

Psychotherapists who meditate: A phenomenological study

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I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Paul Solomon (candidate).

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Abstract

My research explores the work of six psychotherapists who meditate. Vipassana meditation focuses on developing sensitivity to body sensations, which are understood to accompany all emotion experiences; experienced meditators can feel in their own bodies physical sensations that reflect the experience of a person in close proximity. An aim of the research was to discover whether their meditation practice had enabled the participants to use this ability in their work with patients.

The study focuses on psychotherapists' lived experience during clinical hours, and enquires about how they direct their attention to their body sensations, and to the relationship with patients. The study explores links between the practice of Buddhist meditation and the evenly-suspended attention recommended by Freud, and further developed by Bion in his psychoanalysis without memory or desire.

Because I was interested in many aspects of therapists' lived experience, I chose the methodology of Interpretative Phenomenological Analysis (Smith, 2003) as a framework for analysing the data. I drew on philosophical underpinnings offered by Heidegger and van Manen.

The study showed that the participating psychotherapists were helped by their meditative training to develop a sensitive receptivity to their own physical sensations and emotion experience, predisposing them to be aware of limbic resonance with their patients' emotional and physical experiences. Some participants focused their meditative awareness on the ebb and flow of closeness and distance between themselves and their patients, in an orientation to psychotherapy that can be described as relational mindfulness.

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CHAPTER 1: INTRODUCTION

Aims of the Thesis

This thesis is an interpretative phenomenological analysis of the experience of six psychotherapists who meditate, and will offer an interpretation of the meaning of verbal descriptions of their lived experience during clinical hours with psychotherapy patients. My intention has been to uncover ways in which psychotherapists who meditate, focus their attention in their work, and to explore links between meditative practice and psychotherapy.

In practising mindfulness meditation for some years I have noticed in myself an increasingly acute awareness of my body sensations, and also of changes in my body sensations and emotions in the presence of others. When I work with patients my changing body sensations reflect both my emotional responses to them, and aspects of their emotional life-worlds. In planning the thesis I wanted to find out whether other meditating psychotherapists were aware of this phenomenon and would be able to illuminate it from unexpected directions. The form of Buddhist meditation called vipassana or mindfulness focuses on developing a heightened sensitivity to body sensations; in Buddhist psychology every emotional experience and every perception is understood to be accompanied by physical sensations. I chose to interview psychotherapists who have considerable experience of vipassana meditation, with the aim of exploring whether they had developed the ability to use their meditative awareness of body sensations and emotion experience as an element in their practice of psychotherapy.

Another aim of the study is to make connections between a Buddhist philosophical world-view, psychoanalytic thinking, and western philosophy and psychology. In meditation one develops the ability to consciously direct the focus of attention: in the literature review I will discuss descriptions by the psychoanalysts Freud (1912) and

Bion (1970) of how attention is to be focused in work with patients,¹ and compare these with writings on the practice of meditation. I will describe the practice and theory of vipassana meditation. I believe vipassana meditation can assist in training psychotherapists to open their attention to their patients' consciousness, and in the study I will examine this belief in the light of participants' descriptions of their work. I will also refer to some recent views from neuroscience of ways in which brain function influences the way we experience emotion, and complicates communication between our implicit, non-verbal knowing and explicit, conscious conceptual knowledge.

I hope the study will contribute to understanding of how psychotherapists focus their attention in the practice of psychotherapy, and make links between psychotherapy and Buddhist meditation.

Vipassana meditation is, as I mentioned, based on close observation of body sensations; and I will refer in the literature review to the meditative task of staying inside experience as opposed to adopting an observational orientation to it. Many of the experiences described by participants² involved physical sensations and body-based emotions. Hearing and reading their descriptions, I sometimes felt the presence of a gap between their words and their experiences; and as I read and re-read the interview transcripts, addressing this gap became one of the aims of the study.

The philosopher Maurice Merleau-Ponty 1973 cited in Baldwin (2004) described a phenomenological orientation to body experience, and according to Baldwin (op. cit.) Merleau-Ponty sought to:

re-awaken the anti-predicative knowledge we have of our body, and by showing the inadequacy of any purely objective conception of it, to show likewise the inadequacy of any purely objective conception of the world (p.79).

¹ I use the terms "patient" and "client" interchangeably in the thesis, because some of the psychotherapists I interviewed used both terms

² I will refer to those I interviewed as either "participant" or "psychotherapist" or "psychoanalyst."

His writing, albeit passionate, intellectually exciting and illuminating about the human experience of the body, feels as if it is exactly that: *about* the experience of the body, from a conceptual level of abstraction. This is perhaps inevitable in a work of philosophy, and while it does not detract from the value of reading Merleau-Ponty as a source of intellectual understanding it is an irony inherent in the process of writing that even writing that aims to show the inadequacy of an objective conception of the body, seemingly cannot exemplify but can only point towards anti-predicative knowledge of the body. However, speech may be closer to experience: as Merleau-Ponty (op. cit.) suggests, “speech is the vehicle of our movement toward truth, as the body is the vehicle of our being in the world” (p. 246).

In the thesis I will discuss participants’ spoken accounts of their emotional, intellectual and body experiences, quote examples of speaking that I believe are *from* the body as well as *about* the body, and engage in a phenomenological process of moving towards the essence of the experiences. I will examine the transcribed speech of participants and by adopting a phenomenological methodology (Smith, 2003) explore how they make sense of their experiences. Then by writing and re-writing the thematic content of their speech I will endeavour to ride the vehicle of speech, pace Merleau-Ponty, toward the truths of being a therapist who meditates. In the discussion I will consider Lakoff and Johnson’s (1999) “embodied realism,” a position that the authors advocate as a relatively new orientation to a philosophy of the body and of language. In this way I aim to contribute to the conversation about the gap that appears to separate spoken language from the experience it represents; and I will describe something of how vipassana meditation addresses the gap between experience and thought.

My biases and Pre-understandings

There is surely nothing other than the single purpose of the present moment. A person's life is a succession of moment after moment. If one fully understands the present moment, there will be nothing left to do, nothing left to pursue.

The Way of the Samurai, 16th Century (Tsunetomo, 2002).

I bring to this study biases and pre-suppositions, accumulated in a myriad of present moments. As Zahavi (2003) explains, Husserl suggested that the phenomenological project of "turning toward the given" (p.45) required first:

suspending the acceptance of our natural attitude. We keep the attitude (in order to be able to investigate it) but we bracket its validity. This procedure, which entails a suspension of our natural realistic inclination, is known by the name of *epoché* (p. 45).

In considering the place of body experience and ways of focusing attention in philosophy, psychotherapy and Buddhist thought I write from a matrix of thoughts and feelings derived from the experiences that have shaped my personal sense of lived body and lived emotions (Van Manen, 1990 p. 103).

I am an English man of Jewish descent. My paternal and maternal great-grandparents immigrated to England from Poland, and before that their ancestors had lived in Portugal and Azerbaijan respectively. My family story of being English but also not English has predisposed me from childhood to be very interested in questions of identity and the relativity of self-perceptions, which I have pursued through Buddhism, literature, and psychotherapy. The Buddhist idea of the illusory nature of the self, and my experience of it in meditation, provide a container for all this and predispose me to listen for difference and commonality, and to remain sceptical about my own beliefs and those of others.

Some years in Kibbutzim and in the Israeli army in the 1960's provided a lived experience of the confluence of my search for Jewish identity with agricultural work, philosophy, ethics and politics. I have run marathons, done manual building work, had

sexual experiences, married, trained and received treatment in bioenergetic body psychotherapy, and practiced vipassana meditation for some years. Six years study of t'ai chi ch'uan and Taoist culture with Master Liu Hsiu-Chi in London brought a beginning experiential appreciation of the controlled movement of energy between the physical, emotional, mental and spiritual levels of being. I have studied English literature, linguistics, philosophy, education and psychotherapy. These experiences shape some of the boundaries of my worldview and define in broad strokes what I will aim to bracket before turning to the task of analyzing the research interviews. I endeavour to state my beliefs and prejudices, so that I can put them aside in order to see with fresh eyes. I have tried to bring my pre-understandings to consciousness by writing a series of stories about experiences in my personal and working life, as part of a Masters paper called "The Practice Reality" taught by Liz Smythe at AUT in 2002. In the writing process I reflected about the meaning the stories had for me, and the ways they had influenced my pre-understandings in my process of learning to be a psychotherapist and a researcher.

However, I bear in mind that according to Smythe (1998), Heidegger diverged from Husserl in asserting that "it is impossible to be a detached observer of the world, for one is always a part of that world" (p. 24), and in doing my research I have found this to be so; perhaps the best I can hope for is to remain as aware as possible of my own beliefs and assumptions when I approach the texts that are the interview transcripts.

As I will explain in the literature review, vipassana meditation includes training in developing equanimity: that is, a sustained effort to train the mind to observe sensations and other experiences without indulging in evaluation or trains of thought about what is being experienced. As well, Husserl's (op. cit.) epoché recalls the psychoanalytic attitude recommended by Bion (1970) of entering psychoanalytic sessions without memory desire, understanding or expectation (p. 46).

Psychotherapists attend to many things: to the content of their patients' speech, to its emotional tone and quality; and to what is included and stressed or omitted. They also

attend to aspects of their own experience while with patients: not just their thoughts and interpretations of the patients' verbal and non-verbal communications, but also to their emotional experience of patients, and of themselves as they attend to patients; and to stray thoughts, fantasies and body sensations which at first may seem irrelevant, but on closer examination are found to help elucidate the emotional life of the patient and the relationship of the therapeutic pair. This study aims to explore how therapists make sense of various aspects of their experience, and also explores my making sense of their sense-making.

Bringing Together Psychotherapy and Mindfulness Meditation

My curiosity about the idea of similarities between psychotherapy and Buddhist meditation was encouraged by Bion's (1970) suggestion that psychoanalysts should enter the analytic hour without memory or desire, in order to open their minds to the emotional reality of the present interpersonal moment; this seemed to resonate with the Buddhist project of refraining from craving and aversion in order to cleanse the doors of perception and thus see things as they really are. Both psychotherapy and meditation are concerned with overturning habitual automatic ways of experiencing the world and understanding our experience; and both aim to alleviate human suffering by means of a radical emotional and mental reorientation to human experience. I will review some psychoanalytic literature on the topic of how psychotherapists and psychoanalysts focus their attention, and demonstrate parallels with the literature and practice of Buddhist meditation.

In the study I interviewed seven psychotherapists with substantial experience of Buddhist meditation. I travelled to London where I met and interviewed one psychotherapist, then to New York where I met and interviewed two psychotherapists, and to Boston where I met and interviewed two more. I conducted further face-to-face interviews with two psychotherapists in New Zealand. The study explores the experience of these psychotherapists in their work, what they attend to, and how they make sense of their experience. I used the methodology of Interpretative

Phenomenological Analysis (Smith, 2003) to guide the tasks of identifying themes in the interview transcripts and attending to the gap between experience and discourse that showed itself in the process of thinking about the themes.

During the process of reading and re-reading the interview transcripts I noticed that therapists sometimes had difficulty in remembering their experiences, and when they had remembered, struggled to find the right words to convey a sense of lived moments. In the “Discussion” chapter I will describe some difficulties inherent in the process of rendering experience into words, and draw from literature on this topic from cognitive linguistics, the philosophy of science and from psychology. In choosing the sample of literature I have not aimed for comprehensiveness or impartiality, but rather to expand my own limited knowledge of these subjects and to begin a process of reflection on the gap between experience and discourse mentioned above.

Structure of the Thesis

The thesis contains six chapters.

Chapter 1 is an introduction containing the rationale and aims of the thesis, and mentioning preliminary theoretical context. In this chapter I introduce some links between the way psychotherapists focus their attention in the practice of psychotherapy, and in the practice of Buddhist meditation. Also in this chapter I declare some of my life experiences and pre-understandings in order to start the research process as aware as I could be of my foreknowledge and biases.

Chapter 2 is a preliminary literature review, introducing psychoanalytic thinking about ways in which psychoanalysts and psychotherapists focus their attention. I refer to work by Lewis (2000) in which he explains something of the neuro-psychology of emotional experience, as it affects the practice of psychotherapy. I present an overview of the practice and theory of vipassana meditation, in order to demonstrate links between

meditation as training in directing attention and the ways psychotherapists aim to direct their attention.

Chapter 3 describes my understanding of the methodology of hermeneutic phenomenology, and contains an account of the methods I used to locate participants and interview them. I describe step-by-step how I used the method of interpretative phenomenological analysis to analyze the data contained in the interviews, and produce a list of the themes that emerged from the interview transcripts.

In Chapter 4, “Results,” I present a number of verbatim quotations from in-depth conversations with the participants. These are descriptions of participants’ experiences, with my beginning interpretation of possible meanings of the excerpts.

Chapter 5, called “Discussion,” contains further discussion of the quotes cited in the previous chapter. I have distinguished between participants’ lived experiences and their thoughts about experience, and speculated about the difficulties inherent in rendering remembered experience into language, using further literature from psychology, philosophy and Buddhist meditation to illustrate this.

Chapter 6 is a conclusion where I pull together the threads of all I have said in the thesis, and discuss salient ideas that have been named and explored in the previous chapters. In it I explain my understanding, drawing on participants’ accounts of their experiences while doing psychotherapy, of ways in which these psychotherapists might be using the practice of vipassana meditation to enhance their ability to use their own body sensations as sensitive antennae, in order to become aware of their patients’ implicit non-verbal experiences. I conclude by naming some main points that have emerged from my study, and offering possibilities for further research.

CHAPTER 2: LITERATURE REVIEW

In this chapter I have introduced those strands of literature that will set the stage for the presentation of material from the research interviews that forms the “Results” chapter. In order to develop a sufficiently comprehensive literature review, in the “Discussion” chapter I shall introduce further literature that will address some questions that emerged from reading and re-reading the “Results.”

Freud: How do Psychoanalysts Focus their Attention?

From its beginnings psychoanalytic literature has considered the ways in which practicing psychoanalysts and psychotherapists direct the focus of their attention in the analytic enterprise. Freud (1912) described the attention of the listening analyst as free-floating or evenly hovering:

The technique... is a very simple one... it consists simply in not directing one's notice to anything in particular, and in maintaining the same "evenly suspended attention". He should withhold all conscious influences from his capacity to attend, and give himself over completely to his "unconscious memory"... he should simply listen, and not bother about whether he is keeping anything in mind (p. 112).

Freud's "evenly suspended attention" was a means of allowing the analyst to attune his unconscious to that of the patient, in order to understand the patient's emotional life. Freud advises psychoanalysts about a particular way of focusing attention, one that differs from what one might describe as an everyday state of mind in that its aim is to open the analyst's awareness to emotional experience; however, Freud must also have focused his awareness in more intentionally cognitive ways, in order to elucidate details of the patient's life history, to draw inferences and make deductions about the patient, about the relationship between patient and analyst, and to deal with the everyday business of making of appointments and collecting fees. Presumably Freud used "evenly suspended attention" selectively and judiciously in analytic sessions.

In everyday life, "normal awareness" frequently goes unexamined, simply because much of the time we direct our interest either towards objects of consciousness which are outside the self, towards other people, or towards whatever aspect of life that requires our attention in the moment. When we turn our attention inwards, towards ourselves, we commonly become interested in whatever occupies the foreground of our awareness; for example an emotional or physical experience, a perception, a memory, a hope or a fear. In these cases our attention is focused on the particular aspect of experience that attracts our interest, rather than being "evenly suspended" in the way Freud describes. The literatures of psychoanalysis, of psychology and of philosophy are to a large extent concerned with the study of the phenomenon of consciousness, rather than with ways in which we may intentionally focus our consciousness. Just as we are most of the time unaware of the air that we breathe, we may remain unmindful of the awareness within which we attend to details, consider, reflect, and attempt to synthesize our understandings in ways that seem to conform to logical or emotional thinking: our faculty of awareness continues to function whether we are mindful of it or not.

Is evenly suspended attention then a sort of emotional aerial, tuned to psychotherapeutic data about emotional life? To what extent is it special, outside everyday life? Within their "evenly suspended attention" psychotherapists may attend to many things: to the content of their patients' speech, to its emotional tone and quality; and to what is included and stressed or omitted. They also attend to aspects of their own experience while with patients: not just their thoughts and interpretations of patients' experiences, but also to their emotional experience of patients, and of themselves as they attend to patients; and to reverie, that is stray thoughts, fantasies and body sensations which at first may seem irrelevant, but on closer examination are found to help elucidate the emotional life of the patient and the relationship of the therapeutic pair (Ogden 1994, 1997).

Bion and Links between Psychoanalytic, Poetic and Buddhist Thought

Bion (1970), in his re-working of Freud's suggestion that psychoanalysts evenly suspend their attention, quoted John Keats' letter to his brother:

It struck me what quality went to form a man of achievement, especially in literature, and which Shakespeare possesses so enormously; I mean negative capability, that is, when a man is capable of being in uncertainties, doubts, mysteries, without any irritable reaching after fact and reason (P.125).

Reading this, I wondered why Bion in 1970 should need to borrow the language of a poet writing in 1817, to convey a sense of the mental attitude required by practicing psychoanalysts. I was intrigued by Bion's invocation of a poetic sensibility, and noticed a similarity between Keats' "negative capability" and the Buddhist project of training the mind towards a position free from craving and aversion which according to Solé-Leris (1986) were seen by the Buddha Gautama, around 2500 years ago, as the root sources of "suffering and illusion" (pp. 15-16). In Buddhist teachings, and in the writer's experience of practicing meditation, the cultivation of such a mental attitude runs counter to habitual ways of thinking, and requires much concentrated meditative work. The starting points for this thesis were my personal experiences: of daily meditation for some years, and learning and practicing psychoanalytic psychotherapy. These disciplines have in common the aim of addressing the "suffering and illusion" which were seen by both Freud and the Buddha as originating in the operations of the human mind, and therefore capable of being ameliorated through mental and emotional work.

In his psychoanalytic writings Bion drew from the work of mystics of various religious traditions, including Christian (Meister Eckhart, St John of the Cross, John Milton) Jewish Kabala (Isaac Luria, Moses Maimonides), Greek (Heracleitus), Roman, and others. Freud, too, drew on poetic and mythological ways of making sense of human experience, for example the Oedipus myth, and the myth of the Primal Horde. Although critics of psychoanalysis have argued that the psychoanalytic enterprise is unscientific I

believe Bion and Freud drew on poetry and myth because they address human subjective experiences that are not readily or adequately addressed through purely rational, cognitive means. This view is explored by Sandler (2006) in his comprehensive study of the origins of Bion's epistemology in philosophy, the sciences and the arts. Sandler observes, "Freud saw that there are two forms of existence, material reality and psychical reality, its desensorialized, immaterial form (albeit real)." Sandler (op. cit.) argues that Bion, like Freud, was concerned to treat individuals whose suffering was rooted in "unconscious disturbances of their perception of reality" that affected their thinking; and that these disturbances had their sources in the psychical, desensorialized realities that may be expressed in myth and in the arts more readily, and with more faithfulness to experience, than in simple prose.

Freud had however trained as a neurologist and was unequivocal in placing the new discipline of psychoanalysis within a scientific framework. Psychoanalysis was to be a scientific enterprise capable of addressing inner life, the life of myth, religion and imagination. This linking of science and subjectivity reminds one of Pascal's (1670) aphorism "Le cœur a ses raisons que la raison connaît pas", translation: the heart has its reasons which reason does not know (The Catholic Encyclopedia). A mathematician who experienced religious visions, Pascal struggled to reconcile belief, emotion and reason: that struggle has been a preoccupation of literature and philosophy since the time of ancient Greece. In Chapter 5 I will discuss some of the literature of neuroscience and neuropsychanalysis (Schoore, 1993) that reflect a 21st Century approach to understanding the links and disjunctions between emotion and reason.

Areas of correspondence between Psychoanalytic thinking, Buddhist practice and poetic sensibility are many and striking; as well as a Bion and Freud, many psychoanalytic authors (Eigen, Tustin, Ogden, Symington et al.) have drawn on poetic metaphors to illuminate aspects of human experience. My pre-understanding (van Manen, 1990) is that because psychoanalysis is concerned with understanding emotional life as well as the rational life of the mind, and uncovering experiences that are sometimes not easily accessible to conscious awareness, psychoanalytic thinkers

draw on poetic language and spiritual experiences, and I will consider this idea while discussing the research interviews.

I suspect that the ability to achieve a meditative state of awareness enables psychotherapists who meditate to achieve a psychoanalytic orientation of their attention along the lines advocated by Freud and Bion, and further developed by Ogden (Ogden, 1994, 1997). Freud (1912, 1958) does not describe any particular method for achieving "free floating attention", but merely refers to what he calls "a very simple technique" of not directing the attention to anything in particular (p. 112). Meditators do not find this so simple. Was it an aspect of Freud's genius that he seemed able, as if by a simple act of will, to refrain from attending to details in such a way as to achieve a state of consciousness that eludes beginning practitioners of meditation, and of psychotherapy? Are the states of mind achieved in meditation similar to Freud's "free-floating attention", and if so in what way? In learning to focus their attention on a single object such as the breath as it touches the nostrils, coming in and going out, beginning meditators find that their minds are busy with distracting thoughts about all manner of things other than the intended object of their concentration. An act of will alone seems insufficient to achieve the requisite mental concentration for meditating; most people also require practice that is resolute, ardent, disciplined and persevering.

Bion, although asserting (1970) that those who have been sufficiently analyzed can achieve "negative capability", does not describe in detail how such an attitude is to be cultivated. I imagine Bion's character, talents and life experiences all contributed to his unusual abilities, and led to his drawing on Keats' "negative capability" to illustrate his (1970) formulation of a psychoanalysis "without memory or desire". In spite of Bion's eminence his suggestion was widely criticised in the psychoanalytic community at that time; psychoanalysts for the most part accepted Freud's dictum quoted above but found Bion's extension of it difficult to swallow.

Bion was well aware that his "analysis free from memory and desire" was difficult and dangerous, and threatened the emotional balance of those who might seek to practice it;

he quoted Coleridge's "Rime of the ancient mariner" to convey something of this difficulty:

The analyst has to become infinite by the suspension of memory, desire, and understanding. He will inevitably feel dread, like
 "One that on a lonesome road doth walk in fear and dread,
 And having once turned round to look he turns no more his head,
 Because he knows a frightful fiend doth close behind him tread."
The frightful fiend represents indifferently the quest for truth and the active defences against it (1970, p. 46).

Bion wrote (1970) that an analyst who wished to follow his advice could do so only after a long apprenticeship, in which "his own analysis has been carried at least far enough for the recognition of paranoid-schizoid and depressive positions" (p.47).

A Philosopher Defines Attention

The French thinker Simone Weil, a Jew who embraced Catholicism, and influenced the existentialism of her school-friends at the Ecole Normale Supérieure, Simone de Beauvoir and John-Paul Sartre, according to Miles (1986) described the concept of attention thus:

Attention consists of suspending our thought, leaving it detached, empty and ready to be penetrated by the object.... above all, our thought should be empty, waiting, not seeking anything, but ready to receive in its naked truth the object which is to penetrate it (p. 24).

Here Weill addresses the question of attention from the perspective of a social activist and philosopher, who demonstrated in her way of life an altruistic ability to put aside her own personal concerns in order to work for the benefit of others. Weill is in some circles acknowledged (e.g. Miles, 1986) to be among the foremost thinkers of our time; but can "attention", "negative capability" or "free-floating attention" be achieved by working psychotherapists whose mental endowments may be less exceptional than those of a Freud, Bion or Weill? Can "attention" be achieved by a mere act of will? Is it enough to be "sufficiently analyzed" pace Bion? Can the process of learning to meditate develop therapists' ability to attend?

Elsewhere (Solomon, 2004) I cited Bion's biographer Bléandonu (1994), who mentioning Bion's childhood experience at his nurse's knee of immersion in the Mahabharata, the Hindu mythic saga, comments:

she had given him cultural models to contain his overflowing imagination, and he had assimilated them. He was to turn to them again in maturity in the process of constructing an original intellectual system of thought (p. 267).

Bion's classical education in English private and public schools further widened his knowledge of the "cultural models" from which he drew.

Although the task of tracing Bion's intellectual development is beyond the scope of this thesis, I will mention one of his experiences in the first World War that I suspect may be relevant to his formulation of a psychoanalysis "without memory or desire" (a phrase evoking the Buddhist dictum "without craving or aversion"). In his autobiography Bion (1982) describing his experience in battle when his tank was hit by a shell and burst into flames, said: "'I? Oh yes, I died- on 8th August 1918" (p. 265). As I have written before (Solomon, 2004), in trying to understand what he meant, what part of him 'died', I was drawn to the conclusion that Bion, a writer of succinct prose, was referring to a moment of trauma when his ordinary sense of himself was shattered. I believe he meant what any living psychoanalyst might mean by the word "I": his ego, a word which Bettelheim (1991) tells us is mistranslated from Freud's "das ich", and might more accurately be translated as "the I" (p. 54-55).

Again, it is a short step to link Bion's traumatic ego-loss experience with Buddhist teachings about "no-self". The Buddhist doctrine of "anatta" or no self is that the self with which we habitually identify is an illusory construct, formed out of social expectations through a consciousness deluded by "sankharas," unconscious habitual reactions to experience as either desirable or aversive; and the corollary to this is that consciousness undistorted by craving and aversion is capable of seeing things as they really are (Williams, 2000, pp. 56-62). Buddhist scholars such as Armstrong (2000) have characterized as ego death the process of liberation from the illusion of self; so I

suggest that the experience that Bion describes, "I died", can be seen as temporary ego-death, and may have contributed to the once-controversial but now widely accepted proposal of a psychoanalysis without memory or desire, both activities which underpin the habitual functioning of the self. Freed from memory and desire, the psychoanalyst is presumed to be open to receiving impressions of the unknown and unfolding emotional self of the patient.

As well as psychoanalysts and Buddhists, mystics and philosophical writers of various sorts deal with the question of how our attention is to be focused in order to be open to receiving impressions of "reality" undistorted by our own prejudices. The Talmud, prefiguring by millennia Freud's theory of transference observes, "we see the world not as it is, but as we are", and proposes that the way to dispel illusion is to turn one's mind in prayer always towards G-d, the infinite.³

Psychotherapy and Neuroscience

Tell me where is fancy bred,
Or in the heart or in the head?
How begot, how nourished?
Reply, reply.
(Shakespeare, The Merchant of Venice.)

The view that much of human perception is distorted is shared by 21st Century neuroscience. Lewis (2005) distinguishes between explicit, conscious memory and implicit memory, which he says underlies our perceptions of emotional life and is not available to consciousness. He says:

People extract knowledge of the implicit principles that underlie emotional life in their early environment, but they are not aware of having done so and have no conscious knowledge of the implicit information acquired. In other words as a normal feature of how the brain works, *people behave in relationships in*

³ In Jewish religion there is the belief that the Almighty transcends thought and may not therefore be named. The appellation Jahweh for example is a mis-transliteration of four Hebrew letters which are intended to be unpronounceable, and to derail the reader's thinking in order that s/he might transcend thinking; hence "G-d."

accordance with implicit principles of which they are not aware (author's italics). This implicitly acquired pattern affects not only how they behave, but also what they can perceive and what they are capable of expecting (p. 22).

Lewis avers that people “do not know they are trapped in an idiosyncratic world, or, indeed, that they have learned anything at all” (ibid. p. 23). The task facing psychotherapists is then, in Lewis’ view, to address the patient’s interpersonal behaviour (rather than conscious thoughts and memories), and infer the unconsciously-held world view that would be consistent with that behaviour; and then to help the patient “escape the confines of their specific pathology” which Lewis (2005) defines as “idiosyncratic and particular lessons about emotional life that have now trapped them within a very particular, inescapable, and self-confirming reality” (p. 23). Patients would then presumably become more able to notice aspects of their interpersonal world that had previously been outside their awareness simply because they were inconsistent with the unconsciously held “implicit principles” that they had absorbed in their family before they could reason.

All the above has been described in more psychoanalytic language by clinicians such as Stern (1985); Stolorow, Atwood, & Brandchaft (1994) and others. Perhaps more relevant to the present thesis is Lewis’ explanation of the neuro-physiology of limbic resonance, the ability of humans (and other mammals) to be aware of the emotional states of others. This faculty, Lewis tells us, evolved in humans before the present-day level of development of the neural cortex, the part of the brain that enables us to think conceptually. The limbic brain stores emotional experiences, learning the emotional geography of the world only by repetition of emotionally-charged experiences, and this creates memory that Lewis calls “implicit” because it is not available to introspection in the way that explicit, cortical memory is, as I mentioned above. These two brain areas evolved at different times, and are not in complete communication with one another. Consequently we are able to think conceptually without experiencing any corresponding feeling, hence the frequent failure of psychotherapists’ interpretations to effect emotional change in patients who use intellectualization as a defence. Lewis’ popularization of the findings of neurobiology serves as a useful orientation to an

emerging and complex field; a fuller, more detailed account of recent findings in neurobiology is that of Schore (2003) who explores a range of research demonstrating that affects are psychobiological phenomena and the self is body-based. Schore (ibid) also connects psychoanalytic literature with neuropsychological research, and proposes a clinical orientation that he terms neuropsychanalysis, taking into account “ how the therapist’s and the patient’s bodily reactions and autonomic responses can be incorporated into clinical work” (p. 255).

A significant implication of all this for reading and understanding research interviews is that these aspects of brain anatomy and function may contribute to how difficult it can be for participants to produce emotionally full descriptions of experience: the heart and the head, emotions and thoughts, implicit and explicit memory, left and right brain, are not necessarily talking to each other. One of the aims of Freud’s (1912) “free-floating attention” and Bion’s (1970) “negative capability” is to lower the barriers between conscious awareness and what is not yet conscious, or perhaps one could say between emotional, implicit, limbic knowing and conscious, cortical thought. Another aim, according to Jacobs (1998), is to help the analyst reduce the tendency to focus on his own subjectivity, and on the familiar and less troubling aspects of patients’ communications (p. 581). Lewis’ (op. cit) path through the limbic-cortical barrier is close attention to emotional responses that are out of the client’s conscious awareness, but may be enacted in the relationship between client and therapist.

Psychologists’ Views on Awareness and Attention

It may be helpful to consider how psychologists have thought about the terms awareness and attention. Germer, Siegel, & Fulton (2005), psychologists writing on meditative mindfulness and psychotherapy, draw on Brown & Ryan (2003) for brief definitions of awareness and attention, which are viewed as aspects of consciousness:

Consciousness encompasses both awareness and attention. *Awareness* is the background “radar” of consciousness, continually monitoring the inner and

outer environment. One may be aware of stimuli without them being at the center (sic) of attention. *Attention* is a process of focusing conscious awareness, providing heightened sensitivity to a limited range of experience. In actuality, awareness and attention are intertwined, such that attention continually pulls “figures” out of the “ground” of awareness, holding them focally for varying lengths of time (p. 822).

Germer comments that both attention and awareness are needed to read these words, and adds “a tea-kettle whistling in the background may eventually command your attention, particularly if you would like a cup of tea”. Considering this way of conceptualizing awareness and attention in relation to Freud’s “free-floating attention”, we can imagine Freud or indeed any psychotherapist with a patient, aware in the background of numerous impressions about the patient and other information; and intentionally allowing part of their attention to float freely, alert to impressions from their own unconscious and from that of the patient. This seems helpful in thinking about what is meant by “free-floating attention,” and the question of whether every therapist can accomplish it merely by an act of will, or whether it is achieved only by highly talented individuals, or as a result of training.

Mindfulness in Psychotherapy and Buddhism

In his comprehensive survey of current psychotherapies which draw on Buddhism, Germer, in Germer, Siegel, & Fulton (2005) tells us that “mindfulness” is an English translation of the Pali word *sati*, which was a core teaching of the Buddhist tradition 2500 years ago. *Sati* connotes awareness, attention and remembering. Germer characterizes mindfulness as a particular way of relating to experience; he says it is:

[A] skill that allows us to be less reactive to what is happening in the moment. It is a way of relating to *all* experience—positive, negative and neutral—such that our overall suffering is reduced and our sense of well-being increases. To be mindful is to wake up, to recognize what is happening in the present moment. We are rarely mindful. We are usually caught up in distracting thoughts or in opinions about what is happening in the moment (p. 4).

Germer (op. cit.) explains that people coming to therapy frequently avoid attending to aspects of their experience, whether present, remembered or anticipated. An essential component of mindfulness is acceptance of all experiences, no matter whether they are perceived as desirable, undesirable or neutral; and acceptance requires a willed turning towards rather than away from aspects of experience perceived as undesirable or difficult. In this way mindfulness meditation shares an aim with psychotherapy.

Intellectual knowledge versus insight

That intellectual knowledge should be regarded as differing from a type of knowledge called insight is a feature of Buddhist psychology. Fulton (2005) in discussing the role of insight, thought and language in Buddhist and Western psychology, points out that in psychodynamic therapy:

[W]ords are a necessary currency for the conduct of treatment; thoughts and feelings must be symbolically represented in language to be communicated. However, language is understood to be an imperfect and often disguised vehicle for the communication of subtle subjective experience (p. 36).

Fulton then comments that therapist and patient must learn to listen beyond the spoken words with a faculty that Reik (1949) described as the “third ear” to the psychic reality that “lies imperfectly revealed and imperfectly disguised in thought” (ibid). He further notes that although Buddhist psychology has developed within a vigorous and sophisticated tradition of philosophical thinking it has “generally regarded thinking as a means of cultivating insight as suspect”. This suspicion rests on a belief that thinking and language structure our ways of seeing and interpreting our experience. It is Fulton’s experience that meditation allows one to cultivate alert, active attention that exists without thought, bypassing the illusory quality of thought and language. In the absence of discursive thought, “a clear and penetrating awareness remains” (ibid, p. 37). The idea that one can be aware and attentive without an object of attention is familiar in meditative traditions, but unfamiliar within psychoanalytic thought: for example, Winnicott’s (1975) “going on being” requires awareness, but not attention.

Fulton contends that a fundamental difference between meditation and psychotherapy is that mindfulness meditation, unlike psychotherapy, is not intended “to replace one meaning with another, to reframe experience through interpretation, or to rewrite a personal narrative” (ibid. p. 37); instead it offers the possibility of a training of consciousness that transcends these categories, and operates at a more fundamental level of attention, giving rise to “deep certainty that is beyond refutation”(ibid p. 37)

and a corresponding deep acceptance of life circumstances, whether painful or pleasurable.

Fulton and Siegel's view (op. cit.) of psychotherapy would seem to have much in common with Spinelli's (2001) description of an existential psychotherapy that like meditation, makes no claim to the psychotherapeutic goals concerning the meanings of experience as mentioned above. Instead it acknowledges that "the dilemmas that face psychotherapists and their clients cannot truly be resolved. They can only be lived" (ibid. pp. 9-10) and offers greater vitality through acceptance of difficult life circumstances as "exhilarating and joyous as well as frightening and painful" (ibid. p. 10).

Buddhist Philosophy and Mental Training: Vipassana Meditation

In order to further explore similarities between Buddhist approaches to thinking about awareness and the psychoanalytic thinking of Bion, Freud and others I will include some background information about Buddhist meditation and its philosophy and method. As a relative beginner on the meditation journey (I have been meditating since 1988) I embark on this with a measure of humility; I have drawn on authoritative sources, and any errors are my own.

The tradition from which I will draw is the Theravada, or Way of the Ancients. Foundational texts in this tradition are found in the Pali Canon, first put into writing in Sri Lanka around 30 B.C. The technique of meditation derived from these early Buddhist scriptures was preserved in Burma after it had vanished from India, its original home. The technique was taught in Burma by U Nanda-Dhaja Sayadaw to Ledi Sayadaw (1846 - 1923), who taught Sayagyi U Ba Khin (1899-1971), who in turn taught S.N. Goenka (1923-), my teacher. In this study I will sometimes acknowledge my respect for the teacher-student relationship by using the honorific form of his name, Goenka-ji.

The purpose of any form of Buddhist meditation is to develop and focus our ability to enquire deeply into human experience, developing wisdom rather than knowledge. This enterprise is referred to in the different Buddhist traditions in various ways. A Zen parable cited by Reps (1957) uses the image of a finger pointing at the full moon as a symbol of all the methods of achieving “full liberation”, and says, “when we see the moon, the finger is forgotten.” I take this to mean that there are many paths to wisdom, and the wisdom one achieves is more important than the method by which it is achieved. I will select participants who are committed to the quest to “see the moon”, using any of the diverse Buddhist traditions. I will not be concerned with, nor am I competent to assess, how far possible participants may have traveled on the journey towards full insight; it will be sufficient that they have a meditative practice that enables them to achieve a meditative state of mind, and that they practice psychotherapy.

"Buddha" is a word in the Pali language, which was spoken in Nepal 2500 years ago; it denotes an enlightened person, anyone who has achieved “buddhi,” full insight into reality. It is not the personal name of the historical Buddha, whose name was Siddhartha Gautama; rather it describes the condition of insight that according to Solé-Leris (1992) has been achieved by countless men and women, and may be achieved by anyone who practices meditation (pp.10-11). Synonyms for "enlightened" are "awakened" and "fully-liberated".

Siddhartha Gautama achieved full insight in his 35th year, after practicing many methods of self-development known in his time and place; and according to tradition after many lifetimes of effort. He then devoted the rest of his life to teaching others his method of mental and ethical training, whose heart is the practice of meditation. According to Solé-Leris (ibid) meditation is a practical method of "clarifying and reorganizing the mental processes so as to gain a full and accurate experience of the true nature of things, that is, what philosophers like to call reality" (p. 11). This is indeed a large claim; post-modern hermeneutic philosophy, for example, has limited its aspirations to attaining a succession of insights, which come progressively closer to

truths of human experience (van Manen, 1990). According to Heidegger cited in Steiner (1989) truth is relational rather than absolute, and the progressive uncovering of aspects of being is never completed (p. 262); Buddhist meditation, with its claim that full insight into reality is attainable, differs in this respect from the Western philosophical enterprise.

Buddhism is not a religion with a God.

Meditative practice does not demand a preliminary commitment to any belief or religion, and Gautama Buddha discouraged philosophical or metaphysical speculation. Instead, according to Confalonieri (1999) he emphasized unremitting effort towards "developing increasingly complete and penetrating awareness of the continuous arising and passing away of physical and mental phenomena of which sensations are a manifestation" (p. 98). Buddhism is sometimes referred to as a religion without a God: meditators are encouraged to observe their own experience and come to their own conclusions. In "Buddhism" there is no salvation through faith, and the historical Buddha is regarded as a developed human being, not unique or divine. He is revered but not worshipped. The aim of the meditative work of self-observation is to deepen and develop one's ability to observe and experientially understand the truth of the human existential situation with a depth of understanding like that achieved by enlightened Buddhas such as Siddhartha Gautama. The goal is to refine one's awareness, to correct the distorted perception of reality that robs us of contentment. There is an understanding that any person who sees things as they really are will be incapable of acting in an un-ethical or immoral fashion, but there are no divine commandments.

Why meditate on body sensations?

Although my meditation teacher Goenkaji (1999) reminds us that the benefits of meditation can be gained only by practice and never by discussion (p. 4) it will be

useful to further consider the rationale for a form of meditation that concentrates on the mere observation of sensations and respiration. In Buddhist meditative practice there are many forms of meditation based on the mind. Solé-Leris (1992) lists forty basic meditation subjects, but says that twenty-six of these:

[A]re not suitable for vipassana practice either because they are of the reflective type or because they involve the abstractive approach which does not allow the open receptiveness, which is essential for vipassana (p. 74).

This open receptiveness, reminiscent of Freud's (1912) evenly suspended attention, is turned towards the world of phenomena as it manifests in the body, which as Solé-Leris (op. cit.) puts it, "is at the same time the object and the subject of the process of perception, experimenter and experiment, the seer and the seen" (p. 75).

The Buddha's advice was to work at developing insight into the true nature of reality by refining our awareness of that portion of reality which is most readily available for experiential study, namely our own physical, emotional and mental being and their inter-related nature. The Buddha's discoveries were made within his own mind and body. Hence he said:

It is within this fathom-long carcass, with its mind and its notions, that I declare there is the world, the origin of the world, the cessation of the world, and the path leading to the cessation of the world
Samyutta Nikaya cited in Carrithers (2001, p. 3).

The "cessation of the world" is taken by meditators to mean not a literal ending of the world or the death of an observer, but the cessation of habitual deluded ways of seeing, distorted by a consciousness that has not been refined and developed in meditation.

Transcending the separation of observer/observed.

Vipassana meditation is constituted around systematic work on observing sensations experienced within the body-mind, in order to explore at an experiential level the

experience that is identified with the "I", to which so much attachment develops that it shapes and forms all of our perception. No attempt is made to interpret these experiences intellectually. Goenka (1999) commenting on the Satipatthana Sutta puts it like this: "You must have direct experience. The observation must be without any separation of observer and observed" (p. 52). As Goenka (op. cit.) explains:

If you try to understand body just by taking the attention, say, to the head and asserting that 'this is my head', it is only an intellectual truth, that of recognition. To experience reality you must feel it. Therefore there must be a sensation, and body and sensation go together in this exploration (p.26).

The theme is the intentional control of one's awareness in such a manner as to transcend "separation of the observer and observed". Here Goenka-ji is commenting on the Satipatthana Sutta (translation: Discourse on the Foundations of Mindfulness) that contains the Buddha's systematic instructions to monks for the practice of meditation. According to Solé-Leris (1986) this discourse "constitutes the primary source for the practice of insight meditation as taught by the Buddha himself"(p. 76).

How is insight meditation practiced?

Vipassana meditation in the tradition of Sayagyi U Ba Khin is usually taught in the context of a course of ten days duration, usually at a centre owned by a charitable trust; teaching is given free of charge⁴.

Before learning insight meditation one must first develop sufficient mental concentration. This is done by focusing the attention on the small area of skin below the nostrils and above the upper lip, becoming aware of the touch of the breath as it comes in and goes out. Whenever discursive thoughts arise one simply returns attention to the sensation of the breath entering and leaving the body. When this is done for twelve

⁴ The New Zealand centre is in a secluded valley near Kaukapakapa, outside Auckland. Details and photographs of this can be viewed on the website: <http://www.dhamma.org/schnz.http>

hours per day over three or four days, it is possible to develop an increasingly focused, subtle and penetrating degree of concentration, to the extent that one becomes aware of tiny and subtle sensations that might not be noticed in an everyday state of awareness. After sufficient power of concentration is developed, vipassana meditators turn their attention to the sensations in the whole body, systematically scanning from head to foot and back again, not omitting any part of the body.

Observing habitual emotional reactions of craving and aversion.

As the mind calms down discursive thinking is reduced, and meditators become more able to concentrate for longer periods. At the same time they train themselves to “merely observe” the sensations that arise, without being distracted by the habitual emotional reaction of either craving or aversion. Whenever a pleasant sensation arises, one merely notes “pleasant sensation”, and persistently trains oneself to refrain from wishing it to continue. When an unpleasant or painful sensation arises, one observes “painful sensation”, refraining from wishing it to stop. When meditators experience the desire for an unpleasant sensation to cease, such as the pain occasioned by prolonged sitting, they mentally note “aversion”, and continue to observe the sensation. Whenever meditators experience delightful or blissful sensations such as tranquility or currents of energy, they simply note “pleasure” and return to observing the sensations. When meditators experience the desire for pleasurable sensations to continue, they merely note “craving”, and return their attention to just observing the sensations. The activity of training oneself in this way is at the heart of this method, and to be successful requires resolution, perseverance and discipline.

Cultivating equanimity.

It is of course counter-intuitive to regard physical pain or pleasure as mere sensations, to be observed with steady interest, and to suspend the habitual, automatic activity of judging sensations to be desirable or undesirable, good or bad. In Buddhist terminology

(e.g. Goenka 1999) such an orientation to one's experience, accepting all sensations without reacting for or against, is known as equanimity. Solé-Leris (1992) observes that this is different from repressing reactions that arise, since the very act of repression implies a desire, a volition, "I do not want to react", and points out that the meditator's preferred strategy in this case is "not to repress the emerging impulse but to make at once the reaction itself the object of detached, mindful observation, thus dis-identifying from it" (p. 150).

How mindfulness meditation can complement psychotherapy

I have mentioned the ultimate goal of meditation, which is to transform human consciousness in order to see things as they really are, to awaken to reality as Gautama Buddha did. According to tradition, that goal may take more than one lifetime, but relatively early on the path to enlightenment some benefits accrue. Meditation and psychotherapy at their best are both driven by a passionate, ardent desire to make sense of the world. Here I will briefly describe some of the shorter-term aspects of consistent practice that I believe can contribute to the practice of psychotherapy.

Most traditional Buddhist texts are concerned with discussing the method of meditation to prevent error, rather than with enumerating benefits to be gained from the practice. However, there is a burgeoning literature produced by psychologists, psychotherapists and psychoanalysts who are working at integrating Buddhist and clinical perspectives. Fulton (2005), a clinical psychologist who has been teaching about mindfulness and psychotherapy for many years, discusses mindfulness as an element of clinical training. He avers that mindfulness can improve a therapist's capacity for empathy and for close, sustained attention, for staying alert and focused; and mindfulness practice can deepen therapists' capacity to bear affect, thus reassuring patients and encouraging them to do the same (p. 59). Fulton also advocates for the value of not knowing pace Bion (1970), the setting aside of discursive thought. This Fulton (op. cit.) characterizes as:

learning to cling less firmly to imagined certainty, and to trust that an open and attuned mind (fortified by firm clinical training) will be far more responsive to the demands of the moment than one resting on concepts alone (p. 72).

In the same edited book Lazar (2005), a psychologist and researcher on the neurobiology of meditation, provides a comprehensive overview of scientific work on the many benefits of both concentration and mindfulness meditation for psychotherapy patients, but she does not describe the effects on psychotherapists of their own mindfulness practice.

By contrast Surrey (2005) describes her “relational mindfulness” approach to psychotherapy, which incorporates an awareness of the flow of the shifting qualities of connection and disconnection in the relationship as an object of mindfulness. Surrey writes:

Both patient and therapist are engaged in a collaborative process of mutual attentiveness and mindfulness in and through relational joining. Patterns of mistrust, terror, doubt, connection and disconnection become the focus of this shared investigation. This view of therapy as co-meditation offers new possibilities for the therapeutic enterprise (p. 94).

Here the therapist’s meditation practice informs the quality of her attention to the patient, her moment-by-moment mindful acceptance of unfolding relationship. This quality of connectedness, Surrey (op. cit.) suggests, can deepen our understanding of intersubjectivity so that we develop compassion for others, and to illustrate this, she refers to Thich Nhat Hanh’s (1992) term “interbeing”, which connotes an experiential understanding of the interconnectedness of all nature. This brings an implicitly spiritual dimension to psychotherapy.

The meditative experience of dissolution.

I will very briefly outline the meditative experience of impermanence, of dissolution of the body-mind (Pali: *bhanga*) as it relates to the term “interbeing.” It is an important stage on the path of vipassana to reach the ability, with a concentrated and focused

mind, to become aware of subtle sensations throughout the body. This is described by Goenka (1999) in this way:

Initially it is very gross, solidified, intensified, but as you keep practicing patiently, persistently, remaining equanimous with every experience, the whole body dissolves into subtle vibrations, and you reach the stage of *bhanga*, total dissolution (p. 29).

In this stage the whole body is experienced as a network of tiny wavelets of energy or sub-atomic particles, arising and passing away with enormous rapidity. R. Burt (personal communication, March 11th 2006) who had recently completed a forty-five day vipassana retreat, commented:

there's this very fine feeling, those tiny little subtle vibrations, going through your whole body, moving up and down, coming and going; and then, at the other extreme, is pain, when you're doing intensive meditation you can feel a lot of pain. So pain is a sensation too, but it feels solid, it feels like it isn't going to go away, it doesn't feel like it's varying at all.

Once the stage of *bhanga* has been experienced, it is my experience that one can maintain a fine and focused awareness of one's own body for extended periods of time; and this brings with it an ability to feel in one's own body, sensations that reflect the experience of another person who is in close proximity. In the therapy room I have felt the pattern of my own body sensations change to reflect the sorrows and joys of patients. For example, I have felt a patient's grief as pain in my sternum, and a patient's rage as a tingling in my arms. Sometimes I become aware of subtle feelings of connectedness or distance. I imagine this sort of experience might exemplify what Surrey (2005) terms "relational mindfulness."

A therapeutic effect of vipassana.

As I have mentioned, all psychological states seem to have their physical correlates, however tenuous; and a non-reactive meditative focus on the sensations defuses the psychic energy attached to traumatic memories, whether these are physical, mental or

emotional. However, vipassana meditation differs from psychotherapy, according to Solé-Leris (1992) in this way:

In vipassana one does not need to know what particular mental content is being cleared, nor is there a specificity of physical correlates: an accumulation of psychic energy (which would otherwise remain active as a source of future psychological or psychosomatic conditions) is simply dispersed as it becomes conscious in the form of sensation and is not reacted to (p. 151).

Despite the undoubted therapeutic effects of vipassana meditation, I do not see it as an alternative to psychotherapy, but rather as a valuable adjunct. This idea might be interesting to address in another paper.

CHAPTER 3: METHODOLOGY

The methodology I have chosen for this study is Interpretative Phenomenological Analysis (IPA), described by Smith (1996) as “concerned with an individual’s personal perception of an event or experience as opposed to an attempt to produce an objective statement of the event itself” (p. 263). I have also drawn on some ideas from hermeneutic phenomenology as described by van Manen (1990) and although I have not fully followed van Manen’s methods of hermeneutic data analysis, I have followed his suggestions about ethical matters, about keeping interviews close to experience rather than concerned with conceptual thinking about experience, and about ensuring rigour. For the method of data analysis I used Interpretative Phenomenological Analysis. The methodology and method are within a qualitative paradigm; I have sought to explore in detail how participants themselves are making sense of their experiences by interpreting their spoken words. During the process of trying to make sense of their sense making, I have brought to the analysis of the texts a further selection of literature (in addition to that reviewed in Chapter 2) that helped me to understand problematic aspects of the transcripts.

Formulating the Research Question

As I mentioned in chapter two, Freud (1912) wrote of “evenly suspended attention,” and Bion (1970) of attending “without memory, desire or understanding,” but neither of them specified how this was to be accomplished, and nor has any other psychoanalytic writer.

The aims of this study are to explore the experience of psychotherapists who meditate and uncover something of how they focus their attention in their work; and to discover whether they use their meditation-trained focus on body sensations as a part of their practice of psychotherapy. The essence of the question, according to Gadamer cited in van Manen (1990) is “the opening up, and keeping open, of possibilities” (p. 43). In

reviewing literature I have not found any other study of the experience of psychotherapists that examines how they focus their attention, and so I formulated the research question in a very open way as: “what is the experience of psychotherapists who meditate?”

Choosing Phenomenology

I started this study with a wish to investigate how psychotherapists focus their attention, a deeply subjective aspect of their experience. I had a belief (formed when I studied English literature and linguistics at undergraduate level in the 1970's) that verbal and philosophical accounts of experience cannot reveal the full richness of an experience, and that words hide as much as they show. When I attended a lecture by Max van Manen on hermeneutic phenomenology and read his book, a thought that resonated strongly with my study was his (1990) assertion that:

So, in cases where consciousness itself is the object of consciousness (when I reflect on my own thinking process) then consciousness is not the same as the act in which it appears. This also demonstrates that true introspection is impossible. A person cannot reflect on the experience while living through the experience (p. 10).

Exactly so. A succinct statement of a problem I was considering (on which I will elaborate in Chapter 5). Luckily, phenomenology offers a route through this impasse: van Manen draws on the thinking of Husserl (1982) and Merleau-Ponty (1962) who propose a phenomenology that turns to the nature of the phenomenon, “that which makes some-“thing” what it is - and without which it could not be what it is” (p. 10). Phenomenology seeks to describe in writing the essence of lived experience as it is revealed in spoken or written accounts, and van Manen (op. cit.) explains:

The aim of phenomenology is to transform lived experience into a textual expression of its essence in such a way that the effect of the text is at once a reflexive re-living and a reflective appropriation of something meaningful: a notion by which the reader is powerfully animated in his or her own lived experience (p. 36).

In chapter five I have endeavoured in writing and re-writing extracts from the participants' accounts of experience, to reach progressively closer in a hermeneutic process to the essence of their lived experiences. This is in keeping with my way of working as a psychotherapist who is also having personal psychotherapy, using speech to progressively approach the essence of emotional realities. Endeavouring to approach the essence of experience is also consistent with my life-philosophy, interest in literature and poetry, and meditative practice. However, I have not adhered strictly to a hermeneutic method of analysing transcripts; I have also approached the essence of the experiences by adducing literature that seems relevant to problems in understanding the meaning of the experiences that were described. Smith (1993) suggests modifying the method to suit the researcher's thinking and writing style.

The IPA approach described by Smith (2003) involves a "double hermeneutic" (p. 51) that is, a two stage interpretation process. In the first stage, the participants try to make sense of their world, and in the next stage, the researcher tries to make sense of the participants making sense of their worlds, uncovering the meanings that are hidden in the text in a process of hermeneutic enquiry. In the "Methods" section I shall describe step by step how I went about this.

Method

Choosing and recruiting participants

I chose seven participants who were psychotherapists who had undergone a recognised training, and had practiced psychotherapy for at least five years, and in some cases for ten to twenty years. They had also practiced vipassana meditation on a consistent basis, one for two years and the remainder for between two and twenty years. Two of the participants lived in New Zealand; because I have been closely involved in vipassana meditation in this country since 1988 and have served as a trustee at the New Zealand

centre, I have either met or known about nearly all the psychotherapists who practice this form of meditation in New Zealand, and I also used informal networking to identify potential participants. There were not enough, so I looked overseas.

I emailed the editor of a book recently published in the USA on the topic of psychotherapy and meditation; he kindly agreed to be interviewed, and also sent me the e-mail addresses of his co-authors, and two of them also agreed to participate in the study. As well, I e-mailed a colleague in England, who introduced me to a psychotherapist in London, who fitted the criteria mentioned above and was willing to participate. A friend with whom I stayed in New York introduced me to another psychotherapist who agreed to participate; I met and interviewed him, but unfortunately my iPod failed to work so I was unable to record that interview. I wrote notes during our conversation, and these were useful aids to thinking about how to conduct the later interviews in Boston.

I also e-mailed three vipassana meditation centres in Australia and one in the UK, attaching information sheets and consent forms describing the study, but they were unable to put me in touch with any potential participants. This was disappointing, especially since the manager of the English centre submitted my information sheet and consent form to the Vipassana Ethics Committee in Switzerland, which approved my request on the grounds that the study might encourage psychotherapists to practice vipassana.

The participants came from a variety of backgrounds and both males and females were included as follows, in the order in which I interviewed them:

1. Male, age mid forties. Fifteen years experience as a psychotherapist. Trained in bioenergetic, core process and psychoanalytic methods. Ten years practice of vipassana meditation.

2. Female, age early fifties. Professor of psychology, practicing psychodynamic psychotherapy. Learned Kabbalistic meditation in teens, later Tibetan and vipassana meditation.
3. Male, age mid fifties. Clinical psychologist practicing psychodynamic psychotherapy. Ordained as a lay Zen Buddhist, and studied psychology and meditation for nearly forty years.
4. Male, age early fifties. Clinical psychologist integrating psychology and mindfulness meditation for nearly thirty years. Integrates psychodynamic principles in his practice of psychotherapy.
5. Female, age mid-fifties. Eighteen years experience as a psychotherapist. Trained in psychoanalytic and gestalt therapy. Three years experience of vipassana meditation.
6. Male, age mid fifties. Thirty years experience as a psychotherapist. Trained in Bioenergetic therapy, core process therapy, and gestalt therapy. Learned vipassana meditation in several ten-day intensive courses in India and Burma, and practiced consistently for some years.
7. Male, late 50s. Professor of psychology and research scientist. Student of Zen and Tibetan Buddhism.

I sent each participant a consent form (appendix C) and an information sheet (Appendix B) explaining the purpose of the study, introducing AUT, and myself and describing how I would take care of confidentiality. I went to London, New York and Boston and met each participant, then conducted a face-to-face interview lasting sixty to eighty minutes. Because I was travelling and had only a short time overseas it was impractical to arrange follow-up interviews to clarify areas of doubt. Instead I sent CD recordings and typed transcripts of interviews. I e-mailed each participant a list of the

themes that I had identified in the transcripts, and invited their comments. Only one replied, and offered a further interview by phone. We had another conversation, and the participant was able to help me understand references to visual imagery that had puzzled me.

Although I would have liked to clarify some details with other participants, there was so much information in the already existing interview transcripts that I did not feel deprived. I had more than enough material for a rich hermeneutic phenomenological process. I do not intend to ask participants for further thoughts on my analysis of the interview transcripts because, as Koch and Harrington (1998) observe, when individual analyses are subsumed under themes, it is difficult for individual respondents to identify their contribution. As well, it is probably unwarranted to assume that participants will know what the true interpretation is or are willing to provide a totally frank account. `

Interviewing

I met each participant, some in their professional rooms and some in their homes, and asked them to sign a consent form if they had not already done so. I recorded the interviews on an iPod, with a tape recorder as fail-safe (in the first interview in the USA the iPod failed to record, prompting me to buy the tape recorder). The interviews lasted one hour or a little more, and I interviewed one participant a second time, as mentioned above. The interviews started with an enjoyable social meeting and greeting time that helped to relax the participant and me, to establish rapport and get us into the mood for the recorded interviews.

According to van Manen (1990) the interview in hermeneutic phenomenological human science serves two purposes:

- (1) it may be used as a means for exploring and gathering experiential narrative material that may serve as a resource for developing a richer and deeper

understanding of a human phenomenon, and (2) the interview may be used as a vehicle to develop a conversational relationship with a partner (interviewee) about the meaning of an experience (p. 66).

The interviews were semi-structured, which allowed the participants to engage with me in a dialogue, where initial questions could be modified in the light of the participants' responses in order to explore interesting and important areas that arose.

I usually opened the interviews with the question "Please tell me about your experience of doing psychotherapy." In some interviews participants responded easily to this, and opened a narrative about their experiences. Sometimes I prompted them to continue with an exploratory question such as: "What was that like for you?" or "How did that feel?" Sometimes I guided participants who tended to generalize, to talk about their experience by asking them: "Can you tell me about a time when that happened? What was it like?" or: "What did you notice when that happened?" I also directed participants' attention to different aspects of their experience with questions like: "What did you feel in your body?" My aim was to get inside the participants' experiences, get the feel of how it was for them. One participant had recently edited a book on the topic of meditation and psychotherapy and needed much prompting to move from (interesting) thoughts about the topic into the experience itself. I used the question: "Can you tell me a story about how you experienced that with a client?" to gently move him back into his experience.

I transcribed the CD's or tapes myself. While travelling I had only days between interviews, so time was insufficient for a comprehensive analysis; this was done on my return to New Zealand. While reading the transcripts I made notes of my responses as a guide to how I might conduct the following interviews, and began to think about what themes were showing themselves. I learned from each interview, and when I had finished all six I felt I had learned how to interview. The semi-structured interviews produced rich data, and I needed to tolerate a degree of lack of control over the course of the interviews, which in that respect somewhat resembled psychotherapeutic sessions.

Analysis

Because of the time constraints of travel I did not conduct a thematic analysis of the transcripts until my return to New Zealand, by which time I had four transcripts on my desk. Feeling slightly overwhelmed by an abundance of material I consulted a colleague, who gave me a copy of Smith's (2003) article on IPA, which offered a practical step-by-step guide to this method of data analysis and was a good fit with van Manen's hermeneutic phenomenological approach which had guided me thus far. Smith's (op. cit.) article gave me clear action steps for a process of data analysis, in preparation for a hermeneutic discussion. I had been feeling confused and discouraged, and I was reassured, feeling confident that I could work within the framework and gain some clarity. Returning to the transcripts I realized even more strongly that my own way of thinking about them worked well with Smith's schema.

I approached the transcripts in the manner Smith (op. cit.) suggests (pp. 67-73) as follows: I read the first transcript several times, using the left-hand margin to annotate whatever I found relevant to the study in what the participant said, without dividing the text into meaning units. Some comments were attempts at summarizing or paraphrasing, some were associations or connections that came to mind, and some were preliminary interpretations. I commented on use of language by the participant and on the emotional tone of his manner of self-presentation.

I returned to the beginning of the transcript, and used the other margin to document emerging theme titles by transforming my initial notes into concise phrases that aimed to capture the essential quality of the experiences described in the text. Smith (op. cit.) says "the themes move the response to a slightly higher level of abstraction," but I endeavoured to keep my summary phrases grounded in the experience that was described. I treated the whole transcript in this way, as data, and did not attempt to omit or select particular passages.

I listed the emergent themes in a separate (word-processor) document, in chronological order in which they arose. Next I looked for connections between themes, in a theoretical or analytic ordering as I tried to make sense of the emerging connections. As themes emerged I looked back to the original full transcript, to make sure the themes, as I was stating them, worked for the source material, the words of the participant. In this way I was using my interpretative resources to make sense of emergent themes, then constantly checking my sense making against what the person had said.

I made a document listing the clustered themes. Some of these were extracts from the words of the participant, some were paraphrases of his words and some were my interpretations. Each theme on the list was numbered “1” because they came from the first transcript, to enable me later to link each theme with the transcript from which I had taken it, at the later stage when I eventually linked all the themes from the entire study.

The next stage was to follow steps 1-4 with the remaining three transcripts, putting aside the list of themes from the first transcript and starting from scratch with each subsequent transcript in order to respect convergences or divergences in themes, recognizing ways in which participants were similar but also different. (At this stage I had not yet interviewed the two New Zealand participants.)

Once I had analysed all four transcripts in the interpretative process, I constructed a list of all the thematic statements, grouped under four main super-ordinate themes. This list is included in chapter 4. At this stage I interviewed the two New Zealand participants, transcribed the interview recordings, and followed all six steps (as above) in order to analyze the transcripts. I then added the results of these analyses to the full list of themes.

In Chapter 4, after the list, I translated the themes into a narrative account. Here I explained my understanding of the listed themes, interspersed with verbatim extracts from the transcripts and carrying out only sufficient interpretation of meaning to provide a basis for Chapter 5, a fuller discussion of the results.

In Chapter 5 I deepened the discussion of those topics that seemed most pertinent to the aims of the study, and linked them to the literature that had already been included in the literature review. I also introduced further literature to address questions that arose in the course of the discussion and to guide the (tentative and provisional) hermeneutic interpretations I made. I was often surprised by what I had written, and this occasioned further reflection and re-writing as I re-considered what I had said and decided whether I could still agree with it.

The method I have described produced the four super-ordinate themes mentioned in Chapter 4. In the process of presenting the results in Chapter 4, and then discussing them in Chapter five I needed to constantly return to the full interview transcripts, in order to extract the quotations that I then interpreted in a hermeneutic process. I was aware of constantly moving between individual examples of themes and the whole original texts, thus ensuring that I maintained my grasp of the whole study while analysing parts of it.

Ethical considerations: protection of participants

I have adhered to the following principles described by Polit, Beck, & Hungler (2001) throughout my study:

Beneficence

Beneficence means doing no harm, and involves the following considerations:

Freedom from harm. I was alert to participants feeling distressed by their narratives: none were. I was careful to question with tact, and make clear that replying was their choice (e.g. “Would you be willing to tell me...”).

Freedom from exploitation. Participants are generous to share their experiences, and must not be exploited by the researcher. They might have felt exploited if I had demanded interviews that were of longer duration, or further interviews.

Risk/benefit ratio. I determined this by considering whether I would feel comfortable and safe participating in the research. The potential benefit to participants of my research was that of increasing knowledge about themselves and their skills through introspection in the interview process, and through reading the completed study, and possibly sharing these benefits with others. The risk was a potential for distress in recounting clinical experiences involving self-disclosure, embarrassment at the request to disclose personal information, and possible loss of privacy. The risk should not exceed the possible benefits.

Principle of Respect for Human Dignity

This principle involves the following considerations:

Right to self-determination. This means that participants have the right to decide whether to participate in the study, and have the right to ask questions, refuse to give information, or to terminate their participation. In the information sheet I clearly stated these rights.

Right to full disclosure. In the information sheet I fully informed all participants about the purpose and nature of the study, their right to give or withhold information, to refuse to participate at any time, my responsibilities in safeguarding their rights, and the likely risks and benefits of participating in the study.

Informed consent. Participants must have full information about the research, and must understand this information. They must have the power of free choice to enable them to consent voluntarily to participate in the research or to decline to participate. I documented informed consent by ensuring the participants signed a consent form (Appendix C).

Issues relating to the principle of respect. This was not applicable in my research because all participants were able to give truly informed consent, and because there was no issue of concealment or deception in the research.

Principle of Justice

This includes:

Right to fair treatment. Participants must have the right to fair and equitable treatment before, during and after their participation in the study. This includes fair and non-discriminatory selection of participants based on the requirements of the research; non-prejudicial treatment of those who choose not to participate or who withdraw; honouring of all agreements between researcher and participants; participants' access to the researcher at any point in the study to clarify any matters arising; participants' access to professional support in the event of distress arising in the course of the research; courteous and tactful treatment of participants at all times.

Right to privacy. Researchers must ensure that the research is not more intrusive than necessary, and that participants' privacy is respected throughout the study. All data provided must be kept in strict confidence. I ensured confidentiality by transcribing the interviews myself and ensuring that I did not divulge anything I had heard or transcribed. All CD's, tapes and transcripts will be kept securely according to the stipulations of the AUT Ethics Committee and will be destroyed after the required six years. Participants' names have not been used, and any identifying details have either been omitted or changed to protect participants from being identified in any account of the research. I interviewed four participants overseas, so those people will probably not be known in New Zealand. The identities of all the participants have been disguised.

Regarding the principles of Te Tiriti o Waitangi, this study may benefit all psychotherapists by expanding psychotherapy knowledge and training. I have not included Maori participants because I do not know of any Maori psychotherapist who practices vipassana meditation.

Trustworthiness and rigour

As a conceptual framework within which to establish rigour in phenomenological research Koch & Harrington (1998) cite Beck's terms "credibility, fittingness and auditability" (p. 885). Koch and Harrington suggest that trustworthiness or rigour may

be established through the researcher's use of reflexivity, characterised by ongoing self-critique and self-appraisal; I engaged in self-appraisal, and was encouraged in this activity by my supervisor. Also to address reflexivity, I have included in chapter one a summary of my pre-understandings. Koch and Harrington (op. cit.) argue for an expanded conceptualisation of rigour, which encourages the researcher to include his or her social self into the research project, continually asking oneself "what is going on" (p. 886). They advise researchers to maintain awareness a number of factors that support rigour in research, including: close consideration of the data generated; a range of literature; the positioning of this literature; and moral and socio-political contexts. I have observed these considerations during my research.

Credibility

According to Koch and Harrington (1998) credibility or truth value of qualitative research findings is based on faithfulness to the phenomena being described. I have made efforts to transcribe accurately from audio recordings of the interviews, to accurately quote these in my interpretative analysis, and to ensure my analysis remains as faithful as possible to the meaning of the texts for the participants. I have endeavoured to understand the texts using knowledge from within the literature of psychotherapy, and also to consult literature from psychology, linguistics, neuroscience and both Buddhist and western philosophy, in order to take a multi-disciplinary approach.

Koch and Harrington (1998) further suggest that credibility may be checked by returning research data to participants for verification. I sent each participant a copy of their interview transcript and a CD or tape, and invited them to comment on accuracy, and to clarify if they wished; none of the participants responded. In some qualitative research studies the analyses are returned to participants in order to judge the credibility of the analysis. I will not do this because, as Koch and Harrington (op. cit.) suggest, "In regard to the analysis and discussion, the method used in the study will subsume

individual statements under themes and it would be difficult for individual respondents to identify their contribution” (p. 888).

Fittingness

Van Manen (1990) writes:

a good phenomenological description is collected by lived experience and recollects lived experience--is validated by lived experience and it validates lived experience. This is sometimes termed the “validating circle of inquiry” (p. 27). [Author’s italics].

Here van Manen (op. cit.) is including the reader in the inquiry, in the sense that the reader will respond to a fitting and credible study with a “phenomenological nod,” one that indicates that the study is “something we can recognise as an experience that we have had or could have had” (p. 27). I presented some of my research findings to my colleagues at AUT, on “Power Point” and noticed that there were some nods. I also discussed my findings with fellow psychotherapists and with my supervisor and showed them preliminary drafts, and their responses were favourable.

Auditability

Auditability refers to the idea that the researcher’s actions and decisions throughout the research process should form a logically coherent whole, one that can be traced in written documents produced in the course of the research, and includes all interactions between the data and the researcher. I have stayed aware that the qualitative approach is reflexive, which in this context means that as researcher I am part of the research and not separate from it, and I have constantly remained aware of how I might be influencing the data in my style and manner of discussing it. I discussed these ideas with my supervisor to help me focus on them. Koch and Harrington (1998) believe that if the research is clearly presented, readers will be able to enter the worlds of the participants and the researcher (p. 887), and I hope this will be true of my study.

Summary

In this chapter I have described the phenomenological methodology I used in my thesis, and described the methods I used in identifying and contacting participants, interviewing them, and analysing the data gathered in this way. I have declared my ethical considerations, and described how I endeavoured to make the study rigorous.

In the next chapter, Chapter 4, I present the “Results,” that is data from the conversations with participants, in the form of a list of the themes that emerged from a preliminary analysis of interview transcripts. Next I present some quotations taken from interview transcripts, together with some initial interpretations of what I think the data convey. In Chapter 5 I have presented a discussion of the results, in which I explore in more depth some of the issues that arose in trying to understand the experiences described by participants. I have introduced further literature to help explore the meanings of what participants described. This means that I have moved the focus of my study from the phenomena revealed in the texts, to an examination of the problems involved in describing lived experience. This may not be strictly in keeping with a phenomenological methodology, but it does help to shed light on some of the aims of my study: those of bringing together psychotherapeutic understandings and vipassana meditation, and of understanding something about body sensations in psychotherapy.

CHAPTER 4: RESULTS

Interpretative phenomenological analysis (IPA) of themes

I described in Chapter 3 how I read and re-read the interview transcripts in order to become as familiar as possible with the accounts and to begin the process of understanding the meaning for the participants of the experiences they had described, in what amounted to a free textual analysis. In this process themes began to emerge and could be identified. The next step in following the method was to sort the themes that emerged into groups according to broad categories of meaning that seemed to most accurately reflect the content. The superordinate themes that emerged were as follows:

1. Attending to the body
2. Attending to relationship
3. Attending to the self
4. Sixth sense experience

Each theme was considered in turn; however, once the interview transcripts had been analyzed in this way I understood that the division of themes was somewhat arbitrary because many experiences did not fit neatly into only one category, or referred to more than one theme. It was apparent that the participants' experiences were of themselves in the presence of a psychotherapy patient, who was a focus of their attention; and so as one might expect, many experiences reflect a focus of attention including both self and other. On reading the interview transcripts and looking for themes it soon became clear that participants were consulting their experience of themselves in order to understand their patients and the relationship, as illustrated in the examples that follow.

Three of the six participants explicitly described attending to their body experiences while working, and three did not, and this difference between therapists surprised me: all six were practitioners of vipassana meditation, which requires attention to physical

sensations both during meditation and in everyday life. My own experience, mentioned in the introduction, is of heightened awareness of body feelings in meditation, and when practicing as a psychotherapist.

In this chapter I briefly describe the emergent themes that were identified from the list of themes (p. 48). My intention was initially to make only enough comment to identify the themes and clarify the beliefs and constructs contained in them as stipulated in the methodology (Smith, 2003). Discussion of the themes in an interpretative process, according to the methodology, may be in a separate “Discussion” chapter. I had intended to follow this schema, but found that in the process of “clarifying beliefs and constructs” (Smith, *op. cit.*) it was impractical to exclude some initial clarifying and interpretative comments, and I have done so, modifying the method accordingly. Smith (*op. cit.*) advises that the method works best when modified to suit the researcher’s style. My modification has resulted in what amounts to a two-stage process, in which some elements of the discussion first appear in the “Results” chapter 4 and are taken up again in more depth in the following “Discussion” chapter 5.

List of Themes Arranged in Meaning Categories

(Number 1-6 indicates which interview is being quoted.)

Attending to the body.

Being present 5

Reflecting 5

Connecting to oneself 5

Body feelings: drained + burdened + overwhelmed 1 Sleepiness 1

Physical fatigue, heavy burden, sleepiness 1

Discomfort of doing therapy 5

Heightened awareness of birdsong, sound 1; change in perception of sound 1

Feeling connected physically, visually and emotionally. 6

Feeling enlivened 1

Therapist feels pain connected to client's experience of feeling nothing 5

Relational experience involving pain and discomfort 5

Feeling connected with patient and world. 1

Parallel between sensations of therapist and client 5

Therapist's physical discomfort mirroring patient's experience 5

Wondering whether a sensation belongs to therapist or client or both. 5

Therapist feels connection to a group physically. 5

Therapist feels patient's tears in his body; they both 'open up' when he relaxes and lets go his self-protection. 6

Therapist physically feels patient's terror; both accept it, and then move into ecstatic feelings of openness, connectedness, intimacy, and spaciousness- physically and visually, linked with feeling connected to the ground. 6

Therapist's feels patient' tears in his body, they both 'open up' when he relaxes and lets go his self-protection. 6

Feeling connected physically, visually and emotionally. 6

Significant moments of deep trust become a resource to be accessed by therapist and patient. 6

When someone is angry with me I want to close down my body, protect my belly and heart, bring my shoulders in, but I'm learning to stay open in my work. 6

Body response to violent patients: Connection, sympathy, sadness in chest, softening, warmth and feeling threatened. 6

Body intelligence 5

Vipassana meditation as training in noticing body sensations 5

Meditating with the body and mind of two people present. 2

Understanding of self.

Monitoring one's self and responses 1

Inattention, daydreaming as distraction 1

Attending to feelings rather than thoughts. 5

Attends both intellectually to verbal content and to his own feelings, body sensations 1

Therapy is like meditation and is conducive to concentration 1

Feel concentrated, vivid, excited 1

Being aware of own feelings 2

Giving priority to the patient's subjectivity. 2

Therapist's self-experience as counter-transference 1

Psychological models hinder understanding 2

Meditation brings ability to resonate with patients, who are then activated 3

Something creative and powerful comes out of deep stillness of mind; training and concepts go deep into the background. 3

Psychotherapy as meditation 4

Mindfulness meditation keeps the mind focussed 3

Meditation as training in surrendering to experience 5

Both knowing and not knowing 5

Loss of faith, ethical concerns 5

Moving in and out of mindfulness. 6

Alert to senses and feelings in the present 6

Opening and connection with family, lovers, teachers and friends; holding that validating experience when with patients. 6

Attending to patients' suffering 4

Compassion, impotence about others' helplessness 1

Sense of suffering of others 1

Emotional discomfort 5

Noticing "jumps" or holes in awareness. 2

Emotional response to patient's difficulty in being close 2

Interprets own experience to understand patient 2

Practicing psychodynamically, but talking CBT 4

Questions that reveal context: where is the pain? What does patient value? 4

In the mindful flow of experience together, there are no questions 4

Psychotherapy as: keeping it real in the feel, on the edge of experience, vitalising, art. 4

The present moment is sloppy, always unclear, uncharted, unsettling, emergent, co-determined; we only reach it occasionally and then magic happens. 4

Immersing in the relational experience then needing return to self-experience 5

Using therapist's experience to understand clients'. 5

Negative capability brings pleasurable anxiety, excitement, possibility and creativity. 6

Therapist 'just observes' his tendency to make hasty judgements; and tolerates his anxiety, while staying open to the unknown. 6

Staying present, to open to the moment in psychotherapy, meditation and love. 6

Therapist 'just observes' his tendency to make hasty judgements; and tolerates his anxiety, while staying open to the unknown. 6

Relationship experience.

Relational space is an interpersonal ritual leading to freedom and authenticity 1

The Buddha as a model of the therapist 1

Becoming active or challenging energises the therapist 1

Football metaphor: therapy as midfield battle with moments of magic 1

Patient uses natural world as metaphor of her experience, therapist shares this. 1

Participation mystique 1

Emotional response to patient's difficulty in being close 2

Interprets own experience to understand patient 2

Awareness of connection and disconnection 3

A shared space between therapist and client. 3

Using relationship as a healing intervention 4

Tripartite awareness in mindfulness: Own experience; other's experience; ebb and flow of relationship of connection and disconnection. 4

Assessing ebb and flow of patient's distancing from her experience, and aliveness. 4

Self is co-created: "I" am different with each person 4

In the flow of experience there is no "self and other" 4

Feeling the texture of relationship non-conceptually 4

Attending to aliveness 4

Attending to deeper, earlier levels of experience 4

Travelling up the information-processing stream from thoughts to simple awareness of a first response 4

Attending to patients' suffering 4

Entering the feeling of patients' experience 4

Pleasure, warmth and mutual love in sharing difficult experiences 4

Empathy as transformative 4

Loving, openhearted awareness of all experiences, without judgement; empathy and compassion 4

Parallel between sensations of therapist and client 5

Therapist's physical discomfort mirroring patient's experience 5

Therapist's inattention to client mirrors parent's behaviour. 5

Therapist and client's orientation to closeness and distance and therapist and client's corresponding fantasies about this 5

Permeable boundary between self and other. 5

Interpenetration of psyche and soma of therapist and client 5

Ability to notice what is self and what is other. 5

Use of feelings to detect when client intellectualizes. 5

Visual clues to the other. 6

Patients' tears of relief are enjoyable; manipulative tears are not. 6

Opening and connection with family, lovers, teachers and friends; holding that validating experience when with patients. 6

Attending to changes in and out of connectedness as basis of relational psychotherapy 6

Proximity-distance awareness 5.

Sixth sense experience.

Knowing without knowing how one knows: Sixth sense 2

Free-floating attention, using sixth sense feelings 2

Awareness of energy, a state between intuition and thinking 4

Bizarre or uncanny connections: Physical experiences, fantasies, parallel memories 5

Synchronicity of feelings, sensations 5

Sensing energy on many levels 5

Moments of heightened awareness; auditory sense sharper;

Kinaesthetic and visual description 1

Aliveness of the world, inter-connected field, shamanic connection. 1

Attending to the Body

One participant spoke of attending to “*what it feels like to be with her (the patient) just physically, just physically, what it feels like*”. When asked to describe what that was like she elaborated:

like it’s hard to sit still with her, like I’m being actively pushed away, misunderstood and just scrutinized; and she’s not bulimic now but it feels like she’s still bulimic, I feel like she’s bulimic of her attachment to me. All that has to come in the room, that is what we talk about. Yes, she’s spitting it out.

The therapist says she finds it difficult to sit still with her patient; the experience of being with the being of this person is one of restlessness or agitation, and she links this with the patient’s discomfort in tolerating her attachment to the therapist. The participant uses the vernacular “like” to indicate the “as if” quality of her feeling: the pushing-away is not physical, and she does not link the feeling to a particular part of her body, but it is somehow experienced as physical. I felt I knew what she meant: the phenomenological nod (van Manen, 1990). However I remained curious as to what constitutes the link between the body of the therapist, who so vividly describes feeling as if pushed away, and her formerly bulimic patient who she experiences as spitting out her attachment. The description is cast in kinaesthetic, feeling language, and the metaphorical use of the term “bulimia” points to body experience, interpreted in thought. The participant links her own body experience with a sense of learning something about her patient’s mode of attachment: it is “*with her*” that “*it’s hard to sit still.*” The quotation exemplifies two themes: attending to the body of the therapist, and attending to the relationship.

Another therapist described feeling affected physically by the experience of a day at work in which he saw five patients:

It sometimes feels quite overwhelming, I’ll be left at the end of the day feeling quite drained, as though I’ve picked up this heavy, dark kind of substance, weighing on me.

This is a description of a sense of his whole body feeling drained and weighed down, and in trying to make sense of it one might observe that it is not unusual to be fatigued by a day's work; but something about the "overwhelming" quality of this description feels like more than simple fatigue. The interviewee had some thoughts about what the feeling might mean:

I felt like weeping. As far as I can articulate the feeling, it was a sense of the magnitude of human suffering, a sense that people are doomed to repeat their childhood trauma, and I as a psychotherapist am quite impotent in the face of that.

The participant connects the felt sense (Gendlin, 1996), of being drained and weighed-down, with his "sense of the magnitude of human suffering." In the phrase "*as far as I can articulate the feeling*" the participant raises the question of how far (or indeed whether) his explanatory thought and language, in this case about weldschmerz, the pain of the world, can be reliably connected to his felt sense; a question that will be considered in the "discussion" chapter. The participant commented that sometimes his feelings of being drained and burdened coincide with "*wanting to fall asleep or even falling asleep sometimes for a few seconds,*" and he understood this as follows:

I think certain clients have what I like to refer to as a strong primary field experience, a feeling about them where you're working with material that is pre-verbal, or there is a sense of missing experiences at a pre-verbal level, of nurturing, of contact or holding, then the sleepiness can be as if you are both in a womb together, or both kind of contentedly at the breast or something, and sometimes this can be a pleasant tiredness.

Here the therapist's understanding seems to be that his client's pre-verbal experiences in relationship are somewhere stored in consciousness as "a sense of missing experiences" and are capable of being felt by both therapist and client in the form of both sleepiness and of an "as if" feeling of sharing a felt sense that he describes as one of being held on a maternal breast or in a womb.

One participant reported physical discomforts of various kinds with a number of her clients. An example is this:

Sometimes I have very uncomfortable physical experiences that are quite hard to sit with. For example, I had one client where I had quite a consistent pain in my jaw, and my jaw wouldn't be able to move very well; and he'd had major surgery on his jaw when he was younger.

The therapist had jaw pain only when she was with this client whom she saw over a period of ten years. There was nothing physically wrong with her jaw, and she understood the pain as a reflection of her client's experience:

Somehow we worked it out between us. It was a part of, I think, me entering into his reality somehow, to have that physical discomfort and pain, somehow I was mirroring him. Don't ask me to explain how it happens, but it happens to me a lot. There are clients where I get physical sensations.

This example shows the therapist experiencing in her body a sensation of pain that seemed to be induced by her "somehow" entering the client's experience and feeling an analogue of his body-sensations, in the same part of the body. She did not try to explain the phenomenon, and instead provided further instances of therapist and client having correspondences in body-feelings. In the next example she explained:

With one of the clients I'm seeing at the moment, it's not so much that I have physical experiences with him, but that I drift off, and I've learned that when I drift off, he has drifted off. And that is what he expects; in his family that's what happened, with his mother particularly: she was often not present to him.

Here the therapist's "drifting off" or inattentiveness corresponds with the client's mother's behaviour towards him. The therapist mentioned that her drifting off happened in response to this client, and that with other clients she stays alert; one may infer that the drifting off was a function of interaction in this relationship, perhaps in a process of projective identification (Ogden, 1982), and that in this way an aspect of the mother-client relationship was reproduced between therapist and client, powerfully affecting the therapist's quality of attentiveness. If it were accepted that attentiveness

involves a physical activity of brain and body, the therapist was physically affected by the client's emotional experience.

The same respondent mentioned further examples of corresponding body feelings. She introduced one thus:

I am surprised at the synchronicity between what the client is talking about and what I'm experiencing. There's one very powerful one that happened over a period of months, which started with a discomfort in my legs, you know I've had this before with other clients, and at first of course I just notice it and do nothing because I'm not sure if it's just me.

"Just notice and do nothing" is quite a clear statement of one of the foundations of mindfulness meditation. One just observes one's sensations, abstaining from the habitual reactions of liking or disliking. The therapist indicated her awareness of the possibility of having body sensations that reproduce something about her clients: "*I'm not sure if it's just me.*"

She continued:

Eventually it was so powerful I could barely stay still, my legs were so uncomfortable, so shaky... Eventually it felt like she was quite stuck and frozen and I asked her how she was feeling, and she said she couldn't feel her body at all; this was over a whole lot of sessions. So at one time I asked her how her legs were, and she couldn't feel them. And it was almost like over a period of months she gradually came to begin to feel in her body.

In this example the therapist again reports feeling physical pain in response to a client, who in this case felt nothing. It seems remarkable that the therapist silently tolerated the pain over many psychotherapy sessions, just noticing it and holding in her mind the question about whether it belonged to her client or herself. At last the therapist told her client about the pain, and the therapy moved on:

This happened over more than one session, and she remembered that when she was quite little, I've forgotten the story, she had something wrong, she had to have her legs in plaster and they waited until she could walk. And the moment she could walk they operated on her and so she spent three months with her legs

in plaster from her waist down to her knees, and she couldn't move, and it (the therapy) was like this unravelling of her operation; and she started to feel and I stopped feeling. It changed and she started to feel, and it was very painful and very emotional.

It appears that somehow therapist and client had entered into a relationship where the therapist felt in her body something corresponding to the experience of the client who at first was unable to feel in her own body. The therapist contained the body sensation, wondering and thinking about it but refraining from speaking of it, while the client continued to feel nothing. After some months the therapist, unable to tolerate the pain any longer, spoke of it to the client who then began to feel in her body, while the therapist stopped feeling the pain. The therapist's understanding of what had happened to the client who had been immobilized by the plaster cast was this:

She somehow took everything into her head so that all her learning was in her mind, and not through her emotions or her body; and somehow through our experience together, and my holding of that physical pain, she made some connections, started to notice her body.

It was not clear to the therapist exactly how this exchange of experience happened; she uses the word "somehow" to capture the mysterious quality of a process which can be felt and described but not easily or logically explained; and will be discussed in subsequent chapters under the provisional heading of "relational body experience".

Another interviewee described feelings in his body in response to a client weeping. He observed that his emotional response was frequently a physical experience: "*Because of vipassana and the meditation I've done, a lot of my emotional response, I feel in my body.*" He then explained that his way of understanding whether weeping is an expression of genuine distress or a manipulation was something he learned in relation to his children:

They were crying and really in distress and I could feel it immediately, no question that they were distressed; and it was the same with her [the client]. I could feel it immediately, this is an opening-up crying, this is relief crying. I feel it in two places [he points] a softening in my belly, and a rising-up [points to

throat]. *I can feel the tears in my own eyes, and sometimes they may come, or just a feeling of softening in my body, that's what I notice. And I can also feel the letting go of my shoulders.*

In this account the therapist's body feelings seem to be a response to emotional distress that the client consciously knows about and expresses. The therapist likened the feeling to something he remembered feeling with his children, a parental sympathy or compassion for the other's pain: he described being as physically and emotionally open to his client as he had been with his children.

The same interviewee reported body experiences where he had not at first felt open and compassionate, with a male client who had experienced severe family violence with his father and brothers. This client's attitude towards the male therapist oscillated between the polarities of suspicion and idealisation, and the therapist, experienced in working with aggressive clients, initially felt self-protective:

When it starts to happen, my shoulders most of all, I notice it feels like I start to bring my shoulders in a bit more, it's like I'm protecting my belly and heart. And then I feel tighter, I feel all, more clipped in my language, more braced, ready for a fight.

The therapist reported that in the defensive state he would not be able to work therapeutically; what happens next in the face of hostility is this:

Then what happens very quickly because of the thought: in the psychotherapy context it's assessment, I'm open to working with them; and my meditative experience, I have an incredible wave of sympathy for the pain that they're in. That's what happens, I'm aware of that, it's a wave of real love that comes, "who did this to you, who hurt you this much, that you have to let me know non-verbally how threatening the world is?"

It is as if the psychotherapist reminds himself of his professional relationship and duty to his client, and is then able to open himself and feel for the client in the way he described in the previous example, analogous to parental sympathy for a hurt child. He links his meditative experience to this, and one imagines the aspect he is thinking of is

the meditative resolution to accept and observe all experiences with equanimity and without judgement.

Attending to the self:

Discomfort.

All six participants reported preparing for working with patients by purposely attending to themselves; as well as attending to their bodies, they attended to their feelings (emotions) and understandings about themselves (thoughts). For example, one participant responds to the initial question “What is the experience of doing psychotherapy like for you?” with this:

The first thing that comes into my mind is that it is an uncomfortable thing, the experience. I mean, there's what I know; I know how to do it, how to sit with it and, but there's something about the whole thing, a level of discomfort, and I suppose one could say I choose to sit with someone for fifty minutes and within that fifty minutes I undertake to not only be present to my experience but to attend to it, to reflect on it, to connect it to my past experience with that person and the information they've told me, as well as what's happening now; and at the same time I'm also connecting it to myself, my knowledge of myself.

The first memory that comes to mind about the experience of doing therapy is of discomfort, a discomfort that is characterized as not only physical. The therapist seems puzzled about the cause of it. Her list of what she resolves to attend to contains nothing that is necessarily painful: an undertaking to be with a client for an agreed time-span, to “*be present*” to her experience, attend to it, reflect on it and on her past and present experience with the client, and connect all this with her knowledge of herself. Only one other participant spoke of discomfort in attending to his self-experience. That was quoted in the section on body feelings and related to his sense of the patient’s suffering and his own impotence in the face of it, as well as his body feeling of exhaustion, “*burdened and weighed down*”. By contrast, the above description is of a more generalized discomfort in the therapist’s experience of herself in the doing of psychotherapy, that seems involved with the effort of attending, thinking and opening

herself to feeling. Bion (1970) was I think describing the probability of feeling discomfort in the face of the unknown when he wrote this, quoting Coleridge's "Rime of the ancient mariner":

The analyst has to become infinite by the suspension of memory, desire and understanding. He will inevitably feel dread, like:

One that on a lonesome road,
Doth walk in fear and dread,
Because he knows a frightful fiend
Doth close behind him tread.

The frightful fiend represents indifferently the quest for truth and the active defences against it (p. 46)

Bion (1974, 1990) had previously warned against the temptation of defensively-motivated premature interpretation in this way:

The impatience and persecution we feel when confronted with an unknown may be so intense that we try at once to get over them by devising an interpretation or recalling a memory. We must resist this temptation, even if we know that the situation will not be pleasant for the patient or the analyst (p. 46).

The participant shows, in the examples quoted, her willingness to tolerate the discomfort of not knowing or understanding, in the manner Bion advocates; and she explained that her ability to sit still, notice her body sensations and tolerate discomfort had been enhanced by her practice of vipassana.

Enjoyment, flow, keeping it real in the feel.

Other participants described more pleasurable experiences, but this cannot be taken to imply that they did not experience discomfort, only that if they experienced discomfort they chose not to describe it; and I did not enquire about discomfort. The participant who sometimes felt “burdened”, at other times when therapy was going well felt “concentrated, vivid, excited.” Another participant reported feeling pleasant anticipation before sessions:

I love waiting, in the room, I like that experience of anticipation and openness of that moment, it's similar to when I'm doing creative writing. I find that paradox of some adrenalin, some expectations, some spark of excitement and also some slight anxiety; what's going to happen, is she OK, I carry that moment when anything can happen and together the two of us aren't in charge of that, we're giving permission for something to happen.

The same participant described the experience of opening himself to his client as analogous to opening himself in order to meditate:

Both in psychotherapy and meditation I allow myself to be so present that I'm open to this very moment being new and different to whatever's been. I know how valuable that is, when I feel someone giving me that gift, of meeting me with that.

In response to the researcher's enquiry about whether he could give an example of his own experience of someone opening to him in that way he said:

Yes I have, but I'm censoring it. No need to censor it at all. The times it most happens are in a lover connection, I feel this person loves me, and really wants to know me, as intimate as that; I know what it is, it's that quality of timelessness that happens. They really want to know and it's unlimited time, that's the quality of the feeling.

This therapist describes his experience of doing psychotherapy in terms of close family attachment relationships with his children and their mother. The qualities of acceptance and desire for closeness and intimacy, together with the empathic connections that he

has in his family and with friends provide a model for his relationships with psychotherapy clients; the participant is saying that when he achieves that level of intimacy with a lover the relationship takes on a quality that he describes as “*unlimited time*”. He finds a similar level of intimacy with his clients.

Another participant described the enterprise of attending to relationship as an exercise in “relational mindfulness,” which he defined thus:

Relational mindfulness is to receive all of our experience with loving-kindness, and awareness, and then we are indeed attending to the nuances of relationship with empathy and compassion.

The participant indicated that for him, relational mindfulness involved attending to himself, to his patient, and to the relationship between himself and the other. He contrasted this cognitive summary with the relational experience:

when we are just resonating, and we are as it were in a mindful place together, there are no questions. It's just delight. It's just vitality, it's joy; you know, this was just great, what would I rather be doing at this moment, nothing! Personally, I like in hip-hop they say "keeping it real, keeping it real in the feel," and that's mindfulness, keeping it real in the feel.

This metaphorical description captures the participant's delight in the spontaneous expressiveness of engaged psychotherapy, and reminded me of Walter Pater's 19th Century aphorism “all art aspires to the condition of music,” referring to the power of music to wordlessly communicate subtle and complex emotional truths. For this participant, the art of psychotherapy in the 21st. Century aspires to the condition of hip-hop, keeping it real in the feel.

Setting up the focus of attention: self, other and connectedness.

All six participants mentioned preparing for psychotherapy sessions by focusing their attention in a mindful manner. One participant said:

I prepare myself for meeting the person, I move myself out of ordinary social context, social chat, to move into a more mindful awareness. That's what I'm aware of in doing psychotherapy, so I'm aware of ordinary social connection but also moving in and out of my own mindfulness.

When asked what mindfulness was like for him, he explained:

The first thing I would say about mindfulness is that I move out of a linear way of being, of past present and future, much more to a present-centred experience, and I feel more than ordinarily alert to what's happening in the moment, my senses, my feelings and what I'm picking up.

This participant describes purposely shifting his attention into a present-time focus in his senses and feelings, and says that the shift results in his feeling unusually alert to his senses.

Another participant comments on his focus of attention when with clients:

We need to become cognizant of three things, to be cognizant in a tripartite awareness of mindfulness, cognizant of one's own experience, cognizant of the experience of the other person, and cognizant of the relationship; the relationship means connection and disconnection, the ebb and flow.

The choice of vocabulary tells us that this is a statement by a therapist of his ideas about prerequisites for doing therapy rather than an account of his experience (“cognizant” rather than “it feels like”); and it summarizes his practice in sessions of holding in mindful awareness his own experience, the client’s experience, and the state of the connection between them. He elaborates thus:

[I am] always assessing the ebb and flow of this person's distancing from her experience, you know, and say a difficult feeling comes up, and it changes, I ask myself has she just turned away from her experience, has she abdicated, you know, left her aliveness, has she gone to a warmer, safer place, is she doing that with me; and I also check my own experience which is, am I feeling vital and alive at this moment, are we touching the vitality of the moment, or not? We, I, she? When I work relationally what is interesting to me is the aliveness.

The presence and absence of aliveness; and whether we, I and she are in the vitality of the moment; these are the experiences of this therapist, and it would seem that he knows what they feel like. I asked him how he experienced aliveness, but while acknowledging that this was “*a great question*” he laughingly demurred, saying he looked forward to reading my book. Not for the first time I felt the research pushing towards what Gendlin (1970) calls the interface between natural understanding and logical formulation, a topic to be discussed in the next chapter. I felt I knew what he meant by “aliveness” but I needed to hold the possibility that he might have been meaning something outside my experience: I was wondering whether he would be able to put his understanding into words. Later in the same interview this participant again referred to his experience of aliveness, this time in terms of “energy”:

I follow the energy, you know. Yes, in some ways the energy is a state between intellect, between intuition and thinking, you know, I follow the energy. A lot of what I've said about aliveness refers in some way to the energy, you know: if we're slipping off, the energy is going. In vipassana practice, you know, the idea of paying attention to energy predominates; what is significant, what is salient, what is alive, it is the same thing. Like if I find myself confused or distracted, it's like, what am I missing here, why are we lost here, what have we unconsciously turned away from?

The participant's repeated use of “you know”, together with the researcher's sense of his enthusiasm in telling me about his experiences, seemed to indicate enjoyment in sharing his experiences, and to invoke our shared membership in the worlds of psychotherapy and of vipassana, and perhaps also to mildly chide me for asking naïve questions to which he guessed I already had my own answers. And there was a sense in which I did indeed know something, a knowledge gained through years of wondering about the joining of these worlds. I too had experienced (in my own experience, not his) a “*state between intellect, intuition and thinking,*” had followed “*the energy,*” and I too had tried and failed to find words adequate to convey the feel of the experience. The participant is generous in sharing his experience, and in the shared “slipping off” he sometimes experiences with clients, at the ebb in the aliveness-wave when his feeling of being confused and distracted tells him they are missing something or have

unconsciously turned away from the flow of energy, there is the information that therapist and patient are merged, a “we”. The researcher remarked, “So that’s a we?” The participant replied:

Yes, it's a “we”. Definitely a “we.” The self is co-created; certainly from a Buddhist point of view but also from an experiential point of view, we only have moments of experience, and each moment of experience is unique in the light of the circumstances, which in therapy really means who's in the room? What about this moment, what about that moment? You know my sense of “(participant’s name)” is radically different with one person than with another, but in a sense it isn't even the sense of (his name) which is different, it's the experience which on reflection is my experience, that is different you know; we are really just a series of coded events.

In the midst of the participant’s intellectual explication, there is his experiential awareness that his sense of himself is created anew with each patient in “*radically different*” ways; and he had already said that with patients part of his attention was directed to something that he called “*energy*” and described as “*between thought, intuition and feeling,*” and thus difficult to describe in words. Two other participants expressed the idea that their experience of self differed with different patients (see section on relationship experience) and a similar view concerning mutability of the self of the therapist seems implicit to some degree in five of the six interview transcripts, where therapists describe consulting their emotional responses as a means to understand their patients’ experience. This is perhaps not surprising since all the participants were practitioners of meditation, presumably experientially familiar with the Buddhist understanding of “*anicca*” or insubstantiality of the self as described in the literature review (above).

All six participants reported beginning sessions by turning to their experience of self; and next turning to their experience of relationship with their clients, as described below.

Attending to relationship.

In the process of identifying themes it soon became clear that for all six participants the act of attending to self was sometimes indistinguishable from attending to the patient; or to put it another way the participants described attending to a self that resonated with the emotional experience of the patient, and this was true both of body experiences and of emotional insights derived from a process of thinking and reflection. For example a participant elaborated on his experience of co-created self:

I mean if you write a chapter about it or open a conversation about it you'll say you pay attention to yourself, and to the patient; and that's a little true when you are out of the experience, but when you're in the experience you are only paying attention, that is, to what comes up, this moment, this moment, this moment, this moment. They are simply unitary and co-created. There is no "patient."

The participant makes clear his understanding of the difference between an interview situation in which he considers describing a remembered experience of himself with a patient, and his memory of what it is like to be with a patient, fully absorbed and concentrated in a series of present moments, moment by moment, when boundaries between self and other seem to disappear or perhaps move out of the foreground of his awareness. "There is no patient" recalls Winnicott's dictum (1975) "There's no such thing as a baby," perhaps alluding to a feeling that he and his patient are in the state of emotional resonance that mothers and infants share. The participant draws attention to the difficulty inherent in any attempt to describe experience in words: his chapter or conversation exists in a verbal universe, while his experience exists only in what Csikszentmihalyi (1990) calls the flow of paying deeply-absorbed attention to successive moments in the present as it unfolds.

Two of the participants described their experience of doing psychotherapy entirely in terms of their thinking about it, and their understanding of their emotional experience; and as mentioned in the section on "Attending to the body", four emphasized attending to their body experience as a way to understand their patients and the relationship with patients. As noted, one participant described pain in her jaw relating to a patient's

experience; and discomfort in her own legs being connected with the patient's initial lack of feeling, and subsequent recovery of the ability to feel. This participant's characterization of how those events reflected her relationship with patients was this:

It feels like what I do is in a way that I let go the boundary between myself and the other, I'm willing to open, open the boundary between us, so that's part of I suppose, "I surrender", I don't hold on, but I suppose I open myself up somehow and it's like an osmotic experience, we influence, some of me goes into them, and some of them comes into me, and I suppose that's what happens; but it's not just that, I suppose one thing that I experience is I begin to notice things that are not me, that are part of them.

This therapist describes a particular sort of therapeutic relating which she creates with her patients by willingly letting go of the habitual interpersonal boundaries between people, a sort of intentional relaxing into experience which she calls "surrender." This opening of the self of the therapist initiates a process of mutual influence in which there is an interpenetration of the psyche and soma of therapist and patient such that "*some of me goes into them, and some of them comes into me.*"

The therapist reports that this can be a disorienting experience:

sometimes I realize I'm too lost in their experience, and I can't figure it out, I become, I get caught up in it, and I have to sit back a little bit, you know, I can almost feel myself moving backwards, away from them; I get a bit of distance, regroup. Yes, regroup, feel my own self, it's like the thread gets a bit thin, I get lost in their stuff. And sometimes I need to be able to do that to help, to be useful.

This participant reports that in order to help her patients she needs her capacity to surrender to their experience and feel it, even when that requires her to become lost in it. She becomes immersed in her patients' experience to the extent that from time to time she feels "too lost" in the other and needs to re-establish boundaries between self and other in order to maintain her own separate point of view and sense of her boundaries.

Visual awareness.

The above-mentioned participant described consulting her own body feelings and emotional experience in order to understand her patients, and as noted above two other participants used a similar orientation to their own experience. By contrast, one participant mentioned attending to visual clues. I asked this participant which senses claimed his attention when he meets patients, and he replied:

Yes, there's probably two for me; I tend to be quite a visual person so I've already moved into how the person moves into the room and how we make contact, certainly very alert to visual clues, quite hyper-alert to that, and the other experience will be my own emotional responses, and how I am in my body, those would be the two things, two sides of my own inner experience.

As an example of how it is to attend to visual information the participant said:

when the person comes in my visual alertness starts, and what I notice is a very simple thing, the chairs are spaced a certain distance apart, and some people will move their chair further forward, and there's one particular person I'm aware of and she moves her chair, and it's probably only half an inch, first thing she does. Get to her chair and just move it slightly back. That's what I notice.

In describing how he understands this moving of the chair the participant continued:

There's thinking, I'm holding a, I'm feeling a respect as I do, and I'm meeting people for the first time in a psychotherapy relationship; what is the space, what is the territory that they need, and because it's my room, and they are beginning to claim the room as our room.

This is a description of a first meeting in psychotherapy, and in it therapist and client negotiate how the space is to be shared. Perhaps the patient is also demonstrating physically how emotionally close she wants to be at that first meeting; other participants (quoted above) have described attending to closeness and distance in terms of an emotional sense, without mentioning the visual sense. The present participant also told a story of a session later in a therapy, after trust and intimacy had been established between himself and a client with a violent history. When asked how it was for him

being with the patient, he described attending to body feelings, emotional feelings and visual images:

He was saying words that matched what I was experiencing, I had the experience that feelings in the body were connected; I had lots of visual pictures, eh, I'm quite strong visually, and so the visual pictures were of unbounded-ness or spaciousness, lots of light, and they were mine, they weren't his; I had that, uh, enhanced experience for me, and yet every now and again he would use words that identified similar experiences for him, and I was not aware of that until he used those words.

Reading and re-reading this, I was struck by his ability to imagine a “visual picture of unbounded-ness or spaciousness, lots of light,” and reflected on whether his own experience was predominantly auditory, visual or kinaesthetic. Such considerations are outside the scope of the present research, but may nevertheless indicate differences in how the researcher and other readers might understand descriptions of experiences. Suffice to say that the participant quoted above described his session with conviction and sincerity; it appeared that his sense of the visual was outside the range of the researcher's experience, as indeed every person's experience is particular to that person and is formed within a matrix of experiences that comprise the individual's history and the meaning made of it by that individual and no other. The participant experienced visual imagery as part of “enhanced” moments of awareness with his patient.

Because such visual experiences were unfamiliar to me as a researcher, I arranged a recorded telephone interview in which I asked the participant to elaborate on the experience which included visual imagery of “unbounded-ness or spaciousness, lots of light” which succeeded the client's experience of terror. The participant started by describing his felt experience:

There was a softening of the terror, of that cold creepiness that was in the room. And then I felt something shift, and I felt lighter physically, and then I started to have some visual images, I often do oscillate between the visual and the feeling channel. I had some images, and I had some feelings, so I was oscillating between the two.

It would appear that initially the participant's experience was an emotional feeling of "cold creepiness" resonating with the client's sense of terror, which shifted and was succeeded by a sense of lightness accompanied by visual imagery. The participant indicated that both he and the client had been moving between emotional and visual modes, and uses the visual word "darkness" to characterize the "terror" he and the client had been feeling:

he [the client] started describing in visual terms some of the images he had. He seemed to move from that sense of darkness to describing visions of light, and then he talked about having felt constricted with the terror, he started to talk about how there were no walls, and that space had opened up around him.

Clearly this process of oscillation between emotional feelings and visual imagery was familiar to the therapist; and when asked to further describe visual imagery for a researcher who was apparently blind to it, he said:

it was like the sun and it's late afternoon and there was a shaft of light, off-white light, down in a ray, that sense of translucence, or a sunset, or that late afternoon sun in [place name omitted], where there's a lot of space around, so I have that feeling of sky and light, and almost a lack of horizon.

When I asked whether he had seen an image of a particular place, the therapist elaborated:

It's not representational, it's more light and those colours, but every now and again it starts to have form but the form isn't of any landscape that I'm aware of, it's more a vision, like in a movie, of something, the dark screen that becomes light, it's visual in that sense.

Asked whether he experiences the images together with emotion, the therapist added the clarification:

Yes; but what I'm aware of is that I oscillate, that is I'm not sure I have the feeling at the same time I have the strong image, my experience of it is that I'm having one that moves into the foreground, the feeling is in the foreground and then almost immediately there's a pulsating and then the image comes up, I feel

the feeling and then the image. And if I stay with the image then the feeling starts to intensify and I'm aware of the feeling that goes with that.

These experiences of visual imagery linked to strong emotional experiences and alternating with them in a sort of feedback loop were quite unlike anything described by any other participant.

One other participant reported attending to the visual combined with the auditory, and this is described in the next section.

Auditory and visual sense.

A participant reported attending to his body and emotions most of the time, and additionally in moments of enhanced awareness attending to his senses of hearing and sight. He said:

What I become aware of both as a client and as a practitioner is that I become, if the session is taking place during the day, much more aware of birdsong at moments of significance; it might sound bizarre.

He was describing work in which he and his client found their attention drawn to the feeding activities and singing of birds outside the room. The therapist intuitively understood that the client, a keen birdwatcher, identified with the birds' shyness and quickness to fly away whenever they sensed they were being observed while feeding; and the visually observed behaviour of the birds became a metaphor, shared between the therapeutic pair, for the client's attachment feelings. The participant elaborated thus:

What seems to happen is a kind of feeling, sparkling presence in the room, and an awareness of a kind of mysterious and wider inter-connected field, so that when these moments of meaning unfold, it's generally a silence of a particular quality, and in that silence I become, and my fantasy is that the client becomes much more keenly aware of the kind of aliveness of the world, it feels like birdsong is somehow a response to that.

The participant's language refers to sensual experiences of "*a kind of feeling*" and of hearing silence and birdsong, but uses the sensual to point beyond itself towards an experience that is perhaps ineffable or supra-sensual, reminiscent of what Bion (1970) termed "O" or the analytic object. The silence is of a particular indescribable quality. The aliveness of the world is felt. The participant feels himself and his client and the birds to be linked in the sense of being inter-connected in a wider field. This will be considered in the "discussion" chapter.

As to whether what is described here is bizarre, it seems to the researcher that what the therapist might consider strange is his suggestion that the birdsong is a response (by the birds, or from a sentient universe?) to emotional realities between the therapeutic couple.

The fact that therapist and client are conscious of the precise aspect of the birds' behaviour that mirrors her attachment experience differentiates this from Levy-Bruhl's (1925) description of "participation mystique," the state of mind of people in primitive societies where there is an identification of subject and object through a process of projection, which cannot be thought about. What this participant describes seems more like an experience of shared empathic connection that evokes in him a sense of wonder, intensified consciousness and connection.

If the birds' behaviour serves as a metaphor for the client's emotional life, that would accord with psychotherapeutic precedent and rational thought; however, if the therapist claims that the birds sing in response to an emotional event in the room, he would enter territory that is more magical, somewhere in the neighbourhood of Jungian synchronicity. A more prosaic possibility, and one more appealing to my inclination toward economy of explanation à la Occam, is that it was not the birdsong that changed, but rather the quality of the therapist's state of awareness. Occam notwithstanding, a phenomenologist must according to Zahavi (2003), "suspend his natural realistic inclination" (p. 45) while acknowledging his own bias, in accordance with Husserl's principle of epoché. The participant said very clearly that he felt the

birdsong was “*somehow a response*” to what was happening in the relationship between therapist and client in the room, and that is the truth of his experience, or perhaps of how he understands and interprets his experience.

Asked to expand on how he experienced that “*moment of significance*” the participant said:

It's perhaps a lightening of the heart, an opening in the heart kind of area which previously felt heavy, dark, weary, closed in; then there's an opening, like the sun breaking through from behind the clouds, or like say in meditation where sometimes you can sit for hours or even days just experiencing sloth and torpor or distracted thoughts, weariness; then suddenly out of nowhere you'll find you are feeling quite concentrated and suddenly there's an enlivened vividness to your experience.

Interestingly the participant combines metaphorical descriptions of body feelings “*heavy, dark, weary, closed-in; a lightening of the heart, an opening in the heart area*” with the visual simile “*like the sun breaking through from behind clouds*”. It is as if the visual simile is used to reinforce the description of a body feeling; everyone has seen the sun breaking through clouds and knows what they feel when they see it. Any listener would have feeling and visual associations to the simile, which here is used to illuminate fluctuations in the therapist’s state of awareness and concentration: “*quite concentrated*” and “*an enlivened vividness [sic] to your [i.e. the participant’s] experience.*” Another example of this participant’s use of metaphor or simile to describe changing states of awareness was this:

To use a football metaphor it's like the game can be kind of you know, a midfield battle, with occasional moments of magic if you like, and those can't be pre-ordained or engineered, all you can do is try and create the space by being present, so in that way it's very much like meditation, you can't seek a particular experience, you can only do your best to be with your experience as it is.

This, like most of the accounts of experiences previously quoted, is expressed in figurative language such as simile and metaphor. The neuropsychology of metaphor and the structure of language will be briefly considered in the discussion chapter, and

for now it may suffice to note that a growing body of research (Lakoff and Johnson, 1987; Lakoff, 1994) indicates that most of our everyday uses of language involve metaphors derived from body experience: the word “indicate” in this sentence is an example, deriving as it does from the index finger. The description (a simile) of psychotherapy being “like” a football game, a midfield battle with occasional moments of magic was another case in point, as was the previously-quoted description of “*keeping it real in the feel.*” We use metaphor and simile to incorporate (a metaphor) a sense of the feel of life into verbal descriptions of it.

Auditory and visual senses were the focus considered here, but participants frequently recruited kinaesthetic and emotional metaphors in order to more fully describe what they had experienced, as if acknowledging that all the senses are operating in doing psychotherapy. Indeed, for some participants the usual five senses were insufficient to fully express what they experienced, so to acknowledge this the next section is headed “sixth sense experience.”

Sixth sense experience.

A participant described as follows having all senses attuned to her experience:

there was that free-floating attention, just being there for your patient, not having to; just being able to float, using all your senses and then some senses that you don't know you have, that you don't have, I think that is what I'm saying: that there are more senses than we know.

This participant had recently organised a colloquium for psychotherapists and neuropsychologists on the implications for psychotherapy of current neuroscience and she spoke of mirror neurons. She explained that a mirror neuron fires both when a person performs an action and when the person observes the same action performed by another person, and that this recent finding may help us understand the physiological basis of human empathy. The participant was quite accustomed to sometimes knowing

things about her patients without knowing how she knew, and was considering the mirror neuron effect as offering a possible explanatory factor, or as she put it:

So if you're in the room with a patient and your focus is the patient, you're going on their trip! But you have to pay attention to how you feel while you are going on their trip, going through their process.

The sixth sense in this account is not necessarily an uncanny phenomenon; it is rather a familiar aspect of the psychotherapy experience that someday soon may be accounted for scientifically. Going on the patient's trip would be an apt description of the experiences reported in the chapter on body experiences, above.

The participant who described turning his attention towards "*the energy*" between himself and his patient has also in effect made a "sixth sense" reference. He characterized "*energy*" as "*a state between intellect, between intuition and thinking.*" This can be understood to carry some of the same meaning as the idea that a therapist may know something without knowing how she knows, and is congruent with experiencing psychotherapy as an intuitive dance that involves both thinking and feeling, "keeping it real in the feel."

Another participant described what she called "uncanny connections" between herself and her patients. She gave an example: during a session the therapist had felt distracted by memories of a time when she told her sister-in-law about a painful experience in her marriage and the sister-in law had laughed. What happened next in the therapy session was this:

I didn't tell him that, and he then told me about someone bursting out laughing when he was in quite a lot of pain, and it was quite bizarre, those sorts of things, but they tend to happen quite a lot.

It seemed the therapist's remembering of the incident in her life preceded the client's recounting of his own experience and the therapist found it "bizarre" that her reverie about a lack of empathy in a family member anticipated the client remembering an

experience of something similar. The therapist explained that “*those sorts of things*” were other examples of her reverie anticipating aspects of her clients’ emotional experience that the clients had not put into words. She was accustomed to sometimes knowing these things before being told. This combination of the familiar with the unaccountable or the apparently uncanny might be considered an everyday magic, the sort to which the therapist is habituated. She showed no anxiety about the lack of a rational explanation, taking it as an interesting yet frequently occurring aspect of her work.

In this chapter I have quoted extracts from the interview transcripts. The extracts have been grouped under the four themes, or categories of meaning, that emerged through the process of Interpretative Phenomenological Analysis. The themes are: Attending to the body, Attending to the relationship, Attending to the self, and Sixth sense experience. What became apparent in the process of presenting the material was the arbitrary nature of the division into themes; in fact many of the experiences exemplified more than one theme.

In Chapter 5 I will discuss the meanings contained in the examples quoted, drawing from further literature that illuminates various problematic aspects of the experiences.

CHAPTER 5: DISCUSSION OF RESULTS

In this chapter I explore in more detail some of the themes introduced in Chapter 4. Because the interview transcripts contained an abundance of rich material I have not been able to explore all of it; instead I have selected those themes that seem to me to most resonate with the aims of the study, mentioned in the first chapter. I make links back to ideas introduced in Chapter 2, the literature review, and introduce further literature that I think throws light on puzzling aspects of the participants' accounts of their experiences.

Can experience be described? A view from psychology

One interviewee was a psychologist who practices psychotherapy, and had been practicing mindfulness meditation for thirty years. He had recently co-edited, and written two chapters, in a book on the topic and as we started our recorded conversation he began enthusiastically expounding his thinking, keen to inform me. I understood that my interviewee was pleased to be sharing his enthusiasm and specialist knowledge with a colleague who had travelled far to meet him, and I felt grateful for his generosity, and interested in his ideas; but nevertheless I needed to elicit from him descriptions of his own experience, the subject of my study. Several times during the interview I asked him to describe his experiences of the aspects of his work that he was describing; but each time he remained focused on his conceptual thinking about what he had experienced, interpolating the phrase “just in parenthesis...” before continuing unchecked with his enthusiastic flow of ideas.

Reading and re-reading this interview transcript, I noticed that descriptions of experience were greatly outnumbered by accounts of conceptual thinking, and turned my attention to understanding what the lack of experiences might mean. Focussing on the style of language and the process of the interview is in keeping with the methodology of interpretative phenomenological analysis: Smith (1996) says that IPA

shares with discourse analysis “a recognition of the importance of context and language in helping to shape participants’ responses” (p. 264).

Mindful that this participant meditates daily, and is practiced in directing his attention to his experience of physical sensations in his body, I was curious about what appeared to be his inability or possibly reluctance to describe his own experience. Had he forgotten it, or was he unable to describe it, or was he reluctant to do so? Perhaps he had been momentarily unable call it to mind? Or was he simply attending to a different area of his awareness, namely his thinking? In the interview situation the participants were being invited to recall a memory of experience; perhaps the attempt to recall required of them in a different frame of mind from that in which they operate when working as therapists, attending to their experience in the present.

These questions puzzled me; seeking clarification I turned to the literature of psychology. Proposing a theoretical framework for emotion experience, Lambie and Marcel (2002) develop a “two-level view of consciousness in which phenomenology (1st order) is distinguished from awareness (2nd order)” (p. 1). They argue from an extensive review of psychological literature that occurrence of a “1st order emotion” in most cases is signalled by “phenomenal awareness of autonomic and bodily changes” (p. 3). These bodily and neurological responses result from an evaluative activity of the mind, (sometimes conscious, and sometimes unconscious and automatic), in which events or circumstances (actual, remembered or imagined) are appraised “in terms of relevance to or implication for one or more of the organism’s concerns” (p. 23). Events are judged suitable and desirable or unsuitable and aversive; and objects of awareness and appraisal may include experiences of self, of other, or of the world; and this activity gives rise to “evaluative descriptions and action attitudes” (ibid) that constitute the individual’s emotional response to his or her life-world; the life-world includes orientation to oneself, to others, and to the world. In this schema a “2nd order emotion” is produced when one adopts an analytic observational response to one’s emotion, usually after it has been experienced, but sometimes during the experience.

The relevance of this schema to my research interviews is based on my understanding that the experience of doing psychotherapy is emotional as well as intellectual; a purely cognitive or factual description, if such were possible, would be lifeless because it would be devoid of felt meaning. It is the attribution of emotional meaning that enlivens human experience. Lambie and Marcel (op. cit.) comment on the difficulty inherent in describing emotion experience:

There would seem to be a problem in accurately characterizing first-order phenomenology, given our general position that we can only know it via second-order awareness, which usually transforms it. When we deliberately attend to it, we tend to adopt an analytic observational attitude, which disintegrates its first-order holistic nature (p.34).

This goes to the heart of the problem with describing experience: when we are deliberately attending to phenomenological experience by observing or remembering, it is transformed from experience into thought. This phenomenon is familiar to practitioners of vipassana meditation: I remember repeated admonitions from the teacher to just be in the experience of the physical sensations rather than think about them, and the repeated disappearance of physical sensations as I started to think about them or evaluate them.

Another strand of literature seems relevant here: in his analysis of the physiological basis of emotional experience Schore (2003) in an elegant and comprehensive integration of the literatures of psychoanalysis, attachment theory and psychoneurobiology, describes the differences between right-brain hemisphere, emotional and attachment processing, and left-brain linguistic and intellectual thinking (p. 70-75). The right hemisphere and its emotional and attachment functions develop in the first eighteen months of life, and the mother-infant bond is based on this. Schore (op. cit.) puts it like this:

In the developmental context, the mother of a securely attached infant psychobiologically attunes her right hemisphere to the output of the infant's right hemisphere in order to receive and resonate with fluctuations in her child's internal state. This bond of unconscious emotional communication, embedded

in adaptive projective identifications, facilitates the experience-dependent maturation of the infant's right brain (p. 70).

The linguistic, conceptually oriented left hemisphere, according to Schore (op. cit) develops much later, and becomes dominant; but communication between the hemispheres is incomplete, and constitutes a barrier between emotion experience and linguistic processing.

I continued to reflect on this interviewee's difficulty (if it was a difficulty) in describing his experience of working as a psychotherapist: perhaps his process of remembering his experience, and then describing it to me, had indeed so transformed it that his description resembled a series of "analytic observations", distant from the experience itself. I worried that perhaps it might prove impossible achieve the stated object of the study, which was to answer the question "what is the experience". Lambie and Marcel (op. cit.) comment on states of immersion in experience:

[O]ne's memory of such (emotional) states is via episodic restatement (i.e. the phenomenology is produced by remembering the eliciting situation rather than by being directly recallable). Thus, one can catch it out of the corner of one's eye, so to speak, or by memorial reinstatement (p. 34).

With these two studies (Lambie and Marcel, 2002; Schore, 2003) in mind, I wondered whether perhaps I had been unrealistic in hoping my interviewees would somehow reproduce in the interview situation an account of their experience; returning to the interview transcripts I would need to be alert to notice the participants' attempts to remember "eliciting situations", and catch glimpses of their experience out of the corner of my eye, as well as encouraging phenomena to reveal themselves through textual analysis. The above-quoted participant was aware of the difficulty inherent in conceptualizing experience, and described it thus:

I think it's a little bit like a lot of analysts have said you do your conceptualizing outside, you leave it outside the door, then you walk through the door and it's just a relationship, you're people and that's it. I don't do much conceptualizing in the room with the patient, I'm feeling the texture of the

relationship, the experience; usually if the feeling is connected, and if it's vital, if it's curious.... the seven factors of enlightenment, do you recall? When those are happening, therapy in my mind is working. If you feel a sense of investigation, joy, of equanimity and mindfulness.... when that is happening, that is mostly a non-conceptual experience, so you might say the touchstone for me is fundamentally aliveness.

Given that the participant is acknowledging that in the therapy room (which he likened to a two-person meditation cell) he is not in conceptualizing mode, the extract gives a glimpse of his felt experience in the room: he describes the phenomenon as “*feeling the texture of the relationship, the experience*”, and feeling vital and curious. Using feeling words and allusive metaphoric language here (in contrast to his previous use of intellectual language) he describes knowing about feelings of connection and vitality, and this lively language contrasts with his intellectual language that feels more experience-distant. It appears that the participant needs both experience-near feeling language and conceptual language that is more experience-distant to fully convey the range of his experiences; in the therapy relationship in the room he seems to feel himself to be in the implicit, right-brain emotional relationship, and between sessions using his left-brain conceptualising mind to integrate and understand what he has experienced.

Links with a Buddhist account of emotion experience

Continuing to think about the apparent gap between experience and descriptions of experience, I turned to Buddhist literature. Lambie and Marcel (op. cit.) do not mention Buddhist writings; however, correspondences are apparent between their account of emotion experience and Buddhist psychology. The Vipassana Research Institute (1993) introduces the Mahasatipatthana Suttam (Discourse on establishing mindfulness) with an exposition of the primacy of sensation in the practice of mindfulness meditation. They quote the dictum of Gautama Buddha from the Anguttara Nikaya in the Pali Canon:

Vedanasamosarana sabbe dhamma: Everything that arises in the mind flows along with a sensation in the body. Therefore, [they comment] observation of sensation offers a means – indeed the only means – to examine the totality of our being, physical as well as mental (p. viii).

As discussed in the literature review, Vipassana meditation is concerned with methodical observation of physical, mental and emotional experience while in states of heightened awareness. One is struck by the concordance between this and Lambie and Marcel's (op. cit.) finding, 2500 years after the time of the Buddha, that "1st order" emotion experience is a physiological response to "phenomenal and autonomic changes" which can then give rise to a "2nd order" emotion experience resulting from the mental and emotional activity of attribution of meaning.

The mental and emotional appraisal of experience "in terms of relevance to or implications for one or more of the organism's concerns", and its evaluation as desirable or aversive described by Lambie and Marcel (op. cit.) also finds a parallel in Buddhist thought. Goenka (1999) referring to the meditative setting up of awareness (satipatthana) of the meditator's mind-body experience, explains the link between different aspects of the body-mind experience and the activities of craving and aversion:

The entire field of mind and matter, all five aggregates which constitute the "I": the material aggregate (rupa) and the four mental aggregates of cognising (viññana) recognising (sañña) feeling (vedana) and reacting (sankhara). All four satipatthanas can be practiced only with the base of vedana – feeling. This is because unless something is felt (vedana), craving and aversion cannot arise (p. 27).

In the literature review I outlined one of the contextual value-based foundations of the Buddhist analysis, which briefly stated is that the unconscious automatic activity of reacting to sensations with craving or aversion is the cause of human misery and delusion. While Lambie and Marcel may not share those values, their analysis of the experience of emotion and its processing by cognition appears to my mind strikingly similar.

The above-mentioned participant said that when working relationally with a patient he turns his mindful awareness to his own experience, the patient's experience, and the ebb and flow of connection and disconnection between himself and the other; this was quoted in the "Results" chapter. Here he was describing a considered intentionality to direct his attention towards the three chosen aspects of his experience; his use of the present continuous tense indicates that he intends when practicing to steadily maintain what he calls "a tripartite awareness of mindfulness". The word "mindfulness", which is defined in the literature review, indicates a meditative attitude of mind, in the present, and connotes an open, accepting attitude to one's experience, refraining from evaluation; and whereas in formal meditation one directs attention only toward one's own experience, here attention is divided between self, other, and the relationship between the two. This is consonant with Surrey's (2005) description of a "relational mindfulness" orientation to psychotherapy, mentioned in Chapter 2.

Considering thinking and feeling

The participant's interest in the cognitive aspect of his experience is revealed in his choice of the word "cognizant", and this interview indeed covered a different territory to some other interviews with psychotherapists: for example the psychotherapist, describing what he calls his "worst experience" of doing psychotherapy who said "*It felt quite overwhelming, as though I'd picked up this heavy dark kind of substance, weighing on me.*" His use of kinaesthetic, feeling words continued throughout the interview; in the above example the participant was describing his memory of a personal experience of feeling overwhelmed and burdened, and seemed to be recreating it in his mind and possibly feeling something as he spoke. One might speculate about how much he was, in the way Lambie and Marcel (op. cit.) describe, remembering the eliciting situation and thus in the interview, reproducing the phenomenology; as he talked, I felt something of the heaviness he was describing, while with the interviewee who described "tripartite awareness" my attention had been involved with thinking and understanding, and I remember feeling strong interest that was predominantly

intellectual but feeling no emotional response other than gratitude for his generous sharing of his thoughts. This revealed little of the participant's emotional experience when he practices; in the quoted extract he seemed to be consulting his memory on a cognitive level in order to describe how he directs his attention.

This contrasts with other portions of the same interview, in which the participant used colloquial, allusive, feeling language. Describing psychotherapy with a personality-disordered patient he mentioned assessing the ebb and flow of the relationship and of his subjective sense of his own vitality or lack of it, and of assessing relational aliveness.

In that extract he seemed to be creating an evaluative description (2nd order) of his cognitive process, in which he “asks himself” questions about an experience of relationality that he and his patient are having (1st order); he mentioned that after noticing a “difficult feeling” (1st order) coming up and changing, he engages in a cognitive checking process in which he assesses whether he is feeling vital and alive or not; and whether his patient is in her experience or has “turned away” from it. It appears that the 1st order emotion experience with its phenomenology and the 2nd order evaluative description with its questioning process are closely intermingled, simultaneous or nearly so. I imagine that in order to “ask himself” something the participant must abstract his awareness to some degree from his experience in the moment.

The participant's thinking about his patient's experience that she may “*abdicate*” from her aliveness and “*go to a warmer, safer place*” carries his assumption that for this patient, the responsibility of aliveness feels cold and unsafe, and feeling less alive has the power to render her self-experience subjectively safer, or at least less threatening and potentially painful than being more alive and in emotional contact with him. His own preference and where he feels comfortable is “*keeping it real in the feel,*” and being emotionally available; but his commitment to turning “*loving awareness*” to all aspects of experience allows him to be present for his client whether she is open or

closed towards him, attached or avoidant. The participant seems to move easily between feeling and experiencing when in the flow of a session with his client, leaving his conceptualizing at the door of the therapy room, and thinking after the session or when he is being interviewed.

Inviting a “significant moment”

Another participant enumerated the aspects of his experience to which he attends:

I attend to different levels: I attend to the content, attend to the story, but I also attend to how I am, how that's affecting me, what's happening in my thoughts, my feelings, my body responses; and I try, really my intention is to not know, to have a kind of negative capability where I just allow myself to be affected, and out of that ground something surprising will then emerge: I never know what I will say, I never know precisely what kind of intervention I might make, but through cultivating this attitude of not knowing, allowing myself to be affected and then following my instincts and impulses, that's how I do the work.

Again, the participant indicates that attention is divided between various aspects of his experience: the content of what his patient says, his responses whether felt as body sensations, or thoughts. He also mentions his open, accepting attitude (*negative capability*), which he says he adopts both towards the productions of his patient, and towards his feeling responses, and towards his “*instincts and impulses*” that guide how he relates to the patient. All this seems to be a 2nd order intellectual description of the participant's orientation to his work, his description of what he remembers doing. Later in the interview he contrasts the remembered (1st order) feelings of being burdened, heavy and exhausted, with what he calls “*a sense of ritual, a potency to the space*”. This, he says, can give rise to “*significant moments*.” When I asked how he experienced a significant moment he again used 1st order descriptions of sensory experiences, of feeling rather than thinking: awareness of sound, of birdsong; an awareness of a silence of a particular quality; a keen sense of the aliveness of the world; a feeling of sparkling presence in the room; and an awareness of a kind of mysterious and wider inter-connected field. The participant links his sense experiences of hearing and seeing the

birds with his sense that he, his client, the birds and the living world “*might have been*” linked in “*some mysterious semi-shamanic connection.*” The example, quoted at greater length above, presented a challenge, philosophical as well as hermeneutic. Did the participant use the idea of shamanism to point toward his feeling of the ritual potency quality of the inter-personal moment he is describing? Or did he believe that something supernatural was happening? A shaman is a doctor-priest or medicine man working by magic (Schwartz, 1992); does the therapist see himself as a magical healer? Is he indicating a sense of transcendence? His tentativeness around the claim that something shamanistic was afoot is indicated by his use of the qualifier “semi,” and the modal “might” qualifying the passive verb “have been” intensifies the tentativeness. I have commented (above) on the likelihood that the participant was using language to point toward a heightened state of consciousness that he cannot otherwise express because of the limitations of language as a medium to convey experience.

What was it like to be in a heightened state during the semi-shamanistic “*moment of significance*”? All the participant’s senses were enhanced and he had a sense of the aliveness of the world. However, in his characterisation of psychotherapy as “*a midfield battle with occasional moments of magic*” he shows that much of his experience is not magic, not enhanced. Is this an account of a change in the participant’s state of awareness, from having to endure the everyday business of slogging through mud into a luminous experience of the beingness of being? According to Steiner (1989) Heidegger worked:

[T]o reclaim for a language of ontological presentness, of Gegenwart, the high ground illicitly (according to Heidegger) occupied by the onto-theology and metaphysics which perpetuate our forgetting of Being. They are, to use a celebrated Heidegger-trope, the labours of a woodcutter, seeking to hack a path to the “clearing,” to the luminous “thereness of what is” (p. xix).

Perhaps the participant used metaphysical language to indicate his memory of a heightened experience of the “thereness of what is;” Heidegger might have advised him he need not do so if he were to renounce theology and speak from an ontology of pure immanence. On reflection because I, like the participant, practice Buddhist meditation

and accept its philosophical standpoint I am surprised that he did not, because for Buddhists as for Heidegger the thereness of experience is in itself a mystery that needs no mystical or magical reinforcement of its significance. Perhaps the participant chose the language of magic as a narrative device, an intensifier to convey a sense of how powerfully he had been affected at the time. He is describing a memory: the description is removed temporally from the experience, and still further removed by the transition from memory into language. The participant is describing a moment of experience that was formed in the matrix of interaction between two specific people at a specific time in the development of their relationship with one another and the world. His description contains the truth of his experience, which was magical for him.

A necessary element of any encounter between therapist and patient is what remains unconscious, or out of awareness. The participant spoke of his intention to not know, but rather to have “*negative capability*” and “*allow myself to be affected*”; and described an instance of close emotional resonance between himself and his client. Therapist and client achieved conscious attunement, and the intention of negative capability is to open oneself to influences from the client’s unconscious. What is out of consciousness cannot by definition be described, but might be felt; and the feeling of it might be of something numinous or shamanistic, as indeed it was for the participant. Perhaps this is an example of the “interbeing” mentioned in Chapter 2, that realisation by therapist and patient of the wider inter-connectedness that can bring to psychotherapy a spiritual dimension.

Relational Body Experience

After when they disentwine
You from me and yours from mine,
Neither can be certain who
Was that I whose mine was you.
To the act again they go
More completely not to know.

-Robert Graves “The thieves”

Graves describes a moment of intimacy in which according to Zohar (1990) “lovers gladly lose themselves in one another, willingly surrender boundaries that might otherwise have guarded and defined their separate selves” (p. 125). Some of the participating therapists willingly relax their boundaries and surrender, as the lovers do in Graves’ poem, and although their acts of surrender were psychic rather than physically sexual, they involved body feelings. As I have mentioned above, three of the six participants described attending to their body experiences as a way of understanding their own experience when they were in the presence of clients. They also understood their own body experiences as reflecting clients’ experience, and indeed sometimes felt unsure whether emotional experiences belonged to them or to their clients. I term this orientation to body experience “relational body experience.”

Feeling pushed away: was it emotional or also physical?

In the example (p. 50) the participant described feeling “*like I’m being actively pushed away*” by her client, as if the client was “*bulimic of her attachment*” to the therapist. The therapist felt this, it was not merely a thought; the client was not touching the therapist, but the pushing presumably was registered in the therapist’s kinaesthetic body sense. The participant understood this connection with her client as an example of the

operation of mirror neurons. Dr. V.S. Ramachandran (2006), a neuroscientist, provides the following brief introduction to the phenomenon:

Researchers at UCLA found that cells in the human anterior cingulate, which normally fire when you poke the patient with a needle ("pain neurons"), will also fire when the patient watches *another* patient being poked. The mirror neurons, it would seem, dissolve the barrier between self and others. I call them "empathy neurons" or "Dalai Llama neurons". Dissolving the "self vs. other" barrier is the basis of many ethical systems, especially eastern philosophical and mystical traditions (Ramachandran, 2006 op. cit.).

Ramachandran alludes to a neurophysiologic basis for empathy, and dissolution of the self-other barrier. This linking by a contemporary neuroscientist of a positivist scientific explanation of experience with eastern philosophical traditions, exemplifies a movement towards syncretism between eastern philosophy and scientific thought.

Capra (Capra, 1983) is an exemplar of a similarly syncretic impulse linking quantum physics with Taoist philosophy. Capra (whom I met when we were both studying T'ai Chi Chu'an) a researching physicist who worked at C.E.R.N. (Centre Européene de Recherches Nucléaire) particle accelerator in Geneva wrote that Taoist sages in ancient China understood the illusory nature of the human experience of being a separate self. They understood the universe in terms of flow, change and the interpenetration of matter and energy, and in this way anticipated the findings of high-energy quantum physics. The interpenetration of matter and energy is sometimes experienced by vipassana meditators, and I have attempted to describe that experience above (p. 25).

Other scientists also have commented on links between science and the study of human subjectivity, e.g. Damasio (2000), Lewis (2000) and Schore (2001) who in describing the neurophysiology of cognition, language, emotion and attachment are demonstrating the physiological bases (or correlates) of much of human experience.

Empathy is of course a central concept in psychoanalytic thought, so it will be useful here to briefly outline an intersubjectivist view of it, before continuing to discuss some

more examples of relational body experiences from the “results” chapter. Stolorow, Atwood, & Brandchaft (1994) describe empathy as a unique investigative stance characterised by:

[A]n attitude of sustained empathic enquiry, an attitude that consistently seeks to comprehend the meaning of a patient’s expressions from a perspective within, rather than outside, the patient’s subjective frame of reference (p. 44).

This, they continue, requires a commitment to continually investigate the meaning of his affective responsiveness, or the lack of it, for the patient. Interestingly the authors do not mention the body; however, other intersubjective theorists e.g. Aron (1998) have addressed body experience. Aron, citing Freud’s (1915) idea that drives were “on the frontier between the mental and the somatic” distinguishes between “the body as the source of the drives” and “the child’s experience of the body as the foundation of the self” (p. xxi), and argues for the body as fundamental to psychoanalysis; in Aron’s view the body as source of meanings is privileged, rather than the body as the subject of natural sciences. As well, Aron (op. cit.) writes from an intersubjective perspective that considers the body and its drives from a relational perspective and wants to:

[B]ring the focus of psychoanalysis back to the body, the bodily rooted self, to bodily based communication, to bodily and affective experience, and to somatic and psychosomatic phenomena, now all viewed in a relational context (p. xxvii).

To express the desire implies a lack; and indeed until quite recently much of the literature within psychoanalysis did not directly address therapists’ body experiences during therapy. A notable exception is Field (1989) who presented a literature review and analysis of counter-transferential responses reported by therapists. Field reported that 46% of his sample of thirty therapists reported “embodied” responses, which he defined as “a physical, actual, material, sensual expression in the analyst of something in the patient’s inner world; an incarnation by the analyst of part of the patient’s psyche” (p. 513). Field’s idea of “incarnation” (op. cit.) seems to go much further than the view of empathy mentioned above, and is closer to Ramachandran’s (op.cit.) mirror

neurons, Schore's (2003) limbic resonance and to some of the experiences I will be discussing. Goulding, in her unpublished masters dissertation on therapists' body experience (2003) notes that most of the psychoanalytic literature relating to this topic has been published in the last five to ten years, and comes mainly from intersubjectivist theorists such as Aron, 1998; Dimen, 1998; Field, 1989; and Orange, 2002 (p. 20).

The experience of the participant who felt physically pushed away might be described in terms of empathy as an empathic resonance by the therapist with the client's feeling of aversion to closeness; and her citing of the "mirror neuron" findings possibly represents her desire to attune her psychoanalytic thinking with scientific thought. She had introduced her description of preparing herself for the session by saying "*in a way it's just like meditating with yourself, except that you have two people, the body and mind of somebody else there at the same time*". In this way the therapist seemed to be describing her experience of an easy synergy between her psychoanalytic thinking, her meditative practice and her making of meaning by incorporating a neurological account of empathy.

"Some of them comes into me and some of me goes into them".

In these two examples (p 68) the therapist described surrendering to experience by letting go of physical boundaries between herself and her clients. The first case illustrated the therapist's body registering a client's experience of which the client was conscious; and the second case showed the therapist's body registering a physical and emotional experience that was initially outside the client's awareness.

The client had been fully aware of having had "*major surgery*" on his jaw when younger, and the therapist understood her own consistent jaw pain and inability to move her jaw as "*entering his reality somehow*" and "*mirroring him,*" and explained that she believed the client's jaw immobility acted as an expressive metaphor as well as being the result of physical trauma, in the sense that it paralleled the client's inability to

speak about emotional realities that were unacceptable within his rigid and controlling family. She understood her ability to be receptive in this way as “surrender” to her emotional experience, and quoted Ghent’s (1990) paper on surrender versus submission. Ghent writes:

The meaning I will give to the term "surrender" has nothing to do with hoisting a white flag; in fact, rather than carrying a connotation of defeat, the term will convey a quality of liberation and expansion of the self as a corollary to the letting down of defensive barriers (p. 108).

Ghent (op. cit.) proposes that this kind of surrender requires a creative act, one of willingly entering a domain of transitional experiencing like that of an infant who “lives through a faith that is prior to a clear realization of self and other differences” (p. 108-109). To maintain defensive barriers requires an investment of psychic energy, and it follows that letting them down frees that energy for more constructive uses. The participant’s use of the term implies that she enters the client’s reality just as a mother participates in the experience of her infant, by an act of empathic immersion which in the example quoted here involves the registration of physical sensations and muscular tensions as well as emotions. The therapist mentioned that the client in his ten-year therapy made some progress in speaking out, but was never able to speak with complete freedom; and the therapist felt a progressive relaxation of her jaw as work with the client progressed. But right up to the termination of the therapy she felt “*occasional twinges*” in her jaw, indicating that her physical and empathic attunement continued to accurately respond to changes in the client’s self-experience.

Shakiness mysteriously appeared in the therapist’s legs; nothing in the client’s spoken narrative appeared to connect with leg sensations, and over many months the therapist’s ability to just observe was challenged and her meditative tolerance of discomfort was exercised while she abstained from trying prematurely to explain in a defensive act of “irritable reaching after fact and reason” (Bion, op. cit.). Eventually, the therapist telling the client about her discomfort initiated an exchange: the more the client began

to feel her own leg sensations, the less the therapist felt. It appeared to the therapist that she had physically registered an experience that was out of the client's awareness, contained it until she sensed the client was ready to allow it to emerge into consciousness, and then gave it back to the client. The therapist's overall summary of these experiences was "*some of them comes into me and some of me goes into them;*" this recalls Field's (1989) idea that a therapist may "incarnate" part of the patient's psyche, and the simple, Anglo-Saxon (i.e. not Latinate) vocabulary hints that this statement is close to emotional, limbic-brain experience rather than elaborated into conceptual, cortical-brain thought. The therapist's summary also resonates with Thich Nhat Hanh's "interbeing," mentioned in the literature review (Chapter 2).

Further Consideration of the Gap Between Language and Experience

To posit a gap between language and experience implies that not all thinking comes into language, or takes place in an area of consciousness that requires language, but this assertion is not universally accepted within psychoanalysis. Zeddies (2002) mentions "a tension within psychoanalysis about the role of language within human experience" and explains that some writers insist that language forms the foundation of all communication between patient and analyst, whereas others:

suggest that this view is too idealistic. They argue that a nonverbal stream of experience exists alongside, and is distinct from, experience that is structured linguistically and imply that unless language is grounded in something nonlinguistic, we cannot do justice to unconscious dynamics, dialogical complexity, and truth claims (p. 3).

Gendlin (1962, 1970, 1995) writes of felt senses, quite different from "feelings" in the sense of emotions; they are our body's awareness of our ongoing life process. A felt sense is, for Gendlin, more ordered than concepts and has its own properties, different from those of logic; for example, it is precise, intricate, and can be conceptualized in a variety of ways. Gendlin argues that while we often progress in our understanding, that

progress involves a disruption of existing conceptual models. Gendlin avers that we can "feel" when a carrying forward in insight is, or is not, occurring, but may not initially be able to articulate this. Gendlin (1970) believes that the being of our body is a knowing which is more than conceptual, and implies further steps in knowing: he calls this an "organic carrying forward" (p. xiii). Thus it is possible for us to drive a car while carrying on an animated conversation; and possible for Einstein to say he had a "feel" for his theory years before he could formulate it (op. cit. p. 18).

Gendlin's model of thinking can be contrasted with the position of Lakoff & Johnson (1999) who make a cogent and impassioned case for a philosophical orientation that they term "embodied realism." A foundational notion in their conceptualization of language (2002) is this:

Our brains are structured so as to project activation patterns from sensorimotor areas to higher cortical areas. These constitute what we have called *primary metaphors*. Projection of this kind allows us to conceptualize abstract concepts on the basis of inferential patterns used in sensorimotor processes that are directly tied to the body (p. 77).

The authors endeavour to provide a clear and simple window into the structure of philosophical thinking by arguing that abstract thought is largely metaphorical, and based on the body experiences of locomotion, vision and on manipulating objects in space. The function of metaphor is to refer to something simple and easy to understand as a way to convey something more complex that we may not fully understand (or grasp, to use a body-based metaphor, almost invisible because of its ubiquity). A trenchant criticism (Steen, 2000) of the authors' approach is that in their project of grounding all abstract thought in embodied experience they adduce only linguistic evidence, and do not do justice to the complexity of the minds of the formal philosophical thinkers they criticize; and in my opinion Gendlin (op.cit.) points towards an orientation to language and thought that can both draw on Lakoff and Johnson's useful insights and go deeply (another body-based metaphor) into complex pre-verbal or extra-verbal realms of experience.

With regard to the “some of them comes into me” experience, how can this strand of theorizing help us understand what happened? As I have indicated, the simplicity of the language makes it feel likely that this is an experience-near description: a high level of abstraction is not apparent as it was for example in the previously-cited example “we need to be cognizant in a tri-partite awareness”. The spatial body-based metaphor of interpenetration, recalling Graves’ poem about sex (above) was easy for me as a listener and reader to feel; or more precisely, I had a felt sense of my own response which may or may not have corresponded to the participant’s experience. I believe that the simplicity of the language performed the function of pointing to something more complex that in truth I cannot fully understand except through the metaphor, insofar as that evokes in me similar experiences of interbeing that I have had. It seems likely that such apparent simplicity of diction in the description alludes to hidden complexities in the experience. This is of course a feature of good poetry, which works by allusion and associations that are both conscious and unconscious. But it is not only poetry that can work through allusion and unconscious resonances, it is all language. As Gendlin (1970) puts it:

[W]ords can exceed their conceptual structure even while employing that structure. In use they always elicit effects that are more precise and demanding than could follow just from the structure (p. xiv).

While language can allude to complex inner experiences and implicit knowledge in the way Gendlin describes, and can elicit rich responses in a listener or reader, something can be lost in the process. Daniel Stern (2004) puts it this way:

Something is gained and something is lost when experience is put into words. The loss is of wholeness, felt truth, richness, and honesty. Is there some kind of resistance operating to counter this loss- a resistance that keeps some experiences protected in their richly complex, non-verbal non-reflectively conscious state? Perhaps it is an aesthetic and moral true-to-self resistance, an existential resistance against the impoverishment of lived experience (p. 144-145).

Personally I respond to “the feel” of Lakoff, Stern and Gendlin’s understanding of language and emotion experience as embodied, a means of accessing lived implicit experience; and I respond to Stern’s (op. cit.) notion of valuing the “wholeness, felt truth, richness and honesty” of unarticulated experience; I give these understandings my “phenomenological nod” (van Manen, 1990) because they feel right, they resonate with my own sense of my experience, but not because I am convinced by argument. Staying with the interpenetration experience I have been discussing, perhaps something more of the neuroscience might be explained in the future, when relatively new findings about mirror neurons and brain science have been integrated and surpassed; but that might add nothing to one’s emotional response to the account.

In the example under consideration then, if one’s emotional response (if you have one) exceeds the simple verbal structure, how does that work? Might it be a response to something implied in the words yet not contained in them? An appeal to shared implicit knowledge? Might the words elicit in the reader an emotional response that in some way approximates something in the reader’s own emotional experience?

Relational Body Experience as Countertransference

Counter-transference: origins and current views.

Although Freud’s (1923) remark that the ego “is first and foremost a body ego” (p. 67), emphasising that body sensations form the basis of ego development, echoes the views of relational psychoanalysts (e.g. Aron, 1998; Harris, 1998) in the late 20th and early 21st Century. Wrye (1998) reminds us, “Though a transcendent genius interested in bridging psyche and soma, Freud was also Victorian, Cartesian, Newtonian, patriarchal, drive-oriented, and oedipal” (p. 103), and thought in terms of the Cartesian dualism of body and mind, patient and analyst. From that position, Freud (1910) referred to counter-transference as an emotional feeling:

[W]hich arises in the physician as a result of the patient's influence on his unconscious feelings, and we are almost inclined to insist he shall recognise his counter-transference in himself and overcome it (p. 20).

While granting the influence of the patient's unconscious on that of the analyst, Freud saw counter-transference as a hindrance to the analyst in his task of understanding and interpreting the patient's unconscious emotional life. By contrast transference was the term Freud (1910) used for unconscious emotional feelings from the patient's past that distorted her perception of the analyst, causing her to act as though these feelings belonged to the present, not the past; and the patient would find some aspect of the analyst to which to attach the experience. In this model, it was the analyst's task to analyse and sublimate or vanquish his own (counter-transferential) responses, and to limit his transference interpretations to the patient's transferential enactments; the patient could then become conscious of what had hitherto been unconscious, with concomitant improvement to her mental health and functioning (Etchegoyen, 1999). This early psychoanalytic model was based on the assumption of a Cartesian split between a more detached, "objective" subject-analyst thinking about a patient-object who was seen as separate, to be interpreted by the analyst.

It is outside the scope of this thesis to discuss in detail the interesting complexities of the debate between the thinking of American, British and South-American analysts that led to contemporary understandings of countertransference; Jacobs (1999) traces this admirably. Perhaps it will suffice to say that many authors currently consider the psyches of therapist and patient to be in a state of constant mutual influence, retaining Heimann's (1950) idea cited by Jacobs (1999) that:

[A] direct channel exists between the unconscious of patient and analyst. In this view, the analyst's inner experiences are products of the patient's mind as projected into the mind of the analyst (p. 589).

This view finds support in some views of projective identification, such as that of Ogden (1982, 1992), who posits a three-stage process in which:

The projector has the primarily unconscious fantasy of getting rid of an unwanted or endangered part of himself (including internal objects) and of depositing that part in another person in a powerfully controlling way. The projected part of the self is felt to be partially lost and to be inhabiting the other person. In association with this unconscious projective fantasy there is an interpersonal interaction by means of which the recipient is persuaded to think, feel and behave in a manner congruent with the ejected feelings and the self- and object-representations embodied in the projective fantasy (pp. 2-3).

By the end of the 20th Century, according to (Jacobs, 1999):

The idea of psychoanalysis as a two-person psychology (as well as a one-person psychology) had gained wide acceptance, and counter-transference is no longer viewed primarily as an obstacle to treatment. It is seen, rather, as a complex entity containing the analyst's subjective responses fused and mixed with projected aspects of the patient's inner world (p. 591).

The inter-subjective view of Stolorow et al. (1994) within psychoanalysis has supported the idea of transference and counter-transference together forming: "an intersubjective system of reciprocal mutual influence" (p. 42), in which the subjectivity of the observer shapes and is shaped by that of the observed.

Transference, projective identification and body experience.

In his review of contemporary views on the clinical uses of counter-transference, Jacobs (op. cit.) cites McDougall (1979) in France and Mitrani (1995) in the USA who have discussed patients suffering early trauma who are unable to verbalise feelings and whose associations do not therefore provide access to the traumatic material; this can sometimes be accessed via the analyst's subjective responses, reverie and body feelings as they appear in sessions. The inability to access and verbalise traumatic material is discussed also by Schore (1993), who sees projective identification as a right-brain to right-brain communication of affects, a "conversation between limbic systems" (p. 70), not accessible to verbal left-brain processing.

I am citing the psychoanalytic and psychoneurobiological conversation about intersubjectivity, countertransference and projective identification in order to examine my understanding of participants' experiences. I became most interested in those experiences that were body-based, such as "feeling pushed away," "feeling burdened, overwhelmed," "pain in the jaw," "uncomfortable legs," "keeping it real in the feel," and "some of them comes into me and some of me goes into them." I suggest that these and other expressions of body-based empathic resonance between therapist and patient can be understood as instances of limbic resonance, which Schore (2003) links to the non-verbal emotional and physical communication that links mothers and infants.

Within psychoanalysis the separation of observer/observed is currently being challenged, in a way that accords with contemporary neuroscience, with scientific understandings such as Ramachandran's (op. cit.) description of mirror neurons, and Capra's (op. cit.) comparison between Taoist philosophy and the quantum physics of the flow and inter-connectedness of energy and matter. Buddhist meditative practice from its beginnings, two and a half millennia ago, has incorporated a well-delineated training in transcending the separation between thought and experience, between physical sensation and emotional experience. It seems likely that the psychotherapists who participated in my study were helped by their meditative training to have an enhanced receptivity to their own physical sensations and emotion experience, predisposing them to be aware of limbic resonance with their patients' emotional experiences.

Buddhist meditative practice from its beginnings, two and a half millennia ago, has incorporated a well-delineated training in (among other things) transcending the separation between thought and experience, between physical sensation and emotional experience. It seems likely that the psychotherapists who participated in my study were helped by their meditative training to have an enhanced receptivity to their own physical sensations and emotion experience, predisposing them to be aware of limbic resonance with their patients' emotional experiences.

CHAPTER 6: CONCLUSION

In this study I wanted to find out how psychotherapists who meditate focus their attention. I had been wondering how psychotherapists aiming to achieve evenly-suspended attention (Freud, 1912) or to enter sessions without memory or desire (Bion, 1970) could accomplish this without specific training. Bearing in mind the prolonged and intensive efforts necessary for learning vipassana meditation, I wanted to explore the experience of psychotherapists who meditate, in order to discover how (or whether) their meditative practice of closely observing physical sensations, influenced their way of practicing psychotherapy. An adjunct of this aim was to explore links between psychoanalytic thinking and Buddhist understandings of the person. As well, I aimed to discuss examples of speaking *from* the body rather than *about* the body.

I have noted that the psychotherapists I interviewed were unanimous in saying that their meditative practice informed their orientation to psychotherapy. Some mentioned negative capability (Bion, 1970), some mentioned evenly-suspended attention, and all mentioned directing a meditative awareness to both their own experience and that of their patients. Some participants thought of their practice of psychotherapy as “co-meditation,” that is meditation with two people joined in meditative awareness. Participants referred to a focus on the ebb and flow of closeness and distance in the therapy relationship as an object of meditation. Because vipassana and Zen meditation are posited on close observation of the self in isolation, this orientation to psychotherapy can be said to constitute a specific type of meditation: I quoted Surrey (2005), who refers to this as relational mindfulness, and observes that mindfulness and the attuned relationship seem to support one another; and I believe some of the participants (in England, New Zealand and the USA) practice relational mindfulness without using the term.

Those participants who practiced vipassana, a meditation based on refining and developing the ability to become aware of body sensations both gross and subtle, described instances of feeling body sensations that reflected their patients’ experiences,

both conscious and unconscious. I traced connections between this phenomenon and conceptualisations of projective identification, transference, limbic resonance and attachment theory described by Schore (2003) in terms of the science of psychoneurobiology.

I believe that bringing together the practice of meditation; brain science and the philosophy of embodied linguistics (Lakoff and Johnson, 1999; Gendlin, 1995, 1996) can potentially bring fresh life to conceptualisations of psychotherapy, and clarify the place of language in the work. In my study I have quoted extracts from research interviews to illustrate the differences between intellectual, conceptual language and what I have called “speaking from the body,” and I believe that therapists’ use of language in psychotherapy merits more study.

In the study I have mentioned the work of Lambie and Marcel (2002) who present an account of emotion experience and the difficulties inherent in describing it verbally, and also Lakoff and Johnson’s (1999) philosophical and linguistic work on the embodied mind. I have used these two studies to address some difficulties inherent in translating experience into words, and I believe the topic merits further study.

Implications for practice and education.

I drew parallels between the experiences that I termed relational body experiences, and Buddhist conceptualisations of “interbeing” (Thich Nhat Hanh, cited in Surrey, 2003) and findings from quantum physics indicating the illusory nature of the apparent difference between energy and matter (Capra, 1983). In this connection I described experiences in vipassana meditation of “*bhanga*,” dissolution of the apparent solidity of the body, marked by an experience of the body as a flow, composed of nothing but tiny waves of energy or subtle vibrations; and I mentioned that this stage of meditation can bring the ability to feel body sensations that respond to the emotional experience of others. In a psychotherapy context this ability can be conceptualised as a tool for developing sensitivity to projective identifications and transferences. I believe that an

awareness of relational body experience as I have described it constitutes a potential development of psychotherapy practice, and it seems probable that vipassana meditation helped participants refine their awareness of subtle body sensations. Aron (1998) presents a variety of intersubjective perspectives on the body in psychoanalysis; the sort of meditative body receptivity I have described could provide a valuable addition to the skills of psychotherapists interested in body awareness.

There seems little doubt that the practice of mindfulness meditation constitutes a well-defined training in developing evenly suspended awareness, and the capacity to attend “without memory or desire,” which Bion (1970) advocated as a means of putting aside prejudices and pre-conceptions in order to bring to the encounter with patients an open and receptive mind at each meeting. For this reason vipassana meditation could be a valuable training experience for psychotherapists.

Because of the Indian spiritual origins of vipassana meditation, and the precision of the practice, the technique is best taught by a teacher accredited in a direct line of succession from those in Buddhist countries who have preserved the tradition in an unbroken line of succession since ancient times. However, teaching is available free of charge at recognised meditation centres throughout the world, and many psychotherapists have been drawn to learn, and practice devotedly. Those that are interested will surely find their way to the practice, but it is my view that to include the teaching of this form of meditation prescriptively, in academic or clinical courses, would be disrespectful of the spirit and technique of vipassana, and would skew the desire to learn in a wrong way.

Germer (2005) notes that a form of mindfulness (not vipassana) is taught to trainees in Mindfulness-Based Cognitive Therapy (MBCT), and Mindfulness-Based Stress Reduction (MBSR); this has proved highly beneficial. Trainees in Dialectical Behaviour Therapy (DBT) are not required to practice sitting meditation, since it is not part of the DBT programme (p. 115). Germer (op. cit.) stresses that for mindfulness to have a pervasive influence on a therapist’s approach a deep and extended involvement

would be needed; and in my view such a commitment needs to be motivated by a therapist's personal interest. Germer (op. cit.) discusses the teaching of mindfulness techniques such as watching the breath, to psychotherapy patients, but that is not a focus of this study.

Possibilities for further research.

This study leaves open the question of whether therapists who practice vipassana or other forms of meditation differ from other therapists in how they practice, and this could be the subject of a comparative study.

Many authors within psychotherapy and psychoanalysis have in the last decade been writing about the integration of the various forms of Buddhist meditation with psychotherapy and psychoanalysis; very little work has been done on the experience of body-awareness, and research studies could be undertaken in this area. A study could be designed that is specifically focused on body awareness in psychotherapists who meditate, and body awareness in therapists who do not meditate.

Another possibility for further study might be to compare outcomes from intensive meditation practice and from psychotherapy. Are there brain processes associated with specific emotional difficulties? And can mindfulness practice affect these? Another area of study might be whether vipassana practice produces durable changes or improvements in physical, emotional and mental functioning.

It would be interesting to study the difference between speaking *from* the body and its' emotion experience, and speaking *about* the body and about emotions. Can the ability to speak from the body be developed? If so, how might this be done? I imagine this is an area of inquiry that Gendlin (1996) has been addressing, and I would like to deepen my understanding of the issue, perhaps by undertaking further research,

Limitations of the study.

My research question in the present study was “what is the experience of psychotherapists who meditate?” and this was answered with such an abundance of data that I have not had time or space in this study to analyze all of it; in my analysis I have been guided by the aims of this study, and have not analyzed some data which seems interesting. One participant described visual imagery shared between himself and his client, and I have not managed to analyze the information; that analysis could be done.

Another limitation of the study has been that I have not been able to put aside my biases and foreknowledge. I have trained in psychotherapy and vipassana, and have lived a long life and have more prejudices than I can count, some conscious and some not. Like most people, I find it difficult to remain balanced and sceptical, and to resist my unfortunate tendency to agree with myself. As noted in Chapter 1, one thing about which I remain sceptical is the possibility of being a detached observer of the world, because one is always a part of the world.

Summary

A central finding of my study has been that it seems likely that the psychotherapists who participated in the study were helped by their meditative training to develop an enhanced receptivity to their own physical sensations and emotion experience, predisposing them to be more aware of limbic resonance with their patients’ emotional experiences. If this is so, it carries the implication that psychotherapists who regularly practice vipassana meditation will improve their ability to register and notice transference enactments such as projective identification. Because of the nature of the training, they will certainly develop the ability to tolerate painful and difficult emotions with equanimity and without reacting.

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Appendix A – Ethics Approval



MEMORANDUM

Student Services Group – Academic Services

To: Peter Greener
From: **Madeline Banda**
Date: 6 August 2004
Subject: 04/94 A phenomenological study of the experience of committed Buddhist meditators who practice psychotherapy

Dear Peter

Thank you for providing clarification and/or amendment of your ethics application as requested by AUTEK. Your application is approved for a period of two years until 6 August 2006.

You are required to submit the following to AUTEK:

- A brief annual progress report indicating compliance with the ethical approval given.
- A brief statement on the status of the project at the end of the period of approval or on completion of the project, whichever comes sooner.
- A request for renewal of approval if the project has not been completed by the end of the period of approval.

Please note that the Committee grants ethical approval only. If management approval from an institution/organisation is required, it is your responsibility to obtain this.

The Committee wishes you well with your research.

Please include the application number and study title in all correspondence and telephone queries.

Yours sincerely

Madeline Banda
Executive Secretary
AUTEK

Cc: Paul Solomon

Appendix B – Information Sheet



Participant Information Sheet

Project Title: A phenomenological study of the experience of psychotherapists who are committed practitioners of Buddhist meditation.

Invitation: I invite you to participate in this research project.

Who are the researcher and the supervisor? My name is Paul Solomon. I am a member of the New Zealand Association of Psychotherapists and a lecturer at Auckland University of Technology in the Department of Psychotherapy. This project is part of my Master's of Health Science degree, which I am writing at Auckland University of Technology. My primary supervisor is Peter Greener who is a psychotherapist as well as Head of the Division of Public Health and Psychosocial Studies.

What is the purpose of the study? To explore the experience of psychotherapists who practice Buddhist meditation.

How was I chosen to be asked to be part of the study? I understand that you are a psychotherapist who regularly practises Buddhist meditation. In this study I want to explore possible links between the ways in which meditators who are psychotherapists focus their attention, and the recommendations of Freud and Bion: Freud's "free-floating attention" and Bion's "Psychoanalysis without memory or desire" were ideas that stimulated my curiosity about this topic. Your own commitments to psychotherapy and Buddhism qualify you to participate in the study, and I hope it will interest you.

What happens in the study? If you agree to join the project you will be asked to take part in an interview at a time and place we agree on. Interviews will be approximately 60 minutes long, and will be audio recorded. You can ask to have the recorder turned off at any time. I will start by asking you to tell me about your experience of doing psychotherapy. I will transcribe the interviews myself, and then forward a copy of the transcript to you for your approval. Next I will analyse the approved transcripts and write them up in a report, which is part of a Master's degree and will be held in the University library. The findings of the study may also be used for professional presentations and conferences.

What about confidentiality? Your personal details will be kept strictly confidential. I will not use your real name in the research. You can choose a pseudonym. Only

(Participant Information Sheet Continued)

my supervisors and I myself will have access to your original information. In the interest of confidentiality I will transcribe the interviews myself.

What are the discomforts and risks? There is unlikely to be any risk to you; however you may feel discomfort as a result of talking about your experiences and reflections in the process of psychotherapy. If you should feel discomfort we would discuss your needs and stop the interview if necessary. I am an experienced psychotherapist, so would be able to offer appropriate support.

What are the benefits? The project will provide greater knowledge and understanding for psychotherapists about the work we do. It may help to consolidate your understanding and experience of psychotherapy and meditation.

What are the costs of participating? There will be no financial cost to you; neither will there be any financial gain.

Opportunity to consider the invitation. If you are interested in joining this project, or have further questions, please contact me (or my supervisor) at the phone numbers or e-mail addresses below. Your participation is voluntary. If you decide to participate you will be asked to sign the attached consent. It is your right to withdraw at any time from the project.

Participant concerns. Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Peter Greener at (00-64)-09-917-9999 ext. 7187 or email: peter.greener@aut.ac.nz

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTECH, Madeline Banda, madeline.banda@aut.ac.nz, Phone (00-64)-09-917-9999 ext. 8044 (AUTECH is the Auckland University of Technology Ethics Committee)
Please quote the project reference, 04/94. Ethics approval was given on 6th. August 2004.

If you are interested in joining the project by taking part in an interview, or to contact the researcher with further questions, you can contact me by surface mail at the address below, or by e-mail:

paulsolomon@xtra.co.nz or via the university at: paul.solomon@aut.ac.nz

Or by cell-phone: (0064)-0274-368-400

Appendix C – Consent Form



CONSENT TO PARTICIPATION IN RESEARCH

This form is to be completed in conjunction with, and after reference to, the AUTEK guidelines version three (revised September 2000).

Title of project: **A phenomenological study of the experience of psychotherapists who are committed practitioners of Buddhist meditation**

Project supervisor : Peter Greener

Researcher: Paul Solomon

I have read and understood the information provided about this research project.

I have had an opportunity to ask questions and to have them answered.

I understand that the interview will be audio recorded and transcribed.

I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way. If I withdraw, I understand that all relevant recordings and transcripts, or parts thereof, will be destroyed.

I agree to take part in this research.

Participant signature:

.....

Participant name:

.....Date:

Project supervisor contact details: Peter Greener Ph: 0064-09-917-9999 ext. 7187

e-mail: peter.greener@aut.ac.nz

Researcher contact details: Paul Solomon Mobile Phone: (0064) 0274-368-400

Phone (0064) 09-917-9999 Ext. 7208 e-mail: paulsolomon@extra.co.nz

Approved by the Auckland University of Technology Ethics Committee (AUTEK) on 6 August 2004. AUTEK Reference number 04/94