

Immediate Body Experience and Reflexive Awareness

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Abstract

Introduction: *The present study is focused on the dynamic process of self-experiencing that involves immediate, felt experience, related symbolization and a reflexive awareness of the already symbolized past experience. Several authors have considered that self-pathology begins with an imbalance between knowing the self reflexively and through sentient experience. For this reason, a number of techniques have been adapted in order to increase or enhance the client's sentient (body) experiencing. Many recent researches have evaluated the efficacy of mindfulness meditation practice both in clinical and non-clinical population (for the treatment of depression, anxiety, pain and stress) and have argued that people with specific psychological problems experience difficulties in practicing mindfulness meditation correctly in the initial phase.*

Objectives: *The aim of this study was to evaluate the efficiency of a brief mindfulness meditation exercise (awareness of the body). We supposed that an exercise focused on immediate body awareness would facilitate an increased awareness and would reduce negative automatic thoughts compared to an exercise focused on reflexive awareness (a situation reactivating a past self-experience).*

Methods: *A quasi-experimental design, observation, psychodiagnostic instruments (USAQ – Unconditional Self-Acceptance Questionnaire, ATQ - Automatic Thinking Questionnaire, PHLMS – Philadelphia Mindfulness Scale) and statistical methods (Independent Samples t Test) were used in this study.*

Results: *After the participation in this type of brief mindfulness meditation exercise (awareness of the body), the participants experienced increased awareness and less intense negative automatic thoughts compared to the control group.*

Conclusions: *Our results suggested that mindfulness meditation could facilitate the process of self-experiencing, revealing the deficits in emotional self-experiencing and increasing awareness, while more emotionally challenging experiences lay the stress on problematic aspects of self. Both of them can be used for different purposes in the psychotherapeutic process, according to the therapeutic goals. Secondly, it highlights the impact of the affective state on the automatic thinking.*

Keywords: *awareness, self-experiencing, mindfulness, meditation*

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I. Introduction

The process of experiencing, as seen in the humanistic-experiential psychotherapies, may involve immediate, felt experience, related symbolization and a reflexive awareness of the already symbolized experience (Wolfe, Sigl in Greenberg, et.al, 1998). According to this theory, conscious experience results from synthesizing information from various sources, including: perception of events in the external environment; thoughts, images, and beliefs from memory, or products of imagination; and immediate felt experience. So, the immediate experience and the personal conceptualizations of the self represent two major sources of paying attention to the self and obtaining information about the self as self-knowledge.

The same theory suggests that self-pathology begins with an imbalance between the dual attention foci of self-experiencing. Emotional difficulties arise whenever immediate self-experience is ignored or interrupted and one only responds to preconceived notions about the self (as in anxiety disorders).

Three major sites of interruptions may appear:

1. preventing awareness of emerging thoughts, feelings, and reasons;
2. inhibiting expressive action;
3. interfering with awareness of the impact of one's actions on others and vice versa. Wolfe and Sigl (in Greenberg, et.al, 1998) argue that the principle underlying the defensive interruption of self-experience is that people try to regulate the experience of the negative affect by reducing self-awareness. People use different ways to interrupt their direct self-experience in the form of defensive processes that shift the attention from sentient to reflexive self-experiencing.

In the last years, many researches focused on the awareness processes and investigated the efficiency of mindfulness meditation practice both on clinical and non-clinical population (Lebow, 2006).

In these researches, two core aspects of mindfulness were explored: the value of remaining in the moment and the development of one's ability to accept and go with what is occurring. This adds to maintaining a focus on the present rather than past or future, and on learning to observe and follow one's experience rather than to guide it (ibidem).

Most of these studies use Kabat-Zinn's definition of mindfulness as paying attention in a particular way: on purpose, in the present moment, and nonjudgmental (Keng, Smoski, Robins, 2011; Goodman, Calderon, 2012). Such practice is consciously and purposely initiated, but allows experience to unfold without evaluation or criticism. For example, Cardaciotto et al. (2008) define mindfulness as „the

tendency to be highly aware of one's internal and external experiences in the context of an accepting, nonjudgmental stance toward those experiences” (p. 205). So, they consider awareness and acceptance to be the components of mindfulness.

In a review of empirical studies on the effects of mindfulness on psychological health, Keng et al. (2011) identified two primary, essential elements used in current conceptualizations of mindfulness in clinical psychology: nonjudgmental awareness of one's moment-to-moment experience and acceptance. The same authors reviewed three areas of empirical research: cross-sectional, correlation research on the associations between mindfulness and various indicators of psychological health; efficiency research of mindfulness-oriented interventions on psychological health; and laboratory-based, experimental research on the immediate effects of mindfulness inductions on emotional and behavioral functioning, and research on educational effects of mindfulness. Evidence from correlation research suggested that mindfulness was positively associated with a variety of indicators of psychological health, such as higher levels of positive affect, life satisfaction, vitality, and adaptive emotion regulation, and lower levels of negative affect and psychopathological symptoms.

Evidence from neurobiological and laboratory behavioral research indicated the potential roles of trait mindfulness and mindfulness meditation practices in reducing reactivity to emotional stimuli and enhancing psychological well-being. They concluded that mindfulness brings about various positive psychological effects, including increased subjective well-being, reduced psychological symptoms and emotional reactivity, as well as improved behavioral regulation.

The same conclusions are supported by reviews of neuropsychological findings (Chiesa, Calati, Serretti, 2011). These reviewed studies suggested that early phases of mindfulness training, which are more concerned with the development of focused attention, might be associated with significant improvements in selective and executive attention whereas the following phases, which are characterized by an open monitoring of internal and external stimuli, could be mainly associated with improved unfocused sustained attention abilities. Additionally, mindfulness meditation practice could enhance working memory capacity and some executive functions.

In another meta-analysis of studies specifically testing the impact of mindfulness, Baer (2003, in Lebow, 2006) assessed the impact of summing all the researches on mindfulness on the frequently encountered types of problems in psychotherapy, such as depression and anxiety. She found a mean effect size for all these

treatments of 0.74, meaning that 74% of those in the groups receiving mindfulness training did better than those receiving the alternative of no treatment or another treatment.

Other authors (Ainsworth, Eddershaw, Meron, et. al, 2013; Goodman, Calderon, 2012; Lebow, 2006) extended these conclusions and emphasized the power of mindfulness technique in the treatment of pain, anxiety, depression, attention deficit hyperactivity disorder, addiction and even more complex and difficult problems, such as borderline personality disorder, traumatic experiences or some physical health conditions e.g. chronic pain.

Results from various studies (Lykins and Baer, 2009, in Kenga et al, 2011; Moore, Malinowski, 2009) showed significantly higher levels of mindfulness, self-compassion and overall sense of well-being, significantly lower levels of psychological symptoms, rumination, thought suppression, fear of emotion, difficulties with emotion regulation in meditators, compared to non-meditators. Moreover, attention functions improved and cognitive flexibility increased in meditators. Changes in these variables were linearly associated with the extent of meditation practice.

Yogesh, Ratna, Anjana (2012) studied the effects of meditation on stress-induced changes in physiological parameters, cognitive functions, intelligence, and emotional quotients in 34 healthy, male volunteers. Results suggested that the practice of meditation reduced psychological stress responses and improved cognitive functions, and the effects were more pronounced with the practice of meditation for a longer duration (1 month). Furthermore, meditation reduced baseline stress and reactivity to a stressor, suggesting that young adult males may benefit from the practice of meditation in reversing the effects of stress. In the short term, meditation was associated with a physiological relaxation response and an improvement in scores of reaction times. These results are supported by other studies that have explored the long-term effects of mindfulness meditation practice versus the effects of brief mindfulness meditation training. Zeidan et. al (2010) examined the effects of a 4 days (20 min/day) of mindfulness meditation training on cognition and mood. Brief meditation training reduced fatigue, anxiety, and increased mindfulness in experimental group when compared to an active control group involved in the task of listening to a recorded book. Moreover, brief mindfulness training significantly improved visual-spatial processing, working memory and executive functioning. Even short-term mindfulness interventions, such as 15 minutes of focused breathing, lowered emotional

volatility and negative affect (Arch and Craske, 2006, in Goodman, Calderon, 2012).

Eberth and Sedlmeier (2012) investigated 39 studies and they overviewed the effects of mindfulness meditation on various psychological variables (attention, cognition, intelligence, emotion regulation, negative emotions, anxiety, stress, well-being, positive emotions, neuroticism, negative personality traits, self-attributed mindfulness, self-concept and self-realization) in non-clinical meditators. They distinguished between studies on mindfulness-based interventions (MBSR – Mindfulness Based Stress Reduction, Kabat Zinn) and studies on pure meditation. The research emphasized that MBSR programs, which included a meditation component, had the strongest effects on psychological well-being, whereas pure mindfulness meditation affected mindfulness-related variables the most. In the first case, strong effects were reported regarding stress reduction, less negative emotions and greater well-being, as well as less suffering from anxiety. Mindfulness meditation was able to reduce trait anxiety of regular persons, probably to an even greater extent than it could reduce the anxiety of patients suffering from chronic diseases. In studies on pure meditation, the main effects were found in variables concerned with the concept of mindfulness, attention and anxiety. Far smaller effects were observed regarding negative emotions and wellbeing, which were very strong for MBSR. The authors attributed the large effects for MBSR on these variables to other effective components of MBSR rather than mindfulness meditation.

These results demonstrate the power of mindfulness techniques when combined with other methods and integrated in psychotherapy or counseling. Moreover, mindfulness training was associated to reduced stress and increases in therapy-relevant characteristics, such as empathy, in health professionals (Hopkins, Proeve, 2013).

Unifying Experiential Psychotherapy (UEP) integrates mindfulness meditation in a four-step therapeutic process:

1. Symbolic experiential challenge or the symbolic accessing and reconfiguration of the blockage, existential trouble or present symptoms;
2. Retracing and re-signifying identified traumas and blockages, which are specific to the case under focus;
3. Development of self-restructuring process through the activation of one's own resources;
4. Implementation of the new, better and certainly more promising script in one's daily life (Mitrofan, 2012).

This process aims for „the unification and maturation of the person (or persons), through a meditative and self-restructuring process of expanding self-awareness,

leading to a higher level of integration and maturation of the self, through the consonance, integration and functional expansion of affective, cognitive and imaginative, spiritual and behavioral-relational mechanisms – an „internal unification effect” (ibidem, p. 41).

The unifying therapeutic process is a health-generating, integrated, and self-regenerative process, taking place simultaneously on a bodily, psychological and social level.

Among other techniques, UEP involves creative meditation with an art-therapy support. A special place is held by fractals, which represent a way to create meditative states (an original technique for regression and reconstruction of primary experiences). These techniques are also used as a basis for the therapeutic process considering the fact that they somehow help reveal the discrepancies between the real self and self-concepts that are problem-associated thus giving a focus for the experiential analysis. They become important especially for discovering personal resources to be used to overcome problematic experiences.

Experiential symbolic and metaphoric techniques (interactive symbolic games and metaphorical scenarios), body techniques (corporal metaphor), creative meditation exercises facilitated change and promoted self-development when applied in experiential group programs (Vitalia, Raban-Motounu, 2013).

In the light of above studies and researches, the present study focused on the effects of a brief mindfulness meditation exercise (awareness of the body) on awareness and negative automatic thoughts. The general hypothesis was that a possible emotionally tensed life situation affects the person's capacity of being aware of his/her personal body. It indeed determines the person to focus on past self-concept.

Objectives

General objective: to evaluate the efficiency of a brief mindfulness meditation exercise (awareness of the body) compared to an exercise focused on reflexive awareness.

Practical objectives:

- To increase the level of awareness;
- To reduce negative automatic thoughts.

Hypotheses: We suppose that an exercise focused on immediate body awareness (body-scan) would facilitate an increased awareness and reduced negative automatic thoughts compared to an exercise focused on reflexive awareness (a situation reactivating a past self-experience).

II. Methods

In this study we used a quasi-experimental design. The variables of this research were: the level of awareness,

acceptance (as components of mindfulness), negative automatic thoughts, unconditional self-acceptance (dependent variable) and participation in a body-scan exercise (independent variable). Two groups were involved in this research, working in different moments of time, but in the same environment and with the same researcher. The participants from both groups were randomly selected. Assessments of the mentioned variables were conducted after the body scan exercise (in the experimental group) and after the exercise focused on reflexive awareness (in the control group). Psychodiagnostic instruments, observation, and statistical methods (Independent Samples t Test) were also used in this study.

Participants

The subjects in this study were 36 persons with different ages, 1st and 2nd year clinical psychology master degree students. 19 students, mostly females, participated in the experimental group; 17 females participated in the control group. All subjects were in a good state of health and had no academic difficulties.

Instruments

The experiment was conducted in the laboratory of psychotherapy, in a comfortable environment, with adequate conditions of light and temperature. The laboratory had enough space to allow movement and chairs to sit on.

The variables were assessed with: USAQ – Unconditional Self-Acceptance Questionnaire; ATQ – Automatic Thinking Questionnaire; PHLMS – Philadelphia Mindfulness Scale.

PHLMS – Philadelphia Mindfulness Scale is a bidimensional instrument that measures mindfulness and its two key components: present-moment awareness and acceptance.

Cardaciotto, Herbert, Forman et.al. (2008) described *the development and psychometric validation of the Philadelphia Mindfulness Scale. They used two nonclinical samples (n = 204 and 559), and three clinical samples including mixed psychiatric outpatients (n = 52), eating disorder inpatients (n = 30), and student counseling center outpatients (n = 78). Exploratory and confirmatory factor analyses support a two-factor solution, corresponding to the two constituent components of the construct. Statistical data demonstrated a good internal consistency. Significant differences were found between the nonclinical and clinical samples in levels of awareness and acceptance. The awareness and acceptance subscales were not correlated, suggesting that these two constructs can be examined independently. On Romanian population the value of Alpha Cronbach Coefficient was 0,78 for both scales. These results suggest that the instrument has a good internal consistency.*

Procedure and experimental design Based on the theoretical and research information, we selected a brief mindfulness meditation exercise (awareness of the body). This exercise was presented and described by Williams, Teasdale, Segal, Kabat-Zinn (2013) and it was used on various purposes by other researchers as well (Goodman, Calderon, 2012).

The body scan exercise was designed to promote the ability to pay close attention to whatever felt true and authentic at the present moment. The exercise consists of bringing the persons` attention to their own present physical experience (Goodman, Calderon, 2012, p. 261).

The participants from the experimental group were asked to sit comfortably with legs and arms uncrossed. The researcher then asked them to pay close attention to their breathing for about a minute. During this minute, the researcher asked the students to notice the movement of their belly and to feel the sensation of their stomach rising and falling as air went in and out of their body. They were then guided to observe the sensation in their nostrils as they felt air passing in and out. Next, the body scan moved from their toes to their head. Slowly, intentionally and systematically, students were asked to bring their awareness to each body area and to observe any comfortable or uncomfortable sensations or a lack of sensation attached to the area being observed. They were asked to breathe in and out from this area and then to shift their attention to the

next area. Once the students reached their head and face, they were asked to scan the entire body and to recall any area where they felt discomfort or any sensation and gently bring their awareness back to that place, without judging the sensation as good or bad. Throughout the scan, the researcher reminded the subjects that each time their mind wandered they could bring it back to the part of the body where they had been focused when their mind drifted away. Likewise, the researcher clarified throughout the exercise that it was simply their experience; it was neither good nor bad, just their experience at that precise moment. In the end, all the subjects filled in the instruments.

The subjects from the control group filled in the same instruments after a situation where students had to present and argue their scientific psychological projects. This situation reactivated a past self-experience connected to performance and evaluation.

III. Results

Statistical analysis was used to confirm the hypothesis of this study.

Student t test (SPSS 17.00) was computed to compare test results. Independent-Samples t Test was used to test the significance of the differences between the data in the experimental and control situation. Descriptive Statistics were also performed.

	Group	N	Mean	Std. Deviation	Std. Error Mean
Awareness	experimental	19	32,368	3,789	,8692
	control	17	28,705	5,542	1,3442
Acceptance	experimental	19	19,210	5,949	1,364
	control	17	18,470	6,185	1,500
Unconditional self-acceptance	experimental	19	94,473	17,774	4,077
	control	17	90,058	12,492	3,029
Automatic negative thoughts	experimental	19	20,210	4,378	1,004
	control	17	27,117	8,230	1,996

Table 1: Descriptive Statistics

In the comparison between the experimental and control group, there were significant differences regarding the level of awareness and negative thoughts. When compared to the control group, the subjects from the experimental group experienced increased awareness ($t=2,336$; $p<0.05$) and less intense negative automatic thoughts ($t=-3,191$; $p<0.01$).

There were no significant differences regarding the level of acceptance (as a mindfulness

component) ($t=,366$; $p=,717$) and unconditional self-acceptance ($t=,852$; $p=,400$) in the comparison between the experimental and the control group.

IV. Discussion

Statistical analysis have confirmed the hypothesis of this study and it has demonstrated that an exercise focused on immediate body awareness (body-scan) facilitated an increased awareness and reduced

negative automatic thoughts compared to an exercise focused on reflexive awareness (a situation reactivating a past self-experience). These results are supported by a large amount of studies focused on the effects of mindfulness, on a variety of variables, in clinical or community population (Ainsworth, Eddershaw, Meron, et. al, 2013; Goodman, Calderon, 2012; Lebow, 2006). As these studies demonstrate, mindfulness is a powerful technique in the treatment of pain, anxiety, depression, attention deficit hyperactivity disorder, addiction and even more complex and difficult problems, such as borderline personality disorder, traumatic experiences or some physical health conditions e.g. chronic pain. Moreover, long-term mindfulness meditation practice is associated with significantly higher levels of mindfulness, self-compassion and overall sense of well-being, significantly lower levels of psychological symptoms, rumination, thought suppression, fear of emotion and difficulties with emotion regulation (Lykins and Baer (2009, in Keng et al., 2011; Moore, Malinowski, 2009); reduced psychological stress responses and improved cognitive function (Yogesh, Ratna, Anjana (2012). Even short-term mindfulness interventions, such as 15 minutes of focused breathing, lowered emotional volatility and negative affect (Arch and Craske, 2006, in Goodman, Calderon, 2012).

Mindfulness technique becomes more efficient when combined with other methods and integrated in psychotherapy or counseling (see MBSR – Mindfulness Based Stress Reduction, Kabat Zinn).

In the present study, we used Kabat-Zinn's definition of mindfulness as paying attention in a particular way: on purpose, in the present moment and nonjudgmental (Keng, Smoski, Robins, 2011; Goodman, Calderon, 2012). Such practice is consciously and purposely initiated, but allows experience to unfold without evaluation or criticism.

At the same time, we focused our research on the two components of mindfulness: present moment awareness and acceptance.

We used a body scan exercise (Williams, Teasdale, Segal, Kabat-Zinn, 2013) designed to promote the ability to pay close attention to whatever felt true and authentic at the present moment, to be aware of the authentic experience of the body into the environment (Gendlin, 1980). As the authors of the exercise mention, the purpose of this exercise is not relaxation, but awareness of the body, as it is in the present. As our results emphasize, through the comparison of the experimental and control groups, the most significant effects of this exercise are increased awareness and reduced automatic negative thoughts.

The participants in the mindfulness group experienced a profound peaceful state, associated with less automatic negative thoughts compared to the participants in the more emotionally tensed situation group. These direct effects can be explained by the person's focusing every moment on another part of the body followed by a shift of attention from an area of the body to another area during a longer period of time. Cultivating the awareness of the present and focusing on different sensations from different parts of the body, our subjects had the possibility to pay close attention, each moment, to a certain area of the body, even if the sensations changed during the exercise. The ability to focus this way on a single element in the present moment gave their mind the possibility to calm down and the participants felt calm and peaceful. They changed the focus from trying to be someone to actually being themselves and to getting in touch to this actual way of being.

At the same time, no matter what kind of sensations the participants felt during this exercise (comfortable or uncomfortable sensations or a lack of sensation attached to the observed area), they were encouraged to let them be as they appeared and to observe them with a non-judgmental attitude. The purpose of this exercise was not to reduce the difference between the way things are and the way people would want them to be. Instead, the participants focused on the present, here and now sensations. They became aware of these sensations in a direct, authentic manner instead of using their judgment (Williams, Teasdale, Segal, Kabat-Zinn, 2013, p. 135).

This result is similar to the one presented by other researches (Keng, Smoski, Robins, 2011), which mention mindfulness training as a way to increase metacognitive awareness (which is the ability to perceive again or decenter from one's thoughts and emotions and view them as passing mental events rather than to identify with them or believe thoughts to be accurate representations of reality) and to reduce rumination. This could predict better clinical outcomes such as lower rates of depressive relapses.

Comparing to experience of the mindfulness group, the situation of reactivating a past self-experience (connected to performance and evaluation) can reactivate preconceived notions about the self. Attention shifts from present moment to a past experience thus interrupting the sentient experience and responding to preconceived notions about the self. Thus, the participants in the emotionally tensed situation group reported more automatic negative thoughts, sign of activation of dysfunctional beliefs and lower awareness compared to the experimental group.

Even if these values are not clinical (see Table 1), they show, one more time, the power of mindfulness technique (awareness of the body, in the present study).

Statistical analysis showed no significant differences regarding the level of acceptance and unconditional self-acceptance. These results are explained by the fact that our experiment was a short-term mindfulness intervention focused mostly on awareness, the first component of mindfulness and the most sensitive to change. Acceptance, the second component of mindfulness, develops during long-time mindfulness training or practice (Cardaciotto et al., 2008). The instrument used to assess mindfulness (PHLMS – Philadelphia Mindfulness Scale) offered the possibility to separately measure each component. It is very important to notice that, despite the positive effects of awareness, there are studies that explain the negative consequences of increased awareness as well, such as increased anger and hostility when person focuses on the emotional and physiological experiences associated with rejection; increased awareness of internal physiological cues in panic disorder. Self-focused attention has been strongly involved in the experience of chronic negative affect and contributes to depression, anxiety, substance abuse, schizophrenia and psychopathy. The mixed effects of high awareness may be related to the degree to which this awareness is associated with an attitude of nonjudgmental or experiential acceptance (Cardaciotto et al., 2008).

Along with the awareness of the breath, the body scan provides the essential skills for all type of meditation techniques (e.g., sitting and walking meditation, Goodman, Calderon, 2012; creative meditation with an art-therapy support or fractals, Mitrofan, 2012) and it can be efficiently incorporated in various, specific psychotherapeutic or counseling programs. It gives the person the possibility to access one of the most important resources: immediate, body felt experience and to use it in the process of self-experiencing in order to reveal the possible deficits of this process. Moreover, in the Unifying Experiential Psychotherapy (UEP) mindfulness meditation is integrated in a unique and specific manner in a four-step unifying therapeutic process that is a health-generating, integrated and self-regenerative process, taking place simultaneously on a bodily, psychological and social level. In this manner, both aspects of mindfulness (awareness and acceptance) are integrated and, moreover, their effects are extended to a more profound level where they help reveal the discrepancies between the real self and self-concepts that are problem-associated thus giving a focus for the experiential analysis. They become important especially for discovering personal resources that may be useful to overcoming problematic experiences. Gendlin considers the body

interactive, the space where the interaction between self and environment takes place, so body awareness helps understand the deep connection between internal and external stimuli. Fire (2010) refers to this interactive unity as a non-dual consciousness - that experience in which one's sense of internal self („I") is no longer experienced as separate from external phenomena (world). Clients who are able to sense and explore their inner experience in a felt experiential way, in contrast to staying merely on the more abstract level of content, are able to make significant changes in therapy.

V. Conclusions

The results of this study suggest that mindfulness meditation may facilitate the process of self-experiencing, revealing the deficits in emotional self-experiencing and increasing awareness, while more emotionally challenging experiences lay the stress on problematic aspects of self.

A simple body scan exercise designed to promote the ability to pay close non-judgmental attention to whatever felt true and authentic in the body at the present moment confirmed to be an efficient technique to increase awareness (the first component of mindfulness) and to reduce automatic negative thoughts in the experimental group when comparing to the control group. This kind of technique becomes more efficient when it is combined with other methods in the psychotherapeutic or counseling process facilitating both awareness and acceptance of experience.

Creative meditation, as used in Unifying Experiential Psychotherapy (UEP), integrates both aspects of mindfulness in a more profound, unifying psychotherapeutic process and becomes an important and powerful instrument that helps reveal the discrepancies between the real self and self-concepts that are problem-associated. Moreover, this process implies extensive and progressive awareness, thus helping the client undergo a process of self-restructuring and self-energizing. This becomes important especially for discovering personal resources that may be useful to overcoming problematic experiences (many of them based on preconceived notions about the self) and to changes in self-image. Describing the process of unfolding, Welwood (1982) distinguished between sequential and simultaneous unfolding of experience. In simultaneous unfolding of the experience something totally new and fresh breaks through and people see things in a radically different way and discover new depth in their lives. Creative meditation allows this kind of change and self-discovery to happen.

The usefulness of this kind of intervention has been demonstrated during the last years through a large