Doctorate in Psychotherapy by Professional Studies

Final Project

DPY 5360

**An Inquiry into the Nature of Therapeutic Space
In palliative care groups, working with nature and imagination**

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Acknowledgements:

Abstract

This research explores 15 years of palliative care group work, inspired by the Asclepian healing temples in Ancient Greece, working in and with nature, using imagery, ritual and bodywork. Through Intuitive Inquiry, incorporating hermeneutic, heuristic and transpersonal elements, the research focuses particularly on the nature of the therapeutic space. From archive material and interview data, five broad themes emerged which were considered integral to creating a healing space and environment, and which were inherently interconnected. Separated only for the clarity of discussion, these themes were named as Pilgrimage, Place, Nature, Imagination (the 'Mundus Imaginalis') and Presence.

From this, the researcher developed a collaborative model for group work in palliative care and considered the potential impact and relevance to education and practice. Collaboration in this sense refers to the potential of shared facilitation, for example between psychotherapists and artists, and also acknowledges the therapeutic collaboration with the environment, particularly nature, and, in the spirit of Asclepius, with ancient wisdom.

The research also highlighted the resonance between the methodology and the research focus. The research process itself became a pilgrimage. This dissertation, with the journey forever unfolding, is a resting post along the way.

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A. Introduction

Ah, if you want to live in peace on the face of the earth

Then build your ship of death, in readiness

For the longest journey, over the last of seas.

DH Lawrence (1994) from The Ship of Death.

It may seem odd to start this dissertation with an opening into death, yet that is the work. At the heart of the research is a vision of an integrated model for palliative care that seeks to accompany the dying person into depth (or height) in order to find healing- not in the sense of cure, but in the sense of becoming more whole, more alive (Kearney, 2009). In the forward to Kearney's book, A Place of Healing, Balfour Mount recalls one of his patients, a 30year old man dying from cancer, who said just days before his death: 'this last year has been the best of my life' (Mount, cited in Kearney, 2009: xi). How can this be? As Lawrence intimates, all of us must prepare for death, and to do so may help us live fully, and that is the point. No matter how long we have left to live, looking into the eyes of death, can bring us fully into life.

Montaigne writes:

> Let us deprive death of its strangeness. Let us frequent it, let us get used to it:
> let us have nothing more often in mind than death. We do not know where death awaits us,
> so let us wait for it everywhere. To practice death is to practice freedom.
> A man who has learned to die has unlearned how to be a slave.   (Montaigne, 2003:96)

Opening the work with a poetic metaphor has significance too, since, as an integrative arts psychotherapist, the work and, as I hope to show, the methodology, both use metaphorical language and sensibilities, a psychological level of explanation that incorporates image, metaphor, storytelling and embodiment to experience and explain the world. Lawrence's words introduce metaphors of place (the face of the earth, the ship of death, the last of the seas), as well as death, both of which are relevant to the work.

This research is concerned with particular palliative care groups, working with nature and imagination, where we consider how to facilitate this ability to live with our mortality, to prepare for this 'longest journey over the last of seas' and in doing so, perhaps, bring richness to life.

Essentially, the object of the research is to explore the nature of therapeutic space, its components, qualities, the 'essence' that makes up the therapeutic space in which we work. The focus is specific, re-searching particular groups, in a specific context. The study aims to provide insights, promote a deeper and broader understanding of the work, and draw together a relevant body of knowledge, to ground, challenge and develop this particular model. From a broader perspective, the object of the study, in accordance with this particular Doctorate, is to explore, deepen, expand, challenge and develop the practice of psychotherapy.

It also aims to add to the growing practice and development of imaginal research methodologies.

Indeed, the use of a creative and imaginal approaches resonates through the group work itself and the research process. Though examining a specific aspect of the work, the areas it touches are broad and deep: those of death, of nature, of imagination, of life.

This introduction will seek to place the work in context, beginning with a brief consideration of our current attitude to death in western society. It will then describe my journey into palliative care and the specific projects that are the focus of this research. I will then declare my personal, professional and philosophical approach to the work and finally outline the forthcoming chapters, which will explain the aims, development and progression of the research in more detail.

A.1 A brief consideration of contemporary western attitudes to death

The study of cultural attitudes to death and dying is a fascinating and vast subject. Historians and sociologists, such as Philippe Ariès (1981) and Allan Kellehear (2007), amongst many others, offer challenging, evocative and in depth perspectives of changing and diverse attitudes to this last phase of life over thousands of years. I will only give a brief overview of some current attitudes which I hope will bring the discussion towards a call, aligned with Montaigne, to bring death and dying back into our cultural (and personal) consciousness.

It has been widely thought that contemporary western society is 'death denying'. The 'denial of death thesis' first arose in the medical, psychological and social science literature between 1955 and 1985 and the hospice and palliative care movement was to some degree directed against this perception (Zimmerman and Rodin, 2004:121). After the Second World War, death and dying became a more private, rather than communal, affair and gradual institutionalisation contributed to what Ariès describes as 'invisible' deaths, out of sight and out of mind (Ariès, 1981). In the 1960s, the pioneering work of Kubler-Ross in the USA and Dame Cicily Saunders in the UK did much to change how the medical and health professionals addressed end of life care. Hospice and palliative care development brought a more holistic approach to death and dying, improving symptom control and opening up communication and understanding about the potential spiritual and emotional distress at the end of life. However, culturally and within some health care institutions, there remained a perception of a death denying culture. There are various arguments presented as evidence of this denial, which include the fear of death, the medicalization of death, the taboo of speaking about death, perhaps due to a false sense of protection, (Glaser and Strauss' ethnographic study, in 1966, found that doctors routinely withheld news of a terminal prognosis from patients, right up to the point of death), the segregation of the dying from the rest of society and the decline in mourning rituals (Zimmerman and Rodin, 2004:122; Kellehear, 2007). Perhaps not all of these arguments indicate death *denial,* yet changes in the way we live, for example, being unable to care for the dying at home, and advances in science, have altered the way we think about and deal with death and the dying.

Certainly as science and social conditions have improved and changed, death has not been such a constant companion in our life and psyche as it was in the past. Gawande (2015) notes that as recently as 1945 most deaths occurred at home, whereas now, (in America) only 17% are home deaths. In the UK, only 19% die at home (Murray et al., 2010). Over almost the entire industrialised world death has moved into institutions (Ariès,1981). With death in some ways out of sight and with the advances in medicine prolonging life, we may have dared to believe that death can be avoided.

Peach (2000) adds an existential perspective to this, arguing that the growth of scientific knowledge has challenged the idea of a creator, and of man (or at least his soul or spirit) continuing after death. That man's place in the universe is finite, he argues, has become a primary philosophical concern. He proposes that we have grown to ignore death as our materialism has increased, yet when we do turn towards it, as Montaigne advises us to do,

there are no spiritual rules or philosophies to guide us. We have lost our stories of death, the structure and certainty of religion. We no longer seek out psychopomps, or shamans, even the 'extreme unction' of the Christian church, is now called 'anointing the sick', as if we need to mask the priest from being a harbinger of death.

Yet, as Zimmerman and Rodin point out, stories and discussion about death, in books, in the media, on television, abound, suggesting that at least society is able to grasp and grapple with the subject on this public stage. Public movements such as the Dying Matters Coalition set up in 2009 and Death Cafes (Sherwood, 2015) are bringing the subject of death back to communities, and providing opportunities for more open discussion and reflection on perhaps the most profound condition of our lives: that we must all die. Yet in a more intimate context, when death enters our personal sphere, it may be harder to accept and talk about. We are not used to having death sit at our table.

Therefore, I propose that from a cultural, ecological, communal, personal and professional perspectives, the contemplation of death and how we can accompany people on this extraordinary journey are of primary importance, particularly in an aging community. The research aims to contribute to this debate.

From the professional perspective, the role that psychotherapy plays in end of life care is, in my view, an under examined area. I will comment on this later in chapter two. Here I will give a brief introduction to how I came to engage with this issue personally and professionally, and the subsequent development of the projects being re-searched.

A.2 Coming into the work*:* my personal journey: a 3-fold path.

A.2.1 Palliative care

My background in nursing, and in particular working in acute services and intensive care, gave me a sense and respect for empirical work and the medical model of care. However, a sense of something missing, particularly around serious illness led me, eventually, to explore alternative therapies including Shiatsu and Chinese Medicine. Viewing health from this completely different perspective, where body, mind and spirit are considered inseparable, and where metaphor is embedded in the language, I moved into palliative care and   began

to explore how these creative, metaphorical and holistic approaches could be incorporated into the care of the dying. As a nurse I had seen the medical management of death many times and in many different ways. At the time I entered palliative care, I had been contemplating my own mortality in personal therapy and wrote my dissertation for my Shiatsu training and a 'back to nursing' course from the perspective of working with the dying. Death was in my psyche and in my work and seemed to be calling for attention. Working as a nurse and shiatsu practitioner in palliative care emphasised a commonality between both disciplines when applied to the dying: a potential, almost a demand, to let go of the desire to fix things, encouraging a presence that accompanies a natural process, rather than trying to stop it, a potential to engage the deeper parts of the client's body and psyche and an acknowledgement of something shared in the mystery of death. Stephen Levine, who brings his eastern philosophy to the care of the dying writes:

> You act from a sense of appropriateness, not of knowing. Letting go of what stays the flow, one experiences the harmonic between beings. When our precious individuality drops away, just being is shared. Levine (1997:171)

This approach stands in contrast to the dominant paradigm in medical care, and even in hospices, where the call for increasing specialisation is diminishing the opportunities to simply 'be with' the dying person.

In the late 1990s, as coordinator of a charity providing complementary therapy and counselling in palliative care, and working closely with the local hospice, I began teaching eastern body work and palliative care to health professionals, using creativity, poetry and imagination, to invite an experience of this intimate and creative approach that Levine writes of so compassionately. In this capacity, I discovered Kearney's invitation to consider a new paradigm in palliative care, incorporating bodywork, creativity and working with the deep psyche.

As we shall see in chapter two, Dr Michael Kearney, a palliative care consultant, was drawn to consider how palliative care can help address the psychospiritual distress (what he terms 'soul pain') that he saw in some of his patients (Kearney 1996:57). His argument for a new paradigm was rooted in ancient Greece and based on a synthesis of Asclepian healing and Hippocratic medicine. Asclepian temples were built within environments of natural beauty;

those visiting them would benefit from being in nature, their bodies attended to with massage, bathing, rest and exercise; their mind through plays and intellectual debate and their 'spirit' through ritual, meditation and dream work. Kearney argued that Hippocratic[1] medicine, draws on objective evidence, clinical objectivity and treats pain and lessens suffering by intervening 'from without'. Asclepian healing draws on subjective evidence, clinical subjectivity, and is concerned with the healing of suffering 'from within' (2009: 46-47).

After discovering Kearney's' work, I moved my classroom to the woods, and set up two projects which would incorporate aspects of Asclepian healing, to be experienced alongside contemporary palliative care. Observing the power of metaphor and the arts, and in order to know more about the 'healing from within' I trained as an Integrative Arts Psychotherapist, to provide a container for the work.

The projects:

Both projects are run in places of natural beauty and were set up for people living with life threatening illness, such as cancer, motor neurone disease (MND) and Aids, who are in the palliative stage of their illness. This means, essentially, that their treatment is not aimed at cure, but at management and symptom control.

The groups are funded by a Charitable Trust which provides a number of services to people with life threatening illness. These projects, with their particular approach (exploring in and with nature for example) are part of a wider and varied provision of palliative care services, aimed at meeting a range of needs and preferences. People who wish to attend the groups are referred by a health professional, such as a GP or McMillan nurse, and their attendance is voluntary. Group participants come at various stages of illness, some having gone through treatment and are feeling well, to others who have just a few days or weeks to live. The groups are supportive, exploratory and reflective rather than psychotherapeutic. Participants come from all walks of life and with various or no spiritual beliefs. Our approach aspires to an openness to explore, allowing each participant to find their own meaning, their own way of being. This approach will not suit everyone, and the people who come, and keep coming, tend to resonate with, and value, these particular ways of exploring and experiencing.

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[1] Hippocrates: Born in Kos, in ancient Greece, (460 BCE) and a contemporary of Socrates, he is considered the 'father' of modern medicine, introducing rational diagnosis and treatment.

The projects are of two kinds:

The *Natural Rhythms* Project provides a weekly group meeting in woodland, structured around the seasons and solar festivals, and using the metaphors and experience of being in nature as vehicles for reflection, imagination and exploration. This project was the focus of the Pilot Evaluation Project.

The *Sanctuary Day* Project provides a whole day experience for group participants once a month, where they have access to body work, creative therapies, nature, reflection, meditation, image work, stories and simple ritual (creating a mandala). There is an invitation into depth, through nature, reflection, ritual and imagination as well as it being a place for rest and nourishment.

A full description of a typical day, and the making of the mandala can be found in Appendix 1.

This project is the focus of the current research, though aspects of each, such as working with nature and imagination, and the therapeutic approach, are present in both. Both groups have been running since 2000.

Kearney's work has inspired me constantly for the past 17 years and continues to drive my work forward. A visit to Epidaurus some years ago deepened my sense of these healing temples and I experienced an atmosphere of peace there, as if places like these might indeed have some healing effect. I even experienced an embodied moment of 'being there before' in ancient times, as if I knew the place. Although this may be a common enough experience in such places, nevertheless it continues to call me. I stand in alignment with many of the principles Kearney and others set out- working with nature and imagination, staying alongside suffering rather than trying to fix it, the therapeutic use of self, and not least the integration of a medical model with a psychological/creative approach. All these principles have been important to me either from childhood or my experience in therapy and have been brought together and developed in palliative care. That Kearney grounds his thesis through substantial academic inquiry and includes reference to myths and poetry, is also important to me, because it enriches the debate.

From Florence Nightingale's call for a nurse to 'put the patient in the best condition for nature to act upon him.' (Nightingale, 2010:103), Kearney suggests a similar course to enable the psyche, or soul to act. Whereas, he writes, the Hippocratic healthcare worker can experience him or herself as the agent that brings about the cure, in Asclepian healing the ultimate agent is something "other".

The psychotherapist David Findlay wrote, in a psychological echo of Florence Nightingale:
> 'The most we can do is prepare and hold the space
> where the miraculous may happen"
> (Kearney 1998:ix)

This phrase, captured my imagination and, as we shall see in the next Chapter, acted as a kind of poetic hypothesis for the research, from which the actual focus of the inquiry emerged.

A.2.2 Teaching

As well as my path exploring death, there is a path belonging to teaching and education that leads into this work.

My interest in teaching runs throughout my professional life, sourced in my nursing apprenticeship. It offers me an opportunity to explore, experiment, to learn and be creative. Certain teachers have inspired me throughout my life, and each of them demonstrated respect and imagination, inviting a mutual curiosity in the subject, taking me with them, leading me out in the true sense of education. In this way, I see teaching as a form of collaborative inquiry. I teach, mostly, using experiential creative and embodied ways and this forms more than half my professional work, teaching on adult psychotherapy training, in palliative care and in eco-therapy.

In the context of this research, I am interested in teaching and exploring aspects of psychospiritual care to, and with, all palliative care practitioners, and others working in the field. I also propose that psychotherapists and counsellors would benefit from more access to discussion and training concerned with working at the end of life, not just in exploring existential issues and death anxiety, but in exploring how to be with someone who is dying,

particularly, as we have noted, in the cultural climate of an aging population and one that has kept death at a distance.

A.2.3 My therapeutic approach

The third path leading to this work is my training and practice in Integrative Arts Psychotherapy (IAP)

My training in the therapeutic use of the arts acknowledges the primacy of image; that images were used before language in the emerging literacy of humans and that image precedes language in a human baby. Images and creativity can also be used to express feelings and experiences that are beyond words. My training recognises that creative expression is not restricted to visual arts (as in art therapy trainings) but also uses metaphor and embodiment (e.g. drama, music, dance, story, poetry) since we perceive and experience the world through all our senses.

The core principles aligning these different art forms together embrace the healing potential within the imagination and encompass the principle of creativity and play as essential to our well-being. I am particularly drawn to a depth psychology that acknowledges image as the language of the psyche or soul (Jung,1953; Hillman,1979; von Franz 1987; McNiff, 1992), and which corresponds to Kearney's call to address suffering through image and dream work. The use of image and metaphor as a vehicle for healing underpins much of depth psychology and arts psychotherapy, in its expression, but also in an assumption that the image holds some intelligence, wisdom, ways of knowing i.e. that the image can heal (McNiff, 1992; Levine, 1992).

To, reiterate, the use of image in IAP and in the group work, extends to the use of stories and myths, in the listening to, contemplating, reflecting on, and in some instances, creative responses to myths through media such as poetry, clay work or embodiment.

May writes that myths are a way of making sense in a senseless world (1991:15); that they are our ways of finding meaning and significance to our existence. He quotes Malinowski, the Polish anthropologist, who says:

> Studied alive, myth…is not an explanation in satisfaction of a scientific interest, but a narrative resurrection of a primeval reality, told in satisfaction of deep religious wants, moral cravings.
>
> (May,1991:15)

His comments reflect a different way of knowing and exploring the world, from the rational, empirical, observation and measurement. Greene and Sharman-Burke concur:

It is often our linear, casually bound, rational thinking that obscures the deeper meaning and resolution of life's dilemmas. Myths have the mysterious capacity to contain and communicate paradoxes, allowing us to see through, around and over the dilemma to the real heart of the matter.

(Greene & Sharman-Burke,1999:8)

In depth psychology, the myth may arise from and speak of, the soul, or Psyche. In IAP, the use of story and myth provides a connection, a structure, an invitation to 'come inside' a particular story and explore its meaning, to experience the hero's journey, the landscape. In doing so, the client may identify with aspects of the story or people in it, facilitating a sense of meaning or insight, as well as a connection to the wider context from which the myth emerged (the culture, society, community). Seigelman (1990b:21-22) asserts that accessing metaphorical imagination 'is a way to reach the unknown, the inner states that beggar description'. Linking our sense perceptions and language, they have a vividness to them that 'becomes a natural vehicle for therapeutic work'(ibid). The use of metaphor and imagination then enables a perspective and exploration of a world 'as if', in its ontological sense: not a rational, literal reality in itself, but one *from which* real experiences, responses, and real insights, from the perspective of the client, can occur. As Jung (2014:353) writes in his Collected Works, the world of images (metaphors) must not be taken literally, but should be taken seriously. Their effect can be profound.

In this sense they can be seen in an epistemological sense, as ways of knowing the world. The psychologist Dr Sharon Blackie extends the use of myth to acting as a bridge between the personal and the universal, full of potent archetypes. She writes:

I believe that myths and fairy tales lodge themselves in our hearts and stay with us because they are particularly redolent with archetypes – images that bridge the personal and the universal. These images are like keys, unlocking an old, deep, magical wisdom which we may never have known we had. In the vehicle of a story they become more than mere images: they become energies, embedded with instructions which guide us through the complexities of life and show us what we may become – or how we may participate in the becoming of the world.

(Blackie 2016:n.p.)

When working with people facing death, science and rational thought have their place, certainly in the treatment of disease and symptoms, the predictions of morbidity, the pragmatic engagement of finances and future plans. But to address meaning and suffering, to explore the transpersonal or existential questions that emerge when facing death, then a more metaphorical poetic language and approach may be called in.

This use of image and myth (including embodiment), in IAP and depth psychology can translate into ways of knowing within research, as asserted and encouraged by McNiff, amongst others, in his writings on Arts-based research (2009:47).   In chapter one, the discussion extends to the use of image and embodiment in research and raises ontological and epistemological questions relating to the value, limits and significance of using imagination in all stages of research.

Working in nature

From a childhood love of nature, I had already begun to work in natural environments before training as an IAP. I found great inspiration from the work, and person, of Jenny Grut (Linden and Grut, 2002), as she provided psychotherapy in nature for victims of torture. Working in and with nature was in many ways a natural extension to my arts training. The natural world becomes another creative resource through metaphor, story and myth, alongside the natural therapeutic potential of acknowledging and experiencing our deep connection to the natural world (Abram 1997, 2011). My relationship to nature therapy and eco- therapy therefore is less political and ecological, than creative and imaginative, yet it incorporates of course the fundamental relationship with what Hillman refers to as the anima mundi, the soul of the world (Moore,1989:99). I see the holistic concept of 'body mind spirit' as requiring the addition of 'cosmos' to make it truly complete.

The transpersonal element.

I consider myself and my work to veer towards the transpersonal end of the integrative continuum, though not exclusively. I am not trained as a transpersonal practitioner, yet working with the end of life, and with image, invite transpersonal elements. Whilst the approach of death is likely to engender existential questions of meaning, my experience has led me to understand that whilst people facing death do search for meaning, the more day to day challenge is how to live through suffering - the moments of panic in the night time, the looming loss of people and personal capability, the often sickening treatments. In finding

ways to help live through this, a seeking of something beyond us often comes into play. There is a psychospiritual seeking, a transpersonal element as well as an existential one.

It may be worth drawing a brief distinction here between existential and transpersonal theory. According to Walsh (1995), these two disciplines have different origins but common concerns. He writes:

> Existentialism was born of continental philosophy, out of an unflinching examination of the difficulties of human existence and authentic living. The transpersonal movement was born from psychology out of concerns with issues such as exceptional psychological health and transpersonal experiences as well as the effort to integrate perennial wisdom and contemporary knowledge. (Walsh 1995:345)

In this sense the transpersonal is concerned with experiences beyond (trans) the individual, and which encompass wider aspects of humankind, life, psyche and cosmos.

Visser (2016) offers an interesting argument contrasting the depth psychologist and height psychologies in relation to spiritual experiences in transpersonal psychology. For him, the transpersonal depth psychologies of Jung (1953) and Grof (1975) seek the spiritual dimension in the depths of the unconscious, 'seeking the sun at the bottom of the sea' (Visser, 2016:6) which he considers as a form of regression, a search for what has been lost, whereas Assagioli (1965) and Wilber (1979, 1991), on the other hand, refer to a 'height' transpersonal psychology where the search or attainment of spiritual experiences is a developmental movement going forward (upwards). Both seem to be searching for where the transpersonal can be found, in the depths as part of a communal unity, or in the heights, as a progression to a more rarefied experience of spirit. Rothberg discusses and critiques these hierarchical ontologies in terms of their validity in a contemporary world (Rothberg 1986). This is an interesting discussion, and when considered alongside the concept of death, we can see the significance of the search for something that may help make sense, or support a person through suffering. For Heidegger, as an existential thinker, accepting the end of life provided a life free of anxiety (Peach, 2000). For Jung, it is the ego that is fearful of death, whereas, from the perspective of the psyche, "death appears as a joyful event. In the light of eternity, it is a wedding, a mysterium coniunctionis. The soul attains, as it were, its missing half, it achieves wholeness" (Jung, 1961: 314). For Wilber, through meditation and contemplation we may encounter something eternal (1991:18).

Whether and in what way these experiences and encounters are ontologically real, engenders profound debate. Personally, I do not know whether the source of wisdom, or knowledge, or inspiration comes from within or from something other; whether we personify or project an innate wisdom onto an archetype or god, or angel or ancestor; whether the wisdom belongs to an individual, the collective unconscious or the world or the universe. These are deep philosophical questions about reality, which transpersonal psychologists, spiritual traditions and philosophers continue to explore, and which I find immensely interesting and absorbing. Rather than consider a hierarchical ontology, I tend to favour a circular and inclusive perspective that incorporates a vison of humanity as consisting of mind, body, psyche, soul, that relates to the immanence of all nature and the environment and is capable of transpersonal experiences which may reach beyond and through the senses of the material world. I agree with Anderson's view of transpersonal psychology as:

> The study of the bodily, psychological and spiritual dynamics involved in the process of individual human and communal transformation. Inherently inter disciplinary and multi-cultural.
>
> (Caplan et al., 2003:144)

From my perspective and experience as an arts psychotherapist, however, as I have already discussed, working with the creativity and imagination can bring insight, awareness and the potential for healing and change, aligning with the transformational agency within Anderson's view. Meaning is placed on the experience or image, by the client, and, from a social constructionist perspective, will be influenced by many things, including their personal beliefs, community, culture, gender and circumstances. I hold a position that we can access hidden, tacit, intuitive and embodied knowledge through these creative methods, which has meaning and potency. I also consider there are many different ways of knowing and experiencing the world, as Braud (1998b) and others propose, and to which I refer in more detail later, with reference to the research methodology. In my palliative care group work, where we are facing the biggest mystery of all, we offer different ways for group participants to explore and we remain open to what they feel is relevant and true for them. For Lawrence, his concept of a 'ship of death' helped him face this journey across the seas. The effect and potency of the experience (whether this is an exploratory journey or a moment of 'epiphany') is, in my view significant. By applying the insights and wisdom gained through imaginative, transpersonal or spiritual experiences, we may have the means to live through suffering, joy and death. For our group work, therefore, the discussion of where, who or what these sources of wisdom, meaning making and perhaps comfort are, though

fascinating, is less significant for our purpose than *that* they are found, or at least are invited to make themselves, and their potential, known.

Thus, my psychotherapeutic approach acknowledges that there are ways to experience something beyond ourselves, be it in the depths of the unconscious, in in the height of transcendence, or indeed within this present moment, that amounts to what the psychotherapist Jauregui (2007) might call 'epiphanies'. Findlay refers to the miraculous, not, I think, in the sense of some spontaneous cure, but, miracles being those moments of intuition or insight, of intimate connection, of epiphanies, or in Kearney's words, the full embrace of a 'subjective moment of meaning,' (Kearney, 1996:58). The transpersonal element of my approach then, in this sense, is an openness to the possibility that 'miracles' can occur, and insights may be revealed, raising questions not about where they come from, but how they might emerge from the field. The current research is exploring the nature of that field.

Preparation for working with the dying
My training as a psychotherapist did not prepare me to work with the end of life. What helped was my own personal therapy, my experience as a nurse, and being with people facing death. My psychotherapy training however gave me the tools and skill to stay with a person in suffering, and to understand and work with group dynamics.

So in summary, my therapeutic approach is integrative, with elements of transpersonal and depth psychology. It asserts that image can lead us into other ways of knowing. It is also eco-psychological; that a connection with nature not only brings a sense of belonging and well -being, as an expression of biophilia, but also, on a transpersonal level, can precipitate a feeling of being at one with life, a transpersonal experience that is immanent, in this moment, as well as transcendent.

My work seeks to offer ways to stay open to those possibilities; to find ways to journey into the world of the imagination, and into the immanence of nature and physicality. This reflects the paradox of the person facing death. That a relationship with death invites a deep connection to life, in every moment, a full physical and sensuous joy of being in the world, as far as a person's illness will allow. Yet is also invites an exploration of transition, and the move out of this world.

I bring a pluralistic approach to my therapeutic work and the research, believing that

the world is richer for its diversity and can be experienced through and from many perspectives.

In conclusion, the questions of life and death belong to us all. It may be true that what we learn from the dying teaches us to live. However, from my observation and experience I understand that there is mystery as well as knowledge at the edge of life and this to me is inspiring. Experiences of the soul or spirit, which we encounter with the dying, tend to give birth to questions rather than answers, which I find infinitely more interesting than absolute truths.

After one sanctuary day, a client's sister phoned me to say: ''what did you do to her today? She is in such a different place''. I did not know the answer. I knew what we had done, in terms of practicalities. I do not know what else led this woman to move into a 'different place'. The question echoed many others that come to mind, as we witness breakthrough moments of insight, or connection: when a woman finds a myth to take her through death; when another finds a way to tell her children that when she dies they will find her in any source of light, star light, moon light, candle light; when a woman in the woods takes off her top to be bathed by the mist. These moments feel like 'breakthroughs,' illuminations, epiphanies (from Phanes, the Light Bearer[2]) and they seem to require a certain way of staying open, to experience them.

The research began with a broad intention to look again, to re-search, the group work, as we hold these questions in mind: to ask what it is about this particular therapeutic space that might facilitate the emergence of 'moments of meaning'. Rilke offers a good way to start:

...I would like to beg you dear Sir, as well as I can, to have patience with everything unresolved in your heart and to try to love the questions themselves as if they were locked rooms or books written in a very foreign language. Don't search for the answers, which could not be given to you now, because you would not be able to live them. And the point is to live everything. Live the questions now. Perhaps then, someday far in the future, you will gradually, without even noticing it, live your way into the answer.   (Rilke 2004:27)

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[2] PHANES - Greek Primordial God of Creation & Life
 a 'beautiful, golden-winged, hermaphroditic deity wrapped in the coils of a serpent'. His name means "bring to light" or "make appear" from the **Greek** verbs phanaô and phainô.
From www.theoi.com › Greek Gods accessed 2/4/16

The following chapters address the transformation of these broad questions into a particular research focus, the search for a methodology to hold the inquiry, the consequent discoveries and their relevance to practice.

A.3. Looking forward

Chapter one: Perhaps unlike most research reports, chapter one describes the search for a container for the work in the form of a research methodology, which is then described. This includes a reiteration of the research focus and a 'narrowing down' towards the specific title, the inspiration behind the research question, and, developing from the introduction, the ontological and epistemological approach to the research methodology. Chapter one also reiterates the aims and objectives of the research.

Chapter two: This chapter represents the second cycle of the research which contains a literature, or knowledge review, locating the work in the field, and identifying what is already known about specific areas of the work before the research began. It uses literature and the researcher's experience to form preliminary lenses through which the work is seen at this point.

Chapter three: This chapter presents the analysis and presentation of the data in text and creative forms. Themes are initially presented in a descriptive form offering the reader a chance to get a sense of the data before it is responded to and interpreted by the researcher.

Chapter four: This completes the synthesis of data by presenting final interpretative lenses through which the researcher now sees the work. An amplification and distillation has occurred, and the final lenses are compared with the preliminary lenses to see how the researcher's knowledge has changed as a result of the research.

Chapter five: This accommodates the final discussion, and is concerned with 3 aspects:

- the relevance of the research to practice and the profession and how the work of the research is to be disseminated.
- A critical review of the research process
- A review of the researcher's process and learning.

The dissertation concludes with a consideration of the way forward, gaps revealed, things left unsaid and new questions revealed.

1. Chapter 1.   Cycle 1: In search of the vessel for the work

Introduction: This chapter begins the journey of searching for a vessel to hold and guide the research- a quest to find the question, through a methodology that resonates with the work being explored, and one that can contain the process of the research. Unusually perhaps, for standard dissertation frameworks, the methodology, once chosen, is described first, before the literature review, because it helps establish the specific focus of the research. There is a circulatory nature to this inquiry and, arguably for all qualitative research, the beginning is hard to define. So, there is a sense of focusing in, from the general field of inquiry, as outlined in the introduction, to the specific area of interest and, finally confirmed in the first cycle of the methodology, the working title of the research. The trajectory of the discussion follows my line of thinking. Chronologically this occurred with many forward and backward turns, checking and refining the questions and focus.

1.1. The development of a research methodology.

1.1.1 Con-tributary pathways

There have been a number of aspects that have influenced and supported the development of this research approach, both within the doctoral programme and without. The research challenges module helped identify and critically evaluate a range of approaches relevant to psychotherapy research. Alongside this, studying with Marie Angelo at Chichester University, following an MA in Imaginal Studies as an audit participant, introduced me to Imaginal Inquiry which has had a significant impact on my thinking, leading to further work with Robert Romanyshyn (2007) and to the writings of other transpersonal researchers. The experience of the Practice Evaluation Project (PEP) was invaluable in deepening my understanding of heuristic inquiry and of becoming a research practitioner. The Professional Knowledge seminars added further depth, challenge and the opportunity to critique 'real world' research, and to explore ways of knowing, which I bring to the discussion.

It is important for me that the research methodology reflects and has resonance with the subject being explored, and as such needed to be multi- facetted and incorporate metaphor and imagination, ritual and reverie. In terms of the recurrent call for integration, identified

in my Review of Personal and Professional Learning (RPPL), between the masculine and feminine, science and art, the medical model and Asclepian healing, I found I was also interested in qualitative research and approaches that developed from feminist thinking and challenged the dominance of positivist and objective models (Westmarland, 2001; Anderson, 2011). Alongside this was a personal search for a methodology and process that would facilitate my wholehearted engagement over the coming years, at least, as far as possible. For me therefore, the design needed to include imagination, depth, creativity, metaphor and the potential for personal transformation. I wanted to aspire to Anderson & Braud's 'unequivocal invitation for researchers, participants and eventual readers of research reports to have a rollicking good time while participating in research' (2011:5).

I am interested in exploration and experience of the particular rather than empirical measurement and control, exploring the nature of the therapeutic space experienced by the group participants. Thus the research, whilst demanding academic rigour, calls for a qualitative, phenomenological approach.

1.1.2 Philosophical, ontological and epistemological aspects:

Qualitative research methodologies have become accepted methods of research in humanistic sciences, such as psychotherapy, where the researcher seeks to explore subjective aspects of life and behaviour on which purely scientific data and methods may not be able to shed light. Historically, and in general, academic research has used quantitative and empirical studies, focusing on what is observable and accessible to these methods. However, there has been a growing call for research methodologies, particularly in humanistic and sociological fields of inquiry that 'emphasise discovery, description and meaning rather than prediction, control and measurement' (Laverty, 2003:21).

Developments in qualitative methods have led to the emergence of a variety of approaches including phenomenology, ethnography, grounded theory, heuristic inquiry and hermeneutics, alongside a demand for appropriate rigour in their methodology and application. Each has a historical and philosophical route and it may be useful here to refer briefly to the historic and philosophical routes of phenomenology and hermeneutic phenomenology, both relevant to this research.

Phenomenology is essentially the study of the lived experience of the world, of trying to understand the meanings of human experience as it is lived. Its etymological routes belong also to epiphany, from Phanes, the bringer of light, referred to in the introduction. In this way, phenomenology can be seen as shining a light on a phenomenon, to see it more clearly.

Husserl, (Laverty, 2003; Lawn, 2006) the father of phenomenology, understood this study of the lived experience, to mean that we should endeavour to experience pre-reflectively, in the moment, without respite to preconceptions, categorisation or cultural meaning, demanding the researcher to 'bracket off' or suspend one's judgement, leading to a purer, deeper exploration of what is; exploring the 'essential structures of the phenomenon', to see things as they are through intuitive seeing.

Martin Heidegger challenged and developed this approach, towards a **hermeneutic phenomenology** (Gadamer, 1977; Lawn, 2006), believing that understanding is not a 'way we know the world', but rather the 'way we are', (a movement from an ontological to epistemological perspective) and as such, it has to include our pre knowing, the influence of our culture, and, for Heidegger, interpretation is critical to the process of understanding. Thus the researcher's culture and history, in Gadamer's terms their 'prejudices' or 'historical consciousness' (McLeod, 2011:24), are brought to awareness through a reflexive process and as such become a relevant part of the research. It is the researcher's aim to become aware of his or her pre understanding and prejudices in a way that creatively feeds into the process and understanding of the work and of self. Robert Romanyshyn takes this idea further, identifying the unconscious process within the transference field between the researcher and the work, and inviting a dialogue between the two, to bring prejudice, and in his words, the gods, or soul of the work, into consciousness (Romanyshyn, 2007:133). Indeed, he considers this an ethical imperative as well as a productive one. Jung echoes this in proposing that anything derived merely from rationality risks being profoundly inauthentic unless it bears witness to the destabilising presence of the unconscious (Rowland, 2005: 23).

From an ontological perspective, the hermeneutic aspect of research invites a dialogic approach, between the researcher and his or her self; between the researcher and the work, in iterative cycles of exploration, and in true hermeneutic inquiry, between the researcher and the reader (McLeod, 2011:33; Lawn, 2006:50).

Transformative aspects of research

Hermes[3] the intermediary between worlds, the trickster, can be 'found' in this Hermeneutic, iterative process, inviting the researcher to move inwards and outwards, down blind alleys, through unknown worlds, increasing the depth of engagement and understanding of the work (attempting to make the messages from the gods known to mere mortals: Lawn 2006:45) and in the process, the researcher is transformed (Romanyshyn, 2007:220). In fact, through this process, the work, the researcher and, potentially, the reader are changed. For Romanyshyn this process of transformation is an aspect of what he terms alchemical hermeneutics, and like others he considers this an integral part of the research process (Clements, 2004; Romanyshyn, 2007; Voss, 2009; Braud & Anderson, 1998).

This iterative flow of the work is echoed by Angelo (2005) who describes a movement in research from outer phenomenological observation to inner reverie and out again. This movement corresponds to the waves of immersion, incubation and explication in heuristic research (Moustakas, 1990), as well as to the iterative nature of hermeneutics. Inherent in all these approaches is a creative process that I felt was vital to my research design.

<u>Heuristic component</u>
Having explored heuristic research in some depth during my PEP, I was drawn to use aspects of heuristic inquiry in this final project. The experience of myself and of others would be an important component of the work.

Moustakas' heuristic research (1990) presents a framework, which can address both an inquiry into experience and a creative methodology.

Moustakas identified 6 stages within the research process; Initial engagement, immersion, incubation, illumination, explication and creative synthesis (1990:28). The research process demands the researcher to explore his or her internal experience and to remain connected to and in relationship with the subject of inquiry. Rather than observing the subject from a distance, heuristic inquiry leads the researcher into a deepening experience (an Immersion), collecting data through self-dialogue, personal journals and self-inquiry, incorporating opportunities for creative exploration.

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[3] Hermes: The god of communication and magic; he is also a psychopomp, a god of transitions and boundaries, capable of moving between worlds.

Comparison can be made between heuristic inquiry, whose roots lie in phenomenology, auto ethnography, rooted in social sciences, and personal narrative, all of which have developed from the post-modern era, where challenges to the dominance of positivist, empirical research process have created an opportunity for new epistemologies such as reflexivity, self -observation and self-ethnography, to become 'a legitimate focus of study in and of itself' (Ellis, 1991:30). Moustakas' aim is to 'awaken and inspire researchers to make contact with and respect their own questions and problems', to suggest a process that affirms imagination, intuition, and self -reflection in the search for self -knowledge and understanding (Douglas and Moustakas, 1985:40). Rigor is established thought the integrity of the researcher, and repeated waves of explication. Moustakas argues that although validation is a subjective experience, the rigorous waves of explication and returning to the data facilitates the emergence of a synthesis which can communicate the 'essences and meaning' of the phenomenon under investigation. Verification is enhanced by using co-researchers and returning to them for validation, comprehensiveness and accuracy.

The result of this is that the data is refined and refined, but not in an empirical reductionism sense, rather it is transformed through contact with, and attending to, other realms of experience and knowing, such as intuition and tacit knowledge.

However, the heuristic component of the research on its own would not easily address the interpretive and conceptual aspect of inquiring into the *nature* of therapeutic space, hence the addition of the hermeneutic element.

Auto-ethnography, though related in some respects to heuristic inquiry was not considered as appropriate for this study. Whilst it is a rigorous research methodology, and would speak to the nature of the therapeutic space through my own experience, I felt its remit would not so easily encompass the interpretive element of historical material.

Ways of knowing.

I was drawn to transpersonal research approaches, since they attempt to address experiences that can be beyond words, and invite creative and imaginal methodology and acknowledge ways of knowing, other than the rational arrangement of facts. A transpersonal approach, to me, allowed the development and exploration of a language that would mediate between the

sensible world and the intelligible world of the gods[4], present in the Asclepian story. As noted in the introduction, whilst I am an integrative psychotherapist and no expert on depth psychology or transpersonal psychology, there are elements of these that are significant to the use of image, and the psycho-spiritual and transpersonal aspects of palliative care.   I am conscious that more analytical and focused approaches might destroy the 'essence 'of the work, as the meaning of a dream evaporates in the light of day or under the scrutiny of the ego (Hillman, 1979

Many of the writers on imaginal research and transpersonal research (Angelo, 2005, 2010; Braud & Anderson, 1998, 2011; Romanyshyn, 2007) discuss an approach to research that is circular rather than linear. This process of re-searching, re-looking and circling round a subject to view it from many perspectives, and through many avenues, stands in contrast to the linear 'one-eyed' process of empirical and quantitative research. Braud (1998b:6) describes an approach that attempts to see with multiple eyes, process data in multiple ways (using many brains) and express findings in multiple ways (using many mouths). I would extend this to emphasise the different ways of knowing inherent in this idea, through, for example, experience, embodiment, imagination and intuition, as well as intellectual or empirical study. This seems to invite a creative approach not only in the analysis and dissemination of data, but throughout the research process. Marie Angelo delivers an invitation to allow images to speak in academic research (2005:16): 'I wanted to establish a practitioner vision, for which the method and grounds of knowledge, the epistemology, would be as imagistic as the content'. This approach to research offers an opportunity to develop a broader, deeper, more expansive exploration than many positivist research models, (Braud, 1998b) with imagination an integral part of the process.

Imaginal Inquiry

The use of imagery or creative exploration to reveal, express or symbolize experiences is well established in many therapeutic modalities and its translation to research processes seems appropriate and natural. The use of creativity and mental imagery is now becoming

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[4] See Rheins, Jason G., "The Intelligent Creator- God and the Intelligent Soul of the Cosmos in Plato's theology and Metaphysics (2010). Publicly accessible Penn Dissertations. Paper 184.

more widely accepted and there are arguments to be found for the legitimacy of using images and creative processes in data collection and presentation (Edgar, 1999, 2004; Moustakas, 1990; Sullivan, 2009). Imaginal Inquiry invites the use of *the mundus imaginalis*, the world of Imagination, where image is not simply a way of expression or illustration, but involves a language and experience from another 'realm', as another way of knowing (Corbin, 1997, 2009; Voss 2009). For Corbin, this world has an ontological reality, 'a place to visit or enter, which is substantial' (Angelo, 2009: no pagination) For Jung (1954, 1961) and Hillman (1979), image is the language of the psyche or soul, and that through active imagination, dream and reverie we can understand the unconscious process within the work (research). In Imaginal Inquiry, methods of activating imagination are 'cultivated as authentic paths of knowing' (Angelo, 2009: n.p.). For Romanyshyn, making a place for those subtler ways of knowing is vital to the research process. The inclusion of dreams, feelings, intuitions and symptoms (unconscious processes) are significant ways of knowing the 'soul 'of the work and what the work is demanding of the researcher (Romanyshyn 2006). For me, this gives life to the process, linking the work, the researcher, the reader, and others, within this metaphorical reality (the archetypes, the gods, the ancestors) in a dialogic and creative relationship that does not simply observe or describe, but also engages in conscious, unconscious, imaginative and embodied ways. This links with my therapeutic approach.

<u>To summarise, including practical implications</u>

I am seeking a qualitative approach, that can explore particular phenomena from many perspectives, using many ways of knowing. The research is not seeking to measure or evaluate but to access these different ways of knowing in order to fully describe, encounter and reflect on the nature of therapeutic space.

A consideration of these epistemological approaches is necessary at three different stages of the research and emerge for the ontological position at each stage. Firstly, the collection the data (interviews, reflecting on the archive material), secondly, in working with the data, and the thirdly, the consideration of the findings.

McLeod refers to three main (simplistic) ontological views of the world, with regards to research: a world as a set of cause and effects sequences (the basis of technology and science); an image of the world 'controlled by gods, spirits and other entities', and thirdly a humanistic vision of the world where people work together and construct new understandings (McLeod, 2011:47). He implies that 'most qualitative researchers locate themselves in the third set of ontological assumptions' (ibid:47). I consider these assumptions not to be mutually

exclusive, though I challenge the word 'controlled' in the second set. Each assumption simply changes how 'being in the world' is interpreted or explored. They are not essential truths in themselves. We might also consider the three western philosophical epistemologies referred to by Rothberg (1986:7): those of Aristotle, emphasising theoretical and practical reason, of Plato, emphasising (amongst other things) mystical insight, and Bacon, emphasising the senses and physical world. These are different ways of knowing. For this research, I am drawn to both subjective and objective positions, right and left brain thinking. From McLeod's third assumption, I stand in some alignment with a social constructionism in my understanding of how meaning can be created. A hermeneutical and eco-psychological position also emphasises a creative dialogical way of being and meaning making, that emerges within relationship (Abram, 1997; Gadamer 1977). I consider the possibility of encounters with 'gods, spirits and other entities' not in a literal ontological sense, but through the perspective and language of depth psychology: a metaphorical way of exploring the world, and in finding a language to describe transpersonal experiences, though I also acknowledge my interest in Corbin's assumption of the Mundus Imaginalis as a reality.

In practice, I do not propose any absolute truth about reality. From my experiences at the end of life, I acknowledge many, varied beliefs and none.
For the research, in the collection of data, in considering the co researchers' views, I remain open to their beliefs and experiences as real for them, and therefore aim to honour these and describe them as accurately as possible. Introducing creative ways of data collection emerges from an IAP approach.

In working with the data, I intend to use subjective and objective methods and will need to consider what this reveals about the work, and what it infers. The use of imaginative ways of knowing in exploring the data, again, aligns itself to IAP, depth psychology and transpersonal research methods and I refer to this in further detail in the relevant chapters.
In considering the findings, the claims made about the work will need to be seen in the context of these approaches and positions.
Since I am present throughout, and active within, the research process, my personal ontological assumptions will affect the work. Being mindful of this, and adopting a reflexive approach to the work are therefore absolute necessities.

1.1.3 Frameworks

From considering these qualitative, transpersonal and creative approaches that would resonate with the research subject, I then considered how to structure an inquiry.

Robson (2002: 81) identifies 5 components of research frameworks: the purpose (e.g. what is the study trying to achieve?), theory (e.g. what conceptual framework links the phenomena being researched?), research question, (e.g. what is the specific focus?), methods: (e.g. techniques) and sampling strategy (e.g. collection of data). This framework then shapes and supports the creation of the work and as such needs to be clear, strong, flexible and appropriate. Considering the proposed research within this structure helped clarify my thoughts as follows. At this stage, the actual research title and specific focus is unformed.

Purpose: The purpose of this study is to explore the therapeutic space, within a particular context (palliative care groups working with nature), in order to deepen knowledge, to challenge and develop practice and its theoretical base, and to provide ways to disseminate this knowledge to other professionals. I also wished to explore creative and imaginal research methodologies, to contribute to their development and use in psychotherapeutic research.

The theoretical component has many layers. In positivist research it is common for theories to be tested and proved, as an integral part of the research design and purpose. However more exploratory and qualitative studies may *generate* theory, or develop new theoretical perspectives. This design seeks to ground the work in appropriate methodological theory, yet generate, develop and link theoretical concepts as the work progresses. The subject matter falls within a number of theoretical and professional paradigms, for example, palliative care, eco-therapy, creative therapy, with a particular emphasis on the transpersonal, as we saw in the introduction.

The research question focuses the research and is central to its design.

I found Braud's continuum of research methodologies helpful in identifying the approach and focus that would facilitate my inquiry, and in developing the research question. (see Fig. 1 below)

Fig. 1: adapted from Braud (1998a:38):

Qualitative -- Quantitative			
Experience (understand) What is the experience of x? How is it perceived by the participant?	Conceptualisation (explain) How can we conceptualise x? What are the useful explanations or interpretations of x?	Process (predict) How does x unfold as a process? What facilitates x? What inhibits x?	Fruits (control) What are the outcomes, consequences and fruits of x?
Phenomenological Heuristic Narrative Ife story Case study Feminist approaches Interview Questionnaire Surveys	Theoretical Historical Grounded theory Textual analysis Discourse analysis Hermeneutic	Correlational Causal-compare Field studies	Experimental Single subject Action research

Firstly, he is referring to transpersonal research methods, which are designed to inquire into (and resonate with) 'the richness, breadth, depth and subtlety of exceptional experiences' (Braud 1998a:1). Secondly, this particular categorisation helped frame the question/subject and consider appropriate methods that would incorporate aspects of experience *and* conceptualisation. For example, whilst I want to explore the nature of therapeutic space (involving concepts, meaning making, interpretation), suggesting a hermeneutic approach, the *experience* of relevant people will be a central part of the data, thus inviting a phenomenological, heuristic component. I also wanted
the research to have descriptive components alongside conceptual and perceptual components.

Finally, I considered Intuitive Inquiry (Anderson & Braud, 2011) as an overall framework, which could and would incorporate heuristic, hermeneutic and imaginal elements. Within

this design, the last two aspects of Robson's structural framework, the specific method, and approach to data collection and analysis are addressed.

1.2 Specifics of Intuitive Inquiry

Intuitive inquiry is a disciplined approach to research that reminds the researcher to let the imaginal speak. Developed by Rosemarie Anderson, it seeks to provide a research approach that 'incorporates both subjective and objective knowledge in a step by step interpretive process' of 5 iterative cycles (Anderson, 2000: 36).

At each stage of the process, reverie and imaginal discourse is invited, honouring the archetypal and imaginal in the analysis. Thus it joins intuitive and compassionate ways of knowing to the intellectual rigour of human science research, (Anderson, 2011: 16). Anderson's initial thinking emphasised the particularity of feminist and heuristic research. Latter inclusion of a hermeneutic element gave the approach a structure that 'invites both freedom of experience and intellectual thoroughness.' (2011:17).

 As Anderson observes, the hermeneutic and iterative cycles can easily be used to incorporate any research methodologies. I intended to use this framework not in its purist form, but as a container for imaginal, heuristic and phenomenological elements of inquiry.

1.2.1 Heuristic and Hermeneutic components

The heuristic element is significant as it represents a valid research methodology that includes subjective experience and creativity and offers the potential of rich description. For this research, the heuristic element incorporates my own experiences of the therapeutic space and that of relevant co researchers. As mentioned above, the heuristic component is combined with a hermeneutic element, to invite an interpretative perspective and additional rigour. The hermeneutic circle, of moving backwards and forwards from a part to the whole, seemed an appropriate way to develop an understanding of the components of therapeutic space, ultimately making sense of the whole, or at least moving toward an understanding of this (Lawn, 2006:2).

The hermeneutic component is also relevant in the use of archive material. Having considered and dismissed on ethical grounds the use of group participants as direct co

researchers (see Ethical Considerations, page x), I aimed to refer to text and images created by group members over the past 15 years, to see ways in which they may shed light on the therapeutic space, either directly, or by inference. Details of this process are found later in this chapter. This aspect of the research aligns to the hermeneutic interpretation of texts and images, whereby the researcher aims to find meaning and significance through language and context (Gadamer, 1977; Anderson, 2011). Thus the hermeneutic elements were present within the general structure of the methodology and in particular components of the work.

1.2.2. Intuitive component

For Anderson (2000), intuition and observational data are used as sources of amplification and refinement of one another within the research process – a movement perhaps between left and right brain thinking, and making use of different ways of knowing, to develop a fuller picture of the subject. Intuition in this context includes common place forms of intuitive insight (e.g. novel ideas and thoughts) together with insights from non- rational processes such as dream images, visions, felt senses, or those accompanying contemplative practice, or spontaneous creative acts (dance, song, creative writing and so forth). This resonates with heuristic inquiry, which values tacit and intuitive knowing, contemplation and 'indwelling' (Moustakas, 1990:22) and the use of creative and poetic expression within the process.

1.2.3. Experiencing and Interpreting: A continuing conundrum.

I was aware of a potential conflict between the search for pure experience, as part of phenomenological and heuristic approaches, and the interpretive nature of hermeneutics. The potential for losing meaning (the essence) through hermeneutic interpretation is addressed by some transpersonal writers through an invitation to suspend an 'over-literal image in favour of a free flowing movement of perceptive intensity' (Voss, 2009:11); a call towards experience and analogy rather than interpretation (Voss, 2009; Hillman, 1979). In Asclepian healing, the dream was experienced yet not interpreted. The dream *was* the healing, (Kearney, 2009: 89). This subtle yet profound difference between experience and interpretation is illustrated in Kearney's' remarks on our search for meaning that we allude to in the introduction: rather than try to make meaning of our experience, we acknowledge the profundity of a *subjective experience of meaning.*

This conflict between honouring experience and the need to make meaning, reveals itself within the field of inquiry and the research process. Within the work it might allude to the moments of numinous experience, moments of meaning, experienced by a group participant that cannot be explained in words, and yet are transformative. In the research process, it is the revelation, experience or insight of the researchers, that demand explanation or understanding, yet whose meaning might be lost as I attempt to capture it. This will be discussed further in chapter 5. For now, it may be sufficient to say that, throughout the research, the challenge remained to acknowledge these subjective experiences of meaning within the therapeutic space, and to distinguish between the inevitable meaning making of the research. To put it another way, the interpretative quality was needed to draw inference from the inquiry, in order to reflect and discuss the work, whilst holding the subjective experience of groups members and facilitators as complete in themselves. Once the specific focus of the research was found, a further consideration of the distinction between description and interpretation emerged which is relevant to the whole work and which I begin to explore in the application of the method.

1.2.4 Challenges and critique

The use of intuition in Anderson's work presents a challenge -of integrating art and science, reverie and intellect, alongside her demand for scientific rigour. Voss (2009:10) suggests that Anderson is referring to an orientation which 'seeks to open up the potential of an imaginative knowing, with access to a sacred dimension' despite the scientific/psychological context of her writing, as if these two ways of knowing might be incompatible. The potential for integrating these two approaches for me, is what draws me to this work *and* poses a huge challenge.

The first problem I encountered was that I found the notion of intuition somewhat vague. However, in later writing (2011) Anderson explores intuition from a range of perspectives, providing a deeper and broader discourse, which, paradoxically, did nothing to clarify its meaning for me until I began to experience the intuitive process as the research progressed. Nevertheless, to begin my experimentation with intuition, I settled on Marie Louise von Franz description of intuition as 'a kind of sense perception via the unconscious or a subliminal sense perception that expands upon what is ordinarily sensed' (Von Franz, 1997:37). This seemed for me, to align with the use of reverie and imagery in Marie

Angelo's work and indeed in my own practice as an integrative arts psychotherapist. Persisting with the lived experience of the method and its exercises, I discovered that my main intuitive style was sensory rather than visual and thus the use of embodied experiments proved very valuable to gaining a deeper knowledge of the subject. I give examples of these in later chapters.

Another challenge of this process, as with pure heuristic inquiry is that it demands commitment, time, and can become confusing. Anderson recognises that her students can become lost within the process, often because they have not followed the structure of the work, which, when used well, provides a clear guide, even if the amount of material becomes overwhelming. Her term 'auspicious bewilderment', provides a positive take on moments of unexpected track changes, paths lost, yet experiences and insight gained (Anderson, 2011:62) However, getting lost, or at least surrendering to the question is an important component of Heuristic inquiry, (Moustakas, 1990, Sela-Smith 2002) and managing both, the immersion in the subject and attending to the clear structure, proved challenging, yet productive.

1.3. Application of Method

Cycle 1
• Clarifying topic

Cycle 2
• Preliminary lenses via engagement with literature

Cycle 3
• Data collection, analysis and descriptive findings

Cycle 4
• Researcher's final interpretive lenses

Cycle 5
• Discussion and review
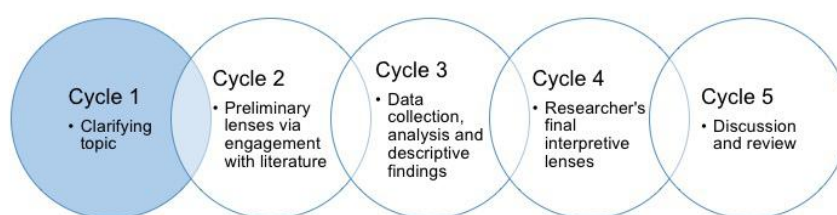
(adapted from Anderson 2011:28)

At each stage of the work, Anderson invites an intuitive exercise which offers an additional perspective of the work. Here I give full details of cycle one, i.e. the description and process. I will then outline the other cycles, which will be developed in subsequent chapters.

1.3.1. The First Cycle: Focussing the question.

Anderson (2011:33) suggests that in order to find the focus of the inquiry, the researcher drops into an intuitive reverie, holding the subject in mind, until a specific image or piece of text comes to mind. This can be related to the first stages of heuristic inquiry when the researcher begins their initial engagement with the subject from which the topic or question emerges. Moustakas writes of a 'willingness to enter fully into the process, reaching inwards for tacit knowledge and awareness' (1990:28). Both Moustakas and Anderson suggest the use of dialogue to develop this initial contact with the material. In the former, the dialogue is a self-dialogue, enabling the researcher to understand the call of the work, to examine the motives, he or she carries. Anderson invites the figure elicited by the reverie, be this an image or text that reveals itself, to engage in the dialogue with the researcher, so that more can be known about it from an imaginal perspective. These dialogues are similar, but with a different epistemology, to Romanyshyn's transference dialogues, inviting a deepening into what or who in the researcher's family, ancestors, archetypes, culture, or in the natural world, is speaking through the research (Romanyshyn, 2007:134).

In essence these are ways to listen to the deep call of the work. Yet of course the subject, in a broad sense, has already called the researcher. Why otherwise would he or she consider embarking on a long journey of discovery? That the subject really resonates and inspires the researcher with passion is, in my opinion, vital in order to sustain the work. In Romanyshyn's language it is a call of the soul. Anderson calls it love (2011:25).

In practice:

Following the example in Anderson's teaching of Intuitive Inquiry, I settled in reverie, holding in mind all the aspects of the work, and in particular any texts or images. Many came to mind, over a number of days, but the most persistent was the phrase, already well known to me, and referred to in the introduction:

> The most we can do is prepare and hold the space where the miraculous may happen
>
> *(Findlay* cited by Kearney, 1998:ix)

Using Angelo's method of imaginal inquiry, further reflection on the quote led to an image of 'the nature of therapeutic space' symbolised by a Mandala,[5] and this provided the focus and metaphor for the work. The metaphor of creating a mandala (as a process) and the mandala itself representing the 'nature of therapeutic space' with all its components, was apt, since the creation of a mandala, as we have seen, was a central part of the Sanctuary Days. This particular metaphor also fits well with Gadamer's philosophical hermeneutics, and the field of this inquiry- that, in making sense of the part, one is simultaneously making meaning of the whole (Lawn 2006:2). As the research progressed this metaphor transformed, or aligned itself to the metaphor of pilgrimage. I had not known then, that these two images are profoundly relevant in partnership, and I will expand on this later.

From this intuitive reverie and image, the focus of the inquiry became constructed into a title. I found this title cumbersome at first, yet whilst it sits within a number of broad fields, my inquiry is specific and need to be identified as such.

Title: 'An inquiry into the nature of therapeutic space, in palliative care groups working with nature and imagination'.

Definitions:

In this research, and at this stage, '*the nature of*' meant the essential qualities, characteristics, ingredients of the space, including relational, active aspects such as its purpose and behaviour. The '*therapeutic space*' included physical space (e.g. nature, buildings), the space created by therapeutic presence, and the transitional space of reflection and creativity. Obviously these overlap.

At this stage I considered the term '*therapeutic*' to mean, from the Oxford English dictionary: having a good effect on the body or mind; contributing to a sense of well-being. However, since Findlay's quote refers to the 'miraculous', this 'sense of well -being' could be attributed to numinous experiences, insights, moments of deep connection, the 'epiphanies' that Jauregui (2007) refers to as 'the miracle of the new'. Therefore, in considering the nature of therapeutic space, the research sought to describe conditions that might also hold or even

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[5] Mandala: a Sanscrit word meaning circle, and concerned in Eastern traditions with spirituality and ritual. In common use, "**mandala**" has become a generic term for any diagram, chart or geometric pattern that represents the cosmos metaphysically or symbolically; a microcosm of the universe.

engender those moments, which go beyond an 'ordinary' sense of well -being. This introduces the transpersonal focus of the work, referred to in the introduction.

As the research progressed, these terms were challenged, 'nuanced' and redefined.

The *context* of the work and the research is identified by the phrase 'in palliative care groups, working with nature and imagination', to clarify that the research is looking at specific and particular groups. Definitions of these are found in chapter two.

In summary, the aim of the research is to inquire into the nature of therapeutic space, in this specific context.

The inspiration for this emerged from the desire to explore the work in more depth and begin to consider 'what is it we do'. Focusing on the nature of the space is one way, and not the only way, to explore this.

The study aims to be descriptive, rather than evaluative or comparative, yet interpretative and evaluative components are already inherent in the research inquiry.

The first point is to accede that there is an assumption that precedes this inquiry: that the space 'is' or 'is aspiring to be' therapeutic, just as we, as psychotherapists, assume the term 'therapeutic relationship' to hold a beneficial potential. This is not examined or evaluated in the inquiry, yet must be assumed, at least to some extent, for the research to begin. It could be argued that by the nature of people re attending the group, of its success in running consistently for 15 years and for a waiting list to have formed, that there is a therapeutic element to the work. The question that inspired the research (*what did you do to her today? she is so different*) again suggests that something therapeutic is happening. The research begins at this point, as a way to examine what might contribute to this.

Secondly: in considering the nature of therapeutic space, from the co researchers' views, to the discussion, it is inevitable that the question of whether a component is therapeutic or not (and therefore can be considered as part of therapeutic space) will be present. Thus the evaluation of a component as 'therapeutic' is accepted only in its relevance **as a part** of 'therapeutic space,' not in its therapeutic value, per se. This was a difficult nuance to consider, yet vitally important.

To put this in context, this is largely a descriptive study, with conceptual elements.

Although what constitutes therapeutic space and why becomes part of the categorising of the constituents and expands into the discussion of what is relevant, the study does not endeavour to measure how effective this was, though its potential can be considered in the

light of the research findings, and the deeper discussion towards future work and its relevance to best practice, explored in Chapter 5.

From this first cycle, of identifying the focus of the work, the second cycle seeks to place it in context and identify what is already known.

1.3.2. The Second Cycle: Defining preliminary lenses through a literature and knowledge review.

This will be discussed in detail in chapter two. In conventional research methodologies this second cycle would be represented by the literature search.

In Intuitive Inquiry, the aim is to identify what is already known about the work. This of course involves a literature review locating the researcher within the field of inquiry and identifying gaps in the literature. It also involves all that is known by the researcher, through his or her experience of the subject, in this case, my years of experience in facilitating these groups, and in the knowledge acquired through the PEP. From this initial engagement with the work, the researcher develops preliminary 'lenses' which summarise what is already known about the work. i.e. the way the subject is seen before the data collection. This clearly places the researcher's views, biases and unconscious processes in the light. The preliminary lenses are amplified, changed and refined as the researcher moves through the iterative cycles of research.

Anderson (2011) describes 3 phases to this cycle, firstly to familiarise oneself with the material, including theoretical, empirical, historical and literary texts relevant to the topic, (as in a literature review): secondly to choose a unique set of texts for a Cycle 2 imaginal dialogue, and thirdly to identify the preliminary lenses.

For Anderson, the use of imaginal dialogue at this stage, focusing on a particular text, assists 'the articulation in words of the researcher's personal values, assumptions and understanding of the research topic prior to the data gathering' (2011: 39). That is, it adds another layer of knowledge, another perspective on the specifics of the research focus, which helps define the preliminary lenses. In practice, this demanded a search for material in the literature that specifically described the subject of the research i.e. people's experience of therapeutic space,

in nature, when facing life threatening illness. Since this was hard to find in academic literature, it became imperative to widen the possible resources by contemplating the group participant's views from affidavits, from Kearney's work and from my own experiences, in search for a suitable text. I also drew on poetic writings of people facing death such as DH Lawrence (O Donoghue, 2013), Dylan Thomas (Roiphe, 2016) and John Moriarty (2011).

Thus I began to appreciate the inclusion of historical, archive, and poetic material alongside the academic material included in a standard literature review. This stage of the process became for me not simply a literature review, but a knowledge and experience review.

Having presented the knowledge review and identified the preliminary lenses, the data collection can begin.

1.3.3. The Third Cycle: The collecting and presentation of data, before it is discussed.

This cycle begins with identifying the best data sources for the study, through reverie, considering intuitively who and what would be able to speak to the work. Anderson (2011:66) advises the researcher to: 'explore your access to and availability of research participants who are uniquely informed about your topic, usually because they identify themselves as having experienced the phenomenon you wish to study'. Since the research focus was on a specific set of experiences (these palliative care groups) I wanted first hand experiences, from people engaged in the work. This inevitably leads to a certain bias, in the sense that those people are, by the nature of being involved in the work, likely to have positive resonance with this kind of work. However, since this study is exploring the nature of the space, and therefore is descriptive, rather than comparative, their suitability as informed participants was a powerful determinant in my choice. As the research progressed, through further reading and engagement with the literature, other wider voices were discovered who 'spoke' to related aspects of the work, and their influence on the research, in developing and expanding my thinking is discussed in chapters 3 and 4.

Here I want to establish my main sources of data collection:

Considering the potential people who could speak to the issue, I wanted to acquire views from different perspectives, in order to vary the data and to seek views from a range of roles. I held lightly in mind Wallace Steven's description of '13 ways of looking at a blackbird'

(2015:99). Thus, the potential resources included the group participants, group facilitators, including myself, the venue wardens and the drivers, taking group participants to and from the venues. Since I had decided not to interview group participants directly, (see Ethics section) I sought their voice through archive material. I chose facilitators, to give their experience of being in the space during group work, the wardens of the venue, to offer the perspective of being in the space when we were not there, and observing the space when we were there, and a driver, who could offer observations of taking people to and from the venue. Although all the co researchers were connected to the work, I hoped that including 'non clinical' co researchers would offer a less involved perspective and help 'triangulate' the data collection.

1.3.3.1. <u>Co researchers and known biases.</u>

Co facilitators: (three). Two of the facilitators were specialist palliative care nurses, the other a complementary therapist. Since I had been trained in both these professions and was a psychotherapist, and had worked in all three professional in palliative care, I hoped this would inform aspects of the therapeutic presence, and the peripheral issue of professional preparation for this work, when considering the implications of the research findings to practice. All three of the facilitators had worked with me over a number of years, in running the sanctuary days and natural rhythm groups, therefore they were familiar with me and the work, and, as noted above, resonated with the way of working to varying degrees. However, having used two of them as co researchers in the PEP, I knew that they could still offer different perspectives from each other and myself. I knew that each had a positive connection to nature, having grown up with access to countryside. Again, since this was something that drew them to the work, this bias was inevitable. None of them had been trained in the therapeutic use of image.

The driver was a volunteer and had been working with the organisation for 3 years and had no previous experience of this work, though supported the work of the Trust in general. This co researcher also declared a positive connection to nature.

Wardens of venue (2) The wardens were a husband and wife team who had looked after the venue for 6 years. The venue was normally a Christian retreat centre and the wardens were Christian. This informed how they experienced the place and how they felt about our work, which was deliberately not orientated to any particular faith or belief system. As their views

about our work came from a different perspective, I hoped their inclusion would invite some challenging or perhaps provocative data.

Whilst information about spiritual beliefs was not asked for in the interviews, I knew that one other co researcher was a practicing Christian, and two others had no specific faith, though they had a strong sense of spirituality. None of these researchers were chosen with their spirituality in mind. However, since the work is concerned with psycho-spiritual matters, this is likely to have influenced their experiences.

In summary, there were 6 co researchers plus myself. Amongst the researchers, but not necessarily applying to all, biases included a positive connection to nature and the work itself and the potential influence of their personal spiritual beliefs. All of the co researchers knew me as the main researcher and of my work as group facilitator.

1.3.3.2. <u>Archive material</u>

I wanted to include the voice of group participants in the research process, yet not use current participants, for reasons given in the ethics section. The archive material offered a potential resource of freely expressed views and spontaneous creativity, which I hoped might contribute to the research inquiry. The material consisted of affidavits, paintings, poetry and other creative art work, written or created by past group members. The ethical considerations of using this material in the research process is considered in more detail in The Ethics discussion on Page 50. It was collected by the main researcher, with permission from the Organisation which funds the group work. Only material whose authors had given permission for its use in education or research, or which had already been in the public domain, was used. In terms of potential bias, the material such as affidavits was clearly in favour of the Trust, though freely given. The more creative work included poetic responses to the experience of the group, for example, poems written after a session and offered back to the group, or images and creative writing that occurred within the group. These were of a more personal and reflective nature. However, all the material had been considered, by its creator, as suitable for public scrutiny, by the fact of it being presented to the trust or the group, or the exhibition, and thus was likely to resonate, at least to some extent, with the beliefs and intentions of the Trust. This was true for all research participants. In order to be able to speak about the experience of the work being researched, one had to be involved with

it. In order to be involved in it, there was a strong indication that the experiences were in some way, positive and therefore contribute to confirmation bias. Being aware of this positive bias will help place the findings within this frame of reference. This, in my view, does not invalidate their views and experiences. It simply places them in context.

The method of collecting the data involved 2 strands of resources:

1. Collection of 'archive' material from the past 15 years. (standard **Hermeneutic element**)

   Material was chosen, which 'speaks' of the therapeutic space, its impact, the experience of it, and images/ insights which emerged from it.

2. Current inquiry: (**Heuristic element)**, including

   - 'Informal conversational interviews' Moustakas (1990 47-49) with research participants presenting progressively- engaged perspectives of the space:

   - My own journals, images and creative exploration as a group facilitator, including a written and a verbal (and transcribed) self- interview. My creative exploration also included exploring the subject through reverie and imagination, thus moving the perspective from the '*outside' to the 'inside'*.

1.3.3.3. Practicalities

Archive material

The archive material was collected from the Trust in the form of pictures, poems, written comments and feedback and affidavits.

First, the work was read, considered and explored for any implied or explicit reference to the therapeutic space, including the consideration of a creative space which may, or may not, have engendered the creative work. Relevant words and phrases were chosen by the main researcher and a co researcher separately, and material that was considered relevant by both was identified and transcribed.

Secondly, at a different time, the whole body of archive material, including images, poems and affidavits were laid out in a room. The researcher and another co researcher (a group facilitator) then contemplated the images, holding in mind the focus of the inquiry, and offered a written response and spoken response to the work, which was taped and transcribed. This is described in further detail in chapter 3.

Interviews

These took the form of 'informal conversational interviews' consistent with the 'rhythm and flow' of heuristic exploration. This technique had been used in the PEP and was effective and productive. However, in this research there was a slight difference in that I also held in mind a set of issues or topics to be explored which acted as a guide to the interview, and kept the focus on common information sought from each co researcher (Moustakas, 1990:47). In accordance with the desire for 'comprehensive, vivid and rich descriptions' (ibid 49), the interview included an invitation to create or imagine an image of the therapeutic space and to encourage felt, embodied and sense memories of the researchers' experiences (McLeod, 2011; Anderson, 2011). Examples can be found in Appendix 4a.

Transcription and validation.

The interviews, spoken self–dialogues, journal material, relevant phrases or words from the archive material and taped responses to the archive material were transcribed by the main researcher. This took a great deal of time, and yet I feel that by transcribing the tapes personally one can pick up the nuances, hesitations and pauses in the spoken word, and this helps the researcher stay close to the work and grasp the speaker's meaning. Though time consuming it was worthwhile. Each time I listened I could hear more, even the birdsong in the pauses, which reminded me that the research was taking place in the real world, not on my computer or in my head, but in relationship, with another, with nature, with imagination. The impact of engaging in the material at times was very moving and raises the issue of the researcher's emotional response to this part of the work. DiCicco-Bloom and Crabtree (2006) comment on the process of managing sensitive data, and the necessity in some cases of researcher training and supervision when handling sensitive data. For my part, I felt that my own supervision and therapy was sufficient to support me in this process.

The transcribed interviews were sent back to the co researchers to check and adjust if necessary. Because some time had elapsed between this stage and the original interviews, their responses helped confirm the authenticity of their views. One co researcher asked for some words to be reframed. Another added a relevant part of a story she had written, based on her own journey with cancer and offered this to be used if needed, including images she had made of her own cancer journey. Thus she was offering a facilitator's view and a patient's view of the work. Another created a poem in response to re -reading the interview material, which was added to the data.

All the data (including archive and journal material) was explored as in heuristic inquiry, through waves of incubation and explication, or hermeneutic spirals, which allowed themes to emerge and be described. Anderson's (2007) form of Thematic Content Analysis, (TCA) was followed, which constituted a 'low hovering' over the data to elicit themes. This resonated with the explication process in Heuristic inquiry, yet provided a slightly more structured process. Whilst every attempt is made to identify and name themes, interpretation is kept to a minimum at this stage. The TCA took a number of weeks of re reading, listening and contemplating the data, finally distilling the data into manageable themes. This process is described in fuller detail in chapter 3.

Presentation of the data.

Intuitive inquiry, as in heuristic inquiry, offers various creative ways to represent data, from identifying themes, to composite pictures, summaries accompanied by embodied writing, stories and other creative depictions. (Anderson, 2011:49; Moustakas, 1990: 50). As I was familiar with the process from the PEP I chose to identify composite themes in written form initially, then developed creative forms through further engagement with the material (see chapter 3).

It is important to note that the presentation of data at this stage, is merely descriptive, allowing the reader to respond to the data, before the researcher presents his or her own response and understanding of the work.

In this research, the development of the data presentation in cycle 3 moved from the descriptive writing, to a creative representation, to an embodied response using an adaptation of Yates's (2014) Memory Theatre (described below) and finally an inner reverie of the work, resulting in the creation of a story. This represented a transition towards cycle 4, as deeper engagement with the data led towards the creation of final interpretive lenses.

1.3.3.4. Embodied Memory Theatre

The use of a 'Memory' Theatre' as a stage in the research process was an experimental addition to intuitive inquiry, yet, I suggest, lies well within the epistemological umbrella of Heuristic, Imaginal and Intuitive Inquiry.

In Yates's (2014) classical Art of Memory, he refers to the use of memory theatres, a technique whereby an image is assigned to a particular memory, and the images are grouped together in 'rooms' or tableaux in one's imagination. All one had to do, to recall, say, the points of a speech, was to visit the rooms in turn, to 'walk around' them, and collect the memories from the images. According to Yates, this was developed further by the Renaissance Magi, (e.g. Giulio Camillo) by imprinting planetary images and myths into the 'rooms' for the purpose of acquiring the 'power of the cosmos' (Harpur 2002: 232). For Hillman, psychologically speaking, the art of memory was both 'a retrieval system and a structured model for laying out the …hierarchies of imagination on archetypal principles (1975:92). Rather than considering memory, in an epistemological sense, as simply a store of knowledge, Harpur continues: 'The art of memory reminds us that memory is a dynamic place, a theatre, where the images we store take on their own life, interacting like the gods and myths of which they are composed, creating new connections and new imaginative configurations' (2002:233). I decided to develop this idea for the contemplation and development of the themes, as a transition to cycle 4, where I would identify final interpretative lenses, 'having integrated the experiences from co researchers into my own (Anderson 2011:58). This stage also incorporated a 'recharging' of each theme (Angelo 2005:26) as I gathered further empirical, poetic and historic resources that amplified the work.

My first experience of using memory theatre was studying with Dr. Marie Angelo at Chichester University on an MA in Imaginal Studies. She introduced students to a method of inquiry and research that included the *mundus imaginalis*. The structure of learning was through a deep and rich exploration of the 22 renaissance images of the *Splendor Solis*: a treatise on Alchemy.

We were invited to 'enter the frame of the image' and, in our imagination, to experience the image from the inside out. (Anderson, 2000; Angelo, 2005). The first image was of an Academy, which we approached, in our imagination, passing through earth, air, water and finally fire, which we stood under (understood) to begin the journey. This was our starting point, at the heart of the Academy. The other 21 images in the Splendor Solis were explored as if they were rooms leading off from this main atrium. On leaving the rooms (images) in our imagination, we came outside into the 'everyday' world, to 're-charge' the image

through other streams of knowledge: factual, historical, scientific, critical, creative, poetic, allowing correspondences with other areas of knowledge and expression to emerge.

We laid out our reflections on the floor, in the form of a memory theatre, so that each image was explored through imaginative, poetic and empirical exploration. Thus we gained knowledge through a 'dance of perspectives' (Voss 2009:41) so that the experience both distilled and amplified our knowledge.

With this aim in mind, I adapted this approach to create a memory theatre of the initial research themes. I found this method of exploration a rich and relevant experience, and offer an example of this experience in chapter 3.

1.3.4. The Fourth Cycle*: developing final interpretive lenses.*

This cycle results in a synthesis and distillation of the data, identifying final lenses, generating a comparison between what was known prior to the research and what is now known (the difference between Cycle 2 lenses and those of Cycle 4*).*

Each lens is considered in turn, so that the changes can be clearly seen. This cycle is similar to the synthesis in heuristic inquiry and can also be represented creatively once the comparisons have been made.

The Final lenses and the Story were sent to the three co researchers who were facilitators, to check for resonance as part of the validity check (Anderson 2011:297). This is discussed further in chapter 5.

1.3.5. The Fifth Cycle: Integration of research findings.

Cycle 5 involves the full discussion and review of the work, comparing the findings with the original material from the literature review, and examining the relevance of the research. This discussion then leads to a consideration of the dissemination of findings and a discussion and development of products.

Cycle 5 also contains a review of the process, including the way the research was conducted, the mistakes, the challenges, and how the researcher has been changed. Intuitive Inquiry invites the researcher to consider the gaps in the work, through an intuitive exercise, to begin to identify what the research has *not* said and generating future fields of inquiry.

1.3.6. Validity issues

The question of validity in qualitative studies is an important one and is discussed in chapter 5 in the review of the work. However, it is worth considering at the outset of the research to enable the researcher to be aware of what may improve validity during the research planning and process.

The usual approach to validity and reliability in positivist research involves judgements related to intellectual criteria: remarking on the overall research design, and the specific measuring instruments. Reliability is considered in the light of these measures and procedures being constant and repeatable. Ultimately, the judgment hangs on whether and to what degree a research hypothesis or question is confirmed or answered, whether an assessment truly measures what it presumes to measure, and whether what appears to have happened, did happen (Anderson 2011).

Extending the work outward, consideration is given to its transferability, that is: do or can the results relate to other groups, situation, times, processes and so on?

In qualitative research, the 'instruments' are often ourselves. The significance of 'trustworthiness' has been posed by Lincoln and Guba (1985) as one of the qualitative equivalents of validity. Anderson and Braud (2011: 293) offer an overarching consideration, called investigator validity: that the researcher as the main instrument of the research, works, for example, with rigour and integrity and attends to 'participant validation' that is, the researcher fully honours the views of the research participants.

McLeod presents some useful suggestions for enhancing validity in qualitative research. (2011: 273), which echo general methodological principles, yet he, like Anderson and Braud, comes back to whether the researcher is plausible and trustworthy, as a measurement of validity. In heuristic research Moustakas claims that only the primary researcher can judge whether the work has validity and meaning. (1990: 32) yet declares that validity is developed through rigour in practice. In short it seems to be down to the rigour, trustworthiness and integrity of the researcher in the planning, employment and delivery of the research. It was my intention to aspire to these qualities throughout. Etherington's rich and engaging writings on the Reflexive Researcher (2004) emphasise the necessary capacity to work with and consider the research from a reflexive position at all stages of the process.

One significant aspect of the integrity of the researcher is the consideration of ethical practice in research.

1.4 Ethical Considerations in the planned preparation and conduction of the research.

The consideration of ethical issues for the main research project proceeded from my thinking and considerations for the practice evaluation Project (PEP). My approach is aligned with the Metanoia Ethical Guidelines, (see appendix 2) and BACP (2004) research guidelines. The Charity through which I work has no Ethics Committee, and supported the process of gaining ethical approval through Metanoia. However, discussion with Trustees and colleagues within the Trust has been, and continues to be, a useful resource for ensuring ethical practice.

In addition, and relative to the specific nature of this research I met and discussed the proposed study with Professor Bobby Farsides, Professor of Clinical and Biomedical Ethics at Sussex University, who worked in collaboration with (the now late) Dr Sue Eckstein on a similar project, using archive material from a hospice day centre group, to produce a play called 'The Tuesday Group[6].

1.4.1. Collection of data

The Trustees of the Charity have given support and permission for accessing data, in line with Metanoia guidelines.

All data was stored in line with the Data Protection Act.

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[6] Originally commissioned as part of European-funded project headed by Bobbie Farsides, this play by Sue Eckstein was first performed as a rehearsed reading in London by a group of professional actors. Inspired by notes taken at a patient support group in a UK hospice, it gives a realistic and humorous account of what happens when terminally ill patients have the opportunity to speak to one another. The first full production of the play was directed and performed by BSMS students in 2011. From:
ttps://www.bsms.ac.uk/research/.../2011-11-18-the-**tuesday-group**.aspx

1.4.2. Use of archive material

I chose to use archive material from the past 15 years rather than interviewing current group participants (patients) for two reasons, with moral and ethical components; firstly to minimise the potential of collecting data that may contain transferential or compliant material, given the relationship between group participants and the main researcher; secondly, to avoid the participant's current experiences from being interrupted or analysed, thus potentially diminishing their experience or 'breaking the spell' in Hillman's terms, (1979) of their experience in the group.

However, using material from participants who have died raises particular ethical issues. Discussion with Professor Farsides and Dr Sue Eckstein was invaluable on this subject, and identified the following points.

1. Some of the material is already in the public domain, and has already received permission; for example patient's comments on the Trust website, material already used in conferences and creative work presented at an exhibition.

2. However, it is important to distinguish between permission given for the promotion of the Trust's work (e.g. the website, Trust newsletter) and that given for professional development and research. Where the latter permission has not been obtained, and where more specific material is needed to illustrate a theme or experience, then composite descriptions of experiences are used. These have been checked with current facilitators to ensure that no particular person is or could be recognizable, (see also point 4.2 of the BACP Ethical guidelines).

3. Consideration was given to the possibility of a particular and identifiable piece of work, (e.g. a picture), to be used in the research, if it were deemed significant to the research. In that case, permission would have been re-sought from relatives. Only work that is, or had already been, in the public domain would be considered. Only relatives who are still working with the Trust, as volunteers would be approached, to minimize the potential for re awakening, or re triggering painful memories. There are a number of studies which consider the impact of interviews and research on bereaved relatives which, whilst emphasising appropriate sensitivity and methodology, also suggest that involvement could be potentially beneficial (Buckle

et al 2010; Lee and Kristjanson, 2003; Seamark et al 2000). It is reasonable to assume that those relatives who remain engaged in the work of the Trust may be willing to discuss their loved ones. In my experience relatives are often very keen to have material used. Nevertheless, care would be taken to remain sensitive, avoid coercion, emphasize choice and to arrange review as the research progresses and before publication. Should they have required further support as a result of this, the Trust's counselling service would have been made available. (*see point 13 of ethics form*). In fact, no images were used in this way, and no relatives needed to be contacted.

4. In all other ways the archive material was for contemplation in the hermeneutic process, with the aim of extracting themes, and therefore individuals would not be identifiable.

1.4.3. Co researchers

Initial contact was made with each potential co researcher, to introduce them to the research proposal and invite their participation. Written explanations of the research and their part in it were sent to each. This was followed up with face to face meetings and, in one case, a phone call, to discuss the work further and to clarify any points that arose. Once in agreement, written informed consent was obtained, in accordance with criteria outlined in the Metanoia guidelines. Examples of the relevant information and consent forms are found in appendix 3.

Consideration was given to the potential emotional response or discomfort during or following the interviews as co researchers recalled their group experiences. I was therefore aware of conducting the interviews in a sensitive and attentive way, and holding and containing the process appropriately. It was important to ensure confidentiality and anonymity throughout the process, and the opportunity to withdraw at any time was made clear.

Should a participant have required further help or support during or after the process, support was available through the Trust Counselling service. (*see point 13 of ethics form app.2*)

As the participants were known to me and the work, the presence of compliance, bias, or transference may have been present. My introduction and explanation of the work helped

to minimize this by creating an open discussion, encouraging authentic responses and assurances that specific words or phrases would not be attributed to a particular individual without further permissions. From my experience with the PEP, the containment through time boundaries, the formality of the session (using a tape recorder, myself in 'role' as a researcher, using a professional room for the interviews), helped create the sense of a 'different' relationship and environment during the interview. (*see point 14 of ethics form*)

Whilst participants would remain anonymous, due to the unique nature of this work in this locality, they may be recognised as research participants once the work is published. The potential for this happening was discussed in the pre interview meeting. All co researchers recognised this and did not object, as long as specific place names were omitted in the data used. As the research progressed and the data was explored, the potential for recognition became clearer and was rechecked with all co researchers.

1.4.4. Transcription

DiCicco-Bloom and Crabtree (2006) emphasise the ethical importance of accurate transcribing, and highlight the significance of confidentiality. The tape recorder was kept locked, and I made sure I was alone when transcribing the material. The transcriptions were anonymised by removing any identifiable material (names, places).

Opportunities to check through interview transcripts was arranged. To ensure confidentiality, each co researcher was asked if they preferred the transcriptions to be sent via email or post. All but one agreed to email. The other transcript was printed and posted as requested. Assurance was given that any material could be removed from the research right up to publication.

1.4.5. Group members

Originally the group was informed of the research project, even though it did not directly affect them, due to its retrospective nature. I had anticipated that as the research study continued, changes in my attitude to the work would ensue, as happened during the PEP: a deepening into the work as I became more engaged in reflective practice on a more intense level. I did not anticipate this would have a detrimental effect on the group, rather the opposite.

Recent years have seen a dramatic rise in palliative care research producing a range of ethical challenges concerning in particular the vulnerability of the clients, the challenges of obtaining informed consent and the benefits and risks of such research (Casserett et al 2003.) However, a number of studies have concluded that the ethical issues raised in this field are not unique to palliative care (Casserett et al., 2000, 2003; Koenig et al., 2003). A small study (N=22) of hospice patients concluded that all patients wanted to participate in research, though (Terry et al 2006) identified several reasons for participation in research, including altruism, a greater sense of personal value, the assertion of persisting autonomy and the value placed on the commitment of doctors to optimising care by research (Terry et al., 2006). At first, current group members were aware of the research and gave positive responses to the inclusion of research in these programmes.

However, since the work continued for a number of years and group members changed, I considered it unnecessary and potentially interrupting to keep reminding the group, or introducing the research to new members. The fact that I was conducting the research became very much in the back ground over the years. The changes and new ways of seeing the work as the research deepened was seen as normal reflective practice, as I continued to ensure best practice through supervision and personal therapy.

1.4.6. Impact

The impact on service users, relatives and others involved with the groups if they read about my own experiences as a facilitator and/or recognize that they are part of this project as it moves on, is unknown, and yet remains in my awareness. This places on me an absolute necessity to record and write with authenticity, respect and sensitivity towards potential readers.

During the research, I wrote a chapter for a book, which, though not identify my place of work, clearly identifies the work for anyone who knows me, or who is connected to the Trust's work. However, the chapter focuses on practitioners, and is unlikely to be read by service users. It was very much in my mind as I wrote, however, to write with integrity and sensitivity, holding in mind anyone who might connected to the work.

 Further ethical issues that arose or came to mind as the work progressed were discussed in supervision and are explored in the review chapter 5.

2. **Chapter 2**   **Cycle 2. Identifying preliminary lenses**
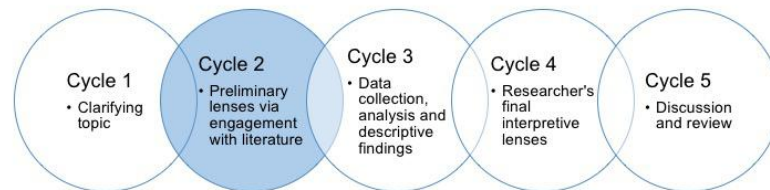
Aims:

- to locate the work in the literature in broad and specific terms, to examine its relevance and potential contribution to the field.

- To identify what is already known about the subject, summarised in preliminary lenses, using the literature review, focused reflection on a specific text, and the researcher's experience.

2.1. Introduction

> I can only answer the question "What am I to do?" if I can answer the prior question "Of what stories do I find myself a part?
>
> <div align="center">(Macintyre 1981:216)</div>

If we imagine the research as speaking these words, the story of which it is a part begins in ancient Greece and the healing sanctuaries of Asclepius. It also emerges from the field of palliative care.

Developing from the introduction, the review will look in more detail into current palliative care provision of psycho-spiritual care, Kearney's 'soul pain'. (1996:57) to locate this particular research in this field.

The discussion will then go back to ancient Greece, to the original inspiration for the projects I began and which are now the focus of this inquiry, the work into which I am falling more deeply.

We will go into the Asclepian temples, to summarise the approach to healing in those places, then identify the related aspects on which the current projects are based. I will then extend the literature review outwards into the major fields of knowledge that this work touches.

In order to contain the work, since each stream (ocean?) of knowledge could take years to explore, I will keep in mind only that which is relevant to palliative care, psychotherapy, and the nature of therapeutic space, and at this stage, what I was aware of before the research began.

In accordance with Intuitive Inquiry (Anderson, 2011), I will then create 'preliminary lenses' through which I saw the work, considering the literature, my own experience, and my contemplation of a particular text.

As we have seen in Chapter One, the preliminary lenses offer a starting point, a glimpse of what is already considered to be part of the work, before the deeper Re-Search begins. These will then be used as a comparison in the later cycles, to see how my understanding may have changed and what new knowledge may have emerged.

Because of the iterative nature of qualitative research, and in particular, hermeneutic research, the sources of knowledge and information continue to develop throughout the research process. This chapter captures the field before the research began, and acknowledges, in keeping with the research model and with the nature of this Doctorate, the knowledge already present within the researcher.

2.2. Practicalities

The range of resource material in the literature review comes from:
- *online searches* of the following themes and words:
  - palliative care, end of life care, cancer care,
  - eco therapy, eco-psychology, nature therapy, wilderness therapy, working in nature at the end of life
  - psycho-spiritual care in palliative care, working with suffering at the end of life,

- support groups in palliative care, cancer care.
- therapeutic space, healing places, healing environments in palliative care
- creative approaches in palliative care, arts therapy in palliative care

Online database searches included PsycINFO, PubMed, SAGE Journals Online, ScienceDirect, Wiley Online Library, Researchgate, Google Scholar, and specific online palliative care and ecotherapy journals

- *By hand:*
  - Library searches
  - Books: on psychotherapy theory and practice, death and dying, Eco-psychology, nature, healing spaces, poetry

- *Following threads*

  Much of the work involved lateral searches from the original literature resources, and, sometimes, following threads from discussion with colleagues.

The original searches, as expected, produced vast amounts of literature, which had to be streamlined into only those that were specifically concerned with end of life and palliative care, or topics that could be relevant to end of life care. I focused, though not exclusively, on the UK and Europe, and articles written in the last 20 years.

However, since there were no research papers found that used the combination of *palliative care groups,* and *ecotherapy* and *creative imagination* or combinations of similar words, the review has included literature referring to related subjects and considers their relationship to palliative care.

The review is by no means exhaustive. The challenge of this phase of the work is that on the one hand, over the years, I have found no research on the *specific* way I am working, which is a good indication of its relevance to the literature base. On the other hand, it touches vast fields of knowledge that are already well researched. My aim has been to form a review that simply locates the work in the field. To some degree of course, this is influenced by my choice and knowledge so far about the subject. There are many other threads I could follow; however, for the purpose of this dissertation (and this life time), I have focused on areas that I consider are particularly relevant to psychotherapists.

Other limits and specifics include a focus on western palliative care, mainly in the UK and working with nature in the relatively benign English countryside (as opposed to other natural environments, for example, wilderness, mountains, or desert).

2.2.1. Definitions: In chapter one I offered a working definition of 'therapeutic space'. Here I present further relevant definitions, some clear and others which remained hard to pin down.

Palliative care: The World Health Organisation (WHO, 2016: no pagination) defines palliative care as 'an approach that improves the quality of life of patients and their families facing the problem associated with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual'.

End of life is defined as the stage relating to a terminal prognosis of up to six months.

'*Group participant*' refers to a person attending our palliative care groups. In related literature resources, people with life threatening illness are referred to as clients or patients. In the context of palliative care these terms are used interchangeably.

Psycho-spiritual: Within the literature terms such as psycho-spiritual, transpersonal, and spiritual were often used interchangeably, and, arguably, inaccurately and with disregard for whether they were to be taken literally or metaphorically. Similarly, psycho-spiritual distress and spiritual distress in palliative care seemed to be referring to the same thing. For this review I found the following explanation useful in capturing a simple and usable definition that fits with the work:

 While traditional psychotherapy works towards a greater understanding of the self, the psychospiritual works towards a greater understanding of the self in the context of the greater whole. Psychospirituality is not only a journey of turning inwards but also one of attuning oneself to the messages and meaning that comes from dreams, interactions with others, nature and the cosmos (Di Vilio, 2016).

2.3. Palliative care

Palliative medicine in the UK developed rapidly in the 1960s in response a demand for better pain and symptom management at the end of life, particularly with cancer patients, (Clark, 2007). In the US, the Swiss psychiatrist Elizabeth Kubler -Ross (1926-2004) was drawing attention to the suffering of people dying in hospitals and produced her seminal 5 stage model of dying, through her observations and experience with people at the end of life. Though subsequently criticised, partly for its prescriptive and generalised qualities (Corr, 1993), her model drew attention to the potential emotional distress of the dying person and the importance of open and honest communication. At the same time, the pioneering work of Dame Cicely Saunders (1918-2005) was instrumental in the birth of the Hospice movement in the UK, separating the care of the dying from the medical paradigm of the NHS. Prior to this, medical interventions in end of life care were minimal. Whilst nursing and spiritual care was available, medicine had been concerned with cure rather than palliation. As doctors and medical research became more involved in palliative care a huge improvement in symptom management and pain control was seen, alongside an acknowledgement of the interrelatedness of physical, emotional and spiritual distress.

In 1987, palliative care, with its holistic approach to mind, body and spirit was recognised as a new medical speciality in the UK. However, less than a decade later, Dr Michael Kearney and others predicted that 'the holistic focus of (palliative care) might be lost under the weight of the biomedical model' (Balfour Mount, in Kearney, 2009: viii), that the new specialists in palliative care would be reduced to 'symptomatologists' and that palliative medicine may develop in ways which would limit its potential (Kearney 1992:41).

His concern was that whilst the advances in medicine were addressing the physical symptoms of, for example, pain or breathlessness, more efficiently, the medical model had no paradigm for attending to suffering, to the spiritual or existential domain of human experience. This concern emerged again some years later, in a commentary on the key challenges facing palliative care internationally over the proceeding 10 years. Murray et al. (2010: 316) presented five areas that were 'ripe for development', addressing all aspects of the person- physical, psychological, spiritual and social, along with an invitation to 'regain a spiritual lens that was present when palliative care was born 50 years ago,'

This demand for the re-focusing on holistic care has at least provided a demand for research and a welcome emphasis, affirmed by NICE (2011) and WHO guidelines, on psycho-spiritual and social aspects of end of life care (Grant et al., 2009). Updated reports from UK Government and End of Life strategists, (for example the NICE guidelines 2013, following the critical review of the Liverpool Care Pathway), continue to hold a holistic focus in principle, though not necessarily in practice.

In 2011 a Department of Health literature review [7] explored a substantial literature base relevant to spiritual care at the end of life. The report makes 10 recommendations, highlighting the need to strengthen the evidence base, including evaluation of practice models, and improve education and training with a particular focus on translating academic concepts and theoretical models into accessible practice understandings and viable interventions. It was interesting to note that from the 248 resources used in the meta-analysis, only 4 came from psychiatric or psychotherapeutic sources. The vast majority of research reports were from nurses, chaplains, social workers and some doctors. This may reflect the disciplines carrying out the review (social workers and chaplains) and the target audience (health care practitioners). However, the seemingly invisibility of mental health professionals in this review perhaps indicates a somewhat uncoordinated approach to this aspect of palliative care and who should be delivering this care. Similar absences of psychologically orientated professional bodies are found in many of the Government reports associated with the end of life care. Interestingly, this report's conclusion draws attention to the need for more collaborative approaches. In reality, counsellors and psychotherapist may find themselves on the periphery of end of life care, usually unable to follow a client to the last moments of life. Yet psycho-spiritual spiritual needs, including existential issues such as meaning making, relationships, loss, fear, grief and anger are clearly in the psychotherapeutic domain, so it is surprising that the profession is found on the periphery of end of life policy and practice.

Edwards at al.'s (2010) report covered the same focus of spiritual care provision. It was interesting to note that these two big meta analyses of a subject were over a similar time, yet only had 10% of shared literature resources (adjusted to their proportionate sizes). This latter report was more directly focused at qualitative studies where health care professional or

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[7] Spiritual Care at the end of life: a systematic review of the literature, 2011 Available from www.dh.gov.uk/publications

patients had been interviewed, which may explain this in part. The researchers did not differentiate directly between authors though they note that almost half the articles were authored by nurses. What was particularly interesting from these findings was the patient's perspective on spiritual care, including their needs for this kind of support and how and who should provide it. Patients identified the desire and opportunity for story telling (of their life), intimacy, fulfilling relationships, hope and purpose in life, and relationships with nature, music and God, all considered to be part of spiritual concerns and nourishment.

Breitbert et al. (2004) look specifically at the emerging psychotherapeutic interventions at the end of life, acknowledging the dearth of clinical research within this population. The discussion draws on a meaning- centred approach, concerned with spiritual suffering at the end of life and argues that this is deeply rooted in existential and psychotherapeutic approaches. The argument extends to the essential nature of the existential approach, considering the question 'why am I here?' as being suitable for end of life. The paper argues that by helping patients explore the 'why' of their existence, existential therapists 'offer dying patients a way to bear the burden of their suffering and eventual death with dignity' (ibid 2004:369). However, according to other resources within the reports above, psycho-spiritual distress was not necessary related to the absence of meaning. Fear of the unknown, uncertainly about what would happen next, the inevitable loss, of self, relationships, abilities, a sense of feeling punished, unfinished business, and many other concerns, all contributed to psycho-spiritual distress. Dame Cicily Saunders (1978) calls this 'total pain'- the suffering that encompasses all of a person's physical, psychological, social, spiritual, and practical struggles, a phrase often quoted in Government strategies for end of life care.

2.3.1. Provision

As the focus moves towards a more active holistic participation throughout all phases of care, including the last phase of life, the management and care of people likely to be in psychological and spiritual distress reveals a gap between need and provision. Much of the literature suggests that staff are often unqualified to deal with it (Skilbeck and Payne, 2005; White et al., 2004; Ferris et al., 2009). Price at al. (2006) surveyed the availability of psychological services in hospices in the UK and Ireland and concluded that these services were too limited to meet NICE guidelines. Research also indicates that patients may seek psycho-spiritual support at times when most practitioners are unavailable, for example, at

night time, and for this reason nurses were often considered the main communicators of psycho-spiritual issues (2011Department of Health Report).

As a consequence of this perceived gap between what is demanded and what is provided, many authors call for an increase in research into and education of psychosocial care (Asai et al., 2007; Westwood and Wood, 2007; Peterson et al., 2010). Studies also show a link between burn out in palliative care workers and insufficient confidence in psychological care of their patients, also resulting in a call for further training and staff support (Asai et al., 2007; Ablett and Jones, 2006). Factors contributing to stress included facing one's own mortality, unrelieved suffering, lack of time and training, the conflict between self-care and commitment, and accumulated loss (White et al., 2004; Peterson et al., 2010; Hacket and Palmer, 2010).

The National Institute of Health and Care Excellence (NICE) guidelines (2004) for psychological support at the end of life offered a four stage model which places the needs and provision in a kind of hierarchy (see Fig. 2) which does not account for a spiritual crisis in the middle of the night, and continues the medical terminology (assessment, diagnosis, screening, psychopathology) and division of labour to experts, so often found in a medical model of care. Whilst this can and is appropriate in some cases, I would argue that it maintains the concept that the management of death is a professional issue rather than a human one, (though of course the two are not necessarily mutually exclusive).

Figure 35.1	Suggested four level model for the provision of psychological support [10]		
Level	Professionals	Assessment	Interventions
1	All health and social care professionals	Recognition of psychological needs	Information giving and general psychological support
2	Health and social care professionals with additional/advanced training e.g. clinical nurse specialists	Screening for psychological distress	Psychological techniques e.g. problem solving
3	Trained and accredited professionals	Assessment of psychological distress and ability to diagnose some forms of psychopathology	Counselling and specific psychological interventions e.g. anxiety management, solution-focused therapy
4	Mental health specialists e.g. clinical psychologists and psychiatrists	Diagnosis of psychopathology	Specialist psychological and psychiatric interventions e.g. psychotherapy, cognitive behavioural therapy

Fig 2: (From NICE 2004:74-85)

From the medical organisations concerned with end of life care, there continues to be call for evidence based and cost effective provision (NICE 2011; Thomas &Paignton, 2013) often in the form of manualised approaches such as Dignity therapy (Chochinov et al., 2005) Mindfulness-based supportive therapy (Beng et al., 2015), Managing cancer and living meaningfully (CALM) (Lo et al., 2014) and CBT. An overview of manualised approaches presented by Morgan (2015) found good evidence of their overall effectiveness, but did not distinguish between palliative care, geriatric or dementia patients and more than half the patients were not terminally ill.

These approaches seem to lie in contrast in contrast to Dame Cicily Saunder's account of her patient, when asked what it is he needed, he replies,
'I only want what is in your heart and in your mind.' (Clark 2007: 432)
In short, I suggest, he wants an authentic and intimate relationship, rather than manualised 'anxiety management', though I acknowledge the latter may indeed have its place.

Kearney's approach echoes Saunders' account. His challenge to palliative medicine is a dual commitment; to improve analytical and clinical skills, whilst facilitating a personal experience of illness, in an intuitive way, enabling patients to 'dive down into the experience of illness in a quest for healing' (1992:46), be it emotional or spiritual if not physical healing.

This ability to facilitate experiences of depth, corresponds to the skills required in depth psychology- moving from the surface experience, the abode of the ego, where language is literal and the mode of knowledge is scientific and rational, to the depth experience, where the mode of knowing is intuitive, and the language that of symbol and metaphor (Jung, 1961; Hillman, 1979; Kearney, 1992).

The implications for palliative care, to revision the approach, according to Kearney and others, would require an acceptance of image work, (art, music therapy) dream work, and body work, not just as diversional therapies, but as integral to a palliative care approach of depth. He also challenges the palliative care practitioners to be committed to making a journey themselves from the surface to the deep 'to know what it means to cross these inner boundaries' (1992:45).

Within this challenge remains the question of who should be able to facilitate these experience of depth. The Government report (2011) suggests a multi -disciplinary approach with all disciplines available (on call) 24/7. This, though no doubt costly and impractical, would ensure the availability of priest, counsellor or doctor at any time. The NICE guidelines suggest a move towards specialist practitioners and it is unclear how available they would be.

Kearney suggests a more practical approach, that all palliative care practitioners, doctors, nurses, counsellors, therapists would learn how to make a 'therapeutic use of self', to be available for the patients at any time (Kearney, 2009: 189).

In summary, the demand for holistic palliative care reveals a short fall between the need to address the psycho- spiritual care of terminally ill people and the ability of staff to meet those needs. There appears to be a link with this short fall and staff stress and burnout.

Whilst there are calls to increase training and education on psychospiritual care amongst nursing and medical staff, means to support staff seem to be rare and usually based on coping strategies, rather than meaning making and reflection (Bailey & Graham, 2007; Desbiens & Fillion, 2007; Johns, 2007). Larkin, like Kearney, argues that the emotive nature of palliative care requires those involved in caring to have explored their own perceptions of death and dying. 'since it is only possible to interpret meaning from one's own experience' (Larkin, 1998: 122). There is little evidence that this is being done. Whilst the NICE guidelines call for specialist support in psychological distress, there is minimal research on psychotherapy and end of life care.

The majority of research papers were qualitative studies using a small number of participants. Most of the main palliative care researchers come from medical or nursing backgrounds, and that the voice of psychologists, psychotherapists and spiritual directors in palliative care seems to be either silent or not being heard. I would argue therefore that this research can contribute to the field, in examining a particular way of addressing psycho spiritual aspects of palliative care.

2.3.2. Returning to the source

As we saw in the introduction, this research explores palliative care projects inspired by Kearney's call for a new paradigm in palliative care, drawn from and aspiring to the integration of Asclepian healing and Hippocratic medicine. Having mainly focused, up to now, on the latter (in modern day form), I will now introduce the former.

2.4. Asclepian healing

Asclepius was the son of Apollo and a mortal princess named Koronis. He was plucked from his mother's belly, as she lay dead on a funeral pyre. Some say Apollo rescued him, some say it was Hermes (Kearney, 2009). He was brought up and tutored by Chiron, himself a demi god, who taught him the art of healing. Chiron was known as the wounded healer, who learnt how to heal others but not himself. He was considered to be of two worlds, the upper and the lower:

> Is he of our world? No, his deep nature
> Grows out of both kingdoms
>
> (Rilke 1981:205)

This auspicious birth from death connects Asclepius to the Eleusinian mysteries practiced in ancient Greece. Though very little is known about what happened in these initiations, they were in some way connected to life and death, to the myth of Demeter and Persephone, to queen of the underworld. The initiates came out of the mystery rituals, returning to life with less fear of death. It was believed that the initiates attained 'epepteia', which means 'the state of having seen' (Kearney 2009:61). The significance of this is in the connection between the Eleusinian mysteries and the healings at Epidaurus and other Asclepian temples, were the 'invalids' were also led through ritual to a deep place, where they were prepared to be 'visited by the gods', (Patton 2009:4).

Thus the presence of a healing god connected to life and death mysteries, to Hermes, the god who can guide souls to the underworld and back again, to Chiron, 'growing out of both kingdoms' offers a glimpse of an aspect of healing that invites a movement between worlds and that requires what Kearney refers to as an 'intuitive intelligence' (2009:58). This might be considered a feminine quality, in the sense of it being in contrast to deductive knowing.

This way is rooted in an inner knowing 'a sense of intimacy with all of nature's ways' (Paris 1990:84): an ability to move between planes, from the surface to the deep.

The serpent and the rod, associated with Asclepius, reflect these connections to earth and depth. The serpent in ancient Greece was, according to Schouten (1967: 3) 'the embodiment of the mystery of the one absolute life on earth, which entails a continual dying and resurrection'. Meier (2009:20) describes it as demonstrating the power of rejuvenation by shedding its skin. It represents mystery, healing and is of the earth. The staff represents a similar aspect of healing, that of the tree of life, a connection to the earth that offers an upward movement, as life proceeds from the earth. It might also be seen as an axis mundi, or Jacobs's ladder, joining heaven and earth. (Kearney, 2009; Schouten, 1967)

Asclepius, and his association with the earth and death as well as healing and life, was considered a chthonic god. The principle of healing in these temples was that healing came from within the patient and involved journeys of depth. Thus the temples were designed to provide an environment away from the hustle and bustle of the everyday world, to provide a place that was conducive to 'help man's innermost depths to accomplish their curative potentialities' (Kerenyi, 1959: 50).

Patton (2009) describes the sanctuary as a place set (cut) apart (a 'temenos', from the word: to cut) from normal collective life. They were built in places of natural beauty, where the air was clear and where water and springs were abundant.

Activities and treatments recognisable to contemporary holistic therapies were available, including bathing, rest, exercise, engagement in music and drama, the 'practice of beauty" (ibid: 26) by which I assume she means the beauty of nature, and attending to the psyche through meditation, prayer and finally, dream incubation. People could stay for as long as they needed, in order to prepare for this final stage of healing, which involved a sleep and a dream, through which the gods would visit.

Kearney and others claim that this ancient healing was more of a healing of soul rather than of body (Meier 2009:100). This inclusive approach involved a belief that the source of healing was within oneself, *and* that healing can come through a dream, through a unity with the divine. This was a commonly held belief at the time, so the hope and trust in the process may have gone a long way towards the outcome for the patient, triggering his or her natural

self -healing abilities, through the enormous curative power of expectation (Bosnak 2009: xvi).

Jungian Analyst Robert Bosnak describes this natural self-healing power as 'physis'. He writes that according to Hippocrates, 'the body's nature (physis) is the physician in the disease: (in Aizenstat and Bosnak 2009: xx). For Bosnak, this internal physician can be stimulated through placebo or faith healing or, in these ancient temples, through the intervention of a god. He goes on to propose that alongside belief and 'the enormous power of curative expectation,' creative imagination can bring about what it imagines, even when there is no belief in a god to intervene. (ibid: Xxi)

Together with the culturally held belief in dreams, the preparation and waiting within the temples was designed to *put the patients into the right frame of mind* (my italics) to undergo the process of incubation marking an initiation into another realm (Kearney, 2009:44).

Patton (2009:29) summarise thus:

> These god- sent dreams (theopemtos) would emerge as part of a therapeutic alliance, mostly now obscure to us. The alliance consisted of existing medical knowledge, collective healing environments and placebo response. All these were combined and deployed through the channels of ritual.

Thus, according to Kearney (2009:45), the core healing event of the dream essentials can be summarised thus:

1. It had to take place in a particular setting: place (abaton) and subjectively in the right frame of mind.
2. The healing happened in the darkness of the night, and while the patient was sleeping on the ground.
3. The healing moment came 'as a dream': A visit by the god of healing. That while this can be hoped and prepared for, it cannot be prescribed, 'because it is nothing less than a miraculous event.' The dreaming itself was the healing.

The role of the therapeutae (the temple attendants) seems to be one of witness and accompaniment, travelling alongside the 'invalid'. The physician was excluded from the individual mystery of recovery. The physician remained intentionally in the background

(Kerenyi 1959: 50), allowing the mystery to unfold, but staying present to the process. This suggest a certain passivity and yet, as Kearney and others note, the rites of Asclepius and the Eleusinian mysteries took the form of careful preparation, demanding the constant attention before, during and after, of the therapist/guides.

It is a serious business, and should not be viewed romantically. It can require much training, preparation, supervision and containment, as did the ancient rites. If not, as Jung has said: 'we may go digging for an artesian well, and come across a volcano' (Jung, 1990:114).

Moving towards the application of Asclepian healing to contemporary practice, I present a summary of Kearney's (2009) comparison of Asclepian and Hippocratic approaches and the implications for practice (Fig 3)

Hippocratic medicine	Asklepian Healing
Draws on objective evidence	Draws on subjective evidence
Calls for clinical objectivity	Calls for clinical subjectivity
Treats pain and lessens suffering by intervening from without	Is concerned with healing of suffering from within
Restores the status quo	One who lives through suffering is changed by that experience
Works as an 'opus contra naturam' (comes between the patient and his or her problem)	Works with nature, it enables the person to go *with* rather than *against* his or her experience
Primary training involves knowledge and skills	Primary training involves self knowledge

Fig 3: (From Kearney, 2009: 46-47)

Patton (2009) considers how we might bring this to a modern interpretation within the context of our contemporary health care culture, and associated resources. She recognises the challenges of finding healing centres or hospices in places of beauty, peace and quiet; of letting the very sick sleep near the earth; the challenge of promoting deep restorative sleep in hospitals; of allowing people to stay in treatment 'for as long as they need'; to bring in music, drama, art, sacred animals; to have running water, and healing fountains. 'Most crucially' she writes 'we have lost a wholehearted belief in the god who can heal. Perhaps he can be summoned from our dreams, if there is still a way to recover them' (ibid 2009:

30). Perhaps she is speaking here, of the challenge to integrate metaphorical and imaginal discourse and approaches within the rational paradigm of the medical model.

In spite of the challenges, Bosnak nevertheless offers a call towards another way of healing:

> …this healing way of creative imagination is a result of an inspiring immersion in an exceptional, unfamiliar physical environment, like the temple of Asclepius… here the unexpected happens… as we are initiated to the bone into our human frailty, celebrating the mystery of renewal.

He continues,

> Yes, we need our factory like hospitals, and the technology that drives them… but concurrently we also need inspiring healing sanctuaries, to significantly enhance the already great effects of conventional medicine.
>
> <div align="center">(Bosnak, 2009: xxiii)</div>

I agree. The sanctuary day projects for people facing life-threatening illness, aim to contribute to the call for psychospiritual models of provision in palliative care, working with creative imagination and in 'exceptional physical environments', offering a service alongside the medical paradigm of treatment and cure.

2.4.1. Palliative Care Sanctuary day project

Taking into consideration Kearney's work, inspired by the Asclepian paradigm, we chose nature, ritual, imagination, body therapy and sanctuary as principles to work with. The dream incubation, since we could only work for a day, was seen in terms of using creative imagination, through stories, art, meditation and ritual, as well as listening to people's dreams, if they were present. There is an ontological shift in this translation from ancient Greece to modern day. In those times, the ontological basis of Asclepian healing was the belief in the healing power of dreams, and the 'literal' appearance of the gods. This relates to our present day assumptions (at least from some perspectives, for example, Jung) that dreams and imagination can be healing, that nature and beauty can be healing. Here we assert that the 'visit of the healing god' is metaphorical- not to be taken literally, but certainly seriously.

As noted, an outline of a typical day can be found in the appendix 1. For now, to recap: the venues are chosen to be in beautiful natural surroundings and close to water. We use simple ritual and the creation of sacred space in the form of creating a mandala together, and we facilitate journeys into depth by offering body therapies, stories and creative imagination. Our therapeutic presence is one of facilitation and the group is reflective and supportive rather than psychotherapeutic in nature.

The emphasis on nature is perhaps stronger than in Kearney's work. Although he writes eloquently of the potential of nature to heal, in my opinion he moves too quickly from nature to dream, a bridge made by referring to a quote from Jung, which reads 'dreams are impartial spontaneous products of the unconscious psyche… *they are pure nature'* his italics) (Kearney, 2009:139). I feel he misses the potential of the more literal meaning of nature and its healing power at this point, suggesting that we can find nature within us. Whilst this is true, this 'turn' on the word 'nature' takes us away from physical nature towards the dream again. His call to the work favours the encounter with the dream. In our work, nature has equal status.

From this journey into the ancient healing sanctuary, and out again to the contemporary small projects we have developed, I will now extend the literature review into four main areas that this work touches, keeping in mind their relevance to people facing the end of life, and to psychotherapy. Since this is an inquiry into the nature of therapeutic space, I am also considering these areas in terms of what they bring to the space, not as separate subjects themselves.

2.5. Relevant areas of knowledge

This section of the review, rather than placing the research in context, as the previous section has done, now seeks to draw together what is already known about the work.

Areas of knowledge I consider relevant to explore are:
Nature, Healing places, Creative imagination and Therapeutic presence.
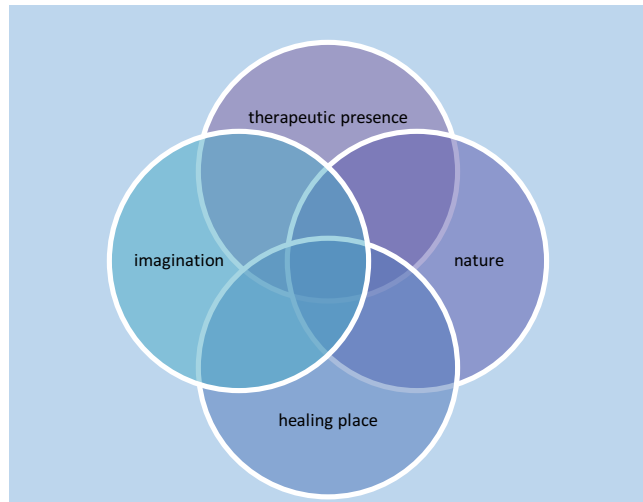
Fig 4. Venn diagram of relevant fields

Within the context of palliative care (represented by the pale blue square in Fig 4) the focus of this literature review involves the small overlap in the centre. The subjects under review are vast. I will attempt to draw the macrocosm to the microcosm in each area.

2.5.1. Definitions and associated reflections:

Place and *Space:* The definitions of both these words are complex and can be seen from different perspectives (e.g. mathematical, geographic, humanistic). For the purpose of this dissertation I hold the difference lightly, yet infer that 'place' is a locality, and 'space' is the potential within it.

Therapeutic and *Healing:* Expanding on the definition given in chapter 1, 'therapeutic' comes from the Greek Therapieia, meaning attending to the sick, curing, healing, taking care of. 'Healing' comes from the old English word 'haelon' meaning whole, or to make whole. Both words, in terms of the literature, like space and place are often used interchangeably, though there is more a sense of healing being an *inherent* quality and therapeutic an *active* quality.

It may seem paradoxical to consider the term 'healing' in the context of palliative care. However, I consider healing as meaning a sense of wholeness, which can occur even in death. The Jungian analyst Kreinheider in his moving and poetic account of his own illness wrote that 'death is the final healing' (1991:108). In my own experience I have encountered a sense of completeness with someone as they die; completeness not in the sense of finishing, but

more in the sense of a full 'becoming'. So, we are concerned with healing on another level than purely physical, (though cures can happen). Some might refer to this as soul or spiritual healing. Certainly it can be emotional healing. It is also not necessarily governed by time. People can experience a moment, a touch, a word a sound that could be described as healing. So, I suggest, with reference to the discussion of place, both the terms 'healing' and 'therapeutic' can be considered.

From time immemorial, people (and animals) have recognised that some places have healing qualities. The literature that explores this relationship between place and healing or health emerges from religious, spiritual, eco-psychological texts, medical geography, sacred architecture, land energy, and feng shui, amongst many others. It crosses cultures and communities (Gesler, 1993; Dawkins, 1998; Williams, 1998; Frumkin, 2001; Wilson, 2003; Davis, 2004).

Drawing on terms from medical geography, which reflect some of these areas above, I refer to Gesler's exploration of therapeutic landscapes to structure the discussion (Gesler, 2003). He defines 4 components or environments that, he suggests, contribute towards a sense of healing: natural (nature), built (buildings), symbolic (meaning, image and ritual), and social, (the 'field of care'). I submit, that integral to these, are the experiences within the places, and the relationships between a person, place, nature, and other.

2.6. Nature

This research sits within a growing body of knowledge concerned with the health benefits of connecting to nature. That nature can contribute to a sense of well-being is summarised by Mitten (2009) in an exploration of 'Frilusftsliv' at a conference dedicated to the healing power of nature in Norway. Frilusftsliv translates as 'free air life' and is a philosophical lifestyle based on experiences of the freedom in nature and the spiritual connectedness with the landscape. (Gelter, 2000:78). In reviewing the research and literature about nature and health from over 30 fields, Mitten concludes that the benefits from spending time in nature range through physical, psychological, emotional and spiritual areas of life. She suggests that several underlying theories are present in the research, such as indigenous consciousness, psycho-evolutionary theory, naturalistic intelligence, biophilia (see below), spiritual connections and the ethic of care which manifests in our 'mutual dependence' with nature,

such as ecopsychology, eco feminism, land ethic, children's developmental needs and a socio economic approach to human health. Though she does not refer to the care of the dying, she notes how nature has been removed from hospitals over the past decade (for example, we now have few open balconies or windows and few green spaces to walk in, though this is improving in some areas). The summary challenges our modern western lifestyle that gives little time to being in nature and our loss of traditional ecological knowledge which often takes the form of stories, songs and folklore. Mitten comments on the methods of research in this field and suggests that new research approaches are required to measure the effectiveness of nature experiences. Often people cannot identify what it is that makes them feel better, so process research may be better suited in some cases rather than being driven by medical research models (ibid 2009: 27).

Indeed, much research has been done on the positive effects of connecting to Nature. E.O.Wilson (1984:1) suggested the term biophilia to define the 'innately emotional affiliation of human beings to other living organisms'. Others go further to postulate that our affinity with nature may go beyond living things, to mountains steams, to rocks, and the wind. Frumkin (2001) presents research that identifies the health benefits of 4 components of nature: animals, plant, landscapes and wilderness (the experience of being in nature). Our preference for open views, often with some trees and water, Frumkin attributes to an evolutionary advantage of being able to see clearly, having a place to hide (from predators) and once the danger has past, a place to relax. Likewise, McGeeney (2016:28), in a fascinating discussion of biophilia from an evolutionary perspective, proposes that our love of bird song may be connected to the fact that birds only sing when the environment is safe, perhaps echoing through our DNA that all is well. Whatever the cause, there is a vast amount of evidence that having a connection to nature offers rich benefits to all levels of health (Williams, 1998; Frumkin, 2001; Wilson, 2003; Davis, 2004; Berger, 2008; Mitten, 2009)

2.6.1. Nature and psychotherapy

This recall to nature to enhance the health of ourselves and the earth is reflected in the growing field of eco-psychology, eco-therapy, nature therapy, wilderness therapy and many other approaches ranging from the mystical to environmental science. The field is becoming well established through the writings of eminent eco-psychologists and eco-therapist such as Joanna Macey 1991, Rupert Sheldrake 1994, Thoedore Roszak 1995, Linda Buzzell 2009, and Mary- Jayne Rust 2009, amongst many others. Psychotherapeutic models for working

in nature are becoming more common, developing codes of practice ethics, and the therapeutic frame to suit working outside (Berger, 2008; Jordan & Marshall, 2010; Totton, 2011). The place of nature in psychological healing presents a tripartite therapeutic partnership between the client, therapist and nature (Linden & Grut, 2002; Berger & McLeod, 2006) and this encompasses, for the arts psychotherapist, nature as a further creative medium.

Using nature as a vehicle for exploration:

As an arts psychotherapist, using stories and metaphors is an integral part of my practice and therefore nature becomes another 'creative medium'. However, correspondences can be made between this therapeutic use of nature, Mitten's Tradition Ecological Knowledge (TEK) and the use of stories and myths in rites of passage and meaning making, presented by writers and psychologists such as Von Franz (1971), Joseph Campbell (1972), Jung & Kerenyi (1985), Rollo May (1991), and Van Gennep (2004).

It also needs to be said that encounters with nature are not always beneficial and can sometimes engender ambivalence or even anxiety. Nature is not always the good holding mother, yet, with good therapeutic holding, the wildness, danger or ugliness of the natural worlds can still be worked with to powerful effect. (Mabey 2006; Totton, 2011). As Mabey writes: 'I am all for nature cures, but let them be profound and mysterious and terrible at times. We will be all the better for it. (2006: 196)

2.6.2. Nature in palliative care

From the perspective of palliative care, the benefits of being outside, in nature, or inside, yet able to see and preferably smell nature, can be implied from the literature. Yet nature can also inspire a sense of awe, of peace, of comfort that goes beyond a feeling of well-being. A sense of the numinous (implying the experience of God in nature) or other transcendent experiences are not uncommon in nature (Hegarty, 2010: 80). This sense of otherness, of something more than the individual, can open to deeper reflections of our place in the cosmos. A sense of interconnectedness, of being 'at one' with the natural world can facilitate our search for meaning, and/or experiences of eternity in a moment. If we can move away from Cartesian duality, we may experience becoming 'enwrapped in a world-soul' (Tacey, 2009: 153). In this way nature can take us beyond ego through 'an overcoming of selfhood, an adventure beyond the eclipsing mind' (O'Donoghue, 2013:31). Writing of the poet, mystic and philosopher John Moriarty, O'Donoghue refers to experiencing an interconnectedness

of all things, a *sumpatheia ton hollon*- a sympathy deep down in all things with all things. Nature offers this opening into the world.

Nature too gives a window into our impermanence, through the natural cycles of life and death and through a different contemplation of time.

 As I have written elsewhere, (Kelly, 2016) the natural world offers a sense of cyclical time, rather than the linear trajectory governed by Chronos. There is a rhythm, slower than we might be used to, in everyday life. Seasons come and go, death engenders new life, and nothing is lost. And when there is a sense of time running out, as there may be for those living close to death, an experience of beauty can expand one moment into eternity. As Rollo May writes 'Beauty is eternity born into human existence' (May 1985: 72).

 At the other extreme, a glimpse of the incalculable distance of the stars, or reflecting on the age of the universe can help place our lives in perspective.

As we have noted, the cycles of nature have created myths, stories and festivals to mark and express the turning of the seasons. When seen from the perspective of someone dying, the stories (for example, Demeter and Persephone[8]) can offer a way in, to deeper reflection. The presence and contemplation of nature can, in my experience be a tremendous resource to people facing death.

2.7 Healing places

2.7.1. Built environment

In discussing therapeutic built environments, there is, in the literature a recurring significance of the interrelatedness between the building and nature. This may in a literal sense, for example, through open windows and views of nature, or in mirroring a natural design, or involving subtler alignments to energy lines as you might find in Chinese or Japanese buildings which are aligned to the principles of Feng Shui. Some buildings are also aligned through nature to the divine or the (sun) gods, such as the ancient monuments of Stonehenge, New grange and Epidaurus (Gesler 1993, 2003; Williams, 1998).

Physical design: At least from the time of Florence Nightingale we have known that sunlight and airy rooms are beneficial to health. Research into the relationship between health and

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[8] The myth of Demeter and Persephone tells of the journey into Hades of the Demeter's daughter, and the withdrawing of life from the earth as winter proceeds into darkness. Persephone's return to her mother in Spring restores the earth to new life.

environment is plentiful. Sternberg (2009) explores how we respond to an environment through all our senses and if the environment can affect our senses in a way that calms us or pleases us, then our body's stress response is reduced and healing is facilitated.

What architects and sages understood intuitively, science is now able to prove through biological and neuro science. One of the most well- known studies is Ulrich's (1984) empirical research into recovery rates in patients with views of nature (trees) compared with those with a view of a brick wall. Patients in the first category left hospital a day sooner than the others; they required fewer doses of moderate and strong pain medication and recorded lower blood pressure (indicating less stress).

Current trends and government directives now include a consideration of the environment towards healing and are changing the way we think about health design. Hospices in particular seem to pay attention to access to nature, through gardens, labyrinths, and Maggie's [9] Centres offer superb examples of healing architecture and environments for people with cancer.

In Eastern cultures such as China and Japan, influenced by the art of feng shui[10], the buildings are often designed to align to natural energy pathways to create harmony. This healthy flow of energy extends to physical health through the eastern approach to health such as acupuncture, tai chi, and shiatsu, where the aim is to maximise harmonious energy flow, of 'chi' though everything (Kaptchuk 1983), recognising the interdependence of the body mind spirit and environment on well -being. The notion of physical and psychological health arising from the free and natural flow of energy is now emerging in western psychological literature and approaches, (see for example, Phil Mollon's work on Psychoanalytical Energy Psychotherapy 2008), though it is not without its critics. In Gallo's Energy Psychology (2002), the editor summarises the advances in science, and the

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[9] Maggie's Centres: Information centers for people with cancer. Among Maggie's beliefs about cancer treatment was the importance of environment to a person dealing with cancer. She talked about the need for "thoughtful lighting, a view out to trees, birds and sky," and the opportunity "to relax and talk away from home cares". From www.maggiescentre.org

[10] Feng Shui id a Chinese philosophical system of harmonizing everyone with the surrounding environment. The feng shui practice discusses architecture in metaphoric terms of "invisible forces" that bind the universe, earth, and humanity together, known as chi.

developing and changing understanding of the interrelatedness of the universe, drawing the conclusion that with the development of quantum science we are now relooking at the wisdom of the sages and magicians; that in fact everything is integrated. His book is challenging in beginning to bridge the gap between energy psychology and rational sciences, using some well researched and resourced discussion. Yet, this substantial claim of interrelatedness does not seem to have been examined in terms of therapeutic landscapes or environment, at least not in terms of practice, which focusses on techniques aimed at reversing or harmonising energy within the body (mind). Arguably the book is not aimed at the inclusion of landscape 'energy' and resonance, yet it reflects perhaps the tendency to section off the psyche from nature, in western thinking, even when trying to bridge the gap between eastern and western science and approaches to health.

Symbolic and meaning of the place.

Linked, certainly in past times, with the energy or 'feel' of a place, is the purpose and intention of a place and the sense of meaning it holds. Temples and churches were built in places that were believed to connect to the divine, or the earth energy, or the gods. Churches dedicated to certain saints held a divine purpose and inspiration; the buildings becoming an embodiment of human aspiration. Meaning is placed on the buildings, the circle of stones, the mountain, and this meaning affects the experience *within* that space.

Gesler's (1993) exploration of 3 healing places (Epidaurus, Bath and Lourdes), identified the significance of the symbolic in healing. The signs and activities, often ritualistic, within the space, were a significant aspect of the healing potential. In Epidaurus for example, the journey towards the place, then the entrance into the temple, (crossing the threshold) moving from the profane to the sacred through a portal, set the place apart from the mundane. On entering the sacred space, the incubant became aligned to the trust/faith/hope that this place would provide healing. As we have discussed, certain activities or rituals were expected to be performed to prepare for this: such as offering to the gods, prayer and purification.

The shape and size of the buildings in ancient Greece reflected the characteristics of the god (for Asclepius, since he was a gentle and compassionate god, the building reflected this soft round structure,) offering a sense of awe, yet safe and contained. The structure attended to the divine. This can also be seen in sacred architecture of churches and cathedrals, mosques

and where the landscape and design (and ritual) lead one towards the relevant divinity (Dawkins, 1998).

This links with Eliade's writing of sacred space, (1987:52) where the place has purpose and meaning placed upon it, and accessed through a threshold or doorway, which identifies it as a 'special place', both physically and through intention. One can see the link between the inherent qualities of a place and its therapeutic potential and the meaning (therapeutic, sacred, or otherwise) placed upon it.

2.7.2. Place and Psychotherapy

The significant of a therapeutic environment in psychotherapy usually gives precedence to the relationship, yet places are attended to (with, I suggest, varying levels of awareness,) according to the mode of practice. For example, the Freudian couch and austere or 'academic' rooms can be compared with a more natural environment that might be found in more humanistic or transpersonal approaches. Certainly the environment is likely to reflect the modality and preference of the therapist, yet I found little evidence of academic literature exploring psychotherapeutic space in terms of medical, or the more dynamic, environmental geography. Papoulias et al., (2016) consider the complexity of the relationship with the physical environment, including physical, social and symbolic aspects, and the patients in psychiatric wards, and calls for further research on its impact on treatment outcomes. Whilst there are developments in the inclusion of *natural* environments and activities in mental health programmes, I have not been able to ascertain that the built environment is explored in any theoretical depth in psychotherapy research or practice.

In terms of creating sacred space, again this is usually explored in terms of the therapeutic relationship, the container of care, which Jung has termed the 'temenos', which is created through the containment and attitude of the therapist towards the client. Buber (2003) extends the discussion to a sense of the sacred within the relationship (the I -thou relationship).

The use of ritual to create sacred space in psychotherapy is also less well documented. Johnson (2003) argues for the place of ritual and creative expression in facilitating spiritual meaning making, in people with a terminal diagnosis, and writes of ritual being used to 'change one's perception of reality, to mark transitions (ibid: 236); yet the examples he offers tend to be more akin to creative activities (journaling, creating memory boxes) than rituals of initiation, and the use of place or space in this process is not considered or examined.

2.8. Images and imagination as part of the therapeutic space

The third aspect of the work that unites the Asclepian temple space and the sanctuary days is the attendance on the unconscious world of dreams, ritual and imagination. In terms of Gesler's category of the symbolic, we might see the use of imagination from the perspective of the meaning placed on it, within the space. For example, as we have noted, in the Asclepian temples, dreams were believed to be healing, the ontology drawn from the belief in the power of the gods to heal. In our work we are suggesting that working with image can be healing. It is important to note here that our approach is psychological, ontologically and epistemologically grounded in depth psychology and IAP.

2.8.1. Image in palliative care

Much is written about working creatively in palliative care, such as art therapy, music therapy, creative writing, movement and body work, all of which can help the expression and exploration of feeling, as they can for all clients. A very useful book illustrating this important aspect of palliative care work is Dying Bereavement and the Healing Arts edited by Gillie Bolton (2008). For the purpose of this discussion however, I will focus on the idea of using the imagination to contact psyche, or soul, within the therapeutic space, as in depth psychology. If we follow Kearney, Jung and Hillman into the depths in search of soul, then we are in the world of image and myth, locating this work in this field, where image and active imagination and the world of dreams can bring healing, not through interpretation or expression, but as a way to experience meaning and, perhaps to find a language for the soul. The invitation to enter into the image, dream, myth or reverie and explore it 'as if' it were another real world, comes from Corbin's study of the Mundus Imaginalis (Corbin, 1997; Cheetham, 2003; Hillman, 1998a), a place where we may encounter a world beyond ourselves and where we may meet figures of significance (Jung, 1953; May, 1991; von Franz, 1997; Bosnak, 2009; Angelo, 2005). In her book 'Dying to be Alive', Linda Bonnington Vocaatura, faced with a life threatening illness, used dream and imagination to befriend Death as a way to know 'the divine'. She writes:

> My dreams, active imagination and meditations push unceasingly at my consciousness, like waves slapping at the shore, and they reveal a new metaphysical reality (2006:1).

Just as the dream in the Asclepian temple brought the incubant into contact with the divine, so she was able, though dreams to encounter a new 'reality'.

This potential encounter with a 'metaphysical reality' takes us full circle to the idea of place, and the creation of a sacred place, where one may experience a separation from the profane world, and where a belief and intention is present for something extra-ordinary to happen (Eliade, 1987). In this context, this research seeks to consider the use of image, myth and simple ritual within the therapeutic space, as vehicles for reverie, into a deeper level of consciousness, where the participant may encounter their inner wisdom, or archetypal messenger, or their god, to help them on their journey toward death, and into life.
Albert Kreinheder, writing of his own experience of a terminal illness, writes: 'it doesn't matter when you die, but how you die, not by what means, but whether you are altogether in one piece psychologically speaking' (1991 :34). This sense of wholeness at the point of death, leads Kearney to consider the part the soul plays in this inner healing. He writes:

> The deep psyche is more than a passive dustbin for our unwanted thoughts, memories and emotions. It also contains autonomous elements, which are connected with psychological wholeness, and it is my experience that this process of deep inner healing becomes accelerated in the dying. It is as though this bottomless pool, so despised by the terrified ego, not only contains a healing balm in its black depths, but also is waiting with longing to apply this to our mortal wound, if only we would allow it to do so.
>
> (Kearney 1996: 16)

2.9. Therapeutic presence

Gesler's category of the 'social healing environment', leads us to consider what therapeutic presence, for example, from the facilitators, can contribute to therapeutic space. In the Asclepian temple it was noted that the physicians remained in the background as witness; the temple attendants would accompany the clients in a facilitative and intuitive way towards the final incubation of the dream. We have already noted that Kearney advises the practitioner to stay open to suffering, without trying to fix it, but rather accompany and potentially facilitate the person into the 'realms of the soul'.

In David Spiegel's thorough examination of group therapy for cancer patients he suggests that the reason for involvement in these groups is not 'to resolve long-standing intrapsychic

issues, but to deal with their illness' (2000: 91). He continues to assert that the aim of the group is not a personality change but that it helps the patients adjust to the changes in physical and psychosocial life, and lays out clear directions for the groups in what he terms 'treatment strategies'. Perhaps because he is a psychiatrist, the terms used stem from a medical model; however, he speaks of the therapeutic relationship in terms of using compassion, empathy and understanding. He supports Carl Rogers's approach of empathy and unconditional positive regard as a suitable way of being with the patients. For example, he writes of the need for 'warm acceptance', sincere respect and genuineness on behalf of the facilitators. He writes; 'with cancer groups often the best thing we can do is simply *be* there' (ibid: 76). This non-directional approach is in contrast to other writers, such as Culkin (2002), who outlines different theoretic approaches towards dying people (psychodynamic, humanistic, behavioural, family centred), which clearly state a purpose and goal. Even though these may be of the best intention, the continual reliance on theoretical gaols seems to detract from the simple relationship of connection, referred to by Yalom (2011) and asked for by patients (Edwards et al. 2010).

Yalom's advice to therapists, in his book Staring at the Sun (2011), refreshingly emphasises the need for therapists to stare at death, a view I wholeheartedly agree with, though his book never quite seems to do that itself. Yet he supports an approach that opens to depth and does not attempt to 'fix' problems. Joy Schaverien's (2002) account of her work with a dying patient is remarkable, and full of theoretical reflections, yet the weight of professionalism masks the human-to-human contact at times. For an intimate and moving account of working with dying, the psychologist Marie de Henezell (1992) takes the reader into the hospice, to the bed side, and what emerges is her extraordinary skill and compassion, the team work and the respect between them, and her own gentle humanity. It is not a 'how to' book, nor a theoretical book in any way, but her experiences show the significance of what Dame Cicely Saunders calls 'effective loving care'.

2.9.1. Impact on therapists.

Much of the literature reviewing the care of the dying comes from the medical and caring professions. Kearney addresses palliative care practitioners in his advice on the containment of care, much of which would be familiar to psychotherapists, but perhaps not to nurses and chaplains: the significance of the therapeutic container, or the 'vase bene clausum' (Jung, 1954:167), built on trust and respect; that of self -knowledge and an awareness of the

psychological dynamics of transference and countertransference. Spiegal & Classen (2000) offer detailed guidance for setting up and managing groups for cancer patients and give some attention to the impact on facilitators, as they acknowledge the challenges of working with cancer patients, the potential counter-transferential issues, and the fact that you cannot 'fix' their problem, but to be there, alongside.

This ability to travel alongside, and possibly into the depths, requires the practitioner, to have encountered their own mortality. Wendleton et al. (2016: 32) write 'to become comfortable with exploring another's reality of suffering, loss, doubt and fear we have to develop a level of self- awareness that will allow us to actually put our own beliefs and fears aside and help us enter our patient's world'.

One might suppose that psychotherapists may have worked on these issues themselves, but there is little research evidence to support this either way. Much of the (sparse) literature concerned with psychotherapy and dying focused on *how* to work with the dying (in terms of approaches and techniques), but little is written about the impact on the psychotherapist, although Schaverien acknowledges that 'in working with the dying we are obliged to confront the inevitability of our own death' (2002:11).

Taking the work into nature can add a further challenge to containment, and the normal therapeutic frame. The impact on therapists or facilitators working in nature is not well researched. Hegarty (2010:64) in researching the effects on well-being to nature connectedness points out that 'we can all use nature connectedness' for 'self healing'. Similarly, Berger (2008) writes extensively on his development of Nature Therapy, yet little on the impact on practitioners. Jordan and Marshall (2010) discuss the change in dynamics that can leave the therapist feeling more vulnerable and the importance of a 'fluid' therapeutic frame that can accommodate the weather, the physical environment, the relationship and the move to a more mutual ground. This 'fluidity' echoes the flexibility of the therapeutic frame required in working with the dying (Jackson et al, 1964; Levine, 1997; Schaverien, 2002).

My own research, through the pilot evaluation project, explored the experience of group facilitators working in nature with palliative care groups and found that nature provided a resource that supported and contained the work, as well as offering numerous metaphors and stories that could be used as vehicles for exploration. The findings, summarised in Ecotherapy, Theory, Research and Practice (see Kelly, 2016) included a sense of coming

home and being at ease in nature, a capacity to see and hear more clearly, as if being in nature honed the facilitator's attention. It seemed that group participants would drop into depth more quickly, perhaps because of the sense of holding that nature provided, yet the containment also gave the facilitators the support to go deeply alongside the clients.

Perhaps more significantly for people working in palliative care, the presence of beauty and life acted as a balance to the fear, pain, loss and suffering encountered in the work. Compared with work in Institutions these practitioners found working in nature less stressful, more easily containing and were able to work at depth more easily. There was a sense of walking alongside group participants, literally in some places and the therapeutic relationship represented a model of accompaniment rather than intervention. The PEP research brought the experience of working in nature and in palliative care together and has provided a useful base to continue the inquiry into the significance of the therapeutic presence in this research.

2.10 Summary

The literature review considered the work in the wider context of palliative care, and specifically the provision of psychospiritual care. The literature suggests a gap between the demand and provision of psycho spiritual care at the end of life, and also a dearth of research literature from psychotherapists in this field. I did not find any comparable studies of working with nature and imagination in palliative care. These factors suggest that this research might offer a valuable contribution to the field.

To review what was already known about the work, the review touched on four main areas that were considered relevant. These areas are reflected in the preliminary lenses: the potential healing qualities of the environment, including nature, the use of dream and imagination to potentiate healing and the therapeutic presence of the facilitator.

What was understood from the literature at this stage was:
- Being in nature or contemplating nature can benefit well-being
- Reflecting on nature and the natural cycles can be of benefit to people facing death.
- Environments have an influence on well health and well-being
- Ritual and imagination can be used to explore a 'language of the soul'.

- A therapeutic approach that is compassionate and open, one of accompaniment rather than based on 'techniques' seem to be favoured in palliative care settings, though evidence based manualised approaches were called for by NICE.
- There are implications for education, supervision and practice in developing appropriate therapeutic approaches to psychospiritual care.

2.10.1. Final stage of cycle 2

Having explored the literature in order to locate the work in the wider field of palliative care, to identify relevant gaps, and to explore something of what is known in associated fields, this cycle continues by focusing on a specific text, relevant to the work, for further intuitive exploration and to develop preliminary lenses.

I chose the text from Kearney's book: 'A Place of Healing' (2009: 85-86) which follows a woman entering an Asclepian temple in search of healing and her encounter with the temple space, the rituals and the accompanying temple assistant.

I read and re- read the passage, and contemplated the text as advised by Anderson (2011:39) and considered this alongside my own experience, and the therapeutic space *in these groups*. This process helped me draw back into the specific focus of the work, from the broader exploration of the literature review.

Finally, having read the literature, reflected on my own experience of the work and experienced the focussed contemplation of the text, I devised the following preliminary lenses that I felt were significant components of the therapeutic space, in this specific setting, prior to the collection of data.

- Crossing a threshold into a temenos, healing or sacred space, away from 'normal' life.
- The presence of nature, including the stories of the seasons.
- The importance of ritual, reverie and imagination to encounter depth.
- The therapeutic presence as witnessing, containing, being alongside.

The next chapter briefly reviews the data collection and presents the themes which emerged from the analysis and heuristic explication.

3. Chapter 3   Cycle 3: Collection and presentation of data
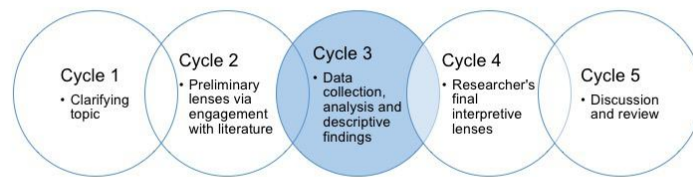
Introduction

Having identified preliminary lenses from the knowledge review (chapter 2) the collection of data could begin. This chapter briefly reviews the data collection method as laid out in Chapter One, and then describes the analysis of data. This was done following Anderson's (2007) version of a Thematic Content Analysis (TCA) alongside heuristic explication. The results are   presented in written and creative forms. These creative representations form a bridge between this cycle and cycle 4, where final lenses are developed.

3.1. Collection of data

As described in chapter one, interviews were conducted with 6 co researchers, and the transcribed material collected alongside relevant pieces from the archive material from past group members and my own journals and writing. A response, from myself and another co researcher, to the collected archive material, was also transcribed and added to the data. The transcription of the data was carried out by myself onto a computer and was engaged with, mainly in printed versions of the material.

3.1.1. Archive material

As described in chapter one, the archive material was engaged with in two different ways. Firstly, the material was searched, for relevant words and phrases which spoke to the nature of therapeutic space. These phrases and words were checked by 2 researchers who had been group facilitators, to ensure they were un-identifiable, that is, could not be attributed to an actual individual group participant, rather seen as a composite attribution. They were then

transcribed and added to the data from the interviews; this additional data might be considered as data from an additional 'co researcher' (the archive material).

A second use of the archive material was to particularly consider the creative work, poems and images made during the sessions and out of session, and see if and how they might shed light on aspects of the therapeutic space. When developing this aspect of the methodology, I had no idea how this would work in practice and whether it would reveal anything that could be relevant to the research focus. This involved a hermeneutic and interpretive attitude from the researchers.

The images were laid out together in a space (yurt) and considered by the 2 co researchers, holding in mind the nature of therapeutic space (see fig 5).

The actual words of the group participants as they told their story gave a sense of the space they were in. Yet using art images and poems without direct contact with the clients meant that this 'interpretation' had a distance to it.

In the same way that hermeneutic methods interpret historical texts, we were trying to see if anything in the images themselves, considering the context they were created in, could shed light on the nature of therapeutic space.

In all of these instances the co researchers and myself had to make some judgements about the significance of the work, as in any qualitative research process.

What we found was that some of the poems and writings did talk directly of the space (warm, safe, beautiful, compassionate), whereas the fact that the images were mainly of natural scenes could suggest that nature was a significant part of the therapeutic space.

In the end I only used the material that was clearly indicative of the nature of the space.

It helped 'get inside their story' as a psychotherapist might practice, as he or she develops an understanding of a client's story and experience, through empathic attunement.

The discussion and response was taped and transcribed and added to the data.

3.1.1.1. Creative response through the Archive Material and reflections

The following extract illustrates the *beginning* of the process of responding to the data creatively.

Fig 5: The archive material laid out in the yurt.

The writing here represents an individual response to the experience, including some of the group participant's words (in green). Consideration was given to include words that cannot be attributed to any particular person.

'I was almost overwhelmed by the images and stories. There are so many of them, each one a precious jewel, taking me back into memory, into relationship with them, and yet that moment of meeting, me and them, was just a small part of their life, but I'm filled today with them, A host of people facing death and pain and fear, yet giving out to others their words, feelings and offering of thanks, and I, begin a soft gaze to the centre and see each leaf of paper, each image, as a doorway to another realm, a root down and flower upwards of this person's life, expanding in all directions, even though they may have died, they still live. And then I thought about the particular focus of the journey of the magi, the transforming journey, the light, and then I just picked words, their words that came from the space:

> *...time to walk at your own pace, safety, tranquillity, love, peace, sharing, fear, lock out, gift, nature, wind, birdsong, the yurt doors open to life, meeting soul to soul, cycles of life and death. Time to share and speak of fears...we are altogether, making complete the incompleteness, speaking to my soul, safe, life, sun, support, regeneration, doing nothing, still. Safe place, a dove like peace softly descends to settle on weary shoulders.*
>
> *An invisible, shining, cord joins hearts and spirits; the air is hung with bubbles of compassion that fall gently, releasing calm and well -being, time slows, enclosed in heavenly nature, stillness. time is of no importance, inner needs feeling the beauty of mother earth, to chat to laugh to cry, look, see listen to things you would not have seen before, enabled, opened up, cycles of living, its natural....* (client's words: checked for anonymity for this presentation)

 Their words are more important than my words ...'

The stories below were then created spontaneously by the researchers after contemplating the archive material, and spending time in reverie. They represent a stage of a deepening response, coming 'inside the data' in imagination, akin to Anderson's descriptions of sympathetic resonance with the material and its authors (2011:65) or the empathic attunement within a therapeutic relationship.

Story 1

They've travelled for miles, some were heavy laden, some travelled light, and some trod along ancient paths, and some ventured new paths, short cuts, just to be here.

It feels like Canterbury tales, Chaucer, each traveller had a different story to tell, why come here? Why come here? They had heard stories of the wonders of nature, a place where you can be still a while, a place to share, a place to be listened to, a place where life touches you, I am a fellow traveller, and I've been here before and I remember witnessing the changes of the seasons, each with its own beauty, each with its own stories, ancient and modern, each one having a beginning and an ending in an ever present circle, My fellow travellers also experienced cycles of stories, emotions, feelings, trying to make sense of their life, their being. There were no definitive answers, but my fellow travellers seem to be able to find hope in the sounds of breezes and birdsong, in the wonder of wild flowers in woodland, in the touch of a healing hand, in the tales told by the storytellers. They left this place with

lighter hearts, with laughter with tears and fears sometimes expressed, with simple joy, with hope.

Story 2:

I imagine myself as an old, ancient woman going to Epidaurus, and I had this long skirt and baggy top and I was in pain, and went through the gates and I wanted, cos I was thinking what do I want here?, I wanted people who were there to know, in terms of not knowing , to know about how to help me fall apart. Cos I needed, I wanted people who would know how to disintegrate me, because the answer, or the exploration might be ... I didn't know where I had to explore, sort of in my body, or my soul. So they had to know how to help me do that. They had to know about everything, about the rituals that would take me there, or the body therapies that would take me there, and they all had to hold the idea of depth and pain and suffering and be ok with it, so that I could be ok with it, and even take me beyond death, so, to help with rituals again that would take me over, to make meaning of what was also after my body had died. So it was like, they didn't need, I didn't want them to tell me the answers, but they needed to be able to take me anywhere I wanted to go. And to have rituals for that, so, if want to explore that bit you needed to go to that part of the temple…

These stories provided another layer of imagined experience, as the co researchers began to 'come inside' the experience of being ill and attending a healing place, and what components would contribute to the therapeutic space. There is a difference to be noted between the data from the interviews and the group participant's words elicited from the archive material, and the data collected from the embodied responses emerging from the reflections on the work. For me, this aligns to the deeper, intuitive and tacit knowledge emerging through incubation and illumination in heuristic inquiry. It is concerned with a sense of 'indwelling' and intuitive knowledge. A further difference again, is that this process contains the element of compassionate knowing, similar to the understanding gained from an empathic response to client's story, imagining oneself (into) the other, to claim a deeper understanding. The question then of 'whose experience is this?' creates, perhaps an unrealistic division. It is an inter-subjective experience, wholly dependent on resonance and relationship. It holds in mind the purpose of the experience, that is, to better understand the question, the experience, the other, in order to improve practice, to improve ways of relating. This, I feel, moves it away from the claim of self-absorption that can be found in critiques of heuristic and

subjective methodologies towards a purposeful service of a wider social or professional context.

3.2. Analysis

The transcribed data was explored through a process of Thematic Content Analysis (TCA) described by Anderson (2007) with reference to Intuitive Inquiry. In its unfolding, I was also aware of working with the data in a manner similar to the immersion and explication process in heuristic inquiry. It was not aimed at generating theory as in grounded theory, but was a process which facilitated the emergence of themes from both objective and subjective perspectives. I followed a structure presented by Anderson and described below, which felt like an organic thematic analysis, a 'low hovering' over the data, rather than a microscopic examination, allowing space for themes to emerge from the data, rather than merely being extracted through empirical analysis, (though the process remained more objective rather than subjective). I then experimented with reverie and embodiment to provide a more intersubjective interpretation, which I expand on later. It could be suggested that in the strictest sense the concept of analysis does not seem to fit a qualitative creative methodology. However, as Anderson points out (2007:2), the epistemological stance of qualitative research approaches and methods varies considerably. She states that 'Heuristic and Intuitive inquiry are constructivist in epistemological stance, incorporating objective and subjective data in order to provide intersubjective interpretations that rely on the researchers intuitive understanding (of) the findings'. For me, in practice, this involved reviewing the data with an objective, descriptive TCA lens, and exploring the data in creative ways which are more similar to heuristic inquiry. In this way, the data was processed through stages involving deeper and intersubjective engagement, culminating in the development of Final interpretive lenses in cycle 4.

TCA in Intuitive Inquiry:

Anderson's description involves 15 stages. How I used this process can be summarised thus:
1. Working from multiple paper copies of each of the interview transcripts and other relevant transcribed material, I marked with a highlighter all material that seemed relevant to the 'nature of therapeutic space' (see Appendix 4b). This included noticing where I may have unintentionally led the interviewee, resulting in a need to discern which information could be used, and which was less relevant, and the need (and desire) to stay open to the

process, and welcoming surprises, in order to reduce the risk of confirmation bias at this stage.

2. From these highlighted areas I marked different 'units of meaning', that is, differences within the highlighted areas of script.

3. These units were cut out and similar units placed together and colour coded (see Appendix 4b).

4. These groups were given a temporary name (theme)

5. The whole process was repeated on other copies, and groupings reorganised, collapsed or expanded.

6. The work was put aside for a number of days and then reengaged with, after listening to the tapes again.

7. This continued until the themes remained the same. These themes were then checked with the co-researchers for relevance and accuracy.

An attempt was made to keep interpretation to a minimum at this stage, the discussion and review coming later in cycle 4 and 5.

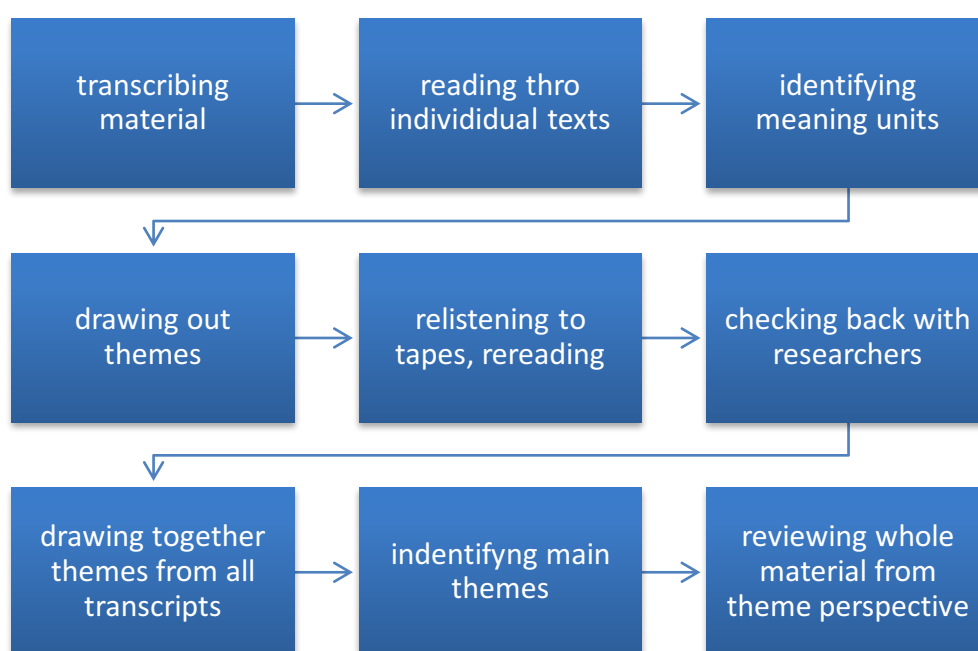| transcribing material	→	reading thro individidual texts	→	identifying meaning units
drawing out themes	→	relistening to tapes, rereading	→	checking back with researchers
drawing together themes from all transcripts	→	indentifyng main themes	→	reviewing whole material from theme perspective

Fig 6: summary of TCA progression.

The hermeneutic nature of this process engendered layers of distillation, which began with the pure data from interviews, and then as the research process continued, allowed for further material to enter from additional reading, as themes emerged and deeper exploration of the themes developed. This additional source of data was considered relevant to the formation and amplification of themes particularly in the translation from cycle 3 themes to cycle 4 lenses, the latter being both an amplification and distillation of the data (see chapter 4). For example, as themes emerged concerning sacred space, I read more about this, helping identify the significance from both the researchers' perspective, and from other commentators and experts on the subject. This led to a consideration of how the material from these additional resources was used at this stage. I referred the question of where to place this additional data (reading resources) in terms of writing up the research, to Rosemarie Anderson who wrote:

> *You are right. This additional data source could be integrated either into Cycle 3 as additional data or into Cycle 5 as additional literature review signalled by your interview data. To be true to the spirit of Intuitive Inquiry and easier for your reader to follow, I recommend you simply add another data source to Cycle 3 and say why it was necessary to do so. Intuitive Inquiry is an inductive research method and, therefore, adding more data as needed makes perfectly good sense. In this way, I agree with the spirit of Grounded Theory.*

> Rosemarie Anderson: Personal communication 3/01/16

Reflecting on her response I saw a similarity between this and Angelo's stage of 'recharging' the image, that is, inviting resonances and correspondences to other streams of knowledge that might 'speak' to the work (Angelo 2005).

So, in practical terms, firstly I developed themes through recurrent engagement with the data forming the TCA, as described above. I have presented these in written form with examples from the transcripts to illustrate the themes and to let the researchers' voices be heard (seen). However, because the themes were interconnected, with components from each being present in the others, there was a sense of 'unreality' to the sorting and separation in this process, as if I were losing the essence of the individual researcher's voice. Paradoxically, at the same time it provided a clearer perspective. In order to offer the reader a sense of a complete view, I also include some individual depictions of a) recalled moments, b) images of the place, to present individual and fuller perspectives, which I hope will offer personal

'vignettes' of the researchers' experiences and give a sense of the deepening creative response.

Secondly, in a modification of Anderson's Intuitive Inquiry, I then represented the themes in the creation of a 'memory theatre' and present my response to this experience, to demonstrate the developing process of an embodied engagement with the material.

Finally, through reverie, I created a story in response to the themes, similar to a creative synthesis in heuristic research. These creative processes were part of the amplification and distillation of themes.

However, in Intuitive Inquiry, this 'creative synthesis' is not the end of the process. The process continues into the preparation of final lenses (cycle 4,) the stage that recognises the researcher's current understanding of the work, having been through the research process and engaged fully with the data, experiencing it from the inside. In short, the data presented here from the initial explication of themes is descriptive. The movement towards amplification, interpretation and understanding begins in the creation and embodiment of the memory theatre, and in the development of the story. This process is continued and completed in cycle 4 as the final lenses emerge.

From the initial analysis, 5 main themes emerged from the data, which researchers felt contributed to the therapeutic space, each containing multiple components, many of which resonated through the other themes.

3.2.1. Themes

The composite themes, at this stage, were identified as:

1. Journey/Pilgrimage: This included the journey to and from the places, and the crossing into a healing space.
2. Place, a) inherent and b) created qualities
3. Nature, being *in* nature and reflecting *on* nature
4. Imagination, ritual and metaphor
5. Presence:

Each of themes contained many aspects. There follows an expansion of these themes, illustrated briefly by examples of researcher's comments (*in italics*). It is important to reiterate that in accordance with this stage of Intuitive Inquiry, I make only brief comments and try to avoid interpreting them. This is so that the reader can get a sense of the data before I begin my interpretation.

In order to honour the anonymity of the researchers, including words and phrases from the archive material, (and in accordance with Heuristic research examples, and my own pilot study), I chose not to identify the individual comments in any way. The purpose here is to demonstrate composite themes that emerged from the data as a whole, rather than from particular individuals. That is, the research focus is on the nature of the space, rather than exploring the different opinions of the researchers, (as in IPA) though this latter line of thinking would have been an interesting line of exploration. However, to ensure a degree of transparency, I have identified that there are different speakers in the examples, by annotating each individual simply with a letter, (A to H), keeping identification of any individual role to a minimum. The driver's role (with her permission) is the exception, identifiable through her very specific perspective.

1. Journey

The researchers described the journey to and from the venue as being a time of transition, of 'leaving behind', and 'going towards':

E: There was that sense of leaving (place) behind and going toward something new
   and something different,...so there is that real sense of transition..

D: I was beginning to leave behind stuff, the nurse, the mother, and become more <u>me,</u>

The 'leaving behind' was emphasised by the journey through countryside, which offered a sense of 'going back in time', or timelessness, which continued the sense of transition:

B: I remember the drive there, and the winding road seeming to lead us further
   and further back in time, yet also into something quiet and deep and perhaps
    hidden from ordinary life....as if stepping back into another time, or timelessness.

The journey was described as a time for preparation for the group participants travelling together and preparation for the facilitators:

G: I think it's important, there's a kind of preparation and reassurance; by the time they get there, they're less nervous and the others embrace them and take them under their wing. D: The journeying was a really significant part of the preparation. it helped in drawing me there and enabling me to begin to be more in tune with what goes on.

Continuing the notion of transition, as people drew near to the venue some experienced a change, both physical and psychological:

B: for me that started when we turned off the main road, when you dive down this little lane, I could feel myself relaxing, bodily, I could feel myself, breathing out and tension releasing and a sense of an adventure, a sense of reassurance, and a sense of peace

C: I felt my body softening and my spirit lightening as I came nearer

D: As I see the fields opening up around me, I feel my body and mind have more space. I breathe more deeply

The sense of pilgrimage, purpose and fellow travellers was identified, as people made their way to the venue:

B: I'm thinking along the lines of making a pilgrimage to a place, for a purpose, to a place of healing

E: being aware, as I'm travelling, that all the participants are doing something similar, so that there's...you know, that sense of, being on a similar journey towards the place.

D: we were all like, travellers, fellow travellers, and it made me think of Chaucer's Canterbury's tales.

And the repetition of these journeys underlined the cyclical nature the seasons, and a sense of community, including past group members, and roads travelled before:

E: And I noticed the daffodils and I remembered coming here with (name) and that is reinforcing the whole idea of the cycles, and we've done (the journey) in different seasons, and that makes me remember people, and I remember their wisdom and the things I've learned and the things the group have shared, and the richness that there is there.

Researchers commented on their experience of entering the space, of crossing a threshold on arrival:

B: Something magical, something inspirational ,coming through the gateway and W. the dog, and I know that's significant, with dogs being, you know, the guardian of soul

journeys….but just him, being the guardian of that front space, the meeting person.

.... all this helped create something really quite special and removed from normality, I mean the profanity.. of hospitals and sign posts and please wash your hands..and plasticky things… coming in to something different, to the wood smoke and getting the logs in… and the flowers…

A: *The minute I walked through the door, there was a sense that it was more than just a beautiful building, welcoming me in… a sense of belonging. We came alive.*

<u>Journey home</u>. The co researcher who was a driver was able to comment specifically on the change she noticed from taking people to and from the venue. Generally, this person noticed that on the way there, they often talked about their illness, on the way back, they had 'remembered themselves':

G: *As if they were more themselves, they remembered themselves,*

G: *And sometimes they would sit quietly reflecting, They seem much more relaxed, in a sort of bubble. And they all wanted to come again. The sense of community was important, and continuity.*

2a Place: <u>Building.</u> The analysis revealed data associated with the inherent therapeutic qualities of the place (including nature) that were already there, as well as qualities of the space prepared and held by the facilitators.

Firstly, a) <u>the inherent</u> qualities of the place: Researchers described the place in terms of physical qualities and also a 'felt' experience. These first descriptions simply refer to some of the physical characteristics that seemed relevant to the researchers:

H: *Amazing old building, beautiful,*

E: *old solidarity, elemental*

F: *lived in, warm, quiet, laid out like a home.*

B: *Open, light*

Researchers also related a 'felt' sense of the place, which deepened their description.

H: *peaceful tranquillity, a place of rest and healing, a special place*

A: *A lot of people say this is a 'thin' place, and I've grappled with it to see how it makes*

sense to me, but I think it's partly about being uncluttered with everyday life, so there's
a lot that drops away when you come here, and leaves you with an essence of what's left.

F: Its more than just a beautiful building, it has heart.

A: We could see there was an abundance of life there and it felt like a sacred place. It felt
it was a place that was prayed in.

And this extended to the potential 'effect' of the place, of what could happen in the place

H: A place to share, where life touches you..

A: Its welcoming, there's a sense of belonging, it enables trust. People can let go of stuff and
become more, I guess, vulnerable.

B: It had a holding feeling, a gentleness, grounded-ness, earthed, light, opening up, yet also
a kind of burrow, safe and a sense of magic, beauty, everything I would feel is healing
It's a place where I knew things happened

D: The peace that seemed to be within the walls- enables you to go to places you might not
have been before

F: It's a place where you can receive, and allow the place to minister to you.

Two researchers described the feeling of the place as 'energy' and another, as if it was
connected to something past.

E: it feels welcoming, something to do with the energy, that I don't understand, something
to do with good energy- some places I can feel very ill and ease, but this feels special.

D: I believe the space is influenced by the energetic environment- the history, sometimes it's
hard to counter uncomfortable energy, like at the hospice, there are layers and layers of
pain and loss. This place feels peaceful.

E: I remember I used to get a real strong feeling in one of the bedrooms- a quite powerful
feeling, a very positive connection with something past in there. It was very comfortable
and safe and we, myself and the person I was working with- went 'somewhere else'

And the age of the place was significant to most researchers, including, again, a sense of old
'presences':

C: The building is old, and attuned to the land, it belongs to the land.

F: It has a sacred history, ancient history, the stones are from a monastery

E: I feel it's the age of the place, we're walking in the footsteps of ancient ones, they have
experienced the turning of the seasons too.

D: I can sense Grandmother, ancient ones witnessing us, teaching us
  and guiding us.
C: The dead are with us, golden threads passed down from one to another

To encourage the sense of moving into the space, before continuing into the component of created place, I want to bring in nature here as part of the 'inherent' quality of the space.

3. Nature:.

Comments came from the perspective of <u>seeing</u> nature and <u>being in</u> nature, and <u>reflecting on</u> nature.

All researchers commented on the <u>views of nature</u> and the effect it had on them:
E: Looking across the fields, being able to see a view, it takes you somewhere. You can see
  beyond and it takes you beyond
C: And the opening, opening views, they quietened me. The hedgerows with flowers, as if
  untouched for hundreds of years
And in particular, the beauty of nature:
H: Equally profound is the beauty of nature, the abundance, So much beauty
C: The quiet landscapes, gentle farmland, the beauty of simple things, takes my breath
  away
H: It's not just seeing the beauty, that's amazing yes, but feeling part of it, well that does
  something to me. Bathing in beauty

<u>Being in</u> nature was described through the senses
B: The smell of wild garlic, cattle, bluebells, woodsmoke, fresh greens, and birdsong, so
  evocative..
H: Feeling the beauty of mother earth
D: seeing things you'd never see before
B: There's a cleanliness in the field and the mud and everything that's good.
H: Heavenly nature, storing it in my mind when things aren't going so great

Researchers spoke of the effect being in nature had on them, or others.

D: I could breathe more easily, I could see and hear more clearly, everything is clearer

C: When I hear the wind, or birdsong, my whole body responds, as if I'm spreading out more, as though there are spaces within me.

H: Just standing beneath the huge tree, feeling its strength, watching the sky through the leaves, sensing its roots. I could lean on it, and even when the wind blew, it wouldn't move.

A: There are places of rest and contemplation and connecting to nature offers a different vibration. Nature enables people to find some sort of peace

Researchers identified a sense of relationship within nature, including indifference:

E: The trees welcome you back It feels like coming home; I know this place and it knows me.

H: There is a place for me here

C: I feel held by nature, I feel part of nature, there's a sense of belonging and I drop into a different rhythm, as if nature is breathing with me.

E: I love the fact that the trees and the stars don't pay me attention. It gives me a sense of freedom. I can just be and they can just be and we're all part of the same thing.

Nature offered many metaphors for reflection:

H: Being in the woods reminds me that the cycle of living and dying is natural

C: There is a rhythm, the cycle of life, beauty and fear, eternal echoes, it's all there.

E: The stories and myths of the seasons give a sense of holding, connecting with ancient wisdom

D: There's continuity, not knowing how much time (he) has left. Although dying, the seasons continue, nothing is lost.

D: And she saw the tree that was uprooted and it had new shoots on it, and that changed her

2b Place Created space

Taking the building and nature together the following comments refer to the experience of the created space, rather than the inherent qualities of the place:

B: We wanted to create a place of safe emptiness, a space where someone could feel completely comfortable, but essentially like an empty vase, a holding place, filled with whatever potential might emerge from it, and then the invitation to go deeper

E: Unravelling on the journey, entering this new and wondrous space, and then it's a bit like

diving into a pool, you have the freedom to swim around, and then you may well have
your peak moment under a tree, or talking to someone

B: I think, in creating a safe space then waiting, in that emptiness, then whatever you find
within it, or comes from it, or happens, or invites you, you are by default working at a
much deeper level,

C: A gradual deepening to other levels of consciousness,

B: The space would open up and beckon me to explore what I wanted- or not- no pressure

D: It enables a different language to be used. I think it's the space, and not just the fact,
when I say space, I don't just mean a nice, comfy room within a beautiful building, I
mean alongside that space.. space in your head and in your heart and your soul.

B: I think the shared fear and the shared stories, and I think the beauty, encouraged a sense
of, a kind of touching on truths, being invited to work at much more depth, and I felt we
were working on that level, which is not something I've experienced hugely before in
other settings.

The shared experience was commented on by all researchers

H: There's a meeting of people with similar experiences, people who understand.

E: We're on the same journey, we're all going to die, all of us, not just the group, but we're
on that path too.

C: Paths meeting, ancient paths and personal ones coming together in this room

H: A circle of love and friendship

A: People are administering to each other

D: Remembering people who had gone before, who've been here too, showing us the way.

A particular aspect of that shared experience was identified in speaking about **the mandala**,
the wheel of the year, created at the beginning of the day and undone at the end of the day.

B: you know it has a very central place.. I've written about it as the axis mundi, or Jacobs
ladder. It had a centre point which was important to anchor and hold and a starting point
and a finishing point. That was very, very important.

The making of it brought a sense of community

E: it was where the group could come together and feel unified by a group, it 'cohesed' the
group

C: breathing together, creating together, undoing together

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D: I remember (name) just quietly watching and then coming in and he placed something on the autumn section, because that's where he was in this life, and we saw that,… so it was something shared without words

Researchers commented on the representation of the seasons and the potential to reflect on different levels

A: It invites an awareness of the seasons, and of continuity, a connection on different levels:

B: It has connections, the seasons, the compass points, it's very earthy and elemental and cosmic, it allows you to bring yourself and embody something of yourself, so it has an expansiveness to it

E: They can bring in the more ethereal, and energy and metaphysical aspects, so it has the capacity to invite people to go deeper, but it's also a very grounding and basic thing

C:..the reflection on the symbolism of nature, the cycles of light and dark, life and death and the depth of it, spiritually and also the depth.. the wisdom of the ancient ones, and the simplicity of the wisdom, cos its available to everyone.

D: It touched places that they weren't aware of it touching. It was more than what it was: Energy, wisdom comes through

One researcher saw it as a 'doorway'

A: they were free to discuss spiritual issues, it gave them a freedom. Spiritually it was like a doorway that allowed them the way in- and it was so beautiful

Researchers commented on the repetition of the ritual, over time, and remembering past group members, and what they had placed on the mandala.

D: There was a community and continuation, the people who aren't there any more, like the golden thread, and the winding of the ribbons, it brought you together, part of a community, past and present

E: It held the stories of people who have gone before. And how will I be remembered?

H: Who is going to put that on, when I am gone?

Some commented on the sense of ritual associated with the mandala

E: The steady ritual has helped me slow down, and I've really learned the richness of that. Dropping into a deeper space.

D: We have very little ritual: symbolising that we are all human, we're all equal human

beings, part of nature and we're going to get through this together.

A: It's a beautiful thing to do, it's a meditation, a prayer

D: It felt no different from, say, a group of tribal women dancing and singing together, or chanting before a meeting of the elders…

4. Imagination

In addition to the use of Ritual , the researchers commented on the place of imagination in the space, including stories, poetry, visualisation, meditation and reverie.

First, the stories:

B: The stories and poems were like a hook coat-hangers, which might stimulate some form or thought, offering a starting point, which would kick off a reflective process which would have a wave effect which was very, very creative.

D: And T who found a language – he was trying to talk about dying and what it was like to die and he used the Lord of the Rings to tell of his journey And Persephone: the story that got us lost yet helped someone to die. The story held her. It was her way through.

C: And the ancestral stories, connecting through time, so they were part of something bigger, something eternal.

Researchers commented on the use of imagination to see into different worlds, or open up to different levels.

C: we're opening up ways of seeing and beyond…calling in our own gods

A: Tapping into something shared, the collective unconscious.. a sense of connection can emerge which is very soothing and lovely

C: Embodying the landscape, becoming the tree, the breeze, takes me somewhere else, teaches me something else

D: It's a preparation for that opening to realms of not knowing- to know when you've been touched by something divine

5. Presence: Several qualities of the facilitator's presence emerged from data:

Preparing holding, containing, present

E: You offer, you prepare the ground, and sow the seed then you sit back and let the rain and the sun do their work..

E: It's like an acute awareness, and evaluating the situation, very, very present.

C: I think it's a soulful awareness, protective of the space

B: We're guardians of the space, Creating a space of safe emptiness, holding, making it safer.

D: We need to be able to hold them, like invisible hands, like a spiritual holding

This sense of holding was also associated with an <u>attitude of witness and guide</u>

E: Outwardly you're not doing much, but inside a lot is happening, like the dark bits of winter, allowing the work to happen. It's exhausting

D: Waiting with someone, waiting and watching. Not task orientated,

H: Giving space to say unsayable things

B: Quiet reverence, like being an Asclepian assistant at the temples, the glory of the therapists is that they demand nothing from you. Grounded and calm, slow and steady. They take you by the hand and show you the place, quietly and steadily

D: allowing people, you know the breath work that you do, It's not just about getting to know your breath, it's about getting to know your spirit, knowing what your spirit needs,

C: We were encouraging an intuitive search, so that each person might find their own way , knowing that the source of healing is within the person, not the facilitator

E: Witnessing: giving credence, value, affirmation: you're important: this experience, this emotion, this time is 100% important.

A sense of changing <u>boundaries,</u> for the researchers that were facilitators, emerged from the data, a sense of being more equal, more real,

B: My sense of professional boundaries emerged through a relaxation and gentleness and ease with being in that place, rather than making some official rules, or being in charge

E: Something of total equality, we are just human beings, sitting here, in this life, coming together, and there was something beautiful about that

C: I was a human being, part of common humanity, travelling alongside. I could be quietly empty and more real in that situation (rather than always having to have an answer).

B: Being utterly, utterly amazed by their bravery and the way they handled their situation. I think that that is different.. in a nursing role or active medical role I was so highly defended. I could be more real here..

D: Being equals, being held as they go places they may never have been before, unravelling safely

<u>Helping people to 'go places'</u> was noted as another component of therapeutic presence

C: I want people who would know how to disintegrate me. They had to know everything
about rituals that would take me there, or body therapies that would take me there. And
they all had to hold the idea of depth and pain and suffering and be ok with that, and even
take me beyond death

D: Being able to travel to the edge, or into the abyss, or up to the heavens sometimes

C: I didn't want them to tell me the answers, but they needed to be able to take me anywhere
I wanted to go.

Researchers commentated on <u>how</u> facilitators could help people to 'go places'

C: Not judging Allowing, then miracles can happen

B: We had it quite strongly in our minds, we wanted to open up and hold whatever emerged,
so there was a sense of wanting to feel very peaceful and quiet inside myself, of being
quite still

D: Open to story telling, nature, ancient truths

E: Putting intention alongside offering: believing in it.

D: Really sensing when there's an opening, and going with it, going through with them.

This included references to <u>connecting to something 'other'</u>

D: Something just comes through me. I don't know where it comes from.

E: I feel the support of the place, tapping into that ancestral, that energy.

D: Something that's very simple, but also very sacred, but coming from within me, coming
from my soul

C: feet on the ground, and able to rise high, like an axis mundi

D: I am a fellow traveller and I've been here before

Here I give examples of the some of the qualities researchers identified as significant for a
facilitator to hold within these spaces, in addition to what has already been noted.

D: Dedication, warmth, Bare feet, grounded, intuition

E: Have to have great sensitivity, you need life skills, and methods of learning like an
apprenticeship

D: Essential that facilitators have ordinary and extraordinary personal skills, so that they
can feel safe in themselves in order to spend time with someone who is feeling unsafe
and vulnerable. You need self- knowledge, you need to have explored your own mortality

C: Open to and able to receive what sustains you

3.2.2. Witnessing moments

In the interviews the co-researchers were asked to recall a moment of witnessing that came to mind that might illustrate something of the nature of the space: There follows four individual examples to illustrate some of these moments, which aim to capture a sense of the quality of the space, from the perspective of the co researchers. Gender and specific details have been altered where necessary, to remove any chance of identification, whilst maintaining the original sense as far as possible.

Moment One:

I looked through the doorway and framed in there, it was a lovely day, and it was hot, and yet a wonderful coolness, and then just suddenly seeing a therapist and a patient there in this totally quiet, still, so gentle and I remember being caught in that moment, and thinking how utterly beautiful it was, and how tender, and how moving and how gentle, and I think I felt, and I'm feeling now very sad, and just sad at the beauty, sad because… um this person is unwell and is going to be dying soon, but just at the beautiful, beautiful gentleness of touch, and tremendous intimacy really and connection in this process that was going on between this therapist and patient and it separated… you could almost imagine it was happening in a bubble, I think the quality was that it was so incredibly moving because it tapped into something that was incredibly beautiful really there..

Moment two:

One was the reaching out to the snow drop, where there was something exquisite and beautiful in a single moment that I remember… remember, of a woman, probably after lunch, just curled up and sleeping and I brought some snow drops in for her, because I knew she liked them and she couldn't get out that day, and I was sitting in the other room that looks through into the main room and looked up and saw her wake and look at the snow drops and reach out to them, and I don't know what she thought, but what I saw was, like, a deep , soft, connection, there was something so beautiful in the moment between them, that I remember it still and then she leant back onto the sofa and fell asleep again. I.. don't know what that moment was for her, and I didn't ask her afterwards, cos, I felt to speak it would have spoiled it. I trusted that it somehow meant something to her. I've no way of knowing, but it seemed to be important, and it moved me deeply. I felt and still feel, caught in something other…she's died now, but that moment is in me, and in that place, for ever…a sacred space that surrounded this moment.

Moment 3:

The moment D came and said come and look! And I went outside and his walking stick was hanging on the telephone line high up dangling out of reach. And he couldn't stop laughing. He'd tried to unhook something from the wire, but let go too soon. Staring at the walking stick hanging pointlessly from the wire. It was such a moment of meeting, of absurdity, of poignancy, of hope, of surrender, of walking sticks in the air, of letting go, of uselessness. A moment. A nonsense moment , wrapped in this delightful bubble of ridiculousness and joy, remembered for ever. Me and him and the walking stick on high, out of reach, out of place, a Buster Keaton silent movie moment. Other stories of hair being caught by the wind and being blown away, literally, blown away, because of chemo, hair taken by the wind, walking sticks taken by the wire, both meant to be rooted and firm, the world turned upside down. And they can laugh at this. These are miracles.

Moment 4:

We had told the version of the old man going into the earth and meeting the dragon and hearing the heart song, and fear being transformed by the sound, and she took a copy of the story with her to sleep under the tree, and watching her sleep surrounded by the story, or so it seemed to me. Close to the earth, getting ready. She looked so beautiful.

3.2.3. Individual Images of the Therapeutic Space

Co researchers were asked to imagine, and invited to draw, how they 'saw' the place in metaphorical language or image form. I include three individual depictions here, again to offer a sense of the place as experienced by co researchers. Appendix 5 contains a shadow version offered by one co researcher who had experienced cancer many years before. It shows her inner landscape during chemotherapy and she remarked how different it would have been if there was this (sanctuary day) provision then.

Image 1

.....quite strong big archways, and I'm looking through to a beautiful waterfall, looking down into this lovely pool which is radiating out and there are these women, robed in clothes of white robes, who are carrying these empty bowls and there are all around bits of activity and they might be by the water, they might be having their feet washed, or just chatting, and now I think there is a huge view, actually I'm in Greece, there are these big columns and I'm looking down this amazing valley going down to the sea. It's warm, its fragrant, there's lots of fruit, I can hear water, it's very clean, its quiet, there are birds singing,. So It's almost Eden-esque, Its high up and very light and peaceful and airy, and it's just the most beautiful space. Um, and it's quiet and I can just be myself within it.

Image 2

I immediately see this shape where things are coming in, and things going out, like an egg timer, so visually, a bit like a vortex; you can be in the centre moving very, very quickly, and around the outside things are much, much slower, and it has the power and the energy to be incredibly transformative, but its slow enough and containing enough to make that spinning middle not.... so if that spinning bit fell out, of place, it would still be contained by the slower bit round the outside.....having watched and witnessed, sometimes, when people come, they seem to be spinning, and when they come in, they come into a quieter place
The vortex is more about the moving out, a bit like a spiral, but more, separated than a spiral really , being able to be 'spun out' to the quieter realms.

Image 3:

...so I come back to my vision of my hands, not necessarily holding, but being around, like a garland, not a fencing, but definitely hands, that feeling of hands, and therefore, I suppose, when hands come together, it can be holding hands, or giving people a hand, and it can also be in prayer.

3.2.4. Memory Theatre experience

Another way I responded to the data was through an embodied experience in a created' memory theatre' as described in chapter One. This embodied experiment emerged as a way to contemplate the themes, and other emerging data in a more reflective way.

To build the Memory Theatre, 'Rooms' were created, first, by collecting postcard images, created images, poetry, books and objects that I chose to represent the theme, including the additional reading and resources. These were laid out on the floor of my work space: a Yurt (see fig 7). Each room became part of a circle of rooms to represent the 'theatre'.

Each room (theme) is visited and explored by first observing the room, then entering the room and allowing one's awareness to develop through sensing and imagination, and following any intuitive movement to its conclusion. The room is then exited and time given for reflection, embodied writing or the creation of further images. Each room was visited in a similar fashion, sometimes twice, if it felt there was more to be revealed. Anderson writes of the sense-scape of the body and its use in deepening presence in research (2000:41). According to Angelo, this process 'restores the embodied, sensuous experience of participative learning' (Angelo 2005: 25). It is getting to know the subject 'from within'. This is followed by a 'moving out' from the image (theatre /rooms) to contemplate the other streams of knowledge that 'recharge' the work. In this way I was able to apply what Anderson had noted as the additional data sources that emerged as the work unfolded. Certainly, for me, the embodied experience of each 'room' offered a valuable layer of knowledge, with unexpected and profound insights and questions emerging from the experience.

Memory theatre:

Fig: 7 The Yurt

Having lain out the themes emerging from the data, in the form of a memory theatre, I explored this through sensing, imagining, feeling, intuition and embodiment of the themes themselves. I had already begun to separate out further components as a development of the initial TCA.

I include my notes on the response to the experience here (rather than in the appendix) as it acts as a bridge into the final creative synthesis of the story.

Fig 8: Themes laid out in the form of a memory theatre

Preparation and grounding outside the Yurt,

Journeying in: Entering the Yurt: Initial response to the whole thing:

Unfinished, open, straggly, gaps, potential

Ideas jumbled up, ready to be sorted. Almost sorted

Held in the Academy (Yurt/alchemical vessel)

I'm in it now, unknowing, inept. Struggling, needing, wanting help

Call on the Gods? Apollo or Dionysus?

Looking more closely: Trust, faith. Harmony, love. Openness, And a flame.

I relax and hear birdsong. All going to plan.

Entering Healing Space: temple

Felt experience: Surrounded, held, gateway, inside, I'm here, safe, can I let go at last?

Sadness, deep feeling, longing, strong compassion, other worldly, wise being, wise energy

Open, nature, soft, a guide, a therapeute, just for me. Able to do what I need to do, willing to go where I need to go

Embodiment of healing space: rocking gently, swaying, softening to stillness, aware of skin and body, relaxing, and breathing slowly. Peace, tranquil, warm.

Nature

Felt: aliveness, expansive, yet unsettling, hugeness, wildness, movement, bigger than me, unravelling, beauty, warmth, but aware of shadow

STUCK: too big

Focus! Think of (place): flowers, animals, blossom, a church, a building, shelter, refuge, a view, imagining into infinity, or somewhere else

Where am I? Images, events, memories stream outwards

This moment, this blossom captures everything, before and after

This moment, molecules and distant stars, this moment AND eons past and future

Stories myths. Passing into legend

Indifference, insignificance, freedom

Spell of the sensuous. Mary Oliver

Embodiment of nature: Feet on the earth

Rhythm, dance, paneurythmy, pilgrimage

Roots below

Arms above

Belonging

Persephone

Imagination

Unsure, couldn't settle on an image

Axis mundi, sphere, web, other worlds, depth, mandalas

Embodiment: spinning, unstable, powerful, strong pull, dropped to the ground, pulled forward on all fours, like a bear, then onto the ground

Persephone again, sleeping amongst bluebells, taken by the fairies

Then associations: Corbin, Myth, memory theatre, libraries, remembered journey into the earth laboratory, going into the sea, underground libraries, the fox, earth walks, the sea creature that swallowed me

 And letting go to love

Seeing the divine.

All imaginal journeys pilgrimages to other lands. Journeys of the psyche, soul. Stories.

Ancestors

Patient's stories

Felt: comfort, warmth, familiar, grounded, memories, tree, flame, light, straight forward, showing the way

Messages left at the shrine, gone before, reassuring, though not me.

Embodiment: took time to settle, but heavy and airy, grounded and swaying spiralling downwards but also expanding, paradoxical

Death

Texts, lecto divino, ashes to ashes, Die wise, Kahlil Kibran, vale of the shadow of death, dark and light, vale, shadow, light, god

Felt, warmth on my back, familiar, expansive. Dark colours, rich, river Styx, seeing with new eyes, gateway, crossing, a king appears, Pluto (Riches) King and Queen

Embodied: My body dissolving at the edges, open to new things, different vibrations. Dissolving into light and new horizons.

Therapeutic presence: As pilgrim/invalid/patient

I see: Woman, wise with a bowl, knowledge of herbs and of the earth and of places, as if she had come out of the earth or the walls, belongs to this place, knows this place, can led me, accompany me, show me this place

Embodiment: guided, trusting, open, comfortable, energised

Dream incubation *as pilgrim/invalid/patient*

Downwards into chamber, others present, waiting, receptive, which part of me is waiting to be filled?

Then importance of trust

Sexual aspects, sleep, incubation, waiting to be visited by the gods

Healing or terror (earth)

Importance of preparation:

collaborative

Something new constellated, conceived

Chiron and Hades, understanding arriving (who is the god of understanding: Sophia?)

How does the divine present itself (what form)?

Opening auras, chakras,

Embodied: lying down, aware of death, conception and birth – all in supine position, on the earth: very feminine. OK. Still, waiting, almost immobilised in the waiting, fear? time not important, then concerned about passivity. Aware of potential invasion. Who is this other?

Receptivity not passivity

I see an Image of sleeping woman being impregnated with light

Reflections on the embodied experience.

This experience led to a deeper understanding and an opening to other perspectives e.g. the feminine aspects of receptivity. I realised I had not included a full ritual in preparation for this journey in the memory theatre: (*Journey so important. I had forgotten. Only part of me had arrived).*

The whole experience led towards a refinement and reconsideration of the themes and components, of the gaps, the unformed aspects of the work, as well as further reading and understanding: an amplification and a refinement of the work, as described by Angelo (2005).

The story, formed after this experience, was almost a distillation of this, a fuller embodiment of the Asclepian experience, after reflecting again on the transcripts, and the stories from the reflections of the patient's work and writing. In terms of Anderson's model, the process can be considered as a move from 'empathic identification' to a process of 'embodied writing' (Braud & Anderson, 2011:267).

For me, this allowed the imaginal and embodied ways of knowing, to add to my intellectual understanding of the texts (transcripts and written words), and my actual experience over the years. Thus, my body and psyche were playing a part in the distillation and refinement, as well as my intellect.

3.2.4. Creative synthesis of the data.

The story:

This was developed through reverie, having contemplated the data and the themes, created images, engaged with the memory theatre and reflected on the other areas of academic literature and poetry, which 'amplified' the themes in an iterative process. It is aligned to the creative synthesis in heuristic research.

The Meeting Place

Maia had felt the fatigue growing over the past few months. Herbs had helped but she now journeys to the temple for deeper healing.

It was late spring, and the road, though long, was easier in the gentle weather. She had left her family behind: her husband and mother, and two grown children, and had journeyed mostly alone, her thoughts drifting through pain, and worry, softening in the beauty of nature, hopeful in what she might find and laying small offerings to each place of rest, at the road side. In the last few miles she had met two women on the path, both seeking rest and sanctuary from painful debilitating illness. Uneasy in their presence at first (she was seeking health, not illness) their wisdom and often light-hearted banter became more familiar and welcome as the journey proceeded.

As they near the gates, Maia drops back. It feels important to her, to enter alone, in a quiet state of mind. As she approaches, she hears the wind amongst the tall pines, smells the warm scent of the dry earth and approaching summer and feels the cool dappled shade by the gates. Bees hum in the trees and as she enters the sanctuary, a shaggy brown dog comes bounding up to meet her, welcoming her with animal joy.

As soon as she is through the gates, a peace envelops her, emanating, it seemed from the trees and soft sky, and she feels a sudden unstoppable rise of emotions. Gasping at its power she sinks to her knees, shaking with tears.

After a moment a hand touches her shoulder and she turns to see a woman, dressed in a long white robe, tied with a silk band, smiling at her. The woman's face is warm and young, though her eyes hold the wisdom of ages and something in her movements reminds Maia of the pine trees and mountains and the quiet stream beside the olive grove.

'Come in and welcome' said the woman. My name is Alena. Let me fetch you some water.

Maia is led to a meeting place just within the temple walls, yet open to the sky. Here others wait, and candles are lit. A slow ritual begins where Maia feels her breathing soften and fall, and images form within her, as words drop lightly amongst the assembly. Gradually through rhythmic movement a cross of leaves and stones is laid out on the ground; then a circle forms around it and the whole earth stretches before her and around her, and she senses the waves of the seasons moving through her, as if she had stepped into the rhythm of life and death

and earth and fire, water and air. Who created this she could not say. She has a sense of placing a flower on the circle, but could not be sure if it was her or another. Suddenly a flame rises in the centre of the circle, high and strong and she feels anchored and warm, as if she had roots.

Later she is taken to bathe and receive oils to soothe her tired body, massaged into her muscles and skin by tender hands, until she feels part of the earth. Softening under the warm touch, her body sounds to her as if it were sobbing with joy and longing, grief and life, mingled together in a song of loss.

She rests beneath the olive tree, then a little while later, awakened and refreshed, Alena leads her further into the temple where the white stone pillars rise into the blue sky and the air is hushed and still. Maia feels her skin tingle as if there is a presence here, belonging not to the earth, but to something more.

They sit on a stone seat, the young and old women, with pink and purple flowers around their feet.

Alena shows her 3 baskets and invites Maia to place all her work and travail into the first basket. Maia peels off her work, her washing and cooking, her sewing and digging, her tending to others and it feels sticky and painful to pull this out of her. When the basket is full, Maia feels relief and somehow lighter. Alena holds the basket and says a prayer over it and Maia feels a surge of gratitude and tears.

In the next basket, Alena says, you must place your fear.
As Maia tries to pull this out of her, it swirls about her and she feels the fear out of control, trembling, as it forms wave upon wave of powerful, billowing fog, engulfing the air around, refusing to separate from her. Struggling on and on, she eventually pushes it into the basket, but it has cost her most of her strength.

As she draws breath, Maia is afraid to look at the basket, wants it gone. Alena intercedes and turns to the fear, and asks it to speak.
The fear, now separate from Maia is terrified and small. It cries out to her:
You mustn't die! Please, don't leave me, I want you to live. I love you.

And Maia sees how closely connected are fear and love. This young part of her is *so* frightened that Maia will die. Yet now she sees that, as a grown woman, she is no longer afraid of death. She is only sad that she will die, because she loves life so much and she knows her family will grieve her parting.

Alena says, in the 3rd basket you must place your grief.

This is the hardest of all, for Maia feels she is almost entirely made of grief. Like ectoplasm it pours from her and as it does so, Maia is diminished.

All of her head is lost to grief- except for the sound of the robin singing..

All of her sight is lost- except the memory of seeing her children..

All of her flesh and organs are lost- except the tops of her lungs, to hold her breath and spirit in life..

Her bones remain, though most of her spine is gone, and her body collapses.

Her pelvis remains only because it had given birth to her children.

The bones in her legs and feet remain, because she remembers just in time, that she used to run with joy as a child.

All her flesh and soft body, taken by grief, flow into the basket.

What little remains lies collapsed, unformed, on the ground.

Alena lifts the pieces onto a big white cloth and gently carries the bones into the sun, where she lays them amongst the grass to dry.

Somewhere, Maia can feel the sun, drying her bones. A snake sweeps close by, whispering of the earth and soil.

Still later in the afternoon, Alena takes the bones and washes them in clear spring water and lays them out again under the sun, to dry once more.

Maia, from her bones, talks to the sun about new life and old. Omega and Alpha, first and last, and her thoughts weave like snakes through the grass.

If this moment is my last moment, then I am full of melancholy.

If this moment is my first moment, then I am full of joy…

Alpha and omega. Both are God.

Each moment I am born anew, she says

Each moment is unique and will never come again

She says: Each moment is eternal

Moments and moments of eternity, says the sun.

Then Maia is wrapped up, her disintegrated body and bones wrapped like a cocoon in the white sheet and taken towards the fire.

Alena asks: what would you like with you, in your cocoon?

Maia imagines a recreation with music and flowers, lavender and sweet scents of the earth, gold of the earth, love, joy, courage, strength, wisdom

I want a body of wisdom and experience, not just memories of loss! she proclaims.

Alena carries the cocoon towards the fire, a huge blazing fire within the temple.

Then a moment of panic: Maia calls on wisdom and goodness, but cannot let go into the fire. She fears some contamination, some evil or darkness sneaking into her cocoon. *Who can watch for me*?

Maia imagines circles of angels, circles of stones, to protect her, but she must let go. The fire calls.

Then she remembers: 'you were born in love,'

She remembers the lotus flower calling her name, opening and opening and opening to light

She remembers that she is no one

She is taken by the flames and taken upwards into a circle of light, of elders, of ancestors and she knows this place and knows too of the depths.

So she is taken down into the darkness of the earth, and expansive blackness, yet this too is full of stars, deep and immeasurable space, full of wisdom and age and Maia is open, alone, a part of everything, gathering in to be born.

And she gathers in clay and forest and rubies and emeralds from the dark earth and gold and stars and meteoric iron from the immeasurable space

'This is my body'

Then Maia is born upwards from the earth, through slime, covered in gold, burned by the fire and Alena catches her and washes her clean.

And Maia stands in her clay /forest /jewelled body in the centre of Epidaurus and Alena dresses her in a soft white gown with rainbow braids.

And takes her to lie down under the olive trees, again, to sleep and dream.

And the sun warms her and the branches shade her and the earth holds her as she sleeps.

In dreaming she becomes root and branch and water and fire and song.

The End.

3.2.5. Resonance check

As a way to check the resonance of this I sent the story back to the co researchers who had facilitated the groups, along with the final interpretative lenses.

There follows two responses that I feel are relevant to this stage of the work, as they add another sense, of the place, another layer of 'data'. The fuller responses to the story and the final lenses can be found in Appendix 13.

Extract from response 1

I can see worlds, upon worlds, upon worlds within it. I will try and share them with you:

Type one Worlds - memories of place/ arriving at (name). Watching our guests arrive. Willow. The garden. The weather. The hollyhocks. The clouds. Our inner preparation - self quietening of our own souls - our intended gentleness. The Mandala - hearing others speak and the resonance of their words in my own heart/ mind/ soul. The togetherness and otherness at the same time. Watching so many journeys.

Type two Worlds - memories of specific people. I'll call her Anita. (not real name). Her tremendous fear and subsequent de-shedding. How much she put into Alina's baskets. How she painfully struggled to untangle herself from her fear and grief. How she filled baskets 2 and 3 and I watched her do it. And then how she dried out her remaining bones in the sun and began finally to "talk" about her life - new and old. Her language was in notes on a piano - Beethoven.

And many, many other remembered people worlds too.

Type three Worlds - of Religions - nothing specific or denominational - more the formation of layer upon layer of storied wisdom and spiritual message (should one choose to recognise it). The purpose and beauty of prayer. How important it is to pray when we act with another - especially in healing work (spiritually - not religiously: pray being loving intention and larger than oneself) The Meeting Place offers windows onto many truth filled realities and ultimate unifications.

.... So then - that brings me onto...

Worlds of healing. Worlds of hope. Worlds of peace.

This is a very important story

Extract from response 2

I find myself at (place) I see the metamorphosis of people there. I witness their increasing fragility and often their growth and awareness, a sense of knowing….

I feel the magic and mystery of the place. ..The myriads of mandalas they help make together, which often have helped people make sense of their living and dying.

This story could be the story of someone we have known from the sanctuary days. It's <u>all</u> about the therapeutic- and sacred- space

3.2.6. Summary

This chapter includes the various stages of data collection and presentation, as themes developed into the final creative response of the story.

The next chapter presents the final interpretive lenses that formed from this process and includes a deeper discussion of the lenses, amplified by the extra resources claimed in cycle 3.

4. Chapter 4   Cycle 4: The Researcher's Final Interpretive lenses.
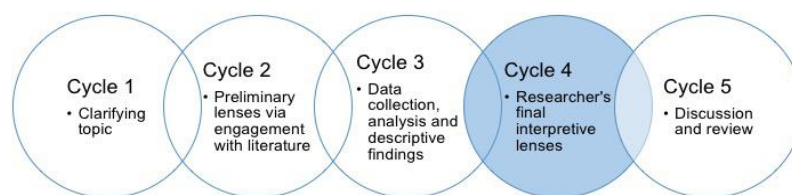
Introduction:

The aim of this section, in terms of intuitive Inquiry is to refine and transform the preliminary lenses from cycle two, into final interpretive lenses, so that a comparison can be made between the two; that is, to explore what has changed in the researcher's knowledge and understanding, as a result of the engagement with the data. As Anderson writes; 'expanding and refining understanding of a topic is the purpose of research' (2011:53).

There is a subtle yet important difference between cycle 3 *themes* and cycle 4 *lenses* which I will clarify here. To recap, the aim of presenting the data in the preceding chapter was to describe and display what was said by the researcher and co researchers, first in thematic form, for the reader to consider before any interpretation is put on it. In a way, this is the purely phenomenological and descriptive aspect of the work, and in some research methodologies may be the end of the process, bar the final discussion.

In Intuitive Inquiry, Cycle 4 lenses emerge from a continuing process, as the researcher engages with the themes, responds to them, and develops his or her understanding of the subject. Putting it another way, it is the difference between listing what has been found (cycle 3) and presenting what has been learned from the data (cycle 4). Anderson (ibid:58) illustrates this with an example from one of her students, who had not, at first, understood the difference: she describes the move from cycle 3 to cycle 4 as 'shifting her perspective from what the doulas (co researchers) had said, to what she felt she knew about the subject *having integrated their experiences into her own'* (my italics).

The result is that cycle 4 lenses have more clarity and vitality.

This expansion and exploration from cycle 3 to 4 involved a further contemplation of my intuitive style, to find out the best way to develop and refine the lenses. For me this involves embodiment and imagination, hence the chosen methods of the memory theatre and reverie/story.

Thus, the movement from cycle 3 to 4 represented a way of 'getting inside' the material, an embodiment, that could be likened to deep empathy. Anderson relates this to a compassionate way of knowing. She writes:

> ' by loving and through living thoroughly the experience studied, the researcher looks around from inside the experience and witnesses the essential qualities of the other come to life, as the researcher's own experience. Gradually the entire panorama ....comes more clearly into view'   (Anderson, 2011: 25)

Creating the themes in the form of a memory theatre allowed me to experience this, as I entered the memory theatre as an 'incubant' or 'invalid' and walked through the 'rooms'.

In a more literal sense I found that the memory theatre also stimulated further memories of experiences that 'spoke' to the themes, from my work with the groups over the years, that had not already been included in the data, and that I could use, as further illustration of certain points in the discussion. Again this iterative process can be likened to a continual unfolding as seen in grounded theory.

In terms of Angelo's invitation to 'recharge' the image through the additions of other streams of knowledge, the additional literature sources, both academic and poetic, added to this process and amplified the themes and my understanding of them.

Creating the story in my imagination, through a process of deep reverie and using embodied writing, continued this exploration (Anderson, 2011; Ellingson, 2006). These experiences and additional insights gained from the embodied 'memory theatre' and the journey into imagination helped form the five final interpretive lenses. These lenses were seen to illuminate the nature of therapeutic space within the context of the field of inquiry.

Anderson refers to two different ways of representing the new lenses. The first uses new, changed and seed lenses to explain the changes in lenses between cycle 2 and cycle 4. The second, which I will use, refers to new (N), changed (C), strengthened (S), or expanded (E) lenses, to describe the extent of change between the two cycles (Anderson 2011:53).

In summary, discussion in this chapter represents the consolidation and development of the lenses, from the data, the work, my experiences, and with other streams of knowledge from academic and poetic sources. The relevance to psychotherapy is discussed in chapter 5

4.1. Final lenses

The titles of the final interpretative lenses that represented the components of the therapeutic space were: **Pilgrimage, Place/space, Nature, Imagination and Presence**

The changes in the 'lenses' through cycles 2, 3 and 4 are represented in the table below.

Fig 9: Development and Comparison of lenses representing significant components of therapeutic space

(cycle 2) Preliminary lenses	(cycle 3) Themes developed from TCA	(Cycle 4) Final interpretive lenses following amplification and further engagement with the data
Crossing a threshold into a temenos, healing or sacred space, away from 'normal' life	Journeying to sacred space, crossing thresholds, intention, belief Importance of preparation	Pilgrimage (N/C) To and from the venue Inner pilgrimage Pilgrimage of life
	Place: inherent qualities Age, purpose Created space	Place and space: (therapeutic and sacred inherent and created (E)
The presence of nature, including the stories of the seasons.	Nature as resource, Connection, belonging beauty	Nature, beauty, belonging resource Anima mundi Deep connection (S)
	Group, shared journey People 'gone before'	
The importance of ritual and reverie to encounter depth	Imagination, story, ritual, coming inside into other realms, ways of being. Axis mundi	Imagination and ritual as doorways to other realms mundus imaginalis axis mundi, inner pilgrimage (E)
	Death, fear, loss, ancestors	
The therapeutic presence of facilitators as witnessing, containing, being alongside.	Presence of others, Witness, knows how to prepare and guide through journey Fellow traveler Compassionate witness	Presence: Facilitators: as axis mundi, compassionate witness, guide, pilgrim Group, past and present Ancestors Death, Shadow Nature Animals Place (E)

The diagrams below show the related aspects of each lens, and the connections and overlaps between them. They are preceded by a summary of the lens. The full discussion of each lens follows these initial introductions.

4.1.1. Pilgrimage

The concept of pilgrimage (rather than journey) introduced the significance of intention and potential transformation, in the literal journey to a therapeutic space, in the inner journey towards self/the divine and in the wider context of the pilgrimage of life. This seemed to be a relevant aspect of the therapeutic space for the group participants *and* the facilitators.
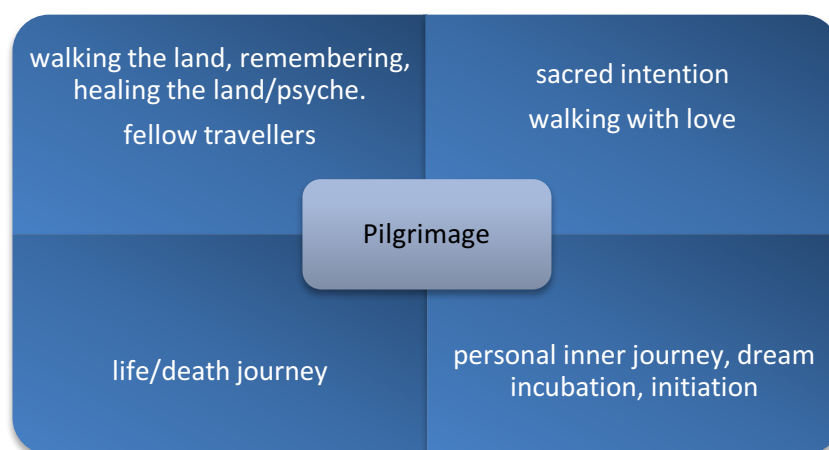
4.1.2. Nature (Physical geography).

The presence of nature as part of the therapeutic space, was experienced as a significant element, in the sense of being in nature and seeing nature, as well as reflecting on the cycles of the seasons and the metaphors offered to us by the natural world and cosmos. This is particularly relevant in seeing life and death in a natural context and process. The significance of beauty emerged clearly from the data, and its positive effect on the participants and co researchers. Allowing nature to 'happen us' emphasised the interconnected aspect of humans and nature, that we are part of nature, not simply observers or users.

Physical: wellbeing, awe, beauty, wild	communal: belonging, connection, shared, home, earth, culture, folklore, myth, ancestors
land energy	
nature	
imagination: metaphor, symbolism, cylce of seasons, life death, mandala	personal: memory, relationship, stories
	burial
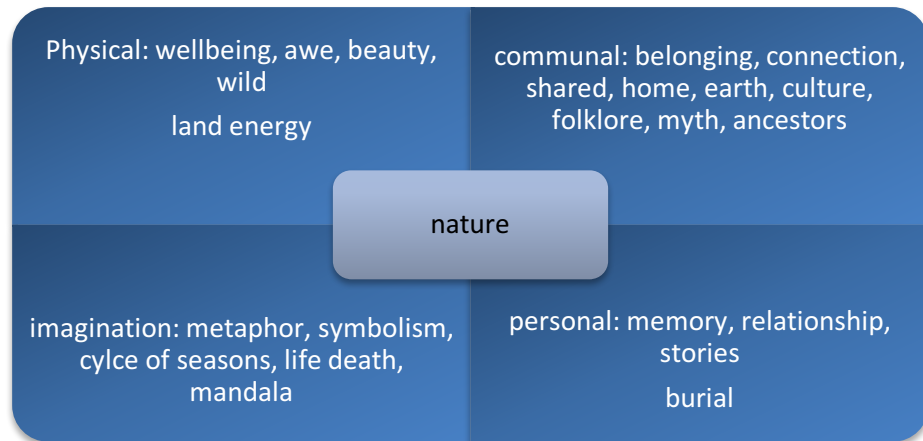
4.1.3. Place: (environmental /medical geography) and linked to nature.

The inherent qualities of a place, the meaning it holds for people, its purpose and use, were all significant aspects which seemed to contribute to the nature and potential of the space. Transitions or thresholds can mark the change from the 'ordinary' or profane, to therapeutic, and to sacred space. These deeper levels can be inherent or can be created, for example through ritual, imagination, dream incubation and developing receptivity.

feel of place:	creating space (communal)
land energy,building	preparation, intention, thresholds, ritual
purpose of place	therapeutic, sacred
place/space	
'between' space: relationship	personal space, meditation, prayer, imagination, bodywork
temenos	
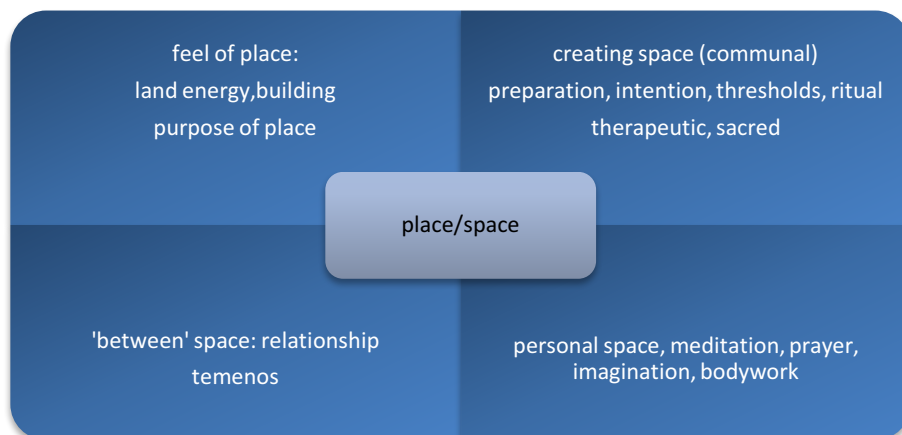
4.1.4. Imagination: the Mundus Imaginalis: (visionary geography).

The use of ritual, story and creative imagination were identified as significant aspects of the therapeutic space in the sense of helping people find their 'ship of death' or the language to

explore and express this final journey. They can be considered as 'doorways' into other levels of 'place', for example, into the mundus imaginalis.

ritual, sacred space, mandala, labyrinth	stories, myth
imagination: doorways to other realms	
depth skills prayer, meditation visulaitaion active imagination, creativity, body	dream incubation
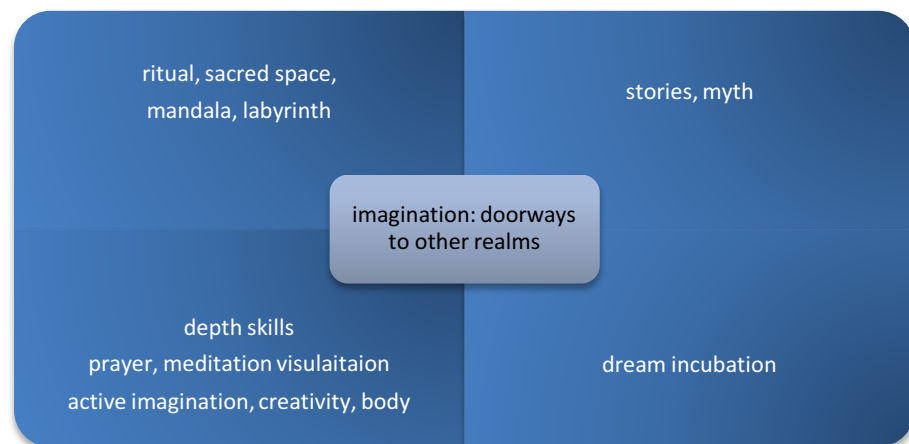
4.1.5. Presence:

A therapeutic presence is a significant part of therapeutic space and extends beyond the facilitators. Three aspects of presence were identified.

a) multi- therapeutic presence: can be experienced from people, God, gods, buildings, animals, ancestors, aspects of nature (trees, water, birdsong).

 b) Transpersonal aspects of presence: the quality of being witnesses and fellow travellers in palliative care, rather than experts, and to be open to the 'miraculous'.

c) facilitators presence/role as an 'Axis mundi'.

ancestors: cultural, mythic, archtypes, guides, the dead (personal and communal)	communal: group members past and present, traveling alongside
presence	
facilitators, therapists, sorora mystica	place, nature, animals, bees, other people
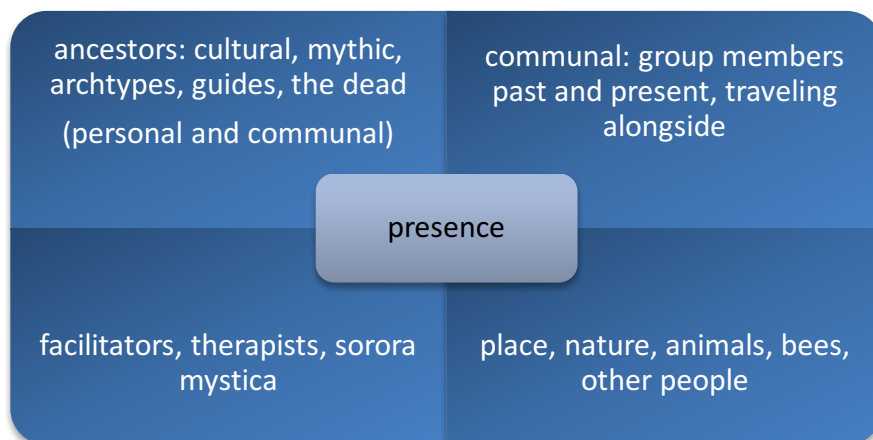
4.1.6. Development of the Containing Metaphor:

Another perspective that weaved through these iterative cycles of exploration was the emergence of 'pilgrimage' as a metaphor for the work, from the original metaphor of 'mandala'. Somehow in the research process, the image of a fixed mandala began to incorporate a more dynamic process of journey. This seemed to enhance both concepts. The mandala became alive, containing the sense of movement, in its creation and the potential inner journey towards integration/self/soul/ the divine.   For the pilgrimage, the metaphor of mandala brings the potential of circularity rather than a linear trajectory and the reflective journey towards self. An axis mundi- the vertical axis allowing connection between levels of consciousness or worlds, can be found in both, at the centre of the mandala and in the representation of the pilgrim's staff. If we were to consider the pilgrim as facilitator, this role may encompass both the mandala and the axis mundi, in the service of both self and other. This for me was a profound, and still emerging concept which will be discussed further in chapter 5.

4.2. Pilgrimage

To be a pilgrim is to experience life as an endless and eternal process of being

Satish Kumar (2009:16)

Image 1

This is a new lens, emerging from the preliminary lens of crossing a threshold, into sacred space, which, in cycle 2, intimated a sense of journey and arrival.

Development of lens: It became evident in this research that the journey to (and from) the venue was a significant part of the nature of the space, for participants and facilitators, and that people came away from the experience somehow changed. It involved a sense of leaving behind, and of preparation, the actual journey itself beginning the change. Two of the researchers referred to the journey as a pilgrimage, and a third referred to the journey of the Magi, that is, a significant journey, with intention and purpose. The theme of 'pilgrimage' rather than 'journey' developed and deepened during the research as the sense of a purposeful journey emerged, of intention, not in the religious sense of pilgrimage, but certainly as a journey to a place of rest or healing, with the potential of transformation before the return. As I embodied entering the sacred space in the exploration of cycle 3 themes, this sense of a sacred journey came very much to the fore, in terms of seeking rest, seeking meaning and aware of the context of a pilgrimage of life: a threefold journey: the outer journey, the inner journey and the life journey. An awareness of others on the same path, a shared journey, also emerged. This led to a deeper exploration of pilgrimage and its relationship to the work as part of the development of therapeutic space.

A **pilgrim** (from the Latin *peregrinus*) is a traveller (literally one who has come from afar). Pilgrimages are often associated with a sacred destination, significant in a religious, moral or spiritual sense. Schmidt (2016), in writing on pilgrimage and loss, identifies 6 pilgrimage typologies: devotional, healing, ritual/life cycle, obligatory, wandering and transformative. Allan (2006:9) suggests that 'pilgrimage may receive different emphasis in different (religious) traditions, but it always carries both physical and spiritual connotations: the journey to and from the site, and the encounter with the divine, which is the object of the pilgrimage itself'. I am struck by the similarity here to the Asclepian pilgrimage towards, and preparation for, a healing dream and the encounter with the gods. From a psychotherapeutic perspective, the encounter with the gods may be part of the inner journey, in depth psychology, towards soul.

As Joseph Campbell writes:

The passage of the mythological hero may be overground, incidentally. Fundamentally it is inward-into depths where obscure resistances are overcome, and long-lost, forgotten powers are revived, to be made available, for transfiguration of the world.   (Campbell, 1993: 29)

<u>Stages of pilgrimage:</u>

Campbell (1993) and Schmidt (2016) observe that the adventure of the hero/pilgrim includes the departure, the initiation/awakening and the return, which can be found in many initiation journeys and myths.

The psychotherapist Jay Ramsay (2013), in distilling the process of pilgrimage, offers 7 progressive perspectives, as follows, which he presented at a conference on the Sacred Art of Pilgrimage. In his words:

The first stage involves feeling what it means to be a pilgrim and how different this is from travelling between A and B.

The second stage has to do with reading the signs, seeing that journeys are entities and that they take on a life of their own.

The third stage is becoming aware of our companions and why we are in the company we are in.

The fourth stage relates to the history, the 'story' we are witnessing, and its social, spiritual, and political implications.

The fifth stage is about losing our role as observer and becoming part of the landscape, part of the story.

The sixth stage leads into a more visionary appreciation of the land, seeing it as a place where Heaven and Earth touch. Here we are seeing with the eyes of spirit.

The seventh stage is an affirmation that we are all god's people, whatever we understand by that phrase. We are a spiritual people, and pilgrimage is a way of opening ourselves up to that in a way that is both confronting and revealing.

Ramsey does not explicitly define the stages of transformation and return, as do Campbell and others (Schmidt, 2016; Hall, 2016). Transformation is implied in Ramsey's later discussion, but the return is not explored, except in the sense that the transformation (the meeting with the divine) is itself a home coming. Whilst his own beliefs can be seen within his descriptions, I nevertheless

found his stages offered a useful perspective and will use this framework loosely throughout this chapter as a way to consider the different and interweaving aspects of pilgrimage in relation to this research.

<u>The First Stage:</u> Pilgrim, not Tourist

Satish Kumar (2009:12) who describes himself as an earth pilgrim, offers the distinction between tourism and pilgrimage, the latter having a deeper inner purpose, rather than superficial experience. This resonates with the, perhaps inevitable, consequence of being faced with a life threatening illness, that in some ways, superficiality drops away: that group participants were already moving into deep waters, whether they welcomed this or not. Carlos Castaneda (1972: 34) writes:

> Death is the only wise adviser that we have. An immense amount of pettiness is dropped if your death makes a gesture to you, or if you catch a glimpse of it, or if you just have the feeling that your companion is there watching you.

Whether this journey is welcomed or resisted, the potential for transformation is always present. This may be experienced as hell, in a tearing away of all that has been familiar and real (Levine 1997: 57), yet it can also provide an opportunity for a new way of being and deep awakening (Kreinheder, 1991; Schmidt 2016).

Sogyal Rinpoche offers an example of such a transformation as death made itself known:

> I was transformed from a man who was lost and wandering aimlessly, with no goal in life other than a desire for material wealth, to someone who had a deep motivation, a purpose in life, a definite direction… My interests in material wealth and greed for possessions were replaced by a thirst for spiritual understanding and a passionate desire to see world conditions improve.
>
> (Rinpoche 1992:29)

The group participants had in this sense already been thrown by their illness onto a different path, that was usually unexpected and un- called for, and on which they would, no doubt, encounter heaven and hell. They had already begun to leave behind what was known, to experience a separation, from what they knew and expected from life. Everything had changed. Yet their journey towards our groups was chosen with intention. The journeys to the venues also involved a separation from normal life, yet in these incidents, this separation was generally experienced as welcomed and positive.

In their simplest from, the journeys to the sanctuary days held the potential and hope of rest, nourishment and some level of healing for the participants. The facilitators too prepared for and held an openness to journeys of depth and awakening within the space.

The second stage: Seeing the signs.

Giving attention to the journey, which we encouraged in the groups, brought an awareness of the seasons and weather, and the connection between this and the felt experience of the group participants, that might otherwise have been missed. As Dawkins writes of pilgrimage: 'Sensing or seeing the patterns in the landscape, and comparing them to the energies of your own body and psyche, can help you realize the subtle and intimate relationship between yourself and nature' (Dawkins 1998: 142). Thus people became aware of how the landscape and natural world might reflect, contradict or influence their inner world and their physical body (e.g. '*I heard the wind in the trees and my breath softened'*). This was commented on, in the way the opening landscape brought a sense of peace and tranquillity, a sense of something 'dropping away' as the journey proceeded. This attention to the natural landscape on this journey seemed to encourage an awareness of other 'signs' on the way. I recall, for example, a woman who was astonished and inspired by seeing a fallen tree with new shoots, another who noticed a bird's nest and saw new life; a young man who saw beauty inside a stone.

The third Stage: a Shared journey

While these journeys to and through these group experiences may not be regarded as a sacred pilgrimage compared to, for example, attending Lourdes, nevertheless, the journey held significance. Not only was there an intention and commitment, but also, something shared had begun: a sense of fellow travellers and companionship, and for this particular group, a shared journey with people who would understand about the cancer journey, the chemotherapy, the pills, the loss of hair, the loss of vitality and vigour.

The journey towards death, whilst immanent for some, was being shared by all, and this was remarked upon by all co- researchers.

<u>The fourth stage</u>: Pilgrimage as remembering

The repetitive nature of the journeys to the sanctuary days promotes a sense of remembering: a sense of others having travelled this way before. This can be remarked upon in three ways: firstly, the potential healing inherent in the recurrent path trodden by the pilgrim, that, according to Peter Dawkins, can heal the land, and so ourselves. He writes:

> The land is constantly energized by the flow of pilgrims and thus stimulates healing and transformation in the land, the cosmos and the person… ..No one can take part in this without being personally affected: the pilgrims own consciousness is raised, and he or she gains more understanding of life.

(Dawkins 1998:142)

Whilst this view comes from a belief in land energy, and the transformative healing in a wider sense, (ecological as well as personal), it echoes the writings of Moriaty (2011), Tacey (2009), and Abram (1997) amongst others.

Secondly, the 'flow of pilgrims' came to the researchers' attention as people were remembered as the seasons passed, as the lanes renewed their spring flowers, or winter gained its rest. And this remembering of others 'having gone before' became an important aspect of the experience of the space and brings us the second perspective. The communal sense of remembrance, and stories told of past group members, and the community of people coming back time and again, offered new participants a sense of encouragement, or belief, perhaps like the offerings left at the Asclepian temples, where the central temples were adorned with inscribed accounts of healing (Patton 2009:9). In our work, the mandala and the stories told of others, the ashes scattered in these places, now considered by some to be sacred, and those people now 'moving into legend', (as well as affidavits, images and poetry of past group members), are some of the accounts of those who have gone before. Somehow this past community affirms the potential of the place, almost legitimizes it for others, who might be wary of attending the group. This cultural legitimacy of the path to a healing place was a significant aspect of pilgrimage (ibid:10).

There is something powerful and affirming about others travelling the same path, with good intention, and this seems particularly relevant when we consider the path down which we

must all travel. Others who have 'gone before' can be our teachers and those who have left marks along the roadside, or at the temples, can be our guides, inspiration and hope.

Thirdly, the repeated journeys, for each individual, seem to allow each one to not only develop a sense of belonging, of coming back to a familiar place, but also, and no doubt related, a sense of being able to drop into the space more quickly and more deeply, with each visit. This was not always the case. Some people may have an extraordinary moment on their first day. Others stay on the surface time and again. Generally speaking, the sense of accumulated journeys seemed to represent a positive aspect of the nature of the space.

The fifth stage Becoming part of the landscape

Ramsay (2013) writes of the development of a sense of interrelatedness, as the 'pilgrimage' proceeds, a connection with the land and a sense of unity and perhaps belonging. This was referred to by some researchers and will be expanded on in the theme of Nature and Presence.

Likewise, the inner journey, reflected in Ramsey's sixth and seventh stages will be explored later. Both of these, and perhaps all stages of the journey, involve the movement across thresholds, a transition from one place to another whether this is literal or metaphorical.

Here I want to refer to the final transition of pilgrimage seen through the perspective of death.

> For what is it to die than to stand naked in the wind and melt into the sun?
>
> (Gibran 1992:102)

Whilst the metaphor of pilgrim, the call, the journey and the return, can be related to the physical journey and the inner journey, when we consider the journey towards death, our linear trajectory so emphasized in the Western thought, we run into trouble. We run out of road.

Yet, in a sense, this is just a matter of perspective. If we continue the linear metaphor, then death is the moment of transition from the physical earth journey to something else, whether that is to another shore, or a return home, or a return to the land (ashes to ashes, dust to dust). There are many metaphors for this ultimate mystery accommodating existential nihilism, religious beliefs and poetic metaphor. Eastern esoteric traditions embrace a circular

expression of existence, the movement tending towards the centre, and waves of 'rarification' (e.g. towards spirit or Nirvana).

Whatever way we see death, it marks some kind of transition, from one 'place' to another. In the pilgrim's journey, death might be seen as the 'awakening/initiation' stage (Campbell 1993), with the return as yet unknown.

> Maybe the moment of our death too
> Is just another gate to new dimensions
> The call of life to us will never end
> Well then, my heart, take leave and heal.
>
> (Hesse 2011:13) from Stages: The season of the soul

In poetic discourse the transition of death is often conveyed as a journey or crossing, or a dissolving. In my own experience in palliative care, I have experienced this transition beginning before death, as a loosening of edges, which is hard to explain, yet not uncommon. For example, in the memory theatre, I recalled a memory of a client who, each time she attended, seemed to be loosening at the edges, that her edges seemed to be bathed in light, as if she were turning into something less dense, or literally 'shuffling off this mortal coil'(from Shakespeare's Hamlet).

In later sections we will consider transitions from the perspective of doorways into the imagination, the mundus imaginalis. In the following section we will examine thresholds into therapeutic and sacred space, within the context of Place.

4.2.1. Summary

The concept and metaphor of pilgrimage emerged from the research, identifying the significance of the journey to and from the venue, as in the preliminary lens, yet now incorporating the potential inner journey that the space invited, and the encompassing pilgrimage of life. Writings on pilgrimage supported the idea of a journey of intention and transformation and considered the link between the 'pilgrim/ patient' of the Asclepian temple and our group participants. The significance of trust, belief and the legitimization of the journey towards a healing place, emerged from previous and fellow travellers.

4.3. Place: qualities of therapeutic and sacred space

Image 2: Epidaurus

4.3.1. Inherent qualities

This is an expanded lens, identified in cycle 2, yet developed through the research process, deepening my understanding and awareness of the inherent qualities of a space, including physical qualities, the 'felt' sense of a place, and its previous, current and intended use. This aligned with the literature from medical geography and healing environments, such as the symbolic and social aspects of place (Gesler, 1993, 2003; Williams, 1998; Wilson, 2003; Sternberg, 2009). Environmental psychologists refer to this as '*sense of place*' (SOP), which can be measured using various tools and is concerned with place identity, place dependence, and place attachment (Jorgensen & Stedman, 2001: 234), that is the purpose of a place, a person's relationship to that, and how they feel within it.

Co researchers and data from archive material found the physical aspects of the places, both of the natural environment and buildings, contributed to a sense of well-being, for example, giving a sense of peace, tranquillity and being away from normal life, and therefore considered as part of the therapeutic space. This movement 'away from normal' will be discussed later and is concerned with the transition associated with entering a therapeutic or sacred space (Eliade, 1987).

The physical descriptions of the building, such as '*open, light, solid walls, laid out like home, distance views',* echo some of the characteristics that Ulrich's research attributed to healing spaces (Ulrich, 1984; Sternberg, 2009).

The places were also described as '*healing', 'spiritual', 'special'*, which was associated with a sense of benign or healing energy. This was related to both the inherent quality of the landscape, as one might encounter in other natural places that 'feel' special, and also its use over time, and purpose (*it has been 'prayed' in*). It is hard to unravel whether the attributes of place come from an inherent quality, its use and history, for example, being used for healing, for retreat, for sanctuary, for ritual, or from the meaning a community or culture place on it. All are no doubt deeply connected. However, the researchers noted the difference between these places and hospitals, or other clinical or 'functional' environments, which were associated with different uses, and less pleasant experiences, that engendered even fear and dread, compared with these more natural and intentionally restful venues. As mentioned before, this trust in, or legitimisation of, the building for a certain purpose may be connected to the power of belief, of shared belief, that which science, in the absence of other evidence, might call the placebo effect (Patton 2009).

It might be important to reiterate here that the facilitators would not make claims about the place to group members, other than it was an opportunity to explore in beautiful surroundings. The group members themselves, however, would tell each other of the experiences, and therefore stories of the places developed, as did stories of individuals. So, there developed an expectation of the place and the potential experience within in it, which contributed to the quality of the therapeutic space.

4.3.2. Use and Intention

The literature in chapter two also highlighted that the inherent qualities of a place, and its use, can be enhanced by what is created within it, such as rituals, art, devotion and prayer. Thus the nature of the space may change according to how we structure or arrange it, and what we do in it. As noted in chapter 2, churches are built to accommodate the ritual of Holy communion, emphasising the journey from the mundane world towards a communion with the Divine through the texts, the prayers and the gradual progression towards the 'throat chakra' (the choir) of the church, beyond which the priest intercedes on behalf of the congregation for their meeting with God. In the Asclepian temples it was in the deepest part of the temples (rather than the highest) where the dream was to be incubated, and the meeting with the 'gods' was invited, close to the ground and the darkness of night. So, the way we

organise and use the physical space may contribute to its therapeutic or sacred nature and the experiences within it.

 As we have noted, these thresholds mark the transitions from one place to another, and they can be physical, chronological, intentional, metaphorical and /or experiential. For example, in our work, the journey provided one transition, the doorway into the building and welcome another, the move into the shared ritual of the mandala, another.

4.3.3. Sacred space

Image3: Leaves

Eliade (1987) illuminates the significance of thresholds, in his words, dividing the profane from the sacred, exploring the transition in terms of intention. As noted, the threshold may be physical, or created through ritual, or may appear spontaneously in a moment. What seems to be important is that outside this space, the 'normal' world continues, with its rules and perceptions, whereas inside, the sacred space is 'made for the 'gods', which ever one is called in through intention. Inside the sacred space is another world, separate and belonging to transcendence.

The threshold marks the limit of one place and at the same time a passage from one space to another, a doorway between worlds, from the chaos, the profane, to order within the sacred (ibid: 25).

Here I will highlight the transitions and the intention we held for each space. I will focus on what we did, rather than how we were; the latter will be explored in the 'presence' section.

As we have already noted, the co-researchers remarked on the preparation and transition accompanying the journey. The intention for the day has also been noted.

Researchers commented on an environment that felt welcoming, comfortable and contained. The welcome was noted as significant by researchers, not just from the facilitators, but also the welcome from the dog. As in the Asclepian temples, the presence of a dog was significant. According to Eliade, and others, (Campbell 1993:77) each threshold has its guardian, gods or spirits that forbid or permit passage through. In other mythologies dogs attend the gateways to journeys of the soul, the most commonly known being Cerberus, the 3 headed dog guarding the entrance to Hades. For us it was a friendly collie.

Coming through the first threshold, the group members moved into an environment that was different from the outside world.   The welcome, the introduction of the day, the 'ground rules' of confidentiality, the shared purpose of the day and the containment of time, and the containment by the facilitators, all led towards the creation of a therapeutic space.

The movement towards sacred space was initiated by the engagement in meditation and ritual. This was similar to the movement further into the Asclepian temple, where the atmosphere changed and where there was an invitation for a deepening of experience. In our work there was a sense of intention, of metaphorically 'inviting the gods' to visit: to facilitate a move from one level of consciousness to another, in order for the group participants to encounter their own inner healer, or comforter.

4.3.4. Summary. The research highlighted the significance of the inherent therapeutic quality of place, the meaning placed on it and its use. The research helped identify and clarify the transition points, both physical and ritualised that contributed to the nature of therapeutic and sacred space. Literature concerned with environmental health, medical geography and sacred space supported these findings.

4.4. Nature

One way that researchers and group participants experienced a sense of sacredness within the therapeutic space was through nature. The mandala held the natural cycle of the seasons

and reminded people of our deep connection to the natural world. The beauty of nature inspired, for some a sense of awe.

This lens was in some ways unchanged from cycle 2.

It was evident from the data that having access to nature was a significant part of the space, incorporating being in nature, seeing nature, reflecting on the cycles of the seasons, and working with nature and imagination (e.g. becoming a tree, flower, bird, river), and this supported the findings from the PEP and the literature from eco psychology and healing landscapes.

However, the research led to a deeper acknowledgement of beauty in the context of palliative care, and a further move into the experience of a deep connection with nature. In this sense the lens was strengthened.

4.4.1. Beauty

Image 4: Poppies

'We respond with joy to the call of beauty because in an instant it can awaken under the layers of the heart a forgotten brightness'   (O' Donohue, 2004: 23)

In some ways it is unsurprising that beauty is considered a component of therapeutic space, yet in palliative care I have often found myself surprised at the capacity of people who are suffering to see beauty, and yet they do. The archive material was full of beauty. Perhaps it is the psyche's way of healing, or that there is a greater appreciation of the natural world

when our time within it is limited. In fact Rollo May (1985) in his fascinating book 'My Quest for Beauty' proposes that 'death is the mother of beauty' suggesting that in an encounter with our finitude we may appreciate the world more intensely. Jung wrote of this connection between death and beauty from a different perspective- its capacity to save life. He wrote, in Memories, Dream and Reflections, concerning a dream of a beautiful magnolia tree in a dark and dingy place: "I had had a vision of unearthly beauty, and that was why I was able to live at all." (1961: 224). This life saving aspect of beauty is echoed by Ventura, who saw beauty from a window, when very ill in bed.

> Beauty has kept me alive: This was my first consciousness of beauty- that is, my first independent, deeply inner meaning between the beauty of the world and my own soul.
>
> Ventura: (2001: 32).

Thomas Moore (1992: 278) acknowledges the relationship between soul and beauty. 'The soul is nurtured by beauty. Beauty is arresting; the soul pulling you into a moment of deep reflection..' He continues: 'if we can be affected by beauty then soul is alive and well in us' (ibid: 280).

Stories of this life- giving call of beauty and nature can be found in Linden and Grut's extraordinary accounts of refugees and victims of torture finding a way through their suffering by connecting to nature and beauty. Even when imprisoned in a cell with only one small window through which a prisoner could see the top of a tree, this tree became a symbol of hope:

> 'I could imagine myself lying down in the shadow of this magnificent friend…watching the blue sky…gazing at the dancing leaves and listening to their music. Occasionally a crow would fly around it and I would imagine myself being a bird, flying around, diving into the heart of the sky, feeling the fresh air stroking my body…I wished I could see all the beauty that the crow could see, all the beauty of freedom, life, love and caring. All these thoughts gave me a reason to stay alive.'
>
> Babek: Iranian client (Linden & Grut, 2002:2)

Rollo May discovered that the presence of beauty had a healing potential, when living through a debilitating depression, he came across a field of poppies and had a 'life altering epiphany':

He writes

> I realized that I had not listened to my inner voice, which had tried to talk to me about beauty. I had been too hard working, too 'principled' to spend time merely looking at flowers! It seems it had taken a collapse of my whole former way of life for this voice to make itself heard."
>
> (May 1985:13)

Beauty, it seems, has the power to transform. O'Donohue reflects on the connection of death and beauty in the final transition.

> Death casts a white shadow. It is the shadow of light bleached by nothingness. All our days, actions, words and finally our body vanish into light. The heroism of the contemplative endeavour is the attempt to reach through to that final threshold and enter that fierce conversation between death and beauty. The irony is that death brings out the fire and fibre at the heart of beauty. Within the white shadow, the gentle eyes of beauty can out-stare the unravelling eyes of death.
>
> (O'Donohue 2004:225)

All these accounts seem to illustrate that beauty has a transcendent power that can awaken the senses and shine a light in darkness. From the data from the pilot study, it was found that the beauty of nature was able to balance the shadow of fear and destruction:

'I heard the robin singing, amongst the most dreadful images of destruction, its song remained and found me. Like a golden thread, weaving through the darkness, holding me together. Indestructible.'

These experiences of beauty suggest a transpersonal and /or transformative element of the space. Something changes from this encounter with beauty. In some ways these transcendent moments of connection, when seeing poppies or a beautiful sunset or the deep tranquillity of the moon, are moments of epiphany, moments of meaning that change us.

Part of that change may be an awareness of our connection to nature. Researchers commented on this connection, which they experienced in physical, emotional and spiritual ways. (e.g.: *I feel held by nature, I feel part of nature, there's a sense of belonging and I drop into a different rhythm, as if nature is breathing with me).*

Summary: The research confirmed the findings from the PEP and other literature on the therapeutic quality of nature, and its potential as a therapeutic resource in terms of its associated metaphors, myths and seasonal rhythm. The research also introduced the

significance of beauty as a component of the therapeutic space. Writers on the subject amplified the connection between beauty and death and its potential for transformation. The sense of deep connection to nature was confirmed as another element in the nature of therapeutic space.

4.5. Imaginal space: Doorways to other worlds

Image 5: Glastonbury

This cycle 4 lens is an Expanded lens, developed from cycle 2, considering the use of ritual, stories, metaphors and meditation, not simply as vehicles for expression and exploration, as in art therapy, but as doorways into the imaginal, that is, ways to explore the deepest parts of us, to practice soul journeys. From the memory theatre and amplification of the theme, I considered that these transitions into the world of imagination, the mundus imaginalis, might even be a preparation for death. This was considered from an academic and poetic perspective, reading the work of Jung (1953), Hillman (1979), Corbin (1997), Strong (2005), Moriarty (2011), DH Lawrence 1885-1930, amongst others, and also from my own experience.

Although the opportunity to work with ritual, images metaphor and stories were a significant part of the nature of the space, these experiences were not always deep and soulful experiences, yet the potential was there and invited. Simple encounters might be in search for comfort or relaxation, for example, through the quiet space of listening to a story being read. Others may use metaphor, image, myth and poetry to find a language to express or explore feelings and ideas. However, still others discovered profound insight, or significant moments of meaning during these experiences, where they encountered a different place and source of meaning.

4.5.1. Ritual: The mandala

The main ritual created on these days was the mandala or wheel of the year.

The research participants all commented on the significance of this aspect of the therapeutic space. It touched many levels of the work, from simply marking the beginning and end of the day, to inviting a group creation, to linking the individual and group to their place in the world in terms of location, time and natural seasons and processes of the elements. It also invited a movement into depth, through the ritual itself, through reflection on the cycle of life, and through the seasonal stories and myths.

Its repetition each time began a story of remembrance, a connection between past and current members, (e.g. who put what where, the stories they told), which has engendered a sense of continuity, even though the mandala is created and undone each time the group meets. As a metaphor this is deeply significant. This constancy over time, that survives the creation, destruction and making it anew (and differently) suggests an element of eternity associated with meaning and remembrance. Even in its undone form of separate objects, it still holds the stories and memories of the group. Like the place itself, the objects became full of meaning and the abstract concept of the mandala, manifested anew each time, also held meaning, specific to our group.

Each time the mandala was created we invited the group participants to consider what we should light the candle to. This became an invocation of, for example, strength, courage, insight. This added to the meaning and purpose of the mandala for the participants, already holding the cycle of the season and of life, and of remembrance.

According to James Low who has written extensively on the use of Mandalas in Buddhism, (Low 1990), the essence or purpose of the Mandala is concerned with the process of

invocation, 'the calling in and realization of the spiritual force within the contemplator himself', the deity within. Others, (including one co researcher) note the potential transcendent function of the mandala as a 'portal to broadened consciousness' (Ireland & Brekke,1980:217). Like other rituals it can accommodate an outer manifestation of an inner world journey. Eliade (1993) describes a process of bringing heaven to earth. Johnson, (1986:101) writing about Ritual from a psychological perspective, proposes that ritual can set up a flow of communication between the conscious and unconscious mind, yet involving a reverence that may be necessary for psychological health, describing ritual as one of our most meaningful 'channels for awe'. He too argues that in primitive cultures people understood ritual 'as a set of formal acts that brought them into immediate contact with their gods' (ibid:103), echoing the Asclepian dream. Malidoma Somé (1993) a powerful writer and teacher on ritual, believes that we enter a ritual in order to respond to the call of the soul. It has a purpose and like the myth can open a doorway into another realm. Whether we believe we are meeting with the gods (inner or external) or soul, or moving between levels of consciousness, all commentators attest to a 'movement between' levels of experience or 'states of being'.

4.5.2 Movement 'between worlds'

Symbols and gods that represent this movement come in many guises, such as Hermes, the god who can move between worlds, and intercede between humans and gods, or Shamans and Psychopomps that can move across worlds. The concept of the axis mundi, represented, for example by a mountain, sacred building, or concepts such as Jacobs ladder, the tree of life, the Kabalistic tree, all represent a pathway that provides a connection and way for an individual to 'move between realms'.

The notion of an axis mundi emerged in other ways during the research development, of particular interest was its use in relationship to the facilitator role, which I discuss later.

Here I wish to continue the exploration of 'moving between worlds' via the axis mundi of ritual and imagination.

Whilst the sacred 'axis mundi' may lead a person to the divine, these 'pilgrimages to other realms' can be seen from the perspective of Hillman and Corbin (though their ontology is slightly different) as akin to entering the Mundus Imaginalis.

This Mundus Imaginalis introduces the concept of a new landscape that Corbin terms

'visionary geography': a place between our sensory world and the world of the intellect, offering a third way of knowing that has been almost lost to the West (Bosnak, 2009; Corbin, 1997, 1989; Cheetham, 2003; Hillman, 1989a).

Corbin writes:

> Yet the fact remains that between the sense perceptions and the intuition or categories of the intellect there has remained a void. That which ought to have taken its place between the two, and which in other times and places did occupy this intermediate place, that is to say, the active imagination, has been left to the poets. (Corbin, 1989: vii)

Hillman advances the idea of the imaginal world from Jung's 'image is psyche' by adding the terminology of Henry Corbin, proposing, like Corbin that this imaginal world is utterly real, with its own laws and purposes. Corbin believes it is a world of visions, which 'guides, anticipates and moulds sense perceptions, using the organ of trans-sensory perception (the Imagination) ..that turns the burning bush from a brushwood fire into a theophany' (Cheetham, 2003:71).
He continues: 'to acknowledge its reality is to change the face of everything' (ibid:72).

For Corbin, it is not a 'soft' imaginary world of wishful thinking, but has a cognitive function, just as the world of the senses and the intellect has, and can act as an intermediary between the two. Therefore, according to Cheetham, we can derive from this place, an imaginative perception, imaginative knowledge and an imaginative consciousness.
And the way into this realm, according to Corbin, is through Active Imagination.

Jung writes of the active imagination as a way to another world where one meet wise or terrible beings. For Bosnak (2008:11) this world of imagination contains intelligences 'which present themselves as substantive bodies to the receiving eye of the creative imagination'. That is, there are beings in this world that can be interacted with, listened to, learnt from, and who may guide us (or terrify us) should we be willing or able to engage with this world.

This links to the world of dreams where, in Kearney's view, we are attending to the language of our deepest nature. Corbin goes further and says we are attending to something eternal. Hillman encourages us to appreciate the integrity of the image, the dream, to not lose the dream in the light of day but to visit the dream world and listen to the dream, to stick to the

image (Hillman 1979). He suggests that this requires no special knowledge, that anyone and do this, though they may need an 'eye attuned to the dark' (Hillman1989a: 26)

This ability to 'go inside an image' or travel to another world, (whether it is considered real, for example, as for Corbin, or metaphorical, for Jung), can be extended to myth. By coming inside a story, it can become a 'vehicle' or path to explore one's own journey, as we may use it in IAP or drama therapy. The myth of Persephone for example, helped a group member to find a way to die. The story of Lord of the Rings helped another find his companion for the journey, Sam, to carry him the last few miles. The use of myth has been used in rites of passage and initiations too, for example the initiatory rites of the Eleusinian mysteries, and as with all transitions it is commonly associated with death (Strong, 2005; Grof, 1980; Van Ganepp, 2010). Like some spiritual practices these encounters with myth and the imagination could be considered a preparation for the ultimate transition from this world.

Laura Strong (2005) gives a detailed exploration of the history of psychopomps: guides across the divide between life and death. She draws the reader to re-engage with the rites of passage and mythic approach to this great mystery, that seemed to have helped an individual to die, believing and trusting that there is a guide to take him or her through. Her work also suggests the potential of practicing rites of passage or spiritual exercises that will act as preparation for the final transition. During a rite of passage, an individual must say goodbye to an old way, entering liminal and potentially dangerous places between the old and the new life. Once the threshold is crossed they can never go back. They must move forward into the unknown. She writes: 'such time honoured practice, and the myths that portray them, not only help people move from one stage of life to the next, but they also offer a way to emotionally prepare for this final rite of human passages' (Strong 2005: 208).

The invitation to explore through ritual and imagination in our work was not conceived as practicing the art of dying, but simply as ways in which the imagination, as the language of the soul, can mediate a healing process.
However, to be seen also as a way to familiarise oneself with this final 'journey of the soul' is an interesting one that calls for further examination in future work.

Kreinheder (1991: 108-110), in his moving and soul-full account of his own journey towards death writes:

As death approaches and the ego weakens, the unconscious leaks through and before long we are almost immersed in the divine. God, as Master Eckhart envisioned him, is a great underground river, and as we are gently gradually borne upon the waters, we are supremely content and fully healed.

According to Von Franz, (1987: 148) dreams of the dying often contain journeys to another country, or a rebirth, or partial destruction of which something survives. So, perhaps the use of images, dreams, myth and stories, can help people loosen the rigidity of rational thought and ego, and connect with a deeper wisdom that goes beyond ego, whether it is Jung's image, or Corbin's mundus imaginalis, or Eckhart's divine underground river. If this helps someone to die more easily, then these invitations into other realms may be considered as part of a therapeutic space in palliative care.

Here we can see a link between the transformative aspect of pilgrimage, (a leaving behind, a letting go of something known, towards the unknown), the metaphorical or mythical journey of initiation, and the transition into other realms of consciousness or knowing, whether psychological or spiritual, and of course, the ultimate transition into death.

In the embodiment of the memory theatre I had a sense of this potential risk of transitions, of encounters with 'the gods', and Jung and Corbin both emphasize that these journeys can be dangerous. Appropriate preparation, and assessing readiness, are important and this will be discussed a little further in chapter 5.

4.5.3. Summary: the idea of the use of image, ritual, myth, meditation and reverie as gateways into other realms, as well as for expression and inquiry, emerged from the research. This also connected to the transitions and inner journeys linked to pilgrimage and sacred space. Literature concerned with depth and archetypal psychology, and Corbin's Mundus Imaginalis supported the idea of working with the imaginal realm as a source of insight and guidance. The presence of potential Axes Mundi within the therapeutic space was considered. The opportunity to explore in these ways, and the potential this holds, was considered part of the nature of the space.

4.6. Presence
This theme, as with the others, pervades all.

From the consideration of therapeutic presence of the facilitators, this lens developed almost exponentially into considering a collaboration of 'presences': including animals, birds, trees, the wind, ancestors, even the building that was spoken of as 'ministering to them', that were all part of the therapeutic space

Image 6: Light

. This invites the idea of receptivity and collaboration between these therapeutic presences: that somehow, in letting go of the outside world for a while, and unravelling, people became more aware of, and sensitive to, other presences. This can be seen through the perspective of Gestalt awareness, or of mindfulness practices, of noticing the breeze, the feel of the room, listening to the birdsong, and certainly that was part of the aim of the facilitators, to give space to being 'in the moment and aware'. More than this, however, access to nature invited a physical connection to the *quality* of a particular aspect of the natural world, sensing and feeling the *strength* of the tree, the *movement* of the breeze, the *scent* of roses, the *sound and beauty* of bird song. This may even be taken further, as discussed in the resources of nature and metaphor, that through creative imagination, the trees may be invited to speak or carry a person, or further still, a person may experiment with 'becoming' (embodying) a tree, or cloud, and see what this may reveal. In this was the 'potentiality' of these different attendants contributed to the nature of the space.

4.6.1. This **sense of the place** '*healing me'* or administering to me, seems closely tied to the felt sense of the place that was already there, a belief that this was a benign energy, and this

was also encouraged by facilitators, to 'use' the resources offered by nature, to let these presences be felt (for example, 'feel your feet on the ground and the support of the earth').

As with the discussion of beauty, it can be argued that this is merely projection onto an inanimate earth, yet this perspective can reduce the potential and depth of our experience in the world. If we consider the concept of the anima mundi, then everything has soul and agency and therefore we can consider all aspects of the world as though alive and in relationship. Abram (1996), in The Spell of the Sensuous, presents this case well, and develops the concept of presence as intelligent. In an examination of indigenous people and their connection to the land, he writes that 'different gods dwell in different places'. Each place has its own dynamism and 'oral people will rightly say that each place has its own mind, its own, personality, its own intelligence' (ibid 182), and these are respected and related to in different ways, according to the traditions of the people. In our culture we seem to have lost this level of connection to the land, and the spirits within it, though it is apparent in our history of place and people (Abram, 1997; Moriarty, 2011; Harpur, 2002).

The relationship to the land and place also engendered a sense of belonging, a familiarity with the place that was positive and came from perhaps a general sense of belonging to the earth, and in particular for most people, a belonging to *this* land (northern Europe), but also as people returned to the place again and again, a claiming of the space as theirs.

4.6.2. Ancestors: This connection to the spirit of the land, or the land of the spirits, seemed to be echoed in the way researchers tried to explain the presence of the place and of 'others'. Ancestors, for example, were considered in terms of '*ancient wisdom*', or ancient stories, ancient buildings, those who have travelled here before us, or, more literally, people who we have known who have died. Their presence was still clearly felt and contributed to the therapeutic or 'special' quality of the place. This links to the meaning put onto a place through its past and current use and to the recurrent practice of rituals such as the mandala, that evoked the presence of people who had 'gone before', a remembrance, and a continuation in their footsteps.

4.6.3. The presence of **past group members** was noted by researchers as an active presence, providing a link between life and death (*the golden thread*), and a way of looking back

(remembering) in order to look forward: these people had 'gone before' as if 'showing the way', again, connecting this to pilgrimage and initiation.

In a more literal sense, some had been remembered by planting trees in the woodland, and some had their ashes scattered in these places, so the dead were indeed a presence within the group.

This had an anchoring effect: a reality that things and people pass, yet something of them remains, as in the mandala. This often gave way to a reflection on how people will be remembered, as a continuing presence. As noted in the pilgrimage section, stories were told of past members, of their nature, their experiences, their wisdom and it seemed that some of them at least passed into legend through this constant story telling. That these people had died, yet their wisdom remained and gave hope, was a remarkable aspect of the group. In the same way as the marks on the alter in the Asclepian temple, or at Lourdes, left evidence of their healing, this was a different kind of healing, Not only had the past members found the days comforting and perhaps healing in many ways, ultimately they had died. Thus they left evidence of a different kind: perhaps the greatest therapy of all- to know that it is normal and inevitable to die, that they had gone through what current members where going through, they had managed it and they were remembered. Stephen Jenkinson, who writes about the 'death trade' in a provocative and challenging way, in his book Die Wise (2015), refers to a dying mother's gift to her children: that she can teach them that it is okay to die. The past group members offer this to others, and in that way, their presence, in the form of example, or a story, is a powerful part of the therapeutic space.

4.6.4. So, **death** was ever present, a presence that may not seem to contribute to therapeutic space at first glance, yet in acknowledging its presence, there is a chance to live well, as much of the literature suggests. Death sometimes came in the guise of a shadow and fear, always, in its inevitability: there can be no pretence here- and yet often death would bring hope and eternity in remembrance. The presence of death cannot be overstated in this research. It is the raison d'être of the work. It was welcomed, accepted, its effect present in the autumn and winter of the mandala as well as in the loss of group members and in the deteriorating health of others. The acceptance and willingness to engage in the shadow that death cast was also part of the therapeutic space. Facilitators had to be prepared to stay with suffering, fear, anxiety, anger, pain, despair and their ability to do this was paramount.

4.6.5. Current group members, community: However, the presence of living group members also contributed to the nature of the therapeutic space. Researchers commented frequently on the communal aspects of the work, the concept of 'fellow travellers ', not just between group members, but all of us, towards our encounter with death. There was a shared understanding that we are all going to die, yet more specifically, an acknowledgement that the group members themselves were in a separate group from the facilitators. They had cancer, they were going through treatment and therefore they had a deeper sense of companionship (e.g. '*No one else can understand this'*). The presence of this sense of community links with other literature concerning support groups (Spiegal & Classen, 2000).

4.6.6. Animals: Animals are increasingly being used therapeutically, for example in equine therapy, and canine therapy. In our work, animals were not sort out to be part of the therapeutic environment, but dogs happened to be present at each place. A Collie or a Labrador greeted group members at the door and made him or herself available for attention if wanted. Dogs, as already mentioned, are also relevant mythically in Asclepian temples, yet in our groups their presence seemed to be entirely of this world and usually a delight- a sense of a benign, playful and authentic animal presence which seemed on the whole to lighten spirits and to comfort.
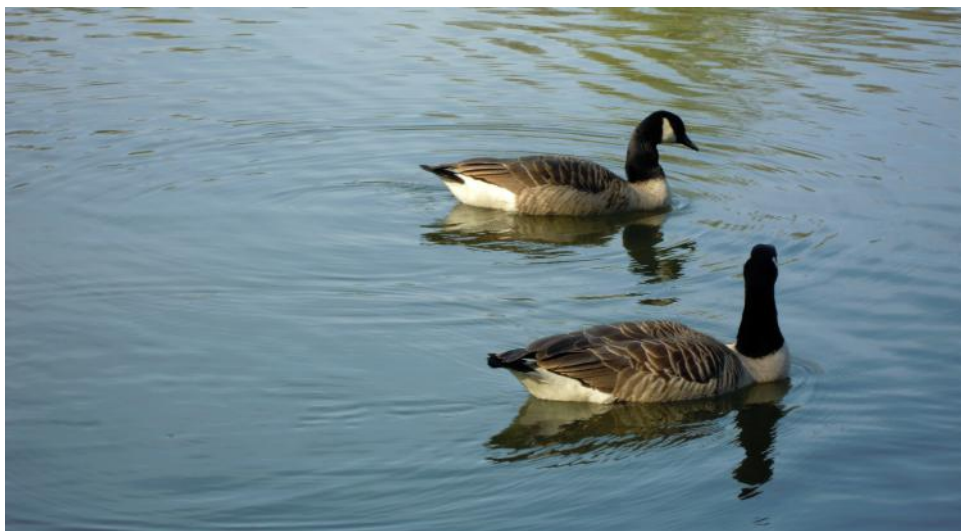
4.6.7. Facilitator's presence.

Image 7: Ducks

The research confirmed the original perspective and literature that the facilitator's presence, as part of the nature of the space, was one of witness, being non- active, 'and getting out of the way' of the work, to allow something to emerge from within the space, or from within the person.

However, qualities such as being able to create safety and containment were identified as important. To be fully attuned to the other, to validate and affirm and to travel alongside in suffering suggested that the presence was in no way passive, but an active and sensitive holding, knowing when to intervene, guide and support and when to 'get out of the way'. This seemed to affirm Findlay's proposal of preparing and holding the space, which can be considered to extend to the space between (i.e. the relationship) and the space within the therapist: i.e. that the therapist can hold a space within themselves to accommodate death and suffering. Levine, (1997) as noted in the introduction, refers to this with respect to holding a compassionate attitude to the other: 'compassion', he writes, 'is just space. Whatever the person needs to be you have room for it in your heart' (Levine, 1997:198).

The place of compassion came through strongly in the research. As I engaged with the data I was moved by the memories and descriptions of witnessing others, that seemed to emanate love.

Facilitators as Shamans, Psychopomps and Hermes.

Stanislav Grof (nd:6) explains that the initiation of a shaman involves a journey into the underworld and a psychological death and rebirth. He writes: 'The knowledge of the realm of death acquired during this transformation makes it possible for the shamans to mediate these journeys for other people'. They can move freely between worlds, like Hermes. Grof proposes that the ancient eschatological texts are maps of the 'inner territories of the psyche' encountered in transpersonal experiences, including of course, those associated with the dying.

These experiences can be part of psychedelic sessions or other powerful exploratory experiences such as shamanic rituals, spiritual practice, or opening up to a spiritual crisis. He suggests, like Strong (2005), that this opens up the possibility of exploring those territories of the psyche before death, so that an encounter with death does not come as a complete surprise (ibid:8). For Grof, this experiential practice of dying eliminates the fear of death and transforms the individual's way of being in the world. In this way, the shaman's

ability to mediate between worlds can be applied to the facilitator in the context of working with the dying; and this can be concerned with literal as well as metaphorical death.

This will be explored further in chapter 5, but I want to introduce the reader here to the concept of the facilitator's role as an axis mundi- a mediator between worlds.

Several researchers commented on the fact that in this place, they worked differently. (e.g. *'The energy just came through me. I could see and hear more clearly. I don't know where it came from.'*). This may be considered intuitive practice, or empathic attunement, yet if we supposed that the concept of the axis mundi could be applied to the *role* of facilitator (not the *person* of facilitator), then we might see his or her role as a mediator between worlds. This may not seem so surprising if we consider, for example, introducing a client to the world of the imagination through creative exploration or visualisation, as in IAP. Yet is this just a matter of semantics? The hierarchical structure of the axis or Jacob's Ladder could lead one to an uncomfortable sense of inflation, or narcissism, yet seen from a circular perspective, it is simply a way to facilitate an awareness between levels of experience, and, in terms of ritual for example, to introduce a way through or across or down.

In the embodiment of therapeutic presence from the client's perspective, the researcher wanted someone 'who knows how to disintegrate me': wanted someone who knew what would help them go through this process. The therapeutae (temple assistants) in the Asclepian temple seemed to have these qualities. They acted as witness and facilitators and understood the significance of ritual in order to prepare people for the dream incubation.

As we have already noted in chapter 2, the physician was excluded from the individual mystery of recovery, remaining intentionally in the background (Kerenyi, 1959: 50), but staying present to the process. The priests and helpers acted more as guides, with knowledge of ritual preparation. Seen in the light of Findlay's statement, they were able to prepare the space for these 'miracles to occur'. To put it another way, they facilitated the person's movement from one realm to another, preparing them for a 'visitation from the gods'. Hermes, as the guide between worlds was present. We could now say perhaps, that these therapeutae acted as an axes mundi.

A further development from the embodied experience of dream incubation in the memory theatre, was an unexpected sense of feminine sexuality and vulnerability. As I imagined and embodied the lying in wait for 'a visitation from the gods', I saw, and felt, how this could

be experienced as an invasion, without the proper ritual and preparation. I was aware too of the major transitions that often occur while lying down: Birth, conception (perhaps), dreaming and death. My own experience as a woman of giving birth had taken me, as for all women, to the edge of death: there is a risk to life in childbirth, now thankfully minimised, yet it is still present in a woman's psyche. Thus I could sense the vulnerability, the sense of the risk in transition, and the feminine aspect of receptivity and its shadow, the rape. This brought another perspective to the crossing of thresholds- the risk to the initiate, of losing what is known, of disintegration, and of the importance of preparation, whether this is managed by the facilitators, or by the client's own psyche.

The relevance of this to psychotherapy is discussed in chapter 5. For now, it reveals further qualities of presence, within the therapeutic space, that links to the shaman, psychopomp and Hermes: perhaps a knowing, or authority, in working with shadow, that is present and available.

4.6.8. Summary: the research engendered an awareness of the multiplicity of therapeutic presences that contributed to the nature of the therapeutic space. The facilitators' presence was confirmed as one of witness and fellow traveller, and the qualities needed to fulfil this role were noted. These concurred with Kearney's argument for a professional 'therapeutic use of self.' The concept of the facilitator's role as a metaphorical 'axis mundi', shaman or psychopomp was considered with reference to relevant literature.

All these subjects will be explored further in Chapter five with specific reference to their application and relevance, or not, to psychotherapeutic and palliative care practice, including the dissemination of the findings.

The next chapter will also develop the discussion to include a review and critique of the research process, the researcher's experience and development throughout the process, and future directions of the work.

5. Chapter 5 Cycle 5: Discussion and review.
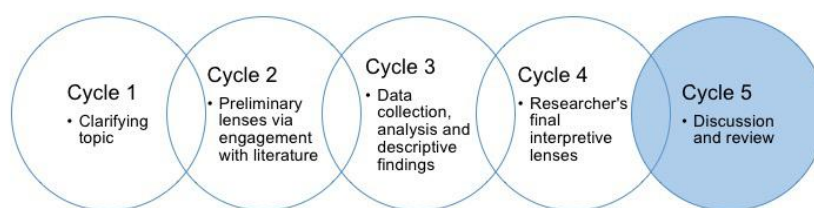
Introduction

This research sought to explore the nature of therapeutic space in the context of specific palliative care groups. A sense of deepening and expanding of what was already known emerged from the work leading to further cycles of exploration, learning, application to practice and understanding. This final chapter contains a review of the research findings, the research process and professional practice as they are woven together towards a new way of understanding the work. In accordance with the hermeneutic nature of the work, this process of course is ongoing; re-searching continues long after the original data has been collected, analysed, reflected on and applied- perhaps an inevitable and welcome component of practice based research.

For Anderson (2011:58), cycle 5 of Intuitive Inquiry provides a container for the integration of the research findings and literature review, considering what is relevant, what is not, questions left unanswered, and future directions for the work. This includes an honest review of the process, and how the researcher has been transformed- a component that is, as we have seen, expected and, perhaps, demanded, in transpersonal research (Romanyshyn, 2007; Anderson, 2011; Voss, 2011). I will also address how I have, and intend to, bring the work out into the wider field of professional knowledge and practice.

Chapter 4 has already offered a comparison of how my understanding has changed from what was originally known, with further reference to literature. Here I focus on the specific relevance this may or may not have to psycho- spiritual aspects of palliative care, including my own work, and to psychotherapy more generally.

The chapter will then continue towards the dissemination of findings and a review of the research process and my own learning.

Image 8: Triple Spiral

5.1. Review and relevance of findings

So as to avoid too much repetition of chapter 4, I will use the concept of the threefold pilgrimage pathway to guide the discussion. The journey 'towards' will include comments on place and nature, the 'inner' journey will consider imagination and therapeutic presence and the third path, the outer journey, will reflect on working at the end of life and the relevance to education and training.

Encompassing the whole, I begin with the concept of pilgrimage and its relevance, as I see it, to the field.

5.1.1. Pilgrimage

5.1.1.1. Application to our practice.

As the research developed, the findings impacted the ongoing work of the groups in the form of reflexive practice, changing or influencing the way we worked. Considering the group participants' journey as a threefold path of pilgrimage provided the Sanctuary day staff with a useful containing metaphor, placing the preparation and holding of the days in the context of the all- embracing journey of life towards death. In this way, the group meetings were seen as both a place of rest and reflection on the way, and, at the same time, a destination in itself, associated with preparation, intention, hope, and potential transformation.

These layers of journeying and intention were an important consideration for *all* 'professionals' concerned with the day, including the volunteer drivers. The drivers provided an essential part of the experience, and so it was important for them to hold the whole intention and shape of the day, so that they could attune to the process, and value the journeys to and from the venue as significant transitions. This reduced the risk of unconsciously introducing an abrupt interruption and change of dynamics at either end of the day. It also led to further education for drivers, delivered by me, through the charity for which I work, where they could see what a valuable contribution they provide for the group participants.

For the facilitators and body therapists, emphasising the idea of individual pilgrimages helped change the focus away from the temptation to see the day as a 'spa' with separate activities, and to be reminded that each participant was on their own journey; and the aim was to guide them through the day in a way that helped their individual search, towards building their own metaphorical ship of death. Thus it encouraged a shared vision amongst the practitioners, making something implied more explicit. It encouraged more sensitivity and awareness of the thresholds encountered by participants within the space- moving from the 'normal' everyday world into a therapeutic and sacred space, as the day progressed (Eliade, 1987). As the research progressed the therapeutic team was encouraged to hold in mind, lightly, the journey of participants and practitioners as we all travelled to and from the venue, on each day, with the intention of extending the therapeutic space and connection to include the journey.

Being mindful of this shared pilgrimage, within the context of life and approaching death, highlighted the need for supervision, support and an ongoing, unfolding self- awareness from the practitioners. This shared vision, shared life -journey and a re- emphasis on the significance of transitions, was incorporated into the development of the teaching module.

5.1.1.2. <u>Wider relevance:</u>

A journey of transformation

The analogy of pilgrimage has been used by some psychotherapists to describe the inner journey through dreams, or active imagination- a journey into depth, recalling Kearney's journey through suffering, alongside the pilgrim/patient's belief for transformation (Kearney, 2009; Schmidt, 2010; Hall, 2016). Clift & Clift (1996) draw from Jungian concepts in describing Pilgrimage as an archetype with the capacity to 'rearrange psychic elements, thereby producing psychological, spiritual and social effects' (1996:9): in Jung's terms-an heroic journey into the depths of the psyche in search of individuation.

As noted in chapter 4, people facing a life threatening illness have already been 'called' even 'thrown' into a journey that demands a re-evaluation of life, often accompanied by harsh and debilitating treatments. In this sense the journey, was not chosen, (although the attitude towards it may be chosen, according to Frankl,1997). Schmidt (2010:68) identifies the 'transformational' pilgrimage as a response to some aspect of life coming under 'serious challenge, erosion or even collapse' inviting a journey towards an establishment of a 'new self -state'. Few would argue that a terminal diagnosis does not present a serious challenge. One could also argue that transformation is inevitable, whether managed consciously or not, not least through the course of the treatment and physical disease. Here we may recall Kearney's assertion that the medical model aims to 'return to the status quo', to remove the impediment to health where possible, so that the patient can return to normal (Kearney, 2009:47). This is not usually an option for the people facing death. Besides, returning to the status quo is not, in itself, a transformative journey. Kearney likens this medical approach to Hercules' journey into Hades, which he entered as a Hero, fought as a Hero and returned as a Hero. In this case, the beasts are destroyed and we go back to the way of life we are used to. This has its advantages and at times can be most appropriate and desired. The transformative pilgrimage invites a different approach. To follow Kearney's mythological analogy, Chiron, the wounded healer, entered Hades and waited in the dark until he understood the dark, and returned to the Heavens transformed (Kearney, 1996: 44-52).

Whilst other significant writers of initiation journeys refer to the hero's journey as one of transformation (Campbell, 1993; Jung, 1961; Hall, 2016), Kearney's perspective perhaps infers that it might be the heroic *ego* that fights against the monsters of Hades, at the expense of the potential wisdom and journey of soul (Hall, 2016:135). The implication of pilgrimage as a transformational journey, is that we cannot go back to how we were; the call involves a separation and leaving behind. In Hall's description of the pilgrim descent, the separation is followed by dismemberment before the revelation and rebirth/return (ibid: 85). This is not the journey of a conquering hero. Asclepian healing acknowledges this, and so the attitude of the 'therapist' is one of 'accompanying through (and down)', rather than fixing and intervention; staying open to what unfolds, (waiting in the dark); perhaps bringing along a metaphorical rope and torch to negotiate the underworld landscape.

In terms of archetypes, both pilgrim and therapist take on transformational roles. Both need to learn how to cross thresholds, as a Shaman or Initiate is required to do through rites of passage and ritual journeys (Van Ganepp, 2010; Grof n.d., Somé, 1993; Strong, 2005).

Though the initiation into the journey may not have been called for by the patient/pilgrim, the approach to and intention for the journey may be chosen. Kellehear's detailed research (2014) into dying peoples' wishes, identifies a range of hopes and intentions, a view supported by other writers (Kubler Ross,1969; Longaker,1997; Breitbart and Heller, 2003).

In terms of Clarkson's working alliance (2002) this 'hope' or intention' is an important aspect of the therapeutic container, and in our context, the pilgrim's journey. Relevant to all therapeutic relationships, it is particularly significant to see it from the perspective of end of life care, where ideas of false hope or denial or even stigmatism have been present, historically, within medicine and the wider community (Kellehear, 2007:19; 2014:28). As we saw in the introduction, attitudes towards death and the dying are changing, yet there remains a sense of separation and perhaps understandable awe at the prospect of death. Thus the facilitator's or therapist's own attitude to the dying, including cultural, communal and personal perspectives, is an important issue, in terms of developing a shared alliance that neither offers false hope, nor denies suffering. We can, as facilitators, be part of the legitimization of a client's journey towards death, to see death not as a lost battle, but a consequence of a physical life. To move this into the transpersonal the facilitator/therapist

would also welcome depth (or height) journeys and be prepared for, and open to, the miraculous.

As psychotherapist Jauregui writes:

> Moments of surprise come, compelling us with their grace, even when the problems of life seem too daunting to bear, making room for our stories of epiphanies, we rivet our attention onto these moments, watch for the objections that conspire against them, and explore their power of healing,
>
> Look at this! we say, 'Look with me'
>
> And in the saying, we are changed, and so is the world.
>
> (Jauregui, 2007:174)

I have discussed the concept of pilgrimage as applied to therapeutic journeys, especially towards death, in terms of intention and potential transformation.

However, there are other practical aspects of pilgrimage that I consider relevant to psychotherapy. For example, simply bringing awareness to the journey to and from a therapeutic session, may emphasize aspects of transition. The wider and longer journeys that the client is part of, and the part the therapeutic space plays on these journeys can take on a nuanced perspective. In a sense, whilst ensuring the therapeutic space is separate and different, it is also simply a stop on the way. Seeing a client as a pilgrim, for me, brings a new perspective to the encounter, a wider perspective, something I have known intellectually, but now experience differently.

I will now consider the significance of place and space on the journey.

5.1.2. Place as a component of therapeutic space

The research highlighted the impact of the inherent qualities in a place, or landscape, as well as the meaning given to them. As we have seen, there is plenty of evidence of the impact of the environment on health, and yet little is written on this in psychotherapeutic literature except in the growing field of eco-therapy. It seems surprising that not more attention is placed on this, for example, in therapeutic education. Our places of work have an influence on both client and therapist and working within a healing environment or a difficult

environment can, I suggest, impair or enhance our work. The findings of the PEP supported this idea that working in a natural environment clearly supports the practitioner's ability to stay present even through suffering.

5.1.2.1. Application to practice.

The significance of the physical place, rather than what we did within it, was explored as we were forced to move into different venues over the past 18 months. This was after the data had been collected and analysed, so it acted as a mini comparative study and test of the research findings, as I allude to later. We were finding the new place less satisfactory, finding it harder to 'create the right 'mood', even though we were doing the same thing. I reflected on this by considering each place in reverie, capturing what came to mind and writing down my reflections. All the other places had a history and a deep connection to the land, and had been either meditated in, or prayed in, by previous groups.   From the images, I clearly felt that this new place was not yet, as the others were, attuned to the land. It felt new and manmade, but full of young potential. The feeling within it is slowly changing, it seems, the more it is used. I comment further on this in later sections in terms of how we developed our work there, as a result of these reflections, yet the example illustrates, I suggest, how much the inherent or perceived quality and meaning of a place, can influence the experience within it.

5.1.2.2. Wider relevance

Although there is little research on the physical environment of psychotherapy, I accept that this is attended to by most practitioners, for example in the sense of containment, privacy, comfort and perhaps reflecting the intention and approach of the modality. There are two aspects I wish to briefly consider in relation to place.

The first is from the perspective of the client and what meaning or perception he or she may place on it and how much this can affect the work within the space. For example, Jenny Grut in her work with victims of torture took her work outside because the therapy room reminded some clients of their prison (Linden and Grut, 2002). To others, a therapy room may seem like a haven or refuge. In palliative care, some clients (for example, bereaved relatives) find it hard to enter the hospice for sessions because of the personal and communal associations with death. Of course these reactions can be rich material for psychotherapeutic exploration, yet I consider the perception of a place as a highly significant component of therapeutic

space, as the literature and research suggest, and I think it is a useful aspect to emphasise in psychotherapeutic work.

The second is from the perspective of the therapist, and the attention we may or may not pay to the physical environment in terms of our own wellbeing; for example, how we might 'space clear' between session to avoid an accumulated emotional charge; whether we work in a harsh environment (for example, strip lights and little fresh air), whether the main 'felt' experience of the place is pathological (as in a hospital) or therapeutic. The implications of the research findings, that the 'felt' experience of a place contributes to therapeutic space, has confirmed and strengthened my view that our physical environment can deeply affect our wellbeing and that of our client's and it is worthy of serious attention.

5.1.3. The presence of nature

The presence of nature in psychotherapeutic work, and particularly in the care of the dying is fundamental to this work.   As discussed in chapters 2 and 4, the literature supporting the positive potential of being in, and working with, nature is substantial.

5.1.3.1. Application to practice

The relevance to our work is clear. The PEP and this research demonstrate how nature can be part of a therapeutic environment in palliative care work, including 'being in' nature and by attending to the metaphors, stories and natural rhythms associated with it. As the research developed I have adopted further ideas to enhance the therapeutic space in which we work, inviting the participants into a deeper connection and awareness of nature through forest bathing[11], a practice originating in Japan, that promotes wellbeing through a deep reciprocal relationship with nature.

5.1.3.2. Wider relevance

The literature on eco therapy and associated therapeutic movements and the writings of authors such as David Abram (1997) and John Moriarty (2011) attest to the vital ageless connection between humans and the land, and, in my opinion, its effect on our mental and

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[11] Forest Bathing: Shinrin-yoku: walking, meditating, mindfulness in forests, connecting to 'the divine in nature' . See McGeeney (2016) 114-118

physical wellbeing cannot be overstated. As we saw in chapter two, the growing field of eco-therapy and nature therapies continues to discuss the flexible container required in this work (Totton, 2011; Jordan and Marshall, 2010) and other practical and ethical issues, as it becomes a more accepted therapeutic modality.

What developed further from this research was the place of beauty, within the therapeutic space, and the connection between beauty and death. Poetic and psychological sources, such as Jung (1961) and May (1985) suggest beauty holds a capacity to heal, at least on psycho-spiritual level. This raises for me the question of how/if we can facilitate a person's appreciation of beauty. There is a certain receptivity or way of seeing (or hearing) that is required, which seems to be enhanced through suffering (and perhaps joy) or perhaps through limited time on this earth (Levine, 1992; May,1985; O Donohue, 2004). Whatever engenders these moment, they leave us changed, with a greater sense of our deep connection to the natural world (Moriarty, 2011). Perhaps, in the shadow of death, when the body may return to the earth, these connections seem more relevant. In both psychotherapy and medicine there has been a separation from the natural world and I see the development of eco-therapy and environmental and health geography as aspiring to address this division, in a call towards a truly integrated view of health.

From the consideration of place and nature and the outer pilgrimage journey, I will consider the inner journey, the world of imagination and the quality of presence that may accompany these journeys.

5.1.4. Imagination

Here I simply wish to re iterate the invitation to consider the place of the mundus imaginalis within the therapeutic space, as explored in chapter 4: that creative imagination, ritual and reverie can be thought of and experienced as ways to encounter another potentially healing place, either in what it may reveal to us, or in the preparation and experience of ways to cross thresholds. This can involve psychological and spiritual (or transcendent) experiences. For example, we might gain insight whilst embodying a story, or image, that helps us psychologically (as we do in arts psychotherapy), or we may have an experience that takes us through or past an ego sensibility, to another realm of experience that has the quality of

awe, or epiphany. It invites a transpersonal approach that opens to the numinous, to 'the hidden gods' as Hillman writes:

> The invisibility at the heart of things was traditionally named the *deus absconditus,* the 'concealed god' that could be spoken of only in images, metaphors…gems of immense worth buried within giant mountains, sparks that contain the flammable force of wildfire
>
> (Hillman,1996:285)

In this way, the use of imagination invites a gateway into another landscape, a visionary geography; to 'come inside' an image (Angelo 2005) or story, to cross into 'other realms'. In this latter sense, the research opened to a further question of whether these threshold crossings might be considered a rehearsal of that final crossing as Strong (2005) suggests. This is an area I wish to explore further in post-doctoral study.

Considering place, nature, and imagination as ingredients of therapeutic space, leads to reflections on the different kinds of presence that were idenified, and the relevance they may have in the wider field.

5.1.6. Presence

The research identified the facilitators' presence as one that travelled alongside as witness and guide, that aimed to create a place of healing rather than a place of intervention, to 'get out of the way' of what was unfolding. At the same time, when called for, the therapist/guide needed to be capable of taking people towards and sometimes across significant thresholds.

5.1.6.1. Application to practice

This quality of presence was developed more strongly within the team as I introduced the teaching days towards the end of the research. Most of the team was already familiar with the sense of witnessing and traveling alongside. What was less familiar was the concept of 'guide' and the crossing of thresholds into imagination and sacred space. The conscious recognition of other therapeutic 'presences', such as the place, animals, and ancestors became more explicit as the research findings came back into the work and the teaching developed.

5.1.6.2. In palliative care

According to Diamond (2009), Rollo May (1909 -1994), passionately argued that psychotherapy should be less about technique and more about enhancing a person's capacity to feel and become more receptive to life and love, to find meaning, to create. Like others (such as Yalom 2011), Diamond acknowledges this attitude as diverging from manualised and symptom-centred approaches that are favoured in cost and time-conscious paradigms such as the NHS. As Spiegel and Classen (2000) assert, from their experience with cancer groups, the most important aspect of therapeutic work in just to *be* there. The research confirmed what was found in much of the literature: the importance of warm empathy, of Roger's core conditions, and the willingness to travel alongside, and if necessary into depth. As the PEP study showed, this journey alongside and towards death invites a deep awareness of boundaries, as the facilitators move towards the edge. Working in this way demands a certain flexibility of the therapeutic frame, identified by Schaverien in her work with a dying patient (2002) and perhaps aligned to Jung's assertion to 'learn your techniques well, but be prepared to put them aside when you encounter the human soul' (Jung, 1954: 36)

Clarkson implies a similar 'yielding' in her examination of the transpersonal relationship, that invites a 'letting go of skills, a surrender of knowledge, the forgetting of experience, the yielding of preconceptions' (Clarkson, 2002:19). She writes of the 'full emptiness' of the therapeutic presence that can allow the 'soul' to emerge; that the soul (the numinous) cannot be forced. This perhaps relates to the 'safe emptiness' to which one researcher referred, and aligns with Findlay's invitation, to prepare and hold space where miracles can happen.

The research also brought into awareness the concept of traveling between worlds or at least facilitating this process for another, as a Psychopomp or Shaman (Strong, 2005; Grof n.d., Grof 1975) or in holding the role of an Axis Mundi- through ritual or imagination.

As we have noted in the previous chapter, the role of axis mundi, though challenging in its hierarchical status, can be exercised by simply opening to other potential levels of experience, an attitude that could be sensed by the client. By suggesting a book, or a meditation, or a ritual, or a quiet moment under a tree; to offer a story that might facilitate a move between levels, rather like the alchemist, increasing or decreasing the fire, or adding ingredients, the therapist can help the work to proceed to other levels. Clarkson's seven stage model of the transpersonal relationship, developed alongside Angelo (Clarkson, 2002:245), suggests a process of engagement that corresponds to the Kabbalistic progression of the Tree of life

and the chakra system, embracing the planets and other cosmological influences. Though complex, the idea of relating to clients and the work from different positions, or centres, seems to speak to the idea of the therapist as an axis mundi, inviting or aligning with different ways of being. For example, the therapist may attune from an 'earthy' groundedness, or from the warmth emotion of the heart (sun) or to open to more rarefied experiences of the sublime, in the 'higher centres'.

However, this image only implies the crossing of thresholds into other metaphorical worlds, and does not engage the reader at this point with the potential danger that emerged from the embodied experience of the research. The exploration of findings highlighted the potential danger associated with ritual and initiatory transitions, and the ability to assess the client's readiness to journey into depth, or height, must be part of the facilitator's role, though of course moments of epiphany can happen seemingly spontaneously. This requires a particular sensitivity and attunement to each client's state of vulnerability, fragility, strength, resources and readiness. Thus I suggest that at least one of the group facilitators needs to have been trained in psychotherapeutic and spiritual awareness. It is also worth noting however, that in this particular field, often the group participants are already in some kind of hell and the call, therefore, is to be there with them, and to stay alongside without trying to fix things or lead them out.

To develop the ability to stay alongside suffering, and to open the door to other 'worlds' is a considerable challenge. The shadow landscape of the pilgrim patient (see appendix 5) is a dark and lonely place and the facilitators need to be able to accompany the client, or to cross into his or her world, if he or she has reached hell before them.

If facilitators are required to prepare and guide clients through the underworld, I propose that they need to have travelled there themselves, to have gone through a death initiation, to have built their own 'ship of death'. Whilst this might be assumed to be part of a therapist's training, (May (1991:154) suggests psychotherapists should acquaint themselves with Dante's Inferno), I propose that there is still room for further encounters with our mortality, and I am trying to bring more awareness to this in our psychotherapy training programs, and in the planned teaching module that emerged from this research.

The research also invites an awareness of other presences that contribute to the nature of therapeutic space as previously discussed. There is little evidence of this being considered in psychotherapeutic literature, where the focus tends to be placed on the relationship between client and therapist.

The research opened to the presence of the mundus imaginalis, to stories, to ancestors, to death, life, to animals, to nature and to place. I found this a delightful and rich idea-that therapists and facilitators can be part of collaborative presence within the therapeutic space. We are, I believe, already and unavoidably part of this wider context. However, I would like to bring this into a fuller awareness, both in terms of an attitude and approach, but also in practical ways: that the other 'presences' in the field can be actively engaged. As psychotherapists, we may do this with our internal landscapes and figures. I suggest we can extend this to the outer world of physical presences, culture and community: a final move from the inside, out.

5.1.7. Summary: Developing and extending the discussion from chapter four, this review so far has sought to consider the findings with reference to developing practice.
The next section describes how the work has and is being, actively disseminated into the field.

5.2. Project and products

In line with this doctorate in professional studies, the relevance of the research is paramount. Here I describe and comment on how its relevance has, or is, being established in practice, including some of the successes and challenges.

5.2.1. Background revisited

This research project emerged from the original projects of group work in palliative care which I began 15 years ago. These two projects, together, were, to some degree, my opus magnum (prior to this research project). During the years they have been running I have created and led teaching programmes, in collaboration with the local hospice, focusing on what I called the 'Essence of Palliative Care': The main part of this programme was a 5-

day course, exploring the following subjects: creating therapeutic space, therapeutic aspects of touch, caring for ourselves, working with loss, death and impermanence and the therapeutic encounter (see appendix 6). The teaching programme was delivered to palliative care practitioners in the UK over number of years. Participants usually included nurses, social workers, priests, occasionally doctors and few counsellors and psychotherapists. We prepared creative environments with access to nature, so that the place of study and exploration mirrored the work.

My co facilitator for the groups was the Hospice Education officer, and my first sorora mystica,[12] who also co facilitated the teaching days, forming a strong collaboration between myself and the charity for which I worked, and the local hospice. The feedback and evaluation for the programme was very positive. It seemed there was a strong desire from participants to be taught and to explore in a different environment, and with a resonance between the experiential exploration and the content. We lived the work.

However, after a number of years the hospice education team changed, my co facilitator retired and the Hospice financial and education departments were refocused towards delivering education that was in line with specialist palliative care provision. As Kearney and others had predicted, the holistic focus, including, in my view, the creative exploration of psychospiritual issues, was lost beneath the approach demanded of a specialist palliative care provider. At the same time the charity for which I worked was also under financial pressure, and teaching work was put on hold.

The projects themselves continued, though this was a time of restructuring and change within the charity financing the projects, and there was little room for innovation. This research project began, partly to capture and ground the work, so that I could argue for its continuation in the restructured organisation, with a stronger force. Up to this point, I had been extremely fortunate in being able to try out these new projects in a new and emerging charity, open to innovation. As the charity grew, it became, out of necessity, more business-like and I needed to argue my case with people who were new to this work. In the long run this proved extremely beneficial for myself and the work, but there were struggles along the way.

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[12] Sorora Mystica: the feminine counterpart who assisted the alchemist; a potent figure and essential to the work.

Two major practical events influenced the progression of the research. One was the loss of experienced facilitators, through retirement, and career change, and the second challenge was a change of venue. As noted in the previous section, using a wider variety of locations turned out to be an extraordinary and unanticipated opportunity to feed back the emerging findings into the work, and to 'test them out'.

It gave a relevance to the work that extended beyond the halcyon set up with which we had started, engaging more, one could argue, with the 'real' world. In terms of disseminating our findings, these situations provide examples of adapting the work to different settings. Over the last year and a half, we ran the Sanctuary days in the hospice day centre, a yoga retreat centre, a private house, in the woods, in an adapted milking shed and now in a private home, which is being developed as a meditation centre. In each place, the research findings were tested and compared, and this acted as an unexpected extra resonance and validity check (Anderson 2011).

The change in co facilitators led to a deep reflection on the qualities and skills needed to fulfil this role and how they may be taught. It also revealed to me how much I had relied on a true sorora mystica, and how much I missed such a presence. This in turn fed back to the research findings and onwards to the development of the teaching programme. Again, the re-search into practice illuminated an iterative process akin to grounded theory or action research.

5.2.2. Passing on the work as an act of remembrance

These changes also gave a gentle urgency to the research as a way of passing on the knowledge we have gained, to new people, so that when I retire, or die, whichever comes first, the work can continue to develop with others knowing of its original roots and subsequent flowering: a model for practice. This is the first aim of the dissemination of the research findings.

Alongside this is a desire to tell the stories of the group participants over the years, as few people, apart from myself, now remember them. This sense of continuation and remembrance came out strongly in the research as a significant aspect of the group experience, perhaps an understandable and natural reflection that touches all of us: of how we may be remembered and what marks we may leave behind in the world. Although the group participants' presence is implicit in this research, I am beginning to feel that their (composite) stories may need to be told in a different way, to make them heard more clearly.

5.2.3. Passing on the work to contribute to practice

To apply the plant metaphor of roots and flowering to the research, I picture the fruit (produce) of the work being disseminated in 5 directions, offering contributions to each field.

These are the fields of Eco therapy, palliative care, psychotherapy, imaginal research and not least, back into the soil to feed the projects themselves.

The seeds and fruit from the research are summarised below and include previous, current and anticipated products, the latter *in italics*.

Eco therapy: Teaching days

Book chapter: Eco-therapy research and practice

Planned teaching programme with art therapist, beginning May 2017

Palliative care: Presentation of PEP as art exhibition

Teaching: counsellors and psychotherapists in palliative care.

Pilot teaching programme

Development of teaching module *and implementation*

Collaborative project with artist: DVD of 'Walking Meditation'

Collaboration with Living Well Dying Well Organisation

Teaching in other hospice education centres
Potential book: Stories written on the temple walls
Article for Journal of Holistic Healthcare:

Psychotherapy: Teaching: palliative care and research on adult MA

Teaching days, London, Chichester on working with the dying *ongoing*

PC Teaching module relevant to psychotherapists

Research: Presentation at TRC of embodied memory theatre in Intuitive Inquiry

Research article for transpersonal research journal

Contribution to II development through research publication

Current work: Apprenticeship teaching

Sanctuary days for palliative care staff

Ongoing reflexive practice and teaching

Other related seeds: Conference presentation of 'Pilgrimage at the end of life: Gatekeeper Trust.

I will briefly consider the dissemination of findings and the potential to effect practice. Then I will consider these products in terms of aims, progression, relevance, evaluation and learning.

The word, dissemination is drawn from the Latin, *disseminare*, meaning "scattering seeds". At the risk of extending a metaphor too far, in the context of research, the fruit as well as being 'inwardly digested' always contain the seeds of new growth. There are no guarantees that the seeds will bring forth a harvest. However, we can potentiate healthy seeds through good research. We can prepare the ground, to enhance its receptivity and fertility, through dialogue, engagement and collaboration. The best season and method of sowing must be known or tried and we may need good and willing gardeners to ensure continued healthy growth and diversity. To summarise, the active translation of research findings needs to be creative and collaborative (Kothari et al., 2011; Tasca, 2015). In terms of influencing practice, theories of change suggest, unsurprisingly, that collaboration works better that imposition, particularly in literature concerned with nursing and psychotherapy (Tasca, 2015;

Bradley et al., 2010; Walter et al., 2003) and that passive dissemination of research findings (e.g. books, journals, leaflets) rarely change practice, without a prior motivation to change or an affinity or belief in the person or product (Taylor, 1995; Bradley et al., 2010; Burnes, 2004). Language and approach need to fit the task in hand and the dominant organisation paradigm. For example, creative approaches may be favoured by some practitioners, whereas more practical and factual presentations would suit organisational decision makers who are short of time. That practitioners in this field may prefer creative collaborative methods of engagement fits comfortably with my preference for experiential teaching work, and I am aware of my bias.

I am also aware, from discussion with hospice doctors, that although they may appreciate the creative work being done, that within their profession any research short of RCT, meta-analysis or systemic reviews will rarely change practice. Evidence based medicine (EBM) would challenge the epistemological strength of this study, as EBM favours rational and observable knowledge. Thus my influence in some areas of palliative care practice is limited. This is one reason for my favouring experiential education. Experiencing the work, as some of the hospice doctors did, helped in their understanding of our approach and resulted in a closer collaboration as a multi-disciplinary team (for example, by referring patients to our group.)

5.2.4. Using my skills in dissemination.
Another factor in choosing how to disseminate the work is in playing to my strengths.
My training as a clinical nurse teacher and the experiential teaching with which I have been engaged over the years as a psychotherapy tutor and course director have obviously drawn me to towards approaches that have an experiential, creative or teaching element. I am less comfortable with written academic argument and dislike organisational language, and therefore favour these modes of discourse less, though will use them when necessary. Indeed, a significant call to the research was to ground the creative approach through academic rigour (Angelo, 2005).

Whilst I recognise a tendency to work alone, I enjoy collaboration and creative dialogue and my approach to initiating change is always collaborative.

5.2.5. Bringing the fruit into the fields: motivation and evaluation

5.2.5.1. <u>Palliative care</u>

a) Public Exhibition of Pilot Study: the experience of practitioners working in nature with palliative care groups (See appendix 7)

<u>Motivation</u>: To make the findings public; to exhibit the photographs in an appropriate way as a response to the challenge of publishing creative research.

<u>Aim:</u> To inform palliative care professionals and members of the public about working in nature and to show evidence of a creative research methodology.

<u>Evaluation and limitations</u>.

The feedback was encouraging for me as people seemed to be impacted and moved by the images (see examples in appendix 7). One person challenged the idea that dying can be represented in beautiful images. This was useful feedback for me. Although I consider the images to represent pain and suffering as well as more transcendent aspects of the work, it helped me stay aware of the balance between light and shadow, and how a transpersonal approach may favour the former. As a nurse, I was well aware of the ugliness as well as the beauty within dying and wanted to appreciate both.

The images from this work have been presented in other places (for example in psychotherapy and ecotherapy teaching, and at a conference), and some are now being used in new therapy and counselling rooms in the local hospice – a direct result of relaying the research findings to our team meetings, and in particular the positive impact of natural images in healing environments: a small but significant seed from the research.

*Gentle inroads***:** The new managers of the charity are now open to developing a new teaching programme and I have begun to teach all charity staff about the work and engage them in experiential reflections of being with people who may be in distress. This includes all of the charity personnel, from trustees to charity shop volunteers and is part of a whole education approach to work with a shared vision, and to support volunteers who may encounter people in distress in their work (for example a bereaved relative donating to a shop). This is proving to be extremely useful and has already resulted in favourable and significant contact with

potential service users and demonstrates how **psychotherapeutic education** can reach and be relevant to people outside the profession.

b) Teaching module and guidelines for practice.

<u>Motivation:</u> This developed from the need to pass on knowledge for the continuation and development of the present group and to share this model with other palliative care providers.

<u>Aim:</u> To introduce potential facilitators of palliative care groups to this collaborative model, working with nature and imagination, to contribute to the demand for psychospiritual care in palliative care provision.

<u>Aimed at:</u> palliative care practitioners, including psychotherapists, and counsellors; but also including other disciplines to work as co facilitators, such as body therapists, artists. All would need to have either experience in end of life work or show evidence of appropriate 'life' experience and a capacity for self-awareness.

<u>Delivery:</u> experiential and apprenticeship components. Ideally participants would apply their learning in supervised practice in palliative care groups. Experiential and apprenticeship components can be found in most psychotherapy and nursing trainings and would therefore be familiar to most participants.

Preliminary stages of the development of a teaching programme included

1) delivering 4 'sanctuary days' for palliative care staff,
2) 3-day Pilot teaching programme for current and potential facilitators
3) Teaching day for counsellors and psychotherapists in South East of England palliative care group.

These were all evaluated and contributed to the module development and the latter two, provided further resonance checks to the research findings.

Staff sanctuary days were aimed at showing how and what we were doing for group participants, as well as giving staff an opportunity to reflect on their own palliative care work. It also offered an opportunity to assess the relevance from the professional perspective. The groups consisted of doctors and nurses. A questionnaire was given to each staff member at the end of the day to evaluate its use to them professionally and personally and to inquire into their favoured method of learning should they wish to know more about this approach. Follow up discussions were welcomed.

<u>Results and limitations.</u>

The questionnaires revealed 100% positive response. The two main areas of relevance for this research lay in their favoured approach to learning (see appendix 8) and the relevance they placed on this approach, not just for patients, but their own need for support and education in managing spiritual distress and suffering. This corresponds to the literature in chapter 2. It also had a wider purpose in introducing the doctors to the work in a way that could influence their opinion, as opposed to written academic literature (as mentioned above). The follow-up discussion with a doctor, which included a discussion of research methodology, was particularly useful.

Limits: this was a very small group, already familiar to some extent with the work, and therefore probably favourably inclined. Because of the nature of the day, the experience was intended to make the participants relax and feel appreciated and nourished, and therefore they were likely to give positive feedback at the end.

Pilot teaching programme. As the themes emerged more clearly from the research I was able to develop a programme for a small pilot study of current and potential facilitators in our work. The aim was to 'try out' this experiential approach to the work, with specific reference to conveying the research findings and their application. I also sought their opinion of the planned module content in terms of relevance and accessibility. The programme consisted of 3 full days, working in woodland, covering the themes of therapeutic and sacred space, the use of ritual, imagination and nature and the significance of the 'three-fold pathway' of pilgrimage. The story that evolved from the data contemplation was used in a creative experiment of reverie, followed by a creative response and discussion.

The group was kept deliberately small, to encourage deep exploration and discussion. Participants were chosen to provide a range of disciplines, covering psychotherapy, counselling, complementary therapy and an artist who had trained with the living well dying well organisation (LWDW). This range was important in beginning to understanding the potential difference between disciplines and how this may be relevant to the teaching content or approach. I also chose two people who had not been to the sanctuary days, to see how this would affect their response compared to those more experienced.

<u>Findings and limitations</u>.

All found it relevant and useful and offered constructive advice on the planned module (see appendix 9).

The experience itself was a rich source of learning for me, in terms of how to teach the work to different disciplines. For example, it confirmed the power of image and embodiment to those unfamiliar with this way of working, and the depth to which it can take people. The current facilitators, who had seen me guide the creation and undoing of the mandala on each sanctuary day, and had read information about the process remarked that it wasn't until they experienced the making and embodying of the mandala themselves that they really understood its significance. This confirmed that experiential learning was a suitable method in this instance. The mix of disciplines worked well, and in this case, did not seem to detract from the depth of work: that is, the ability to work at depth was not connected to the participant's profession, but more to their life skills, self-knowledge, and willingness to remain open and curious. This reflected Kearney's writing on the therapeutic use of self.

The teaching also fed immediately back into the work as the current facilitators understood what I was doing on a much deeper level. This led to a shared approach to the work that had a significant impact on practice.

Limitations: although I planned to use a small group, obviously the limited number limits the evaluation of general applicability. That they were all interested and drawn to this kind of work was less of an issue, as I imagine the teaching module will also attract people who are curious about the work.

Counsellors and psychotherapists in palliative care.

This was aimed at introducing psychotherapists and counsellors experienced in palliative care work to the research and findings, to ascertain their view of its relevance and resonance. i.e did they think this way of working was relevant to palliative care? Would they be interested in attending the teaching module? Did the findings resonate with their experience of palliative care?

Findings and limitations

The evaluations were positive and confirmed the relevance and resonance of the research to palliative care counsellors and therapists (see appendix 10). However, the numbers were small and the evaluation questions could have been clearer and more detailed. I felt I lost an opportunity to follow this up with further discussion.

Development of module programme:

This was done in collaboration with a university academic registrar who helped assess the aims and level of this module in line with current accredited courses. This led to a decision to present the module as a 12 day programme (see appendix 11).

I am now in discussion with course leaders in the local University to see if /when we could introduce this module. It is important for the course to be open to a range of potential facilitators, not just psychotherapists and counsellors. If this cannot be done through the university, I will present the programme myself with the university lecturer in a private capacity.

With reference to the past teaching programme, the new teaching programme can be seen as a development of the original, and it has been useful to see how the work and my knowledge has developed over the years. It now contains a component of apprenticeship, to teach people *how* to do this work, as well as teaching them *about* the work.

c) Creative collaboration with an artist:

Development of CAIM[13] walking meditation and short film(attached).

Motivation: to bring in creative elements into the research process and in its dissemination and to invite a creative response to the work from someone outside the work.

Aim: To create an installation or other creative product that can be exhibited alongside the research findings and could be used in teaching as a point of reflection and embodiment.

This part of the research was a rich and powerful experience with a collaborative artist, Clare Whistler, who has delivered a wide range of community and creative projects locally,

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[13] Caim: a Gaelic word meaning 'Sanctuary' (pronounced kyem): an invisible circle of protection, drawn around the body by the hand, that reminds you that you are safe and loved , even in the darkest times (from Tumbler.com)

nationally and internationally. In exploring her work, I was struck by the simplicity and depth of her performances. I did not know before I contacted her that she was also interested in the care of the dying. Our collaboration has not only resulted in her creative response to the work, but she is now about to become a group facilitator: my third sorora mystica.

How we did it

After initial meetings, and discussion of the work and the research, Clare came to a sanctuary day, to observe the day. She had already worked with the Natural Rhythm groups before as a dancer and permission was sort again from the charity and potential group participants, which was granted.

She then attended the pilot teaching programme and consequently developed her creative response to the research. I gave her complete free range, needing to let go of the work as Romanyshyn advises (2007:345). Her 'walking meditation' emerged from a previous performance she had given in Japan, and now transformed into a new form in response to the research and particularly the story.

The film (made from one take) was recorded in the wood and the editing given over to the film maker, - another letting go of the work.

The result, to me is an extraordinary simple response which seems to capture the work in a few minutes, in contrast to this 65000 word opus. It brings together the original metaphor of a mandala, in the circles, spirals, the central point and the four directions, elements and seasons. It echoes the metaphor of pilgrimage, including the journey towards the centre, into depth, and the return.

*The short film of the walk, followed by a fuller explanation is attached to this dissertation for the reader to view. It can also been seen at
https://vimeo.com/178030339
                                                     Passsword: ewarwoowoo

Evaluation: The film has been shown to two groups of psychotherapists unconnected with palliative care, who have found it personally enriching and powerful. An example of my own practice and response can be found in appendix 12.

The artist also performed the meditation to a group of patients. In light of the positive feedback from group members I have been asked to teach it to other group members. This is another unexpected example of the research coming back into the work, in addition to its intended use in the teaching module.

d) Other seeds in palliative care:

LWDW: Through the collaboration with the artist, I was introduced to the director of the Living Well Dying Well (LWDW) project and have been preparing to join their tutor team. We are discussing a possible collaboration that would see their students being offered experience (placements) in our group projects.

The LWDW movement seeks to bring the care of the dying back to the family and community and I see this as a welcome and much needed move towards a cultural and communal change in our attitude towards the dying. One can still bring professional knowledge and skills to this, but with the aim of enabling others, rather than claiming the work ourselves. I see it as an opening out to the community, rather than a gathering into the professionalization of death.

Book: I had originally planned to write a professional practice book, yet over the period of the research this idea retreated to the back burner. This was partly due to my experience of writing a chapter for a book which introduced me to the lengthy and time consuming process, the literary 'ownership' of my work and the editorial process which adapted what I had written and its presentation. By the time the chapter was published I had changed my ideas about what I had written, and I began to question its value, or at least the timing of putting words into print. I wanted to wait until I had finished the work and reflected on it as my ideas were changing so constantly.

Preliminary inquiries to publishers and editors also highlighted that they consider this work to be very specialised, and it did not fit easily into a broader category (eco-therapy? palliative care? Psychotherapy?), and this perhaps reflected my own ambivalence at the time. I did not want to admit to 'being 'specialised', seeing as death, imagination and nature are probably three things that belong to everyone's experience, though perhaps not together.

It was not until almost the last days of the dissertation that I wrote some concluding thoughts and a new title of a book came to me. It took me back to the heart of the work and the original idea of doing the doctorate, which was to tell the stories of the people who have passed through the groups, and let them be the teachers. This research has in some ways acknowledged them, they are of course implicit in the work, but I am now drawn to write the work from a different perspective, making their (composite) stories the focus.

5.2.5.2. Ecotherapy

a) Book Chapter: Working with Nature in Palliative Care. In Jordan, M. & Hinds, J. (2016) *Ecotherapy: Theory, Research & Practice.* London: Palgrave (appendix 15)

Motivation: To publish the pilot study findings and subsequent development of the work, as the research progressed.

Aim The aim of the book is to offer practical experiences of ecotherapy practice and research to psychotherapists and counsellors interested in working with nature. My personal aim was to introduce the readers to the potential of working with nature at the end of life.

Evaluation. Since the book has only just been published I am not aware of its impact, other than one 5-star rating on amazon: ('*Great book full of information, ideas and theory. If you like ecotherapy this book is worth buying'*)

However, my own learning from the process has been huge, in terms of publishing generally, and my own process associated with writing for publication. The process of writing created new links and reflections about the work, which I consider to be an invaluable part of reflexive practice. Like teaching, writing about a subject can be the best way to learn about a subject.

b) Teaching within eco therapy: I have presented my work to ecotherapy training groups and am developing a **new teaching programme** in collaboration with an art therapist, beginning in May 2017. This is not directly connected to the research, but working with nature to reflect on our impermanence and mortality will be part of the experience, alongside experiences with nature, ritual and imagination to enhance life.

c) **Planned Teaching in nature**

Motivation: To bring the therapeutic quality of being in and working with nature, to other professions as well as psychotherapy and counselling

Aim To introduce, through experiential learning, how professionals can bring work with nature into their life and work to the benefit of their personal and professional lives.

5.2.5.3. Psychotherapy Training

Motivation to introduce working with death and dying into psychotherapy training, and practice (in addition to existential and transpersonal considerations of death, death anxiety and life)

Aim: to give opportunities for students to consider their own mortality and how they might experience working alongside people facing death and for students to consider psychotherapeutic approaches to end of life care.

Process: Creative exploration and discussion. Presentation of my work and research findings

Evaluation and limitations.

This input is only beginning. I have given two sessions to MA students over the last two years and will continue next year. Feedback has been positive (4/4) and inspired one student to find a hospice placement.

I have been in discussion with my training Institution about what I perceive as a gap in training, and more days are being organised to introduce this subject into lectures on the transpersonal.

I also present the subject to counselling trainings at Chichester University in the form of a one day CPD session in working with the dying.

This is an area that I wish to explore further. It seems from preliminary searches that few integrative psychotherapy trainings introduce concepts and practice of working with death, and this fits with the lack of research in this area, in contrast to the vast amounts of research into working in bereavement. Considering that each of us and our clients will die, this seems an extraordinary omission, and perhaps fits with the cultural approach that has placed us out of death's reach. I have already alluded to movements seeking to 'de-professionalise' death and so the introduction into psychotherapy training may seem to contradict this aspiration. However, it is very likely that psychotherapists will encounter people facing a life threatening illness, even if he or she does not work in that field. To be prepared for that encounter is, in my view, a worthwhile aim.

5.2.5.4. Research

Presentation of research methodology TRC. Invitation to follow up with a paper for the transpersonal research journal. (appendix 16)

Motivation to share my use of embodied memory theatre in Intuitive Inquiry

Aim The colloquium aim was to bring researchers from different parts of the world to share their experiences of transpersonal research. My aim was to introduce an adaptation of the research method and invite their response.

Evaluations and limitations

The discussion of intuitive inquiry generally and embodiment in particular raised issues about the power of these ways of working, the impact on the researcher and the potential for overwhelm. Good supervision and support is vital. Feedback for my presentation included a desire to see and enact the walking mediation, to which I referred in my conclusions- again another call to experience and experiment amongst these delegates.

Because the presentation time was short and feedback given to groups of presenters, rather than to each individual in turn, the feedback was helpful but time limited. However, the creator of the research method, Rosemarie Anderson found the embodied work interesting and has offered positive feedback via email, the essence of which I include here (with her permission):

Great to connect with you at the TRC. I much enjoyed listening to your presentation and learning how you had integrated your intuitive processes into the five cycles of intuitive inquiry (ii). I particularly liked your use of an yurt to "contain" your process and experiencing the mysteries in and through your body. Thank you for contributing to the ongoing development of ii.

> *Rosemarie Anderson: personal correspondence 30/09/16*

5.2.5.5. Other

a) Pilgrimage at the End of Life. Presentation to Gatekeeper Trust Conference: The Art of Pilgrimage

Motivation: to share my palliative care work, including the images from my PEP research, within the invited metaphor of pilgrimage, to people concerned with sacred architecture and scared landscapes

<u>Aim</u> The conference aim was to share ways of exploring pilgrimage within the Gatekeeper Trusts' work with sacred landscapes.

<u>Evaluation and limitations</u>

This was an extraordinarily inspiring experience, presenting my work to like minded people. The feedback demonstrated that people had found the work engaging, inspiring and thought provoking. Although one psychotherapist inquired about the application to client work, most questions and comments related to personal experiences of death. I have experienced this often, that the subject of death and dying engenders a story telling process, which needs to be heard.

Because this was not a psychotherapeutic conference, its applicability to the profession is hard to assess. However, the personal interest amongst delegates aligned with my belief that since death belongs to us all, creating opportunities to talk about the subject more freely are welcomed.

In relationship to the research, the idea of pilgrimage associated with palliative care first emerged from engaging with this conference. I developed the 3-fold pathway metaphor from this, to apply to my work (though of course this metaphor is not original). For some reason, I then forgot about it, until listening to the interview tapes, when the theme began to re -emerge, though this time from other people. This felt significant and led to a deeper consideration of the work, seen through this perspective.

5.2.5.6. <u>Final thoughts on the fruits of the work.</u>

I would like to add that I consider myself part of the 'produce' of the work. I am here, full of stories, questions, knowledge, experience and curiosity and I emerge from the research with a deeper readiness to share these experiences and insights with different people. However, the way I generally do this seems to be in an experiential or imaginative way, (through stories) rather than an academic way. The study of this subject has kept me intrigued and engaged for 7 years of research, and more than 7 before that. I have been living the research in my work, enjoying and being challenged by this 3-way dialogic process between me, the work and the research. There is something extraordinary and deeply stirring to write the work down, and to realise how many stories there are, yet to be told, about the work.

5.2.5.7. <u>In summary</u>

The fruit of the research continues to grow. In addition to ploughing the developments and new seeds back into the field, I have begun to take the work out into wider fields, mainly through teaching, as this is my normal modus operandi.

I am aware that much of the work is quite small scale, making quiet inroads and I continue to consider how much of this is resistance or choice, or both, and how much is simply the challenges of a busy life, time and financial pressures of a self-employed therapist.

However, this process of reviewing the produce has led to an awareness of what has already been achieved in the 15 years of these projects and the need to keep telling the stories of the work. Even the process of writing up the research brings new insights and motivation.

This leads into the review of the process itself and my learning from this.

5.3. Review of the research process.

> As you set out for Ithaka
> hope the voyage is a long one,
> full of adventure, full of discovery.
>
>   Cavafy (2008)

<u>Introduction</u>

I am using this quote here to make a link between this last stage of the research and the first, my RPPL, which ended with this poem. The research journey has been long, and an extraordinarily challenging and transformative experience, full of discovery. The metaphor of pilgrimage, emerging from the research, now seems relevant to my experiences too.

In this review of the process, I will consider the suitability of the research method in retrospect and in terms of transpersonal research. I will then review the research process from a critical perspective, attending to the methodology itself, and my engagement with it. I consider validity in terms of resonance and transferability, linking with the discussion of the dissemination of research findings, and developing the consideration given to this in chapter 1.

Finally, I will consider the effect of the work on myself as a practitioner, researcher and a human being as I draw to the end of this particular pilgrimage.

5.3.1. Overall relevance and suitability to the research topic

Transpersonal research

Throughout the research process the question I often held in mind was that offered by a relative, and which introduced the dissertation.

'*What did you do to her today?*'

Over the years, we have reflected many times on the mystery of what can happen on these days, as we witness extraordinary moments of gentle 'un-ravelling', of sudden insights, moments of intense and seemingly sacred connection. The poetic hypothesis of Findlay's assertion, that 'the most we can do is prepare and hold the space where miracles can happen', alludes to the potential of transpersonal experiences of epiphany and mystery that can emerge from therapeutic space. However, I was not investigating the phenomena themselves, only the nature of the space that may welcome or even give rise to them. The transpersonal elements in the research process were more to do with the subject of death and dying, the psychotherapeutic approach that used imagination and was open to epiphanies, and the search for a research methodology that would embrace mystery and imagination. Thus in my research, the transpersonal could be found in the method, the subject and the therapeutic approach. This does not have to be the case. In a recent Transpersonal Research Colloquium that I attended, examples of transpersonal research ranged from a Randomised Control Trial (RCT) of pagan spell making, to an intuitive inquiry into trauma and abuse. So the transpersonal element can belong to the subject of the research, the research method or both. The challenge, when it belongs to both, is that the process can become unwieldy and overwhelming.

Likewise, the theories underpinning transpersonal approaches were potentially overwhelming to me as an integrative practitioner. I found the work fascinating, with rich resonances with my palliative care work, yet I also found it complex. I felt I had to understand the underlying epistemological roots before I could understand the meaning of the process. For example, reading about hermeneutics required me to go further back to understanding about phenomenology, alchemical hermeneutics, Heidegger and existential philosophy, becoming immersed in the discussions about height and depth transpersonal approaches on the one hand and platonic cosmology on the other.

There was, and is, a sense that I have skirted the surface of some areas- though I have been able to dive deep in others. My learning continues in these areas, though I consider myself, after these years of research, still a novice of Intuitive Inquiry.

5.3.2. Intuitive Inquiry: Overview in retrospect

In my view, the model of Intuitive Inquiry offered a strong container for a systematic process that, if followed persistently, holds the potential overwhelm in check. It offered a valuable, well documented structure, through which to explore the use of creativity and imagination in research, and to contribute to the use and development of imaginal research, as one of my aims.

It is also designed to accommodate heuristic and hermeneutic elements. This enabled me to follow a largely heuristic process, as I had done in the PEP, and yet also include archive material. The hermeneutic quality of the research also accommodated an iterative process of going back and forth, reading more, gaining further insights, taking these back into the research, resulting in a rich and deep exploration with correspondences to aspects of grounded theory methodology (Anderson, 2011). As such, it proved to be a full and rigorous method, which was challenging in its complexity, yet in some ways simple in design. Anderson notes that these hermeneutic circles are 'not vicious ones, where we simply confirm our prejudices' (2000: no pagination), but through an openness and perseverance the process compels the researcher into a deeper understanding of the experience being studied.

Using a method that was unfamiliar to me, and probably to the readers, was a risk. I was working with the unknown, the meaning and relevance of the process revealing itself to me as I experienced it. Yet this, in many ways, confirmed its relevance to the work being researched, and to my own ways of learning and understanding, in which experiential knowledge is valued highly.

To reiterate my reasoning prior to beginning the research, I found the opportunities to explore through many eyes and with many voices, (Braud, 1998b) profoundly satisfying and encouraging. At almost all times, this seemed to resonate with the work being studied, and I

found for most of the time that I was loving the work at a deep level. Anderson (2011) and Romanyshyn (2007: 226) both write of the importance of passion in research.

Positive aspects

The methodology is thorough and persistent in its structure, demanding rigour from the researcher, who needs to consider each stage in turn from an intuitive perspective, as well as a practical one. In practice this meant pausing, reflecting, waiting, returning to a particular stage before moving onto the next. Whenever I jumped a stage, I realised I had not really understood the process, and had made assumptions that inevitably led to a retreat. For example, moving from cycle 3 to cycle 4, required an extra phase of reflection and action: an intuitive insight into how the work had changed my perspective (rather than just stating and presenting what was said, in a thematic way). As I moved through the process, the similarities and differences between the heuristic method and Intuitive Inquiry became clearer and I felt abler to adapt the method to suit me, in short, to embellish and experiment with my own path through. The structure of Intuitive Inquiry and the creative approach of heuristic inquiry provided clear signposts and direction, a compass and map, yet invited the researcher to be creative within the landscape.   In doing so I felt able to try out additional ways to examine and respond to the work.

Creative exploration

The research methodology provided opportunities to explore and acknowledge embodied and creative responses and explorations within the work and to use these as data and acceptable resources of knowledge in research processes (Braud & Anderson, 1998; Edgar, 1999, 2004; Angelo, 2005; Voss, 2011; Sullivan, 2009). This demanded a shift in perspective, between phases of creative and intuitive exploration on the one hand and theoretical application and reasoned thinking on the other. This echoed the first insights into the research that emerged from my RPPL, that of a dance between science and art, the literal and the imaginative, of left and right brain.

This was not always an easy path to follow. I noticed in the thematic content analysis, which, in Intuitive inquiry, invites a 'low hovering' over the data, (Anderson, 2007, 2011) to capture meaning, I found myself drawn further and further into a quantitative analysis, counting the

number of times words were used, and defining meanings of individual phases until I drove them out of context and out of meaning (appendix 4b). I finally realised I was losing the meaning of the whole. Anderson warns of this pull away from the epistemological basis of the approach, and encourages the researcher to return to the 'low hovering' rather than focused analysis.

On the positive side, the welcoming of creative exploration was a joy.
The invitation to explore through reverie, embodiment and image helped me understand the subject 'from the inside', just as, in the palliative care work, and in IAP, we invite clients or group participants to 'come inside' an image, or story.

The use of embodied memory theatre, developed from Angelo's work and adapted in an embodied form in my PK exploration, was particularly powerful. I used it at various stages, and, each time, new perspectives emerged. I was then able to consider these, in terms of what they might add to the research and the research process (Ellingson, 2006; Anderson , 2011; Park Lala & Kinsella 2011). The translation of the research findings into an embodied meditation was a wonderful development of this aspect of the research, which I did at each stage of the research process. Appendix 17 contains further thoughts on the use of embodiment and my response to themes in chapter four. I found this method of exploration a rich and relevant experience. I suggest that the development and embodied experience of a memory theatre, aligns itself well to the intention and approach of Intuitive inquiry.

The body has increasingly been considered to hold wisdom, intelligence and a way of 'knowing the world' (Merleau-Ponty, 1962; Heidegger, 2008; Abram, 1997, 2011), and its use in psychotherapy confirms this value (Lewis, 1993; Staunton, 2002; Shaw, 2003).

Regarding its use in research, Ellingson (2006: 299) proposes that *not* using the body 'obscures the complexities of knowledge production and yield deceptively tidy accounts of research.'

Park LaLa & Kinsella (2011:81) agree: Using the researchers embodied intelligence can 'contribute to deeper interpretations of phenomena'. This is usually considered in an awareness of what the body may be conveying in interviews, offering a more in-depth perspective of interviewee's lived experience.

Using embodied exploration in response to the data such as embodied writing is, according to Anderson and Braud (2011:267) epistemologically aligned with phenomenological research which aims to 'portray experiences from the point of view of the lived body'. As Merleau Ponty writes: it is through my body that I understand people' (1962; 186). The embodiment within the memory theatre can be seen as a way to understand the work. Bogart (2001:2) submits:

> to study (as an artist) you enter into a situation with your whole being, you listen, and then begin to move around inside it with your imagination. You can study every situation you are in. you can learn to red life'

In a similar way, Smith (2000:96) insists we 'become the material' as a way of understanding which sits in contrast to the 'cerebral understandings' demanded of conventional research processes. For me it involved at times an empathic or 'sympathetic resonance' (Anderson 2011), an intersubjective experiencing, enabling a deeper understanding of the other. At other times, these experiences engaged an 'embodied personification', in Jungian terms, of an archetype, engendering new awareness (Lewis 1993: 37).

The question of whether these new perspectives belong only to the researcher (as personal insight) or have a broader relevance, depends, in my view, on whether one understands a person as a 'doorway' or a 'full stop'. Considering what I see as the inter-connectness of life, I agree with Braud, that the particular is a window to the universal (Braud n.d.)

In reviewing this aspect of the work, I propose that the embodied and creative aspects of the work had a part in deepening and broadening my understanding of the material (and, consequentially, my practice) in an extraordinary way, and in portraying the research in forms that would engage the readers. For Anderson, (2011:268) presenting research creatively or in an embodied way, invites the reader to encounter the material through a sympathetic resonance with the material. Gray and Kontos (2015:1) go further and suggest that arts based methods can facilitate critical engagement in research practice and have a demonstrated history of increasing awareness, challenging personal assumptions and encouraging critical reflection. My hope is that the creative explorations and products (for example, using the film and story in teaching), will encourage critical reflection in others, as it has done for me.

<u>Challenges and critique of the method</u>

One of the main challenges to the design is that it is deeply demanding, takes a huge amount of time and generates a vast amount of data and insight at all stages of the process. Although the structure is supportive it generates a complex iterative process that I found hard to unravel at times. For example, following the thread of what I knew from cycle 2, through cycle 3, to cycle 4, felt like a tangled web at one stage. However, in order to sort it out I had to go back over the process time and time again, which I felt added rigour to the process, as I 'untangled the bones' (Pinkola Estes, 2008:127*).* I really had to understand the process before I could work with it and before I could write down the method.

Braud and Anderson (1998:79) write of the research procedures and process as a ritual- a carefully designed form intended to reveal many layers. This I found both enriching and at times complex.

Compared with a pure heuristic research method, Intuitive inquiry invited me more deeply in. I could not just say; 'this is what was known, and this is what is now known'. I had to say: 'this is what was known in terms of the literature, and this is what was known and understood by me'. After the research, I say: 'this is what has been said, this is what the literature said, this is what my intuition and my body have said, and this is how I now understand it.' At each point my voice is heard and my understanding is stated. I have to be more visible, my experiences and reflections explicit rather than implicit. Added to this, over the years of research, my knowledge changed, and developed, and it was hard to hold the 'pre- research knowledge' and 'post research knowledge' clearly in mind. Of course this is a natural and expected development as practice based research is forever unfolding, yet it calls into focus the issue of boundaries and containment and knowing when to stop.

I feel Anderson's writing does address this in part, and she is clear this is an important aspect to explore in supervision (TRC 2016). Moustakas is rather vague on the question of ending, at least in the data analysis, referring to 'a timeless immersion.. until intimate knowledge is obtained.' (1990:49). Similarly, in grounded theory Glaser talks of 'saturation' (Glaser, 1978; Allan, 2003), though who or what is saturated is unclear: the data? The researcher? Romanyshyn writes of the challenge of letting go of the work, and the psychological (soulful) impact of this (2007:345). For me, the time boundary of the doctoral programme was the most practical definition of the end of the process, knowing that it could continue for ever.

Now, at least for the moment, the work is finished, but it is not done.

<div align="right">(Romanyshyn 2007:345)</div>

However, eventually, I became sensitive to a readiness to bring the work out. Themes had emerged and were evolving, yet I noticed that many of them began to remain constant, and this suggested a pause in the process, (a saturation), whether generated by the data, or the end of my reflective capacity, I was unsure. Following the call for intuitive inquiry, I counted this as an intuitive 'knowing' and began the process of capturing the research in writing.

Writing down the soul

This was another challenge in the work, to articulate the process at each stage, whilst 'keeping soul in mind'. Romanyshyn (2007:311) writes of the challenge to 'write down the soul' that, particularly in academic writing, words that contain or allude to something other than the relational or literal might be looked at warily. However, from the perspective of an arts therapist, Shaun McNiff (2009) argues that when researching creative ways of being or working, creative language and expression are sufficient in themselves and it should not be necessary to translate them into academic language in order to imbue them with validity. As we already noted in chapter one, Angelo (2005:2) presents the challenge and aspiration for an epistemology of imagination to be accepted in academia. Voss (2009: 11) acknowledges this challenge, in presenting 4 stages of transpersonal research, the literal, allegorical, symbolic and anagogic. The first two are easily managed and are familiar in the objective mode of writing. The second two, she writes, require the researcher to 'come inside' the work, and speaks to the challenge of experiencing the subject from the inside rather than an objective observer; to experience perhaps a transformation or vision, and then find a language to depict this. In this research, image, story, reverie and embodied writing were all parts of the research process. I relied on writers such as Hillman, and Corbin, alongside the transpersonal researchers, to offer a legitimacy to keeping the images in their form; not trying to bring them back to the literal or to explain them away, but to have them accepted and welcomed in the research process. This leaves, for me, an unsettling sense that accompanies a search for a new language in research, one that provides an intermediary between poetic and academic discourses. I feel I am only beginning here.

A further critique of Intuitive Inquiry is that there are only limited resources and researchers using, commenting on and critiquing the method. I found myself coming back to a small group of transpersonal academics, time and time again. Partly, this is because the work was new to me, and the resources were rather like the 'mothership', to which I needed to return frequently. However, engaging with the transpersonal colloquium and the online Transpersonal research body to which I now belong, has been a way to extend my horizons as we share experiences and theses.

Correspondences to practice

The imaginative use of a memory theatre, or 'castle of rooms' (Harpur 2002) also played a part in our development of the therapeutic space in our palliative care groups- as the research process resonated with the work, again and again. In this instance, as we moved to a new venue that felt 'unconnected', the team used this image to 'connect' the rooms and landscape together, by imagining walking into and through each space at the venue, and doing the same, literally, at the start of the day, as a way to set an intention of connection and flowing energy. This corresponded to our sense of shared vision that developed as the research progressed. Further correspondences between the research and the palliative care work presented in two ways. Firstly, in a dialogic reflexive process, the research fed into the work, as seen above, and back again, mirroring the iterative, hermeneutic research approach, as one might expect of practice bases research. Secondly, on a more subtle level, I was aware of the various ways the content and focus of the research flowed into the research process. For example, I noticed a connection between the research inquiry into therapeutic space, and my own search for a space to study during the doctorate. I became very sensitive to being in the 'right' place, sensitive to intrusion, to 'contamination' of the space by others, or the enriching of my space through ritual. It was as if I were modelling a mirror version of the research. I was also aware of a hyper sensitivity to invasion, and the need to protect my space, and in exploring this through imagery, I saw a connection to the sanctity and integrity of our personal space and our body, and the invasion that people experience with illness, particularly cancer (the crab), and reflected on how this might be 'in the field', presenting another level of the need to 'hold' the therapeutic space (appendix 17).

And of course I was aware of the presence of death, the destroyer, who appeared in various guises during the process, literally, in my parent's deaths during the years of the research, and in various destructive phases of the work. I comment on this again later.

That the context of the work will make itself known through the research process is an important issue and warrants an ethical consideration, in my view, especially when researchers are using deep ways to explore, such as embodiment, and this emphasises the need for strong support and supervision during this process. This issue was illustrated powerfully at the research colloquium when a researcher described an embodied process when studying childhood abuse. In dancing the images produced by the co researchers, she moved into a profound state of resonance with the individual stories. Strong supervision and therapeutic support helped contain this and facilitated the healthy movement through the work. For me, the physical containment of the yurt provided a way to hold the material and me, through what was, at times, a potentially overwhelming process. Whilst some writers are making a positive case for embodied knowledge in the research process, it would be interesting to read more about the ethical implication of the impact on researchers.

5.3.3. Validity and transferability

The question of validity and transferability in qualitative research is a wide broad and important topic. To a large extent, the 'instruments' that affect the outcome of the research are the researchers themselves. Developing from the discussion in chapter one, validity can be explored through a consideration of whether the investigator has worked with integrity, rigour and trustworthiness (Lincoln and Guba, 1985; Anderson and Braud, 2011; McLeod, 2011, Etherington, 2004). As a reflexive researcher, I hope I have achieved this.

Extending the work outward, consideration is given to its transferability, that is: Can, or do the results relate to other groups, situations, times and processes?

An aspect of Intuitive inquiry that is seen as a way of improving validity, is the concept of Resonance. This is a way of checking the results with people who are relevant to the work, but are not part of the research itself. There are some advantages to this. For example, if the 'resonance group' is familiar with the work, it can indicate the validity of the research, although this would actually depend on the openness and willingness of the group to be introduced to potentially new ideas. As I understand this, it would be more likely to test its *relevance* to the work rather than its validity. I used what I understand as 'resonance checks' in two ways: one with the co researchers themselves, and secondly with groups who were familiar with the work. I have commented on these in the previous section. Generally

speaking, the latter showed evidence of the research findings being relevant and resonant, though the limitations are noted.

I found that checking the resonance with the co facilitators as co researchers, in terms of my understanding of the work, very useful, since I had engaged with the data in a full and intuitive way, and was unsure whether what emerged belonged only to me, or captured the essence of the work, as seen by others too. (appendix 13).

This helped to confirm, for me, the validity of the research process, including the embodied practice, in staying true to the essence of the work, while transforming it into a new presentation. This aligns with the validity checks within heuristic research. Moustakas asks, 'does the depiction of the experience… present comprehensively, vividly and accurately the meanings and essence of the experience?' (1990:32). In terms of the co researcher's response to the story and final lenses, I feel this was accomplished.

In terms of transferability, alongside the principle findings, I realise in practical terms, that not everyone has easy access to beautiful landscapes and natural environments. However, as I have noted, there are creative ways to bring nature inside, even in our imagination, if not literally. In my experience I have brought nature to a hospital bed (in the form of a sense box of stone and wood, feathers, water, flowers and tree resin); we have created an imaginary garden around a dying person's bed; we have brought branches and leaves into a dreary study room; and as Linden and Grut's inspirational work illustrates, (2002) nature can be connected with, even through a prison window. The wonderful thing about nature and imagination is that they are available to all of us and in that sense immensely 'transferable'.

A further way to reflect on the validity of qualitative research, once consideration has been given to the trustworthiness and rigour of the researcher, is not so much whether this can be repeated, but whether or not it has inspired the reader, or, when the work is disseminated, to inspire curiosity in the other. Anderson and Braud (2011: 296) describe this in terms of 'transformational validity'. As well as the research transforming the researcher and co researchers, they ask: 'does the study help readers to ask new questions about their lives and the world? Are readers inspired by the findings and the vision provided by the study? Are readers moved towards action and service in the world?' It is my hope and indeed, one aim of the work, that some aspects of this research reach beyond the library shelf.

5.3.4. Phases of transformation

As in heuristic inquiry, and any creative process, as in Pilgrimage, I moved through phases of immersion, incubation, falling apart and synthesis.

<u>Witnessing:</u>

Romanyshyn (2007: 228) proposes a way of being empty, with no expectation, witnessing the work, before inviting in the critic, as if the work had something to say, rather than imposing the researchers view onto the work. This approach, of 'getting out of the way' again resonates with the therapeutic approach of the palliative care work. I found this useful to remember when I found myself bewildered and confused, to sit back and witness what was unfolding. This attitude was similar to the incubation stage of heuristic inquiry, waiting for something to emerge from the work. Anderson (2011:84) acknowledges this phase of confusion and bewilderment as natural processes in Intuitive inquiry. Indeed she goes further to say that moments of sureness or clarity may mean that something has been missed. I sense this was more a matter of depth and perspective: that there could be clarity on one level, yet mystery beneath.

<u>Destruction in the creative process.</u>

Bewilderment however was nothing to the moments when the work (or I) was falling apart. Through Romanyshyn's invitation to call in the archetypes of the work (2007:133), I met Kali, in the mundus imaginalis, and watched her destroy all my books, and papers, the house and eventually the words ' *the most we can do is prepare and hold the space where*', leaving, only, on a charred piece of wood, the words '*miracles can happen.*' Rather than marvelling at this astonishing simplicity, (which I do now), I thought the whole point of the research was lost. The phrase that had inspired me for the last 15 years was burnt in the fire. In re-reading Romanyshyn, he reminded me of the inevitability and absolute necessity for a destructive phase of the research. There needs to be an undoing, a disintegration before integration. Again this process echoed the initiate's, or pilgrim's, journey of transformation, and that of the clients, with whom we were working.

The Destructive phase is part of a creative process that, in my view, is not given enough emphasis in research methodology, where we normally move from hypothesis, to analysis to synthesis, with no phase of destruction, unless analysis can be conceived as one- though

the controlled 'breaking down ' in analysis, is not the experience I had with Kali. Whilst Anderson talks of bewilderment, Romanyshyn writes of dismemberment, a significant stage of the hero's epic journey (Hall, 2016).

This phase is transformative. Romanyshyn (2007:76) writes; 'unable to hold onto the work, and dismembered by it, the researcher begins to imagine it in a different way, from *its* point of view, beyond his or her possession of it'.
After Kali's visit, I had to let go.

I felt dis-membered, yet re- membered the image in the Splendor Solis of the warrior carrying the golden head.

Fig 10: The Golden Head; From the Splendor Solis illuminations

A dismembered body lies on the ground, the destroyer holds only the severed golden head, which represents the essence. In Kali's destruction of my work, the thing that remained, the 'essence' was that '*miracles can happen'*. For me, this was not only an encouraging outlook for the research but more importantly, it spoke of an attitude, a position to hold as facilitator.

It suggested to me that the preparation and holding of space was not the only point. An attitude of being open to miracles was an essential quality of the space, within us, as facilitators, as well as in the physical space. I am holding this potential insight lightly, as a focus for further research.

Alongside my own dismemberment, in the last stages of writing up the dissertation, my computer dismembered: needing a new hard drive and subsequent updated operating systems. It stalled the work at a crucial time and was hard to manage. On one level, this is just life unfolding. On another metaphorical level, once I had pulled back from the edge of dissolution, I realised that a difficult transformation was occurring in me. I longed to be fixed with a new hard drive, so that I could work more efficiently. I was acutely aware of my incompetence, of slowness, of time running out and the potential of immanent collapse. Again the figure of mortality came in. Then I remembered the life I had put aside to write this up, the beauty of nature around me, the inevitability of all things continuing at their own natural pace, while I struggled. I remembered the essence of life. I began to consider my own need to update, as if the years of research where trying to fit into an old 'operating system' rather than an updated version; and things seemed to click into place: new formats, re-membering. The research had delivered a new way of looking at the work. I needed to catch up and see with new eyes. The image following the dismembered body in the Splendor Solis is one of integration, of opposites coming together in a new way, an image of transformation. This process was a powerful and uncomfortable phase before the last push. In a final act of completing the writing, and checking through, two of my cats died in the two days before submission and the formatting of the document dismembered in its final translation to the printers. This was an extraordinary test to live alongside death and dismemberment and to find a way through.

5.3.5. Critique of the application:

As this was ongoing over many years, I need to summarise my views simply, and generally, rather than give a detailed account.

What I did well

I felt I was thoroughly committed to the work, though through practical reasons such as taking on too much work, and family bereavement, my application to the work proceeded in phases, rather than remaining constant.

I consider that I work with integrity and rigour, which can merge into zealousness. I remain curious, open and, generally, welcome challenge.

I consider that I conducted the research and attended to the co researches with an ethical sensibility, fully honouring the views of the research participants. (Anderson and Braud, 2011:293; Taylor, 1995)

I was aware of several severe inner critics who accompanied much of the writing up of the work, and I felt I had achieved something momentous when I sent them on a metaphorical holiday.

Most of the time I loved the work with passion.

What I could have done differently.

Co researchers;

I felt my choice of co researchers could have been given more consideration. In an attempt to get a range of perspectives, I discounted that some knew more than one venue, while others were only familiar with one, and this complicated the data.

I also discounted that they held different spiritual views, a factor I had not prepared for in the interviews, and which I simply had to state as biases. This could have been used more constructively, for example in considering the meaning placed on the space.

Interviews

I would have liked to have used more creativity in the interviews as I had done in the PEP, though space, time and the different experience of the co researchers meant that I could not use this consistently within all interviews. Therefore, I dismissed it. I feel I could have thought about this differently.

Research design:

I often felt I was managing something unwieldy and reflected on how I could have designed the research differently to make it easier to handle. Part of this was concerned with the specific nature of the work. I was inquiring into a specific project, while holding in mind a much broader focus: of palliative care, of echo therapy, of transpersonal use of the

imagination, of my years of experience, and this often led to a loss of focus. The research focused on the nature of therapeutic space, and was designed to have descriptive and conceptual components. This created a challenge in deciphering what was descriptive, what was interpretive (in the necessary sense of interpreting what was relevant in and from the data), what was conceptual and what was evaluative. As noted in chapter one, this was not an evaluative study, yet some judgement about what was therapeutic was present from the start, in the co researchers' reflections on therapeutic space, and considering whether a component contributed to the therapeutic space, and it was present in the discussion as part of the conceptual thinking about the findings' relevance. Holding this in mind was a challenge which I fell short of at times.

In choosing not to use the group participants directly and in having co researchers who knew the work, there was an inevitable bias within the design. The necessity of staying aware, critical and open was required throughout the process, to reduce confirmation bias, and circularity. Supervision and critical friends were helpful in gaining a more objective perspective at times. The hermeneutic forward and return arcs are designed to avoid a repetitive circulation, encouraging a deeper engagement through a dialogic process. With regard to the subjective nature of the work and the creative exploration, holding in mind that the work was aimed at informing practice and the wider professional community, through teaching, supported a collaborate purpose and social constructionist view that might counter critiques of 'self-indulgence and naval gazing' that may accompany heuristic and creative research methods (Etherington, 2004:31). The research *findings* confirmed, developed, deepened and broadened my perception of the work and its potential. The inquiry was rich and deep. The research *process* demanded a profound engagement with the subject from many different perspectives and through many ways of knowing. In this sense the research process was akin to both a psychotherapeutic process, (as I might work with a client) and a creative process, and I emerge from the process aware of 'living the questions' with a greater authority (Rilke, 2004). Qualitative research seeks to inform practice rather than 'construct general scientific laws' (McLeod 2011: 46) and I propose it has done that.

A simpler project, for example a purely heuristic inquiry would probably have been more easily managed, but it may not have held my attention for so long. It would also have involved less risk- taking, but would not have addressed so fully, my aim of experimenting and developing imaginal and creative research methods.

I was also aware of putting less of my experiences into the first presentation of the data, than I could have done. This was out of my awareness at the time. It was clearly there in the discussion in chapter four, yet in part, only implicitly there in the written presentation of data. In my intent to ensure the voices of the co researchers were heard, I forgot mine. This was partly because my 'data', as a heuristic researcher, was also my experience, and not all of it was written down and transcribed. I do not think this affects the integrity of the work, but I think it effects the clarity.

TCA: In future I would be less rigorous in my analysis in the sense of reducing the work down to the 'bare bones', which I feel lost something of the essence in the process. I found in some cases I ended up with up with lists of words, rather than the rich tapestry of the original interviews, (which included the birdsong I could hear on the tapes). The skill of distilling the work in this way is one I have yet to master.

Fortunately, the creative process of the memory theatre and the story brought it back to life, as the story of La Lloba, tells of the old woman sings over the bones (Pinkola Estes 2008:21). The response from the co researchers to the story confirmed for me that the essence of the work had not been lost.

Presentation of data:
 I found the presentation of the themes in words was too long, and difficult to illustrate the 'feel' of the work. I had chosen to present in this way, as I had done so, more successfully, in the PEP. This time, however, due to the vastness of the material, I felt it did not work. If I use Intuitive Inquiry again, I would simply present creative forms and individual depictions. In a sense this chapter reflected the changing and developing themes, that had been explored creatively and through embodiment, and perhaps this is why they were hard to pin down at this stage of the research.

Chapter 4 and 5:
Because there is an overlap and development between chapter 4 and 5, in the discussion of findings, I found it hard not to repeat myself, and left this stage too late in the process of writing the work up, to change it in a way that felt satisfactory. Although there is meant to

be a subtle progression from one to another, I feel in future I would make this much more clearly defined. The importance of holding the object of the study in mind during the discussion, and reflecting on its relevance to practice emerged from the challenge of accounting for the findings clearly, in terms of what they did or did not show, yet at the same time, being able to discuss inferences from the work. I realise at times this may have become blurred.

Engaging with the literature

Because of the vast amount of knowledge related to this project, I am aware that in many instances, I have skirted the surface of things. This is not ideal, but I am aware of my limitations and how this may have impacted the work.

I found time management very difficult, underestimating how long each phase would take, particularly in writing the work up.

Related to this, I found my intention to write journal articles and books only partly manifested and is still emerging.   As I have already intimated this is also connected to my preference for teaching and a reluctance to speak out through published (and therefore public) work, which is partly in my nature, and which is changing, slowly.

5.3.6. Gaps revealed and future work

Because the research touched on such vast subjects, I feel there were many 'worm holes' down which I could have travelled, and no doubt would have found myself in new and wondrous landscapes, and in this sense the work is far from complete. There are also vast gaps in what I could have included in the dissertation, which will have to wait for another day to be reformed and expressed.

However, I will refer to three areas in particular that I feel, for me, are worthy of further study. Although the research has led to a deeper, richer and amplified understanding of the nature of therapeutic space in these projects, and has provided further implications to palliative care practice, it did not (and was not designed to) show how people might develop a receptivity to 'miracles, to beauty, to epiphanies'. This is something I would like to continue to explore.

Had I anticipated the changes of venue, it would have been a very useful opportunity to do a fuller comparative study of 'place'.

I would also like to explore, further, the use of embodiment and reverie in research, including the ethical issues that may accompany this 'coming inside' the subject, including how the subject of the research plays out in the work.

I found that the research process has become as important, if not more important, than the content.

5.3.7. Summary
In summary, given the challenges and potential of this research method, and the flaws in the design, I felt it provided a substantial framework to explore the nature of therapeutic space in a creative and deep way, and revealed new insights which would otherwise have remained unseen to me and others. I also consider the findings to be relevant and transferable to other related fields.
My learning has been profound and I conclude that this method does lead to transformation in the work and in the researcher.

Helpers along the way
In the real world of the senses, my academic advisor, my academic consultant, my therapy supervisor and a critical friend helped challenge, clarify, encourage and focus the work, through face to face contact.

In print, the transpersonal researchers were a constant source of intrigue and advice. Being able to contact Rosemarie Anderson via email and in person, was an invaluable aspect of helping me through a new model of research.

In the Imaginal world, I met a bear, an armoured woman, Athena, Death, a monk, Kali and a therapeute in the Asclepian temple. The bear offered a sense of power, groundedness, instinct and no knowledge of death. This I felt was significant. This bear knew of fear and loss, but not of death.

Athena offered wisdom and courage. The monk challenged my 'goodness' and Kali destroyed the work. The guide in the temple helped me disintegrate and death was a teacher. I also invited Hermes, Apollo and Asclepius to visit. Apollo refused to come until the last minute, when I finally focussed fully on the work in hand. Hermes was present in the twists and turns of the work, in the interruptions and getting lost, and helped me cross thresholds into other realms. Asclepius came in the form of a snake on a pilgrim staff I created through the research process, to support me on the way.

5.4. Conclusion and Transformations

The research identified a gap, both in the provision of psycho-spiritual care at the end of life and in research from psychotherapists in this area. Therefore, this research and the work being studied can offer a valuable contribution to the field. The original projects and the methodology present examples of creative, qualitative and imaginal approaches to practice and research which stand in contrast to trends in palliative care that accompany the specialization of palliative care practice and NICE guidelines, which argue for manualised and empirically measured approaches. This research offers an alternative model which I hope will enrich the debate and practice within palliative care.

The research generated new perspectives, identified in chapter four, which are already changing practice in the work being studied. I am hoping that as I continue to disseminate the findings, that further developments will unfold. The evaluations that have already taken place seem to indicate an interest in this work from relevant practitioners, in palliative care and in psychotherapy education, which I intend to take forward. The exploration of the nature of therapeutic space, and the original idea of a 'space where miracles can happen, leads to the question of *how* the various components of the space may prepare a person to receive 'a visitation from the gods'. I am particularly intrigued by the notion of using ritual and imagination as a way of 'rehearsing the possible' in preparation for this final crossing.

Using Intuitive Inquiry as a containing structure for the work provided a rich and challenging opportunity to experiment and live through a creative, transpersonal and imaginal methodology. This has resulted in profound learning for me, and has contributed to a significant deepening of my knowledge and practice.

The research process raised a number of questions. I have already commented on my wish to carry out further exploration of the use of embodiment in research practice. The 'professionalisation ' of death and dying is also an important concern and the research has begun to consider the role of psychotherapy at the end of life, the cultural, professional and personal perspectives, and the importance of collaboration, in the sense that dying belongs to us all.

The movement from the original research metaphor of a mandala to a pilgrimage is fundamentally significant, in recognizing the transformation of the work, the process and myself, as these two metaphors weave together throughout the research process, and the palliative care practice. The mandala was, and is, a suitable metaphor for the nature of therapeutic space because, as I noted in chapter two, it represents a 'wholeness', with the sum greater than the sum of the parts, as well as being an integral part of the work itself.

However, introducing the concept of pilgrimage brings in a dynamic quality, which challenges the notion of a fixed 'place', and allows us the wander into different metaphorical landscapes, through inner, outer and intermediary worlds, to explore the subject and the experience from different perspectives.

My own personal and professional transformation is huge.

The PK paper, (during the development of which I created the image below), revealed to me that I had transformed from a rabbit, to a woman, to a pilgrim, as I now see it in the image below.

Image   10: Transformation

I feel I have learnt about my own ability to deeply immerse myself into a project. Gradually over the years I have felt a sense of claiming my work, and, particularly as I put this together, to realise how much work has already been done, in setting up the projects and developing them.

The research has transformed the projects I am engaged in, and myself as a research practitioner. I have found an authority, which is not about expertise and factual knowledge, but has come about from my deep engagement in the subject. Having been immersed in the study and exploration of the work for so many years, I feel my voice and body can now tell the story of the work from a deeper and sounder place, even though I am still, to a large extent, 'living the questions', rather than finding answers. However, I also recognise that I am ready to let go, which I do, with relief and sadness.

On the way I have been astonished at the power of embodiment throughout the research, and pleased I have had the confidence to work with it in this way. The TRC was particularly affirming of my developing research capability.

I am also intrigued by the repeated concept of 'coming inside' the work, and realise this is significant to me, to consider which story I have come inside now.
In terms of palliative care work, I now know I want to pass this on in the near future, and as such, this work is a vitally important part of that process.
I find I am drawn back into the woods and wish to develop my work more widely in nature, and this includes my own development through walking sacred landscapes. It is as if, through the research, I have come home to myself.

So far, it has been multi layered journey in all ways, and when I look back, I see a landscape of learning in rich and varied colours. Yet it has also been an act of remembrance: remembering the people who have died and who have taught me so much (Appendix 18).
Since we began with death, I will now end with it. When I look ahead to the end of my life's pilgrimage, I return to the idea of Lawrence's ship of death and will add to my own, a deeper concept of beauty, and gratitude for the stories from the work, which I will read on the way.

I end with lines form Mary Oliver's poem 'When Death Comes', which places the work and the research in the wider context of life, and her challenge to which I aspire:

When death comes
Like the hungry bear in autumn
When death comes and takes all the bright coins from his purse
To buy me, and snaps the purse shut..

..I want to step through the door full of curiosity, wondering
What is it going to be like, that cottage of darkness?
And therefore I look upon everything
As a brotherhood and a sisterhood,
And I look upon time as no more than an idea,
And I consider eternity as another possibility,
And I think of each life as a flower, as common
As a field daisy, and as singular,
..and each body a lion of courage, and something
precious to the earth.
..When its all over, I want to say: all my life
I was a bride married to amazement.
I was a bridegroom, taking the world into my arms.

I don't want to end up simply having visited this world.

I
From: When Death Comes. Mary Oliver (1992)

Word count: 69,465 including tables

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