setting them up, conducting them and then transcribing the tape recordings (McLeod, 1999; Robson, 2002).

The interviews are generally categorized in relation to their structure, where the structure is determined by the extent to which the questions are pre-set prior to the interview (McLeod, 1999; Robson, 2002). Robson (2002) divides interviews into three main groups: fully structured, semi-structured and unstructured interviews. With these three main types in mind, I chose the semi-structured interview for my research project, for two main reasons. Firstly, semi-structured interviews focus on certain carefully-chosen themes (Robson, 2002) which help the researcher to categorize and analyze large amounts of data much faster than

in the case of the unstructured interviews where the gathered data tend to be unsystematic and thus often very difficult to analyze (ibid.). Secondly, the semi-structured interviews, as Robson (2002) points out, typically flow like a conversation and give the researcher and participants much more flexibility than the more conventional structured interviews. Semi-structured interviews have some pre-set questions; however, these questions serve more as a guide for the researcher than to dictate the course of the interview. During the interview, the participants have the opportunity to present their unique perspective, ideas and opinions on a given topic. At the same time the researcher has the possibility to bring up new questions as a result of what the participant says, or to bring his own opinions or ideas in order to stimulate the participant's responses (ibid).

Robson (2002, p269-282) suggests the interview guide for semi-structured interviews should include an introductory, easy and non-threatening question as a 'warm-up' in order to settle down both the researcher and the participant. Then it should follow with the list of main questions structured around the research aims and include sub-questions or prompts so as to encourage participants to elaborate and to stimulate their reflection on the given topic. Robson says that the prompts also provide a useful structure for organizing research notes (ibid.). McLeod (1999, p125) suggests that the final question in the interview should be an invitation for the participant to comment on the experience of being interviewed and whether he or she has learned anything new on the topic of the study as a result of the interview.

Participants

Braud and Anderson (1998, p265) highlight the importance of choosing the right participants for the interviews because the phenomenological inquiry depends on the participants' ability to inform and offer insights on the subject of the research. As the aim of my study was to provide a deeper understanding of anxiety from the psychosynthesis perspective and to explore ways of working with anxiety and anxiety states by using the psychosynthesis model, I concluded that psychosynthesis therapists would contribute the most to my research project because of their personal and professional experience in the field of psychosynthesis and psychotherapy. I was interested in gathering views on anxiety from their experience and from their clinical practice.

The participants chosen for this study were experienced psychosynthesis therapists whose involvement with psychosynthesis ranged between 8 to 35 years. Of the six participants,

three were female and three were male. All participants were approached directly by me through my professional contacts.

Procedures

Designing the interview questions took me a couple of months. After numerous discussions at MA research seminars, in my tutorials, with my peers and colleagues, and after my own careful reflection I adopted a list of six main interview questions. Within these main interview questions I designed, as suggested by Robson (2002), a number of sub-questions to be used as probes and prompts during the interviewing. The list of main questions with the sub-questions can be found in the Appendix 1.

The data gathered for the study was based on face-to-face interviews. Following the ethical principles laid out by the British Psychological Society (www.bps.org.uk/the-society), a couple of weeks before the interviews each participant received an email with a description of the purpose of the research and with details regarding the matter of informed consent – explaining confidentiality and anonymity, and seeking permission for tape recording and the use of direct quotations from the transcription of the interviews. In order to allow some time for reflection, as Robson (2002) suggests, the mail included a list of the main interview questions and of the sub-questions. The interviews were conducted at sites chosen by the participants. Each interview lasted between 40 and 60 minutes and was audio-recorded. Subsequently the tapes were fully transcribed and thematically analyzed by myself.

DATA ANALYSIS

The aim and challenge of any qualitative analysis is to make sense of large amounts of data and to transform those data into findings (McLeod, 1999; Patton, 2002; Robson, 2002). The different qualitative research approaches (phenomenological analysis, grounded theory, narrative analysis and many others) suggest different ways of coping with the problem of analysis (Robson, 2002). Although each of them provides its own set of analytic guidelines, essentially each suggests a way of finding meaning in qualitative data (Smith, 1995). When analyzing qualitative data “meaning is central and the aim is to try to understand the content and complexity of those meanings” – a process which involves the researcher engaging in an interpretative relationship with the transcript (Smith, 1995, p18).

After looking at various approaches and studying examples of qualitative analysis (MA research seminars handouts, 2007), I chose the interpretative phenomenological analysis set out by Smith (1995, p9- 26) as a guide for my data analysis. I found Smith’s approach

useful for a number of reasons. Firstly, it is especially suitable for analyzing data gathered from semi-structured interviews; secondly, it provides a clear guide and a set of stages for analyzing data in a systematic way and so it makes the analysis more manageable; and, thirdly, it is suggested only as a guide and thus gives the researcher freedom to be creative during the process of analysis and when presenting data (Smith, 1995).

Smith (1995, p19) says that analysis is an iterative process which involves reading the transcripts many times and looking for key words and emerging themes. Analysis, as suggested by Smith, consists of a number of stages where each stage involves interpretative work. The whole analysis is a cyclical process which requires the researcher to go through the stages a number of times. Following the guidelines suggested by Smith (1995) and after several readings of the six transcripts I was able to identify the first emerging themes. In the next stage, which involved grouping and regrouping these themes, I was able to organize them into four main themes: *Types of anxiety*, *Anxiety and society*, *Anxiety and Self-realization*, and *Working therapeutically with anxiety*. Then, under each main theme, I added relevant data from each of the six transcripts. This stage required some refinement of the initial themes and the creation of sub-themes. Then the whole analysis continued in a cyclical process which involved going through all the stages a number of times and working through the data systematically to ensure that all the content had been considered. While I was organizing the data in a meaningful way, my aim as a researcher was to hold a critical attitude and to remain aware of any influence of my own assumptions on the analytic process (ibid.). Finally, after summarizing and synthesizing data I was able to move towards a broader interpretation and discussion.

ETHICAL ISSUES

Ethics are an integral part of a social research and ethical problems may arise at any stage of a study (McLeod, 1999; Robson, 2002). The British Psychological Society provides ethical principles for conducting research with human participants (www.bps.org.uk/the-society). These principles cover issues such as informed consent, potential harm and the participants' rights. The requirement of informed consent is a fundamental aspect of any research study. Essentially, this means that prospective research participants must be fully informed about the research project and risks involved in research and must give their consent to participate. Ethical standards also require that researchers do not put participants in a situation where they might be at risk of harm as a result of their participation. Harm can be defined as both physical and psychological. Furthermore, the participants have a number of rights that must be recognized. These include the right to withdraw from the project at any time, the right to

refuse to answer any particular question and the right to be given access to a summary of the findings. In addition there is the right to confidentiality, which means that identifying information will not be made available to anyone, and the right of anonymity, which essentially means that the participant will remain anonymous throughout the study (ibid.).

During and throughout my research project I repeatedly considered ethical implications and possible consequences. In conducting my research and writing this study I fully abide by the ethical principles laid out by the British Psychological Society in their publication *Ethical Principles for conducting Research with Human Participants* (2007).

(<http://www.bps.org.uk/the-society/code-of-conduct/ethical-principles-for-conducting-research-with-human-participants.cfm>).

This brings to conclusion the discussion of the methodology adopted for this inquiry. The following chapter presents the findings of this inquiry and discusses them in relation to the body of knowledge in the field of psychotherapy and in the field of psychosynthesis in particular.

CHAPTER THREE: FINDINGS OF THE INQUIRY

- Theme 1: Types of Anxiety
- Theme 2: Anxiety and Society
- Theme 3: Anxiety and Self-realization
- Theme 4: Working Therapeutically with Anxiety

This chapter presents the findings of my inquiry. From the data and following the guidelines of the interpretative phenomenological analysis (Smith, 1995), I was able to identify four main themes: *Types of Anxiety*, *Anxiety and Society*, *Anxiety and Self-realization* and *Working Therapeutically with Anxiety*. Each theme is addressed separately and presented with the outcomes of the data analysis and the verbatim extracts from the transcripts. For reasons of anonymity, as suggested by Smith (1995), each of the six participants has been given a code – P1, P2, and so on. A final conclusion brings this chapter to an end and links it with the last chapter regarding discussion of the inquiry and its implications.

THEME 1: TYPES OF ANXIETY

All six participants maintain that anxiety is always present in the clients' issues, whether consciously or unconsciously. There is a shared view that clients do not usually experience one type of anxiety at a time but a mixture of different types of anxieties which often overlap with each other. They may be: (1) *Therapy-related anxiety*, (2) *Covert anxiety*, (3) *'Systemic' type of anxiety*, (4) *Anxiety related to past conditioning and existential issues*, (5) *Spiritual or transpersonal anxiety*. The data indicate also (6) *The therapist's anxiety* as a type of anxiety often present in the therapy room. The results are presented below and each type of anxiety is addressed separately.

(1) Therapy-related anxiety: Anxiety of the 'unknown' and anxiety of disclosing

Two participants hold that the clients often experience anxiety about therapy (P3, P5). While participant P3 highlighted the clients' anxiety of "the unknown", or of "what they are going to discover" about themselves, participant P5 brought out the anxiety of disclosing and of the therapist's reaction.

These findings are supported by the psychotherapeutic literature. From the psychosynthesis perspective, Whitmore (1992, p59) says that the therapy-related anxiety is a natural response to an unknown situation and suggests that the therapist should acknowledge and

address the client's anxiety. From the psychodynamic perspective, the client's anxiety of "what will emerge, and of their or the counsellor's reaction" is seen as a form of psychological defense and resistance (Jacobs, 1992, p15). According to the psychodynamic approach, it is important to bring the defences and resistance to the client's attention as they maintain the client's avoidance of exploring the frightening feelings and fantasies (Busch, 2006). From the existential perspective, Yalom says: "Never ignore 'Therapy anxiety'" and goes on to suggest that the therapy-related anxiety should be explored in sessions (2002, p197-199).

(2) Covert anxiety: Somatized anxiety and anxiety hidden beneath depression

Two participants reported that some clients come to therapy with physical symptoms of anxiety, such as not sleeping well, palpitations and a pain in the chest, or feeling restless (P2, P4). Usually such clients are not aware of their anxieties and not sure why they have symptoms (P4). Both participants hold that, in such cases, anxiety is often pre-verbal and because of that held in the body.

It is recognized that chronic anxiety is always accompanied by somatic symptoms such as the inability to relax, general tension, palpitations, sweating, difficulties in breathing or chest pain (Beck & Emery, 1985; DSM-IV, 1994). May (1996, p91) argues that "the symptoms are often ways of containing the anxiety". For instance, when anxiety becomes overwhelming it tends to crystallize as heart palpitations, chest pain, or some other symptom (ibid.). Kalsched (2004, p34) points out that somatized anxiety often has its roots in "the very early life before a coherent ego was formed".

Participant P6 argued that anxiety is sometimes covered by depression. She says: "Sometimes people are depressed because they are scared to look at their feelings and connect to them on a deeper level".

The research studies show a significant overlap between depression and anxiety, and that the overwhelming anxiety can often lie hidden beneath depression (see Barlow, 1988; Beck & Emery, 1985).

(3) 'Systemic' type of anxiety

Four participants (P2, P3, P4, P5) hold that we may experience a type of anxiety which "does not belong to us". Participant P4 called this type of anxiety, the "systemic type of anxiety".

According to four participants (P2, P3, P4, P5) the ‘systemic’ type of anxiety is often handed down from one generation to the next. Thus, we often carry anxieties that belong to our parents. P5 says, “if we have a very anxious parent, we internalize the anxious parent”.

Freud (1974, p454) and other authors with existential and CBT backgrounds (Barlow, 1988; Beck & Emery, 1985; May, 1996, p218) hold that the capacity for anxiety is innate, but the forms of anxiety in a given individual are learned. For example, children can learn to be anxious to particular situations just by observing their parents’ anxious reactions. Studies show that children or adolescents are more likely to have an anxiety disorder if they have a parent with anxiety disorders (see Barlow, 1988).

Participant P4 points out that the ‘systemic’ type of anxiety can also be “inherited” from our ancestors. He says that “if [for example] our grand-parents or parents were brought up in Nazi Germany those imprints are going to be in us... We carry stuff from that period that certainly does not belong to us – anxiety and the basic terror that something awful is going to happen”.

This finding is supported by S. Grof’s observations (1988) during the sessions of holotropic breathing which he conducted in his workshops. He reports that some people, after experiencing a strong sense of historical regression along biological lines during the sessions, came to realize that their current anxieties belong to their ancestors on the maternal or paternal sides, such as parents and grandparents, and in some cases to generations from earlier centuries (Grof, 1988, p78). Thus, a person of Jewish origins may link his anxieties to traumatic events of the holocaust experienced by his ancestors, while a person of Afro-American origins to traumas of his family-of-origin during the period of slavery (Grof, 1988).

Participant P5 goes even further and holds that the ‘systemic’ type of anxiety in some cases can be related to reincarnation phenomena and “the many journeys of the Soul” (P5). He says: “Going back to Soul, you get old Souls in young bodies and... [it is important to] be able to recognize that”. Hypothetically, when the person is born once again onto the Earth, old anxieties can be ‘reincarnated’ along with the Soul.

This finding is consistent with works done both by S. Grof (1988, p84; 2006, p161), who used holotropic breathing in the sessions with patients, and B.L. Weiss (1994) who used hypnosis. During the sessions their patients were able to regress to previous lifetimes and recall memories related to past-life situations and traumas. Both of them hold that in many cases past-life traumas seem to hold the key to a person’s current anxieties.

(4) Anxieties related to past conditioning and existential issues

There is a shared view among all six participants that the clients bring into therapy a mixture of existential anxieties and anxieties related to past conditioning. How much they experience one or the other changes from client to client (P2). Participant P1 pointed out that clients can experience different levels of existential anxiety depending on where they are in their lives at that moment. While middle-aged or older clients are usually “caught in an existential situation of mid-life crisis, or a crisis about retirement, or a crisis about the children leaving home, or a possible death”, younger people’s anxieties are more about “relationships, to marry, have a family, or to start a business” (P1). The same participant holds that deep existential anxiety may be experienced even by younger clients in a moment of crisis or when somebody close dies.

As we have seen in the chapter regarding literature review, many theorists share a view that nobody can avoid neurotic anxiety because the process of growth always involves some degree of conflict and repression rooted in the early childhood relationships (Freud, 1974; May, 1996). On the other hand, existentialists hold that existential anxiety is an inevitable part of human living (Deurzen, 2007; Yalom, 1980). Deurzen writes, “Existential anxiety is that basic unease or malaise which people experience as soon as they are aware of themselves” (Deurzen, 2007, p34). Thus, it seems that we all carry to some degree both neurotic and existential anxiety.

(5) Spiritual or transpersonal anxiety

While three participants (P2, P3, P4) describe transpersonal anxiety as the anxiety of leaving the “comfort zone” – leaving something known for something completely unknown, participant P5 describes it as the anxiety of “Where am I in the relationship with the Self?”. He adds: “The anxiety may be there because the longing of the Soul has not been listened to; something has not been allowed to emerge so there is unrest, an anxiety of something missing” (P5).

As we have seen in the chapter on literature review, transpersonal or spiritual anxiety accompanies the process of growth and Self-realization (Assagioli, 1990; Grof & Grof, 1989; Haronian, 1967; Scotton *et al.*, 1996).

(6) The therapist’s anxiety

Two participants hold that the therapist's own anxiety can often be present in a therapy room (P2, P5). P5 argued that the therapists should be aware of their own anxieties and constantly work on them in order "to keep the therapeutic space not contaminated".

These findings are supported by the psychosynthesis literature (Assagioli, 1990; Whitmore, 1992; Young Brawn, 1989). Whitmore strongly recommends that the therapist must be familiar with the "terrain of psychospiritual development" because clients both unconsciously and intuitively sense whether the therapist "has touched the deeper recesses of her own psyche... and the transpersonal region of human experience" (1992, p23).

In the light to of the findings in this theme, anxiety is seen by all six participants to be always present to some degree in the therapy room and in the clients' issues, consciously or unconsciously. In addition, anxiety is seen by all six participants to be experienced as a mixture of neurotic, existential and spiritual forms of anxiety. Findings also show that three participants recognize that anxiety can be somatized, or hidden beneath depression. Four participants recognize the 'systemic' type of anxiety which can include anxieties passed to us from our parents, anxieties "inherited" from our ancestors or anxieties related to our past lives. The therapist's anxiety is also considered, by two participants, to be potentially present in a therapy room. The findings, in my view, may indicate that the types of anxiety which participants (therapists) see in their practice depend on the type of clients they work with.

THEME 2: ANXIETY AND SOCIETY

The second main theme that emerged from the data addresses the relation between the level of anxiety experienced by the clients and the present state of our Western culture and society. The opinion that the modern age is permeated with considerable anxiety was expressed in different ways by all six participants.

Two participants (P1, P3) brought out that every period of history has its specific anxieties. Participant P1 states that while for people born during the depression between the two wars anxieties were about totally basic needs (lack of money, little food, "having a warm coat"), for people born after the Second World War anxiety was related to the cold war, communism, the atomic bomb. Participant P1 adds that the clients' current anxieties are often conditioned by the historical period they grew up in.

There is also agreement among the six participants that anxieties of previous historical periods were more local. Today's anxiety is more a global kind of anxiety. All participants

suggest that anxiety in the modern age comes from living in an apparently increasingly unsafe and unpredictable world, governed by money, media and fast communications.

All participants acknowledge that “global problems can tap into people’s existential fears and personal fears” (P6). Some people feel so anxious about the future of the Earth that they feel “personally responsible and that they have to do something to change the world” (P2). This anxiety can generate another kind of anxiety in people who want “so much to get involved in something that really contributes globally, but find it difficult to find an outlet for that” (P5). Because the anxiety of the modern age is overwhelming, participant P1 says, anxieties of the young generation can become “almost nihilistic”. She adds: “Their anxiety is so deep that they cannot face it. So it immobilizes them, they cannot move. Or they go to another extreme – they binge drink or take drugs, because they cannot face anxiety. Their anxiety is too big” (P1).

These findings are supported by many psychotherapists, philosophers, sociologists and researchers who agree that society has a great impact on people’s lives and on the anxiety they experience (Assagioli, 1990; Bauman, 2004; Freud, 1974; May, 1996; Tillich, 2000). Psychotherapist R. May argues that “the quantity of anxiety prevalent in the present period arises from the fact that the values and standards underlying modern culture are themselves threatened” (1996, p238). Philosopher K. Gordon highlights uncertainty and unpredictability as major sources of anxiety and states that anxiety is so common because “the political, economic, and social structures we once held as inviolable are rapidly eroding” (2003, p98).

In a similar way, sociologist Z. Bauman writes that living in today’s “liquid” modern world is conditioned by constant uncertainty; by continuous risk which “we try to calculate but which in principle is not fully calculable, as there are always surprises”; and by shifting trust – “a common trend whereby something trustworthy today may become condemned and rejected tomorrow... [for example,] the food which you are recommended by doctors as healthy today will be proclaimed as carcinogenic, as harmful tomorrow” (2004, p8). Bauman holds that constant uncertainty, continuous risk and shifting trust are the factors which generally make people more vulnerable to anxiety.

According to researchers from the US-based Pew Global Attitudes Project, people are becoming increasingly anxious about the state of the planet. The Pew survey published in June 2007, based on 100,000 interviews in 47 countries, finds a general increase in the percentage of people citing pollution and environmental problems as a top global threat. Compared to the 2002 survey, worries have risen sharply (on average by 22%) in the United

States, Latin America and Europe, as well as in Japan and India (results from the Pew survey are available from: <http://pewglobal.org/reports>).

These findings, regarding the relation between the levels of people's anxieties and the present state of our Western society and culture, show that all six participants hold that the modern age generates and amplifies to a great deal people's anxieties. Thus, they believe that the anxiety which the clients experience needs to be considered in the contexts of society and culture.

THEME 3: ANXIETY AND SELF-REALIZATION

The theme entitled 'Anxiety and Self-Realization' reflects the personal experiences of anxiety of the six participants on their journey of Self-realization.

All six participants hold that the journey of Self-realization is not about the absence of anxiety. Participant P2 holds that at times we can experience substantial anxiety because on the path of Self-realization "we go deeper as well. We are accessing the other, deeper layers of anxiety that we were not aware of and that we were not able to hold before".

These findings are supported by the psychosynthesis literature (Assagioli, 1990; Firman, 1996; Whitmore, 1992). Firman (1996) describes the path of Self-realization as a path which may lead us not only through the heights of the upper unconscious, but also through the depths of the lower unconscious – through periods of conflict, despair and pain, and through feelings of separation and loneliness (1996, p8).

Participant P2 says that we experience anxiety when we take a risk and leave our "comfort zone" – leaving something known for something completely unknown. In the same line, participant P3 says that "changes raise anxiety, sometimes into the stratosphere". Participant P4 pointed out that on our path of Self-realization most often our personality structure gets challenged, and he adds that such experience is terrifying because of the "level of anxiety and its magnitude".

Many authors have recognized that the process of growth and Self-realization is inseparable from anxiety because growth means abandoning the familiar for the unknown (Assagioli, 1990; Haronian, 1967; Whitmore, 1991). On our path of Self-realization, Whitmore writes, "we may, from within, be called upon to make changes and to live differently, with contrasting values to our previous ones" (1991, p133). In such moments we may experience overwhelming anxiety, because "the anxiety which arises at the potential dissolution of our

present way of being unconsciously reflects the final dissolution of death” (Whitmore, 1991, p132). Similarly, Tillich (2000, p62) states that the conflicts between the old which tries to maintain itself and the new which tries to emerge produce anxiety of annihilation and nonbeing.

On the other hand, there is a shared view among all six participants that, as participant P5 says, “the more we become Self-realized, the more we experience the quality of peace”. He adds: “Anxiety is for where I am in the relationship with the Self. As we deepen the relationship with the Self, anxiety decreases in a way that we feel something different, the I-Self connection can be felt in some way” (P5).

All six participants also maintain that the faith or belief that we are ‘held by something bigger’ often helps us to deal with our anxieties. Participant P3 says: “Faith can reduce anxiety considerably. People who have faith can tap into a feeling that God is alongside them. It can have a huge impact on the anxiety they feel”. At the same time all six participants hold that psychosynthesis can help us in developing a deep and abiding sense of faith by bringing the transpersonal in our lives. With respect to this, two participants describe their personal experiences of ‘being held’ during moments of great anxiety and despair (P4, P6). Both of them talk about experiencing a paradoxical feeling where the more you struggle with anxiety the more you feel like you are falling into a deep abyss, but the moment you allow yourself to experience anxiety you feel that you are held by something bigger. Participant P6 says that her relationship with anxiety has changed since that moment. She says: “I still get anxious but something has shifted on a fundamental level... it is about experiencing anxiety and knowing that you have been held”.

These findings, that the more we are Self-realized the better we can contain anxiety, are supported by the psychosynthesis literature (Assagioli, 1991, p 279-284; Ferrucci, 1989, p129-142; Young Brown, 1989, p93-109) and the wider literature on transpersonal and spiritual development (Corbett, 2004; Gerzon, 1998; Maslow, 1993). Psychiatrist L. Corbett writes: “Contact with the Self always leads to an experience of meaning, which reduces anxiety and allows us to feel part of a greater totality, reducing any sense of alienation or aloneness” (2004, p40). Assagioli (1990a, p114) describes Self-realization as an “interplay or ‘dialogue’ between the man and the ‘Higher Source’”. Similarly, Firman and Gila (2002, p171) describe it as “an ongoing relationship with Self” and write that during Self-realization we start to experience Self as an abiding presence in our lives, even through the most difficult times of great anxiety and despair. According to Firman and Gila (2002),

these experiences of the presence of Self are the direct opposite to experiences of anxiety of falling towards nonbeing, and imply instead an experience of feeling held securely in being.

In the light of these findings in this theme, anxiety is considered by all six participants to be an inseparable part of the Self-realization process. Two participants argued that, at times, on the journey of Self-realization anxiety can be experienced as an overwhelming anxiety of annihilation since growth requires abandoning the familiar for the unknown. On the other hand, all six participants hold that the more we are Self-realized the better we are able to contain anxiety.

THEME 4: WORKING THERAPEUTICALLY WITH ANXIETY AND ANXIETY STATES

The fourth theme summarizes therapeutic tools and concepts that are seen by the participants to be essential when working therapeutically with anxiety and anxiety states. The findings are grouped under the following sub-themes: (1) *Attitudes and functions of the therapist*, (2) *Techniques*, and (3) *Recognition of the transpersonal and the goal of therapy*. Each of the three sub-themes is presented below separately.

(1) Attitudes and functions of the therapist

There is a strong message coming from all six participants that the therapist's attitude (e.g., acceptance, compassion, empathy) is one of the most essential factors in helping clients to deal with their anxieties. Participant P3 emphasized the importance of *making clients feel safe* in a therapy room which can be accomplished by asking oneself the simple question: "How can I help this person to feel comfortable enough so as to share as much as he can?". He adds that by making the clients feel safe it actually reduces their anxiety level sufficiently for them to relate and talk to the therapist.

Today many psychotherapists hold a belief that the reduction of anxiety helps the therapeutic process (Victor, 1996, p331; Weiss, 1993). This belief is opposite to the one first espoused by Freud, who maintained that the heightening of anxiety ultimately increased the access to unconscious material and thus to the development of insight through the psychoanalytic process (see Victor, 1996, p331). Recent empirically-conducted psychotherapy studies show that the client may begin to develop insights and that personal growth becomes possible only if the therapist succeeds in providing the client with a sense of safety (Weiss, 1993, p128). Psychoanalyst J. Weiss (1993) holds that the therapist's first priority is helping the client feel safe. Deurzen, an existential therapist, suggests that the

therapist needs to encompass the client's anxiety by clearly introducing and establishing the working model for the sessions (Deurzen, 2007, p33). These findings are supported also by the psychosynthesis literature (Whitmore, 1992; Young Brown, 1989).

Participant P1 highlighted the importance of *empathy* and the ability of the therapist *to hold a client and to trust the process* particularly when working with traumatized clients. She holds that such clients are usually “totally emotionally undernourished... had never been properly loved and cared for” and argues that in such cases ‘holding’ is more therapeutic than using any of the psychosynthesis techniques.

CBT holds that a good cognitive therapist needs empathy and other characteristics identified by Rogers as necessary for all therapists (Westbrook et al., 2008, p28). Existential therapist Deurzen brings out the importance of the empathic relationship and defines it as the ‘I-You’ relationship (Deurzen, 2007, p188). Psychoanalyst Jacobs underlines the importance of an empathic relationship and compares empathy to “the intimate relationship of mother and baby, each understanding intuitively how the other might be feeling” (Jacobs, 1993, p29). Firman and Gila hold that “a profound empathic intersubjective resonance between the psychosynthesis practitioner and client... [becomes] the healing center of all work in psychosynthesis” (2002, p5).

Two participants underlined *the educative function of a therapist* especially when working with severe anxiety disorders and panic attacks (P2, P6). According to these participants, helping clients to understand their anxiety and their symptoms is crucial. It can be done by “recommending them a book, teaching them breathing techniques, or giving them practical ways of self-care” (P6). Participant P2 argues that the aim of education is not about alleviating the symptoms but rather helping the clients to learn to manage their anxiety so that they can do deeper work later on and therefore look at the root of the problem.

According to psychosynthesis one of the essential functions of the therapist is the educative function (Whitmore, 1992, p26-41). CBT holds that it is necessary that the therapist adopts an educative role from time to time, during all phases of therapy (Westbrook *et al.*, 2008, p27). A psychodynamic therapist Busch (2006) maintains that it is important that the client understands his/her symptoms and recommends psychoeducation in early sessions. Existential therapy in general is similar to education. Deurzen states that existential therapy is a “truly educational project” and that the practitioner functions as mentor (Deurzen, 2007, p39).

(2) Techniques

All six participants agree that *the process of identification and disidentification* (through imagery or subpersonality work) is essential because it facilitates the client's awareness that "I am anxious, but I am more than my anxiety" (P4). Helping the clients to identify their anxieties is important because "the awareness takes the anxiety to a normal level; it takes out that deadly feeling" (P1). Participant P1 suggests imagery work and gives the example of a client – diagnosed with terminal cancer – who she invited "to make friends with the tumour by giving it a name, knowing about it, knowing what it wants, talking to it". She says that through the process of identifying and disidentifying, a new relationship with anxiety begins: "instead of anxiety being all of you, you take it out and say – 'I am here and anxiety is there, and now I need to make friends with it'" (P1). The findings do not show evidence whether the 'identification/disidentification/self-identification' technique (Assagioli, 1990, p211-217) is found to be useful.

A basic tenet of psychosynthesis is that "we are dominated by everything with which our self is identified. We can dominate and control everything from which we disidentify ourselves" (Assagioli, 1990, p22). The process of identification/disidentification is suggested to be used as early as possible in therapy (Whitmore, 1992, p52 & p94). In recent years CBT has started to use the 'mindfulness' meditation (Westbrook et al., 2008; Whitfield, 2006), which in my view is very similar to the 'identification/disidentification' exercise. It is described as "the awareness that emerges through paying attention on purpose in the present moment, and non-judgmentally to the unfolding of [inner] experience moment by moment" (Kabat-Zinn cited in Whitfield, 2006, p3). Many research studies show the effectiveness of Mindfulness-Based Cognitive Therapy (MBCT) in treating anxiety disorders (Finucane, A., & Mercer, S.W., 2006; Whitfield, 2006).

Two participants talked about *body work* and the importance of bringing awareness to the body level, particularly in cases with a somatic manifestation of anxiety (P2, P4).

Participant P4 believes that a lot of "traumas are held physically in the cells... the earlier they are, the deeper the impression". When working with traumatized clients he finds that breathing techniques, movement and dancing are useful (P4).

It is recognized that people who experience anxiety often hyperventilate, i.e. breathe at a high rate and in a shallow way (Beck & Emery, 1985; Baker, 1992; Barlow, 1988; Marks, 1978). This can result in symptoms such as shortness of breath, feelings of tightness in the chest and light-headedness. In respect to this, it is interesting to note that the word anxiety has its root in the Latin word *angh* which refers literally in Latin to the concept of narrowness or constriction. The tendency of individuals to hold their breath and inhibit their

exhalation is seen to be a defence mechanism against experiencing anxiety (Lee & Speier, 1996, p367). CBT holds that it is important to explain to the clients the role of hyperventilation in anxiety and to teach them breathing techniques (Westbrook *et al.*, 2008, p145).

Two participants recommend *cognitive work* for working with anxiety (P3, P5). The findings do not show evidence of how cognitive work is used.

Cognitive work is a main feature of CBT. One of CBT's core principles is the 'interacting systems principle' which says that cognition, emotion, behaviour and physiology interact and influence each other in complex feedback processes (Westbrook *et al.*, 2008, p5). CBT holds that negative thought patterns produce and maintain anxiety, and by addressing and changing our thought patterns we can confront and reduce anxiety (Beck & Emery, 1985; Westbrook *et al.*, 2008). In my view, CBT's 'interacting systems principle' corresponds to the psychosynthesis psychological laws, precisely to laws I, II, III and IV (Assagioli, 1990a, p51-54) which describe the interaction between thoughts, emotions, behaviour and body sensations. The psychological laws can be found in Appendix 2.

Participant P3 suggests *imagery work* and holds that encouraging clients to "imagine the worst scenario" can help them to learn to deal with their anxieties. The findings do not show evidence whether the 'ideal model' technique, guided-imagery or visualization is used.

Assagioli recommends a technique of "imaginative desensitization" for clients who feel anxiety about a situation or action (1990, p226). In CBT an identical technique, called "imaginal exposure", is used (Westbrook *et al.*, 2008, p2). Basically, the client is encouraged to visualize the feared situation and experience all the psychosomatic reactions. Then, the visualization is repeated a number of times until the reactions spontaneously disappear or become very weak. CB therapists also encourage clients to practice active imagination in order to develop an "ideal image" of themselves in anxiety-provoking situations (Beck & Emery, 1985, p281-282). I find that this CBT technique is identical to the 'ideal model' technique designed by Assagioli (1990, 166-177; 1990a, p83).

Three participants highlighted the importance of *the will* when dealing with anxiety (P2, P3, P5). All three participants strongly suggest that at some point in therapy the clients have to be encouraged to use will and get in touch with "their more empowering parts" (P5) in order to act in spite of anxiety, as P5 says "feeling the anxiety and doing it anyway". P5 also recommends the technique of 'Acting as if'.

The will is central to psychosynthesis therapy. Assagioli recommends the technique of ‘Acting as if’ (1990a, p79) for tackling anxiety and stopping anxiety from spiralling. In addition, Assagioli also suggests the ‘external training’ technique (1990a, p84) where one gradually accustoms oneself to doing something which arouses anxiety. He states that anxiety diminishes as one gradually gets accustomed to what arouses anxiety, and then it finally disappears (ibid.). In CBT, identical techniques – the behaviour technique of ‘act as if’ (Beck & Emery, 1985, p281-282) and the ‘behavioural experiments’ (Westbrook et al., 2008, p129-137) – are used to great effect in treating anxiety disorders.

Three participants draw attention to *countertransference* and say that often, through countertransference, the therapist may pick up the client’s anxiety (P3, P4, P6). In cases when anxiety for the client is overwhelming this can be particularly useful because, as participant P6 says: “It is about holding and containing the client’s anxiety... digesting and thinking about it and reflecting back to the client something which is more manageable and containable for him, so that it is bearable in some way”.

The psychodynamic approach encourages transference and holds that transference can provide direct access to intrapsychic conflicts and self-and-object representations that underlie anxiety (Busch, 2006).

Three participants stated that *meditation* helps them to deal with their own anxieties (P2, P4, P6). Participant P4 feels that meditation helps him to experience “the deeper connection to something much bigger that is always there to sustain and hold” him. The findings do not show which kind of meditation is used.

Research studies have demonstrated that meditation may have therapeutic value for various psychological disorders including anxiety disorders (Walsh, 1996, p171). Regular meditation has a calming, self-soothing effect and seems to help people by reducing anxiety (Scotton, 1996; Walsh, 1996). However, there are some contra-indications for the use of meditation. For some people meditation may reveal repressed, unconscious conflicts and consequently increase anxiety (Boorstein, 1996, p286; Walsh, 1996, p172). With regards to this, Corbett argues that meditation requires a good affect tolerance and good intrapsychic structures and therefore it is not recommended for people who do not have a firm sense of self (Corbett, 2004, p154).

(3) Recognition of the transpersonal and the goal of therapy

All six participants agree that the goal of therapy is not the elimination of anxiety but to facilitate the client's ability to relate differently to anxiety and to contain anxiety.

Participant P6 says: "Our anxieties do not necessarily go away. Some of them can be transformed, and some of them we continue to live with but our relationship to them can change".

All six participants indicated that when working with anxiety we have to look at the transpersonal and to maintain a bi-focal vision of the client. Recognition of the transpersonal, according to the participants, enables us to see anxiety in a different way:

Anxiety is an indicator that I strayed from my centre. (P5)

Anxiety is information. It is telling me how I am in relationship to someone or something. (P6)

Usually underneath anxiety there is a transpersonal quality which has not been manifested, instead it has been "blocked and masked by anxiety". (P2)

I see it as an instrument for growth. (P1)

All six participants see anxiety as a symbol for something new that is emerging, a potential. "It is about qualities which have not been manifested" (P2).

This finding is supported by transpersonal psychology (Somers, B., & Gordon-Brown, I., 2002, 2008) and by psychosynthesis (Tallerini, 2003; Whitmore, 1992) which hold the concept of a 'symptom as symbol'.

Anxiety is seen by all the participants as a part of being human and a part of the Self-realization process. Participant P2 states that working with anxiety is very similar to the creative use of pain, crisis and failure.

May (1996) holds that anxiety is a necessary part of Self-realization. According to May, Self-realization can only occur as the individual confronts and moves through anxiety-creating experiences. In his words, "by moving through anxiety-creating experiences, one seeks and partially achieves realization of himself. He enlarges the scope of his activity and, at the same time, measure of selfhood. It is also a prerequisite to working through the anxiety" (1996, p391). Kierkegaard (1980), too, makes it clear that our growth depends upon our capacity to confront anxiety and move ahead despite it. If we do not do this, we are refusing to grow. He holds that the more creative the person is, the more possibilities he has and the more anxiety is potentially present (ibid.).

The findings in this theme, which addresses the therapeutic work with anxiety and anxiety states, show that all six participants hold that the key factors are: the qualities of the therapist's attitude, a bi-focal vision, and the process of identification/disidentification. In addition, all six participants see anxiety as a part of the Self-realization process; not as a pathological state, but rather as a symbol which has a meaning. There is also a shared view that the goal of therapy is not the elimination of anxiety but rather to facilitate the client's ability to contain anxiety and deal with it in a constructive way. On the other hand, the findings show a lack of consistency or uniformity with regards to the proposed techniques for working with anxiety and anxiety states. Only one participant recommended imagery work, two participant suggested body work, two suggested cognitive work, three highlighted the importance of the will, three suggested meditation, and three participants suggest the use of countertransference. It can be argued that the findings reflect either the preference of the individual therapist for particular techniques or the fact that psychosynthesis does not have a clear position, namely that there is no generally accepted method for working with anxiety and anxiety states. Another possibility is that the findings expose the limitations of this study. Perhaps, in addition to the interviews, a multiple choice questionnaire sent to a number of psychosynthesis therapists would have helped in identifying particularly useful techniques for working with anxiety.

This concludes the presentation of the findings of this study. I will discuss their implications in the following chapter.

CHAPTER FOUR: DISCUSSION AND IMPLICATIONS

- The implications of the methodology used in this inquiry
- The implications of the findings
- Closing thoughts

This study was exploratory in nature and aimed to gather together the views of psychosynthesis therapists on the subject of anxiety and regarding therapeutic work with anxiety and anxiety states, through the use of the interpretative phenomenological research approach. The findings of this study offered insights into the meaning of anxiety from the psychosynthesis perspective and highlighted the particular features of the psychosynthesis therapeutic approach to anxiety and anxiety states.

This chapter presents a discussion on the application of the research approach and methodology that I used in this study. It also includes a discussion on the implication of the findings. The chapter ends with closing thoughts drawn from the study.

THE IMPLICATIONS OF THE METHODOLOGY USED IN THIS INQUIRY

I find that the phenomenological approach (Braud & Anderson, 1998) was appropriate for my inquiry because it facilitated gathering the participants' views, meanings and experiences on the subject of anxiety and on therapeutic work with anxiety and anxiety states. Given that the phenomenological approach stresses the importance of reflexivity – i.e. an awareness of the ways the researcher as an individual with a particular background has an impact on the research process (Robson, 2002, p172) – I tried to “bracket” (ibid.) my own assumptions and biases through all phases of the research and minimize their influence on the findings.

I think that the semi-structured interviews (Robson, 2002) were the right choice for my qualitative inquiry because they provided a good focus on the topics important for my study. At the same time they facilitated the gathering of detailed opinions and meanings that participants offered and provided rich data. I think that six participants offered sufficient data to make a substantive analysis possible. More than this number would perhaps provide more data, however my concern is that it would have made the analysis more difficult to manage. Some of the findings related to therapeutic work with anxiety and anxiety states, and especially to the techniques, could have been more elaborate if, in addition to interviews, I had used a multiple choice questionnaire.

I feel that the guidelines for interpretative phenomenological analysis, proposed by Smith (1995), served the purpose of this study. Since this was my first experience with dealing and managing qualitative data, I found Smith's guidelines very useful during all phases of organizing and analyzing data. They helped me to go step by step through the process of analysis and to avoid losing meanings present in the participants' transcripts. At the same time the nature of the guidelines gave me the freedom to be creative in organizing and presenting data.

I find that a comprehensive and thorough review of the existing literature on anxiety, prior to any decision about the selection of participants, was necessary and valuable.

Foreknowledge regarding the subject of anxiety and the current therapeutic approaches to anxiety helped me to choose and narrow the area for my inquiry. Later, during the process of analysis and while I was writing the results, I needed to return many times to the literature and to search through it in order to link the findings with the theory and the evidence from existing research studies.

During and throughout my research project I was guided by the ethical principles laid out by the British Psychological Society (2007). In order to respect the participants' rights for autonomy they received written information about the project, the implications of their involvement and a consent form before they were interviewed. To ensure that the information offered by the participants was dealt with confidentially and that the participants remained anonymous, all the transcripts were coded and all identifying characteristics were removed from these texts. I tried to avoid, as far as I was aware, interactions that would have somehow harmed participants by their involvement in the study. All the participants, when concluding their interviews, said that they found the experience rewarding. They expressed that their understanding of anxiety had grown due to the fact that they were presented with an opportunity to look at anxiety in ways they had never done before. All the participants will receive a copy of the study.

Overall, my conclusion is that the interpretative phenomenological approach is appropriate to use in future research conducted on understanding anxiety and the application of psychosynthesis in psychotherapeutic work with anxiety and anxiety states. However, I think that in future studies face-to-face interviews should be combined with a multiple choice questionnaire so as to enhance the purpose of eliciting information.

THE IMPLICATIONS OF THE FINDINGS

The psychosynthesis view on anxiety (as expressed by the participants)

The findings of this study show that anxiety is seen, by all six participants, to be always present to some degree in the clients' issues, consciously or unconsciously. In addition, the therapist's anxiety is also considered to be potentially present in the therapy room. I find this view in agreement with the main therapeutic approaches – cognitive-behaviour, psychodynamic, existential and transpersonal (Battista, 1996; Beck & Emery, 1985; Deurzen; 2007; Jacobs, 1992; May, 1996).

Anxiety is seen, by all six participants, to be a mixture of the neurotic, existential and transpersonal forms of anxiety, and the level of experienced anxiety is seen to be conditioned by culture and society. Regarding different forms of anxiety, Ken Wilber (1986) in his spectrum of psychopathology classifies anxiety disorders (neurotic anxiety) under the prepersonal pathologies, existential anxiety under the personal pathologies, and anxiety related to transpersonal crises under the transpersonal pathologies. Following Wilber's model, the psychotherapist L. Baggio Gilot (1993) links the lower unconscious of the 'egg diagram' with the prepersonal stage addressed by psychoanalysis and psychodynamic theory, the middle unconscious with the personal stage addressed by existential theory, and the higher unconscious with the transpersonal stage addressed by transpersonal theory. Here, I see the strength of the psychosynthesis model in its potential to address all three levels of unconscious and thus all main forms of anxiety. In contrast, other schools of psychotherapy generally address only one of the forms: the CBT model (Beck & Emery, 1985; Westbrook *et al.*, 2008) and the psychodynamic model (Freud, 1974; Busch, 2006) address the neurotic form of anxiety, the existential model (Deurzen; 2007; Yalom, 2002) considers mainly existential anxiety, and the transpersonal model (Scotton, 1996) transpersonal anxiety. Regarding cultural and social influence on the level of anxiety, it seems that other therapeutic approaches acknowledge it (Freud, 1974; May, 1996; Westbrook *et al.*, 2008). Assagioli underlined that "the isolated individual does not exist" (1990, p31) and recognized that our anxieties can be generated by society (1990a, p72).

Furthermore, four participants recognize the 'systemic' type of anxiety which can include anxieties passed to us from our parents, anxieties "inherited" from our ancestors, or anxieties related to our past lives. While the view that 'anxieties can be passed to us from our parents' (e.g., children can learn to be anxious by observing their parents) is supported by research studies (see Barlow, 1988), the view that anxieties can be "inherited" from our ancestors or related to our past-lives is supported by the works of S. Grof (1988) and B.L. Weiss (1944). In addition, two participants brought out that in some cases anxiety can be somatized – this is supported by many theorists on anxiety (Beck & Emery, 1985; Kalsched,

2004; May, 1996), and one participant pointed out that anxiety can often lie hidden beneath depression – this is supported by research studies (see Barlow, 1988; Beck & Emery, 1985). Here, I can see the strength of the psychosynthesis model in its potential to recognize the complexity of anxiety and its different shades.

With regards to the relationship between anxiety and Self-realization, all six participants hold the view that anxiety is an inseparable part of the process of Self-realization. This view is shared by the existential (Kierkegaard, 1980; May, 1996) and transpersonal (Scotton, 1996) approaches. Psychosynthesis theorists recognize that the process of Self-realization is accompanied by either anxiety related to the existential issues or issues from the past (Firman, 1996; Whitmore, 1992), or by anxiety related to transpersonal crises caused by spiritual emergency (Assagioli, 1990; Whitmore, 1992), or by anxiety arising from the repression of the sublime (Haronian, 1967; Whitmore, 1992), or by any combination of the four.

The psychosynthesis therapeutic approach to anxiety (as expressed by the participants)

The findings of this study show that a bi-focal vision is seen, by all six participants, to be central when working with anxiety and anxiety states. The concept of a bi-focal vision (Whitmore, 1992, p62) is vital in psychosynthesis therapy. It involves perceiving the client from a dual perspective, as a Self – a being with a purpose in life and with potential, as well as a personality with problems. Problems are seen as having a hidden purpose which will advance the client in his/her personal development (ibid.). In respect to this, I find particularly significant that anxiety is perceived, by all six participants, not as a pathological state but rather as a symbol which has a meaning waiting to be discovered. These findings are supported by the psychosynthesis psychotherapist A.G. Tallerini (2003) who defines anxiety as suspended energy waiting to be channelled towards Self-realization. He holds that anxiety is the symbol for a potential which is waiting to be realized.

All six participants hold that the qualities of the therapist's attitude are essential when working with anxiety. I find that qualities such as acceptance, compassion and empathy are not exclusive features of psychosynthesis. They are seen to be central in therapeutic work by all main therapeutic approaches (Deurzen, 2007; Jacobs, 1993; Westbrook *et al.*, 2008). However, I believe that the quality of empathy, which was particularly highlighted by one participant, has a significant role in therapeutic work with anxiety. As we have seen in the chapter on literature review, Firman and Gila hold that the moments of empathic failure of the external unifying center cause in the child the disruption of the I-Self connection (the I-

Self wound) and provoke “the most basic primordial anxiety” – the anxiety of the threat of annihilation and nonbeing (Firman & Gila, 1997, p108). Therefore, in my view, the I-Self wound can be seen to be at the root of anxiety. Firman and Gila maintain that the I-Self wound can be healed only through an empathic relationship. They write, “If an empathic disruption causes wounding, it can only be that an empathic connection can heal this wounding. Thus a profound empathic intersubjective resonance between the psychosynthesis practitioner and client becomes the healing centre of all work in psychosynthesis” (2002, p5). It can therefore be argued that by healing the I-Self wound through an empathic relationship, the experience of anxiety will also change.

Another point which all six participants agree upon is that the goal of psychosynthesis therapy is not the elimination of anxiety but rather the facilitation of the client’s ability to contain anxiety and deal with it in a constructive way. In addition, all six participants maintain that the more we are Self-realized the better we can contain anxiety. This is supported by the psychosynthesis theory which holds that through the process of Self-realization we start to experience Self as an abiding presence in our lives (Assagioli, 1990; Firman & Gila, 2002; Whitmore, 1992). According to Firman and Gila (2002) these experiences of the presence of Self are the direct opposite to the experiences of the terrifying anxiety of annihilation and nonbeing, and imply instead an experience of feeling held securely in being. The experiences of the presence of Self, according to all six participants, change our experience of anxiety and our relationship with anxiety. In fact, Assagioli (1991a, p19) in his brief notes says that anxiety can be overcome through the process of “identification with Self – stable, permanent, immortal”.

Regarding the use of psychosynthesis techniques, the process of identification/disidentification is seen by all six participants to be useful because it enables the client to become aware that he or she is more than anxiety. The process of identification/disidentification is fundamental to the psychosynthesis model (Assagioli, 1990; Firman & Gila, 2007; Whitmore, 1992; Young-Brown, 1989) and it is suggested that it should be used as early as possible in therapy in order to facilitate the emergence of the “I” (Whitmore, 1992, p52 & p94). Following from this, I find that the process of identification/disidentification plays an important role in therapeutic work with anxiety. Given that “I” is a reflection or “projection” of Self (Assagioli, 1990, p19), it makes sense that the process of identification/disidentification enables the client to start to experience the presence of Self as a stable and permanent centre within himself/herself. Such experiences in turn foster the client’s ability to contain anxiety (Assagioli, 1991a; Firman & Gila, 2002).

In addition, one participant suggested imagery work, two participants suggested body work, and three participants suggested meditation as useful when working with anxiety. I think that any of these techniques has the same ultimate purpose which is to enable the client to identify with anxiety in order to disidentify from it. Which technique is used, in my view, depends mainly on the psychosynthesis practitioner's preference or on the client's ability to respond to it.

Following from this, I noticed that the findings do not show the use of the identification/disidentification/self-identification technique designed by Assagioli (1990, p116). I find this technique particularly useful in cases where the clients experience high levels of anxiety or panic attacks. In such cases this technique enables the client to stay with the frightening bodily symptoms of anxiety, as well as to become aware of the unproductive thoughts. Namely, it enables the client to identify with the aspects of anxiety (bodily sensations and thoughts) in order to disidentify from them. In other words, the process of identification/disidentification/self-identification facilitates the client's ability to contain anxiety and deal with it in a constructive way.

Furthermore, the findings show that very little is said on cognitive work with anxiety. This was puzzling to me because the thought patterns play a major role in anxiety and "thinking" is seen by the psychosynthesis model as one of the seven psychological functions (Assagioli, 1991, p13). The impact of thoughts on emotions is clearly defined by the psychological laws (Assagioli, 1990a, p51-65). Assagioli recommends "use of the mind" for overcoming anxiety and states that "the mind has control over the emotions and is able to transform them" (1991, p171).

Another issue that arises from the findings is that almost nothing is said on work with subpersonalities. Given that anxiety always involves some intrapsychic conflict (Freud, 1974; Kohut, 1997; May, 1996; Winnicott, 1990), I believe that the use of subpersonality work is valuable for identifying the inner psychological conflicts. Furthermore, since many of our anxieties can be traced to conflicts between subpersonalities (Firman & Gila, 2002, p75-76), I think that work with subpersonalities becomes even more important.

Three participants highlighted the importance of the will. The importance of the will in psychosynthesis therapy was emphasized by Assagioli (1990a). Whitmore (1992, p71) writes that "without the will therapy becomes extensive exploration of the presenting problems... rather than be healed the client simply develops a thorough knowledge of early childhood neuroses". She holds that therapy then becomes a regressive circle whereby the client becomes identified with his/her pathology and to avoid this happening the therapist's

aim is to evoke the client's will (ibid.). Assagioli maintains that the will is essential for Self-realization (1990a), and suggests developing courage (one of the qualities of the will) in order to overcome anxiety (Assagioli, 1991a). Similarly, Kierkegaard (1980), May (1996) and Tillich (2000) put emphasis on the use of will when dealing with anxiety. May (1996) says that in order to grow and Self-realize we need to confront and move through anxiety-creating experiences. Similarly, Kierkegaard says: "To venture causes anxiety, but not to venture is to lose oneself" and adds that confronting the anxiety results in increased self-awareness, freedom, and enlarged spheres of creativity (cited in May, 1996, p392). I find this very inspirational. It seems that the more we are Self-realized the better we can contain anxiety, on the other hand in order to grow and Self-realize we need to confront and move through anxiety-creating experiences.

CLOSING THOUGHTS

The results of my research confirm my belief that the psychosynthesis model – which addresses both the personal and the transpersonal aspects of human growth in the context of the social, political and cultural worlds – has the capacity to offer a comprehensive approach to anxiety. Through my study my intention was to specify and systemize the particular ways in which psychosynthesis can contribute to the understanding of anxiety and to therapeutic work with anxiety and anxiety states.

As a result of my study, I see the strength of the psychosynthesis model in its capacity to address all three levels of unconscious (lower, middle and higher) and thus all main forms of anxiety (neurotic, existential and transpersonal). Psychosynthesis encourages us not to pathologize anxiety but rather to see it as a symbol which has a meaning waiting to be discovered, and the goal of psychosynthesis therapy, in my view, is to facilitate the client's ability to contain anxiety and deal with it in a constructive way. I believe that psychosynthesis therapeutic work with those who suffer from anxiety and anxiety disorders should include recognizing the role of the therapist as an empathic external unifying centre, facilitating the client's relationship with Self, supporting the process of identification/disidentification, exploring the intrapsychic conflicts and the thought patterns, and encouraging the use of will.

While I am writing these last lines of my study I have a feeling that I have travelled a long way. I must say that conducting my first 'real world research' and writing this dissertation has not been a road without anxiety. As with all good work with anxiety, I needed to identify many times with the anxiety in order to disidentify from it. I feel that along the road

I have learnt a lot and gained a much deeper understanding of anxiety. Given that anxiety and anxiety disorders remain a significant public health problem and that this is the first research on anxiety and therapeutic work with anxiety and anxiety states based on the psychosynthesis model, I would like to finish my dissertation with well known Assagioli's words, "more research is needed in this area".

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APPENDIX 1

INTERVIEW QUESTIONS

1. What is it about psychosynthesis as an approach that makes you feel as if it has really spoken to you?

What have you discovered in psychosynthesis that made you feel like you were coming home or that at some point made you say “Aha”?

Looking back, have you found that psychosynthesis has helped you with anxieties you had?

2. How do you experience anxiety as being present (consciously or unconsciously) in the issues presented by your clients?

Do you experience some form of anxiety in all of the material your clients bring?

How much are your clients' anxieties based on past conditioning and traumas, and how much are they based on their existential conditions?

How much anxiety is caused by the influence of our society and by global problems?

3. How has psychosynthesis helped you to frame your own anxiety, or those of your clients?

Which are all the different ways in which psychosynthesis alleviates anxiety, or normalizes it?

Which methods, principles, techniques, qualities of the therapeutic relationship, or qualities of the therapist's attitude have you found particularly helpful when working with anxiety?

4. Do you sense a difference in your (or your clients') experience of anxiety before and after psychosynthesis training (therapy)?

How does increasing self-realization affect the experience of anxiety?

Does the experience of the I-Self connection make a difference to our experience of anxiety?

Do you feel that “being held by something bigger than me” reduces experience of anxiety?

How much of our anxiety belongs to us personally and how much is it influenced by the collective unconscious?

5. Do you see anxiety as a pathological problem or as an instrument for growth?

How do you understand anxiety from a psychosynthesis perspective?

Do you see the goal of successful therapy as the removal of anxiety, or as the transformation of anxiety into something more creative?

How could anxiety-creating situations be used constructively?

6. How has your view on anxiety changed after going through these questions?

Has your view changed on whether anxiety can be transformed through psychosynthesis?

APPENDIX 2

PSYCHOLOGICAL LAWS

Law I – Images or mental pictures and ideas tend to produce the physical conditions and external events that correspond to them.

Law II – Attitudes, movements, and actions tend to evoke the corresponding images and ideas; these in turn, (according to the next law) evoke or intensify the corresponding emotions and feelings.

Law III – Ideas and images tend to awaken emotions and feelings that correspond to them.

Law IV – Emotions and impressions tend to awaken and intensify ideas and images that correspond to them or are associated with them.

Law V – Needs, urges, drives, and desires tend to arouse corresponding images, ideas, and emotions.

Law VI – Attention, interest, affirmations, and repetitions reinforce the ideas, images, and psychological formations on which they are centred.

Law VII – Repetition of actions intensifies the urge to further repetition, and renders their execution easier and better, until they become performed unconsciously.

Law VIII – All the various functions, and their manifold combinations in complexes and subpersonalities, adopt means of achieving their aims without our awareness, independently of, and even against, our conscious will.

Law IX – Urges, drives, desires, and emotions tend and demand to be expressed.

Law X – The psychological energies can find expression: (a) directly (discharge – catharsis), (b) indirectly, through symbolic action, (c) through a process of transmutation.

(Assagioli, 1990a, p51-62)