

## Awareness Techniques and Emotional Change

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### **Abstract**

**Introduction.** In a previous article we have presented the effects of re-enacting and reprocessing past problematic experiences in the present on the emotional stability. Further on, our focus on psychotherapeutic mechanisms of change carries on with a psychotherapist's possibilities to help clients make the best use of their resources in the therapeutic session. Although it has been proved that mindfulness techniques are efficient, some specialists present creative meditation as having superior effects, without enough statistical data to support their position.

**Objectives.** Our objective is to determine the effect of creative meditation on a person's emotional state, especially in comparison with other psychotherapeutic techniques. Our hypothesis is that creative meditation has superior effects in increasing positive emotions and reducing negative emotions.

**Methods.** An experiment involving psychology students divided in several groups (a group participating in a creative meditation, another one in a movement exercise plus an exercise consisting in relaxation, body scan, focusing and imagery; and a control group), was conducted in order to test the hypothesis. For the evaluation of the emotional state, a simple method was used: a scale containing both positive and negative emotions on which the participants rated (from 1 to 10) how they were feeling at that particular moment.

**Results.** The statistic analysis indicates that creative meditation has made persons feel less restless, furious, nervous or stressed, more glad and joyful, in comparison with the combination of relaxation, body scan and imagery. When compared with the control group, the persons in the creative meditation group also felt less restless, preoccupied, thoughtful, sad, tired or anxious and more relaxed.

**Conclusions.** The use of creative meditation at the beginning of the psychotherapeutic session has the effect of helping the person get in the proper emotional state to start exploring (past) problematic experiences.

**Keywords:** *creative meditation, emotions, mechanisms of psychotherapeutic change, unification*

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## **I. Introduction**

The present study focuses on one of the four steps of the psychotherapeutic process of the unifying experiential psychotherapy or personal development described by Mitrofan (2000, 2004, and 2012): an experiential challenge that allows the symbolic expression of both experiential difficulties and potential resources; experiential analysis focused on retracing, re-enacting and finding a new meaning for past traumatic experiences; activation and use of personal resources in a creative manner to find new solutions to past experiences; acknowledging and taking responsibility for the new way of being, integrating it in the personal life script and in daily life. A previous study (Răban-Motounu, & Vitalia, 2013) examined the effects of retracing, re-enacting and finding new solutions to past experiences previously labeled as negative on the emotional stability, as they are reconverted into maturation pretexts, a key component of the unifying experiential psychotherapy or personal development (Mitrofan, 2000). The stage we focus on in the present article is the experiential challenge, which, as an element of specificity in this type of psychotherapy or personal development, is in the form of creative meditation (Mitrofan, 2000, 2004), the one that prepares the next steps.

Several types of meditation have been described (Horan, 2009, Kabat-Zinn, 1991, Osho, 1999, Schaub, 1996, Schofield, 2002). Osho (1999) mentioned 112 types of meditation. Papers describing meditation can be divided in two categories: the works of initiated persons and evidence-based studies. Many studies have been dedicated to mindfulness meditation, while creative meditation, although described by the specialists as the most powerful and as valuing a human being's characteristics the most (Govinda, 2000, Schaub, 1996), has been less investigated.

Research on the usefulness of mindfulness techniques is quite rich and of increasing quality, given the difficulty imposed by its existential nature (Lebow, 2006, Vernooij, 2011). There are reviews and meta-analytical studies reporting positive effects of mindfulness techniques especially in comparison with placebo or CBT performed on psychological symptoms, but less work has been done in order to discover the mechanisms explaining their positive effects; learning a mindful way of being and reducing the use of avoidant strategies are the only things mentioned (Schroevens, Snippe, Bas, Tovote, & Flier, 2011). Most of these studies define mindfulness as a way of being consisting in paying attention to the body and accepting it non-judgmentally (Kabat-Zinn, 1991), in other words being a witness to one's own

experience. On the other hand, one of the main effects often mentioned by practitioners is transcendence. Horan (2009) thinks transcendence is the expression of "synchronized neural activity in which an existing informational set(s) is attenuated or surpassed; where psychological/cognitive closure is not an effect; and where the attention is broad and sustained on explicit, or implicit, phenomena in defocused, yet alert, witnessing mode" (p. 202). Brown and Ryan (2003) see mindfulness as an attribute of consciousness. They developed an instrument to measure it, which is useful especially when comparing experienced mindfulness practitioners with non-practitioners. After measuring it with this instrument, they discovered that mindfulness correlated positively with self-awareness, self-regulated behavior and positive affect. They proposed a mindfulness-based program for cancer patients that helps reduce emotional distress and negative moods. The efficiency of mindfulness techniques in dealing with some types of depression (Williams, Teasdale, Segal & Kabat-Zinn, 2013) and with the negative effects of stress (Kabat-Zinn, 1991) is well determined. Later on, mindfulness use has been extended to different categories of persons, in various combinations. A program including mindfulness meditation, yoga movement, breathing exercises and expressive exercises helped third grade students reduce attention-deficit and hyperactivity symptoms (Klatt, Harpster, Browne, White & Case-Smith, 2013), including cognitive manifestations. Also, the combination of relaxation, mindfulness-based and creative art techniques has been proposed in order to reduce emotional distress in management students (Simha, Mousa, & Kim, 2011).

The essence of any meditative practice is to give up acting automatically and to witness (Osho, 1996). "Meditation cultivates an experience of self, or subjectivity, that is not narrative or representational. It is the experienced quality of one's existence, rather than one's beliefs or behaviors or one's reflective self-consciousness in reaction to objects." (Blakstone, 2008, p.457) This observation helps understand one possible mechanism that explains the decreased anxiety and depression in experienced practitioners (Lebow, 2006).

Unifying creative meditation was used to increase attention performances of amateur drivers (Gâtej, & Golu, 2013); observing, acting with awareness, not judging the inner experience and non-reactivity to inner experience in a 40-hour personal development program for university students (Mitrofan, & Gâtej, 2012); self-esteem, self-acceptance and enrichment of self-image (Vitalia & Răban-Motounu, 2013); or to enhance the effects of the

genogram work on couple satisfaction (Mitrofan & Petre, 2012).

The idea for our study came from an article written by Joorman, Teachman and Gotlieb (2009), who show, by means of an experiment, that depressed people tend not only to recall negative experiences from the past, but they also recall bad things that did not actually happen. Although the relevance of this finding for psychotherapy has not been discussed, we have thought of the possibility to start a therapeutic task from the memory of a past experience that was not actually as negative as the person puts it into words when feeling depressed or distressed during the session. Moreover, when working with people with depression, it is a challenge to overcome the negative disposition in order for them to mobilize their personal resources and to focus on their development, which does not mean looking for shortcomings when dealing with grief, but for means to make the best use of their time spent in psychotherapy.

A similar observation has been made by Schofield (2002). The author finds that, although classical elements of client centered therapy (empathy, congruence, unconditional positive regard, Rogers, 1951) are important, only by supporting clients in experiencing grief engages them on a downward spiral of negative emotions and thoughts. That is why an active, creative environment, which generates positive emotions, is benefic. "To some, the experience of deep peace, getting to know the self and one's purpose in life by means of awareness seems an impossible goal. (...) The therapist has to provide a creative here-and-now experience of those qualities we all long for. (...) It may be difficult for the client to initially hold on to it or recreate it outside the therapy room, but it should have such impact that the clients are lifted to a higher state of awareness regarding the possibilities and purpose of life." (Schofield, 2002, p.61) The fact that the positive affect enables the access to the inner sources of meaning has also been experimentally highlighted by King, Hicks, Krull and Del Gaiso (2006). Creativity in therapy facilitates an emotion called elevation, associated with the use of healing potential and a positive shift in consciousness, also experienced when a person witnesses an altruistic gesture that generates altruistic actions on behalf of that particular person, creating the space for positive interpersonal exchanges that elicit positive emotions. Creative meditation is especially recommended to people who have experienced severe trauma and who have experienced grief beyond the ego's abilities to manage it (Schaub, 1996, Schofield, 2002). Schofield (2002) considers that, while concrete evidence of the

danger of using such a technique is quite rare, a rigorous assessment of previous psychotic episodes or difficulties in grounding for the self should be made though. To overcome these possible dangers, a solution would be to first use meditation to help persons feel positive emotions while subtly encouraging the grounding into the self, with meditation focused on symbols of the self (Räban-Motounu, 2010, 2011), followed by the other three steps of the psychotherapeutic process (Mitrofan, 2012). The method experimented by Schofield (2002) combines meditation practices with guided visualization. Welwood (2006) has also used meditation in connection with focalization and corporal awareness in psychotherapy. He points out that meditation should only be used in practice by psychotherapists with a spiritual development, and in connection with the psychological analysis, so that the client would not practice meditation in order to avoid the painful experiences without dealing with them. Segalla (2003), in her search for means to speed up the process of both intrapersonal and interpersonal connection in the psychotherapeutic group, was amazed to see that meditation creates conditions for the group to rapidly and profoundly engage in the process, helping members become present for one another and for themselves, become more empathic, compassionate and less defensive, an effect also mentioned by Mitrofan (2000).

In our study, we wanted to investigate the effects of creative meditation when compared with other techniques used to access past traumatic experiences, such as body work and movement, body scan and focusing, relaxation and imagery in terms of emotional change. All these are frequently used to access both past problematic experiences and personal resources. Gendlin's work on focusing is well-known: He considers it a direct path to the unconscious; an intentional orientation of attention towards the body, which is interactional in essence; "the essence of psychotherapeutic change" (Gendlin, 1980). He pointed out the differences from the way the body was used in Gestalt therapy, because focusing helps find a meaning for the tensions in the body not just solving them. He considers that the body has its own holistic way of finding solutions, of making a positive change and focusing on your body helps bringing these solutions into consciousness. Also, imagery is a way of getting in touch with unconscious solutions; an image has its origins in the bodily experience, like the images from dreams. It is richer in a relaxed state. Using guided imagery means moving forward; in connection with focusing, it helps a person once again to become

aware of the potential solutions for existential difficulties, thus becoming more powerful (ibidem). We thought of this comparison, taking into consideration all the new findings regarding the importance of the emotional state in developing a healthier, more fulfilling way of life (King, Hicks, Krull, & Del Gaiso, 2006). So, the *objective* was to determine the effect of creative meditation on a person's emotional state, especially in comparison with other psychotherapeutic techniques.

Our *hypothesis* is that creative meditation has superior effects in increasing positive emotions and in reducing negative emotions.

## **II. Methods**

In order to reach the objective we conducted an experiment.

### **Participants**

Third-year psychology students participating in "Introduction to Psychotherapy" practical lessons were involved. Three groups were formed: one for the creative meditation condition (N=14; mean age 22.5; all women), one for the other techniques (N=18; mean age 23; 14 women and 4 men), and a control group (N=11, mean age 22.6; 9 women and 3 men). The control group and the group for creative meditation were randomly selected from all students participating in the "Introduction to psychotherapy" course. Although other psychotherapeutic techniques were applied to other 50 students, the group used for the statistical analysis was selected so that there would be no significant differences between the mean of distribution of their scores and the mean of the scores obtained by the participants in the creative meditation group at the initial assessment.

### **Instruments**

To assess the effects of the intervention, we used a list of both positive and negative affective states. It contains fourteen affective states and the person has to rate *how much she is feeling this way at this very moment* by using a 10-point scale; 0 means she does not feel that way at all and 10 that she feels like that a lot (e.g. glad, sad, anxious). It had a good internal consistency for the participants in the study, with an alpha Cronbach of .87 for negative emotions, and .83 for positive emotions.

### **Procedure**

The experiment was conducted with all participants from each group, in the room used for the Introduction to Psychotherapy practical lessons, which allowed both walking around and sitting, with adequate conditions of light and temperature. First, they filled in the self-assessment scale referring to their present emotional

state. Then, the specific interventions were introduced to two experimental groups, by the same researcher, who is also a certified specialist in unifying experiential psychotherapy and their teacher for that specific course. After the exercises had ended, they filled in the scale once again.

For the second experimental group, we used an exercise we had previously worked with (Răban-Motounu, & Vitalia, 2009). The movement exercise consisted in the main idea of trying different types of walking, starting from walking as the participants felt at that moment, then by rolling the entire foot on the ground, walking on the heels, on the tip of their toes, limping with one leg and then with the other, crouched down walking and finally the usual walk. With each change, the psychologist instructed them to become aware of their sensations, emotions, thoughts, memories associated from the past and possible fantasies, and also to make associations with moments in their lives when they felt they needed to walk on the tip of their toes, with moments when they felt that something was limping in their life, or with those areas of their existence they felt like limping, with times they felt or acted like they were very small. The participants filled-in the self-assessment scale. They continued with a progressive relaxation exercise, followed by body scan with focalization (when a still-tensed part of the body was discovered) and imagery: they were told to go on an imaginary trip in a place they liked the most, enjoy this place, feel its energy and take a symbolic souvenir to remind them of the place when they would feel the need to visit it again. Finally, they came back to reality and named the first thing in their sight. They rated the way they felt at that specific moment on the scale again. The researcher involved them in a discussion about their experience during the whole exercise.

The creative meditation (Răban-Motounu, 2009) was centered on one of the symbols of the Self: home. It begins with the invitation to go on a journey which starts with a path that the person feels is his/her way. The person sets the details of the trip and steps on the road, being aware of his/her feelings, emotions, thoughts, fantasies and memories as he/she walks forward. Then, he/she focuses on the landscape on the side of the road and, if he/she wants, on the people around her, if there are any. He/she passes over a bridge, examines the water beneath it, being continuously aware of what she feels, thinks, imagines and remembers. A building is introduced and the person decides how it looks like and where the entrance is. Then, he/she focuses on the mechanism to open the door of the building. He/she gets inside, explores the interior and finds his/her place: It is

perceived as one's own place. He/she finds its details, charges with its energy, takes something symbolic from it and then he/she is again on his/her way, he/she comes back... here and now. During this imaginary journey back "home", the person is provided with the time to be aware of sensations, feelings, thoughts, memories and fantasies. Participants rated the way they felt before and after the exercise.

The control condition consisted in listening to relevant material regarding psychotherapy and debating on the ideas.

### III. Results

As we have mentioned in the section describing the participants, the active groups were selected so that there would not be any significant difference between the means of each affective state of the scale before the exercises. The control group was randomly selected and did not meet the same criteria. To determine if there were differences in before and after-exercise ratings, we used t-test for paired samples. The results and the significance level for both active, experimental groups are shown in Table 1.

Table 1: Values of t-test for paired samples and significance level for the distributions of the pre- and post-test scores of the participants in the two experimental groups: creative meditation and combined exercise (relaxation, body scan and focusing, imagery) group

Affective state	t test for paired samples creative meditation group	significance level (p)	t test for paired samples combined exercise group	significance level (p)
Glad	-5.828	.000	-3.053	.007
Restless	5.060	.000	5.036	.000
Preoccupied	4.416	.001	4.331	.000
Relaxed	-4.478	.001	-4.312	.001
Thoughtful	4.732	.000	2.474	.024
Agitated	3.298	.006	4.849	.000
Joyful	-4.755	.000	-2.976	.008
Invigorated	-2.798	.015	-.851	.407
Sad	-2.969	.011	2.051	.056
Tired	5.135	.000	2.179	.044
Furious	3.663	.003	3.051	.007
Nervous	3.122	.008	2.189	.043
Stressed	5.888	.000	4.067	.001
Anxious	3.879	.002	3.335	.004

The movement exercise only made participants become less restless ( $t=3.00$ ,  $p=.009$ ), preoccupied ( $t=2.611$ ,  $p=.020$ ) and anxious ( $t=2.334$ ,  $p=.034$ ).

#### Comparison between the creative meditation group and the combined exercise group

When comparing the initial ratings, there were no differences between groups before the exercise. After the exercise, the participants in the creative meditation group were more *glad* ( $t=2.068$ ,  $p=.050$ ), *joyful* ( $t=2.072$ ,  $p=.048$ ) and less *restless* ( $t=-2.422$ ,  $p=.025$ ), *furious* ( $t=-2.368$ ,  $p=.027$ ), *nervous* ( $t=-2.484$ ,  $p=.021$ ) and *stressed* ( $t=-3.756$ ,  $p=.001$ ).

#### Comparison between the combined exercise group and the control group

T test for independent samples was used to determine if the differences between the initial and

final means of each affective state of both groups were significant. At the initial test, the only significant differences were found for *agitated* ( $t=-2.939$ ,  $p=.007$ ) and *furious* ( $t=-2.15$ ,  $p=.047$ ). After the movement phase, the participants in the exercise group were less *glad* ( $t=-2.054$ ,  $p=.05$ ), *relaxed* ( $t=-2.768$ ,  $p=.010$ ), and *joyful* ( $t=-3.082$ ,  $p=.005$ ). In the same comparison, at the end of the exercise, the participants were less *restless* ( $t=-2.326$ ,  $p=.028$ ), *agitated* ( $t=-4.520$ ,  $p=.000$ ), *furious* ( $t=-2.512$ ,  $p=.018$ ), *nervous* ( $t=-2.336$ ,  $p=.036$ ) and *stressed* ( $t=-3.214$ ,  $p=.003$ ). All differences from the previous rating became insignificant.

#### Comparison between the creative meditation group and the control group

T test for independent samples revealed that the participants in the creative meditation group were

less *preoccupied* ( $t=-3.701$ ,  $p=.001$ ), *agitated* ( $t=-4.746$ ,  $p=.000$ ), *furious* ( $t=-2.686$ ,  $p=.019$ ), *nervous* ( $t=-2.105$ ,  $p=.046$ ) and *stressed* ( $t=-3.184$ ,  $p=.003$ ), at the test. At the retest, they also became less *restless* ( $t=-4.988$ ,  $p=.000$ ), *thoughtful* ( $t=-3.204$ ,  $p=.004$ ), *sad* ( $t=-3.334$ ,  $p=.003$ ), *tired* ( $t=-2.252$ ,  $p=.034$ ) and more *relaxed* ( $t=2.315$ ,  $p=.041$ ).

### **Discussions**

Experiential psychotherapy grants the affective experience a special place, beyond the specificity of the school. The approach thinks of emotion as the core of the regulatory processes (Damasio, 1994), the guide a person can use and trust for a healthy life. The emotional state reflects the global significance of all the internal and external stimulations and it also organizes the auto-biographical memories and fantasies. It allows accessing past traumatic memories from the memory thesaurus in order to re-process them and find a new meaning for them, especially negative emotions, while positive emotions are associated with the activation of personal resources and enlargement of personal perspective (Fredrickson, & Joiner, 2002, King et.al, 2006). Burton and King (2004), in a somehow similar study, showed that three sessions of 20 minutes of intense writing about intensely positive experiences are enough to enhance positive emotions, fact which has also been seen in fewer health center visits for illness. During creative meditation, the effect of accessing personal resources is even stronger, because it also uses imagination and the person is more active: It helps the person go beyond the boundaries of personal history and explore the resources one has not had the chance to discover yet, in order to use them and find a new meaning for experiences previously labeled as negative (to transform them in a life lesson).

Even though the experiment may seem simple, we think that examining small steps may be quite helpful in understanding the mechanisms of psychotherapeutic change. One of the main characteristics of the experiential psychotherapies is the focus on emotion used as a key to access problematic experiences in order to find a new meaning for them. In this line, we were interested to see the emotional effects of various experiential techniques which are usually introduced for this purpose. One chair work and two chairs work have been extensively explored in the process-experiential psychotherapy or in emotion focused therapy studies (Elliott, Watson, Goldman, & Greenberg, 2004). They are also used in unifying experiential psychotherapy, along with meta-positions, as means to cultivate a flow of consciousness, but the

psychotherapist may add the potential offered by the creative meditation, so well described by Govinda (2000), as the first step of the psychotherapeutic process. Then chair work or meta-positions can be introduced to re-process past experiences during the second and the third step, thus combining the simultaneous with the sequential unfolding of experience.

The positive affective states were more intense after the creative meditation, although they also increased in intensity after relaxation, body scan or focusing and imagery. It is important because it prepares the clients for the confrontation with past traumatic experiences they have kept out of consciousness by means of defense mechanisms with the purpose of self-regulation. As Tice, Baumeister, Shmueli, and Muraven (2007) have shown, positive emotions help counteract the depleting effect of previous exertion of self-control. During creative meditation, the client has the chance to express his difficulty on a metaphoric, possibly symbolic, level, to use his self-control strategies as he is still aware of what is happening to him, in order to remember the difficulty and to work on it later; he also maintains an appropriate energetic level to be able to make the necessary changes and take responsibility for them. Moreover, the same authors have also highlighted that positive affect improves self-control even if the procedure used to induce the positive mood was only a comedy video.

Work-out (e.g. aerobics, weight training and other physical exercises) usually helps decrease anxiety and depression and make people feel better about themselves (Knapen et al., 2005), including on a physical level. In the present experiment, the effects were the same, but no increase in the positive emotions was observed. A possible explanation could be that we have stimulated the association with life difficulties and that it might need to be practiced for a longer period of time. However, we must mention that, if a person does not experience negative emotions or moods, it does not necessarily mean that he/she has a positive affective state.

The creative meditation had the anticipated effects (Govinda, 2000, Mitrofan, 2000, Schaub, 1996, Welwood, 2006) of reducing the intensity of all negative emotions and increasing all positive emotions. So did the combined exercise, except for feeling invigorated and sad. That means that both techniques may have a positive effect if practiced for a longer period of time, but this was not the interest of the present article. As to reducing sadness, given the fact that it may affect the precision of recalling past problematic experiences (Joorman, Teachman, &

Gotlieb, 2009) and only the creative meditation had a significant effect, it would seem more appropriate to use creative meditation as a first step of the psychotherapeutic process when working with depressed, sad or traumatized people. Also, creative meditation has helped participants feel more glad and joyful than the combined exercises, so one may think that it may be a better start for mobilizing resources because it facilitates the access to the inner sources of meaning (King et al., 2006) and it supports the use of self-regulating strategies (Fredrickson & Joiner, 2002, Tice, Baumeister, Shmueli, & Muraven, 2007). We did not investigate in the present experiment if there was an effect associated with the metaphor used in the creative meditation, because we used the "home" symbol, which aims to reconnect the person with the inner, profound self. When compared to the control condition, the participants in the other two groups ended the exercise being less restless: The exercises left space for the subject of their preoccupation in the consciousness, offering the chance to work on it once they have become aware of it, thus reducing the somatic tension. Those from the creative meditation group also felt less thoughtful which indicates that they may have already found a solution for their worries on a symbolic level. An interesting finding was that they also felt less tired and more relaxed: Jung (1996) argued that a creative behavior allowed the union of opposites which determines an increase in the energetic level. As a person concentrates on oneself, one's fury, stress and nervousness decrease and one increases the chance to exhibit a more internally regulated behavior.

Although all the exercises implied instructions given by the researcher, the persons from the creative meditation group reached the lowest level of stress. The ongoing involvement of their imagination offered them a confirmation for their imaginative products which were taken into consideration for later on instructions, thus they valued them more. So, in this type of meditation, they found a way to express themselves, to feel accepted and, consequently, they felt less pressured.

Coming with a real condition control raised a problem in our study. Listening to and debating psychology relevant material also had a positive impact on the emotional state (positive emotions increased and negative emotions decreased). This problem was also signaled by Elkin and colleagues (1989) in a longer study on interpersonal and cognitive-behavioral psychotherapy, imipramine hydrochloride plus clinical management, and placebo plus management-control efficiency in depressed persons. The control-condition, the fourth one, called minimal supportive therapy,

involved guidelines for the management of education and side-effects, a review of the patient's clinical status and, probably more important, support, encouragement, and even advice from the specialist. It also had a significant effect on the participants' scores on general symptoms, functioning and depression scores, like all the active conditions.

A close analysis of their results shows that the control condition in their study focuses on the real concerns of the participants and the concrete functioning of their body (discussion on side effects). The specialist offers them an exact amount of time to listen to them and to make the necessary clarifications, he also offers support and encouragement, in a dependable manner: In a certain amount, it resembles to the conditions proposed by Rogers (1951) for a helping relationship. During the follow-up, the recovery rate was high for this control condition and the rate of relapse was comparable with the psychotherapy conditions and lower in comparison with the imipramine condition (Shea et al., 1992). The fact that the participants in the control condition talked to a specialist about their usual way of being, mentally prepared for a positive change to occur, after the placebo, even without knowing it, consolidated their ego and helped them get in touch with their self on a corporal level. The specialist's preoccupation actually confirmed their positive change. In the imipramine condition, the discussion did not have the same effect, because their way of being was modified by the medication, so they did not have the same chance of receiving support for the way they actually were, without medication. The authors discussed the ethical considerations when coming with such a condition for clinically depressed patients. Our findings are in the same line suggesting that the group discussion itself contributes to a positive change, probably because the members use it especially for this purpose. This would be a line to follow in the future: to find a better control condition or not to jump to conclusions about a control condition without a careful analysis.

#### **IV. Conclusions**

Creative meditation, compared to other techniques used as experiential challenges to bring a person's real difficulties to the present, has the potential to both decrease the intensity of negative emotions and increase the intensity of positive emotions, reducing the possibility of memory distortions and helping mobilize personal resources. A further study with persons under severe emotional distress is needed.

All the techniques in the experiment may be

used in certain moments in therapy in order to manipulate the emotional tension experienced by the client or to challenge him towards contact in order to facilitate positive change (see also Mergenthaler, 2008).

Finding a treatment for the control condition in psychological interventions that is also very close to the natural course of living and meets the ethical considerations is very difficult. Also, it is interesting to notice that a treatment that may seem natural, normal for some people, thus justifying its use for the control condition, has significant effects on other people.

A psychotherapist may find it useful to answer a simple question during his formation years: How prepared is he to accept a person's affective state, something that fluctuates from one moment to another if someone takes the time to observe the change, as a trusty indicator of positive change and also as a central point in his intervention?

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