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FACULTY OF ARTS, HUMANITIES AND SOCIAL SCIENCES

ZEN AND PSYCHOANALYTIC PRACTICE:

QUESTIONS OF ATTENTION AND DESIRE

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ABSTRACT

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This is an investigation of my experience and those of other psychoanalytic therapists in the UK who practise Soto Zen, a branch of Buddhism. Religion and spirituality are areas that, historically, psychoanalysis has tended to pathologise, but in recent decades practitioners have more openly acknowledged the spiritual dimension in their own lives. Many have found their place in Buddhist practice, including Zen. To my knowledge, this is the first study that focuses on the potential interconnection, from the therapist’s perspective, between Zen practice and psychoanalytic practice.

I examine critically existing literature. Through reflection upon some of my own clinical practice, and through analysis of three extended conversations with a group of other therapists, I consider and analyse the ways in which Zen practice may inform clinicians’ experience, especially in relation to attention and desire. The reflective dimension of this research is also articulated through the inclusion of improvised music.

The group conversations confirmed the value of continuing collaborative enquiry; participants acknowledged from various perspectives that Zen practice positively informs their self-awareness and actions in clinical practice, and that the focus on attention and desire was welcome. Examination of literature shows that most writing in this field concerns itself primarily with comparison of theoretical ideas, with relatively little attention to the therapist’s subjective experience. It also demonstrates an increasing interest in the spiritual dimension of analytic practice.

This research contributes to the growing interest in, and knowledge of, spiritual practice in relation to analytic practice, through consideration of casework and the relating of it to Zen practice. It concludes that Zen practice has great potential for addressing problems of attention and desire by deepening the therapist’s self-awareness and capacity for focus. It demonstrates the need for more wide ranging enquiry and for consideration of the implications for the training of therapists.

Key words: Zen, meditation, psychoanalysis, reflection, self

**CONTENTS**

1. **Introduction 1**

Some current background 1

Zen and psychoanalysis 2

Language 4

A Christian comparison 7

The route through this thesis 10

Gaps in knowledge 10

Over view of structure 14

A note on vocabulary 16

1. **Methodology 19**

Introduction 19

The research question 20

Methodological choices 21

Self-reflection 21

The conversation group 28

The conversation group decision 34

Exploration of literature 39

1. **The conversation group:**

**process, themes and initial findings 41**

Forming the group 41

Structure and process 42

Membership 42

The environment 43

Initial responses 43

Who was I in the group? 44

The material; incorporation into the thesis 47

Ethics 48

Data analysis 48

Main findings 55

1. **Tradition 59**

The beginning: safety or improvisation? 59

Music 62

Finding new communities 64

Coming to Zen 65

Psychoanalysis 67

1. **Towards Buddhist practical theology 71**

Introduction 71

Insider? Outsider? 73

Practical theology and the Academy 74

An experience in common 76

Buddhist studies and the Academy 78

Music therapy, the academy and psychoanalysis 81

Attachment anxieties 83

The place of theory 87

Spiritual practice and practical theology 90

The Bodhisattva 92

**6** **Psychoanalysis, religion and spirituality**  95

The Freudian inheritance 95

Object relations and attachment 100

Spirituality 105

Concern and conscience 107

Natural religion 109

A sacred space 112

**7 Emptiness, Zen and psychoanalysis 117**

Introduction 117

The Buddha 119

Bodhidharma 122

Dogen 127

Zen and psychoanalysis 131

The Four Noble Truths 135

Case example (‘Tim’) 138

**8 Zazen 149**

Introduction 149

Rinzai Zen: koan practice 149

Soto Zen: ‘just sitting’ 152

The body 153

Letting go 155

Bowing 162

Implications for therapy practice 163

Case example (‘Bernard’) 164

**9 The self 177**

A conundrum 177

No self? 179

True and false self 181

Emptiness 185

Is meditation enough? 188

Clinging to the self 189

The therapist’s experience 192

Narcissism 193

Case example (‘Clare’) 196

**10 Listening, attention and desire 205**

Introduction 205

Listening? Attention? 206

The aesthetic dimension of conversation 210

Listening 212

Playfulness and improvisation 213

Outside language 222

The contemplative position? 226

Case example (‘Kevin’) 229

**11 What are the contributions of this research? 233**

Contributions to knowledge 233

Contributions to practice 237

Indications for future action 241

**12 Reflection and conclusion 243**

A central conundrum 243

The research experience 243

Continuing relevance 245

Collaboration 246

Paradoxes 247

Methodology 248

In conclusion 251

**References 253**

**Appendix 1**: Some common Zen terms 269

**Appendix 2**: Participant information sheet 271

**Appendix 3**: Participant consent form 276

**Appendix 4**: Data analysis in progress:

Attention and listening 279

**Chapter 1**

**INTRODUCTION**

This enquiry emerges from two central elements of my life and identity, and from my desire to explore their relationship. In professional life I am a psychoanalytic psychotherapist, music therapist and trainer of other therapists; my spiritual practice is within the Soto Zen tradition. What follows is a response to the sense that both are intrinsic to me, and I feel drawn now to investigation of that connection.

**Some current background**

The words ‘psychotherapy’ and ‘spirituality’ are appearing together with increasing frequency. Conferences take place and interest groups are formed. Increasing numbers of clinicians are acknowledging their spiritual practice, and more actively seeking to find ways to work with‘ spiritual’ material brought by their patients. In my experience the climate of recent years is one of hunger; the conferences fill up quickly, and publications are appearing. All of this has brought forward people who identify with a range of spiritual practices, generally not in the Judaeo-Christian tradition or in Islam but from further East, and sometimes more vaguely with ‘being spiritual’. The literature on therapy and spiritual practice is growing extremely rapidly. The growing interest in mindfulness, which has its beginnings in the work of Kabat-Zinn (Kabat-Zinn, 1994) and draws upon some basic Buddhist practices, has generated a wealth of literature about mindfulness-based approaches to physical and psychological healthcare and wellbeing. Shonin et al (2013) point out: ‘During 2012, over 500 scientific articles on mindfulness were published. This was more than the total number of mindfulness articles published between 1980 and 2000.’ Mindfulness practice has since extended into many other areas of human activity, often where there are issues of achievement or competition and in which the capacity for focus and concentration is to be fostered, such as sport, public performance, research, teaching, and business (Mumford, 2016; Moore 2017; Sinclair, Seydel and Shaw 2017). I turn later to discussion of some differences, and their implications, between mindfulness practice and Buddhist commitment.

**Zen and psychoanalysis**

‘Zen’ is itself a word that has come into common currency in recent decades, with the arrival of health spas, restaurants and styles of interior décor which have claimed the word as a marketing point, presumably in the hope of evoking something about calm, order, and space. There are websites, some run by individuals, such as Kaspa Thompson and many others, and some run by organisations, such as the Institute for Zen Therapy, which link Buddhist values and psychotherapeutic practice. They vary in tone, but have in common an aspiration to a certain state of mind, or a suggestion of the hope of outcomes of particular kinds, achieved by working in a sometimes rather unspecified but Buddhist-informed environment. It is striking, too, that while such websites may use the word ‘Zen’ somewhere in their content, they may be less specific about its implications for the clinical practice that is offered. Some hint at a general approach to life broadly characterised by ‘Zen’ which patients may perhaps more easily find after some therapy; some indicate that the therapist themselves comes from a background of Zen practice. This points to a paradox central to discussions of Zen and psychoanalysis. On one hand, Zen practice, like any other activity, emerges from an impulse towards something. Similarly, psychoanalytic practice is to do with seeking something through the possibilities of change and of a process unfolding through time, and most patients embark upon therapy out of emotional dissatisfaction or pain from which they hope to find some ease. On the other hand, Buddhist practice, and Zen in its own distinctive terms, has a view of desire closely linked to its relation to suffering which to the Western mind may appear challenging (though attractive). This thesis addresses itself to some aspects of the experience of desire encountered in the clinical space by the therapist, and how that may play into the therapist’s capacity for attention.

Neither Zen nor psychoanalysis is subject to quick, clear cut definitions, but both are, maybe because of their mysteriousness and their attention to inner experience, subject to plenty of shorthand assumptions and fantasies.

In the case of Zen there is the seductiveness, perhaps, of the thought of engaging in something that is culturally slightly exotic and which seems to involve a degree of heroism that may be both therapeutic and purifying. With its emphasis on meditation, Zen carries associations of intensity and seriousness. It appears to involve discipline, and potential mastery over inner and outer confusion. There is the image of the stern but wise Zen master who deals in riddles and offers profound insights. There is the notion that Zen involves sitting struggling with unanswerable questions. There is the hope that Zen practice will bring personal peace. And there is the Zen garden.

All of these elements seem representative of some of the things that bring people towards therapy, and it would be possible in rather simplistic ways to see them as indicative of various states of internal object relations. The desire for a capacity for seriousness and intensity may be the articulation of a need, conscious or unconscious, for a sense of oneself as a person of maturity and substance who can engage with experience at some depth, which may also imply something reassuring about adulthood. From another perspective, of course, such a wish may be seen as an attempt to step away from more childlike, uncertain dimensions of self-perception which may be sources of shame. Heroism, represented by austere living, self-denial or mental discipline, brings associations of courageous achievement which can serve to reassure the practitioner that they are indeed strong and have taken definable steps towards a more complete and functioning self. Supposed purity of thought and action may free one from fear of one’s inner ‘badness’, violence or disgustingness. The notion of purification may serve the purpose of denying less acceptable aspects of the self. The wise and stern master may serve as the model of the adult who frees the child from responsibility by bringing direction and truth, but who also delivers chastisement. Perhaps the cultivation of silence itself suggests spaciousness and freedom from inner disturbance. My own first investigations of Zen were certainly rooted in quite a lot of those aspirations. In other words, some of the mythology surrounding Zen, far from identifying a practice that asserts the risks of desire, seems full of it. And there is one of the paradoxes: how can one engage in a practice without desire, and yet be free of the desire which has brought one to it?

Psychoanalysis, in turn, attracts its own assumptions, some of them not so far from some elements of the brief and largely parodic picture of Zen that I have just suggested. Some are familiar enough: the analyst is a wise figure who sits out of sight and interprets the contents of the patient’s mind; the patient tells their story and their dreams; the purpose of analysis is to bring the chaos of the mind into order; the process is interminable; it is inherently unequal in terms of power relations; there are some strict rules; at the end of it (if ever) one is somehow clarified and more complete. Again, there rest within those broad themes indications about both the fears and the desires that bring people into therapy.

**Language**

Discussions of both Zen and psychoanalysis bring an immediate problem to do with language and the structure of thought. Both are associated with a mysterious, potentially timeless experience and process and yet to discuss them, especially outside the Zendo or the therapy space, appears to call for consistent terminology and a coherent ordering of ideas. Each offers a particular kind of invitation to examine experience. My analyst sought steadily to encourage me to engage with past experience in order to be able to face it more directly, and to recognize in emotional terms what might be the roots and meanings of present desires and fears. My Zen teachers remind me simply to practice zazen (meditation), to allow thoughts and feelings to arise and fall away, and not to look actively for meanings at all. Yet each of these has informed the other: I suggest later that the necessarily relational nature of analysis fosters awareness in ways that Zen alone may not. When I have been able in the therapeutic space to look at psychic pain with active emotional, rather than simply historical, recall, I have been more settled and inwardly open in the Zendo. Meditation practice, in turn, has allowed me to be more present at times with the emotional and imaginative unknowns of the analytic process, as both patient and therapist.

I think my initial motivation in setting about this enquiry was to try to establish a frame of thought of a quite conscious order which would enable me to talk to myself (and anyone else) about the relationship between analytic thinking and Zen teaching. I imagined bringing theoretical material from the great canon of analytic literature and some of the central teachings and practices of Zen into some kind of synthesis which could be articulated and discussed. That is a first example of a conflict that has often recurred in the course of this work: a feeling of the attractiveness of theory and language when faced with the prospect of exploring two traditions for both of which, in their different ways, language is ultimately not at the centre of the action. I have been faced with my desire to end up with orderly and intellectually convincing proposals, clear research findings, and ready suggestions for further enquiry. But Zen mythology is full of stories about students who come closer to enlightenment not through study, but through shouts or gestures from their teachers, which bring them sharply into the present moment. The American analyst Thomas Ogden, in turn, remarks: ‘Language, as if of its own accord, resists being tamed and pressed into the service of expressing inherently wordless experience.’ (Ogden, 2005, p.23)

As this work has gone on, however, I have found myself much more concerned with the research process itself and with the developments in thought and deepening of experience which have arisen through it. That seems more resonant with the central spirit of both Zen and analytic practice and, in musical terms, of improvisation. One of my deepest roots is in being a musician, and in musical life, too, I have always felt the tension between a desire to know and analyse and explain, and the recognition that music is actually alive in its own terms in moment-by-moment experience.

Encountering practical theology, I have found it facing the same questions in its own terms. The need to read and write both academically and imaginatively arises, as does the need for the silence which acknowledges that, in the moment at least, language may not always be the best place to start. Here is Sheldrake, from a Christian perspective: ‘Spirituality ultimately drives theology beyond words into silence - not the silence of meaninglessness but one that, paradoxically, speaks of infinite presence’ (Sheldrake, 2012, p.15). So I have felt in the course of this work the continuing pull between a desire to understand something - and to try to demonstrate my understanding to others by writing a thesis - and a much more free and immediate excitement in the process of enquiry itself. It has put me more in touch with both impulses and their sources; I hope that it will offer to others some possibilities about investigations of their own.

That brings me to a problem, perhaps of language, perhaps more far reaching. Throughout the preparation of this dissertation I have moved about in my own awareness between the attractiveness and familiarity of discussing and comparing ideas, and the sense, more difficult to articulate, that Zen is not something I do, but rather something innate. I am not alone in this conundrum. There is a large body of literature about Zen and psychoanalysis and in many cases the author chooses a title that implies that there is a bridge to be crossed or a meeting to be negotiated. For example: Aronson (2004): ‘….*reconciling* Eastern ideals and Western psychology’; Bobrow (2010): ‘…*partners* in liberation’; Brazier (1995) ‘… a Buddhist *approach* to psychotherapy’. Mathers (2009), Molino (1998) use the word ‘*dialogue’*. Magid (2000, p. 37) writes of the need to ‘*dovetail’* Zen and psychoanalytic thought. All these authors, and plenty of others, write as significant members of the Western psychoanalytic establishment. The psychoanalytic world has always been characterised by strong convictions about the absolute value and effectiveness of its theories and practices; within that it has also split, like most religious and political movements, into factions (or ‘denominations’?) which can be demanding of loyalty from those within their group. Psychoanalytic training is long, rigorous and disturbing, and the power of the training organization to control the progress and destiny of candidates can be very great. (For (semi-) ironic and detailed observations on that, see Kernberg (1996), with his identification of some the of less than human ways in which trainee analysts may be treated.) So to bring into mainstream analytic thinking a significant and complex tradition from another culture, and with a basis in spiritual practice, is not a small matter. These authors write with enthusiasm and a sense that they want to raise questions and ideas of broad value, which will widen and inform psychoanalytic discussion and development. At times, however, they also sound defensive. In Chapter 5 I turn to the question of being an insider or an outsider, suggesting that it has resonances in some of the ways practical theology talks about itself, and more broadly in the way the academic world identifies itself. I think those experiences would be recognised by some of these Zen/psychoanalytic authors too. That is a theme that recurs in this thesis in two ways. At some points I consider the experiences of others at what are felt as the boundaries between one tradition and another. I also look at my own experience, observing when and why I have needed to cling to the familiar rather than think and act more openly. To hold to the familiar, whether in one’s own frame of thought or within a group or a relationship, is an issue of attachment. It is only possible to explore when such exploration does not bring the fear that one is betraying existing connections or frameworks and that one will not be rejected by whatever is meant by ‘home’, in both interpersonal and intrapersonal terms.

**A Christian comparison**

There are comparable texts discussing this from authors with other avowed spiritual affiliations; the largest body is from counsellors and therapists who identify personally as Christians, and sometimes professionally as Christian counsellors.

Some speak of the potential conflict between two affiliations:

As a pastor and theologian, I am often asked how my theology lines up with psychotherapy. That question suggests that counseling cannot be therapeutic when scripture is incorporated into it. Likewise, biblical scholars argue that the use of psychotherapy in Christian counseling somehow violates the integrity of the Bible itself (Seattle Christian Counseling; anonymous author).

Scott (2011), a Christian author, identifies such an experience in terms of attachment anxiety:

Most of all I wanted to find peace with myself, peace with God and peace with all those who matter in my life; family, friends, Christian or not, colleagues and clients. I was in a place where I always seemed to be walking on eggshells. I was being careful to say the ‘right thing‘ or at least in the ‘right language’, not wanting to evoke looks from colleagues or Christian friends that said that I was most definitely out of step with them. I had some ad hoc knowledge that other therapists that I had known over the years seemed to have a similar internal question. Yet it was rarely spoken about in either a professional or faith context. (Scott, 2011, p.12)

My own experience as a contributor to the training of therapists bears this out. Some students, most often those coming from within an evangelical tradition, find it uncomfortable to encounter theoretical ideas or values that do not immediately echo the Biblical truths to which they are committed. When they find such ideas positively exciting, the conflict increases. Their strong groundedness not just in belief itself, but also in the human affiliations that go with it through church membership, feels threatened. Thinking enquiringly becomes a source of anxiety; it not only potentially undermines a belief system that has long been a source of psychological security, but also brings the fear of being a traitor. So the self is threatened not only by the prospect of a deeply held internal structure becoming destabilised, and of the resulting grief, but also by the thought that to depart from traditional thinking would be to put oneself outside a precious family with all the fears of anger and disappointment that that might bring.

Trainee therapists are required to be in therapy themselves. Some Christian students will ask to be referred to a Christian therapist, and are uneasy when they find themselves with a therapist whose religious affiliation they do not know, and who is not going to disclose it. When that supposed certainty of common ground is not available, there is a fear that faith will be aggressively questioned or pathologised. In fact, however, the very basis of analytic therapy is to do with investigating meaning and with inviting greater self-knowledge through collaboratively exploring experience and belief in order to be able to live more authentically now. That, again, is an issue of attachment; if a secure enough working relationship with a therapist can be established, a culture of joint enquiry may develop within which more unfamiliar or disturbing questions can be looked at.

Scott describes herself as an evangelical Christian, but within that she has found a degree of internal freedom, as a result of reading a particular book, which allows her to be less anxious about whether her life and practice, internal and external, must always conform:

The consequence of this is that I no longer worry whether I am acceptable, whether the questions I ask are ‘politically correct‘ in the church context. I don‘t go out of my way to disturb, but my identity lies in my relationship with God. (Scott, 2011, p.17)

From an analytic perspective one might ask what else was going on for her, consciously and unconsciously, which allowed that moment of greater freedom to arise when it did. Was it really only because she read a book? She does not go into that, but no moment of change is ever independent of the complex network of experiences, beliefs and relationships within which it takes place.

Her anxiety, however, about ‘walking on eggshells’ might be recognised by many who have undertaken analytic training and found themselves with questions they felt unable to ask openly, or instincts about how they wished to practise which they knew were outside the acceptable frame.

**The route through this thesis**

This writing attends to two elements. Firstly, there is academic material and discussion. In that I seek to bring together creatively and critically ideas and approaches which have been part of my own formation, which reflect the wider context of my experience, and which have contributed to my own process in the course of this research.

Secondly, it draws upon lived experience in real time. A therapy session is not a theoretical discussion; it is an encounter between two people in the hope that possibilities for change may be found in meeting and mutual influence. It is relational. In the same way, this work has brought me to reflect on my own relationship with ideas, practice and, most importantly, other people. This writing draws extensively on human interactions, through extended accounts and discussion of clinical encounters in therapy, and through analysis of material arising from group conversations Similarly, the practice of meditation is not concerned with focusing on or developing theoretical (‘theological’) ideas, but with the availability to be more awake to any internal experience as it arises, and to allow it to be transient.

**What are the gaps in knowledge and enquiry?**

**1. Existing writing**

Both analytic therapy and Zen are ultimately rooted in moment-by-moment experience of practice; at the same time, both have generated a vast and rich body of theoretical literature. I consider later what might be the purpose of the existence of such a wealth of literature - perhaps an odd question to ask - and in particular what its place might be in relation to the possibilities of openness and uncertainty that both Zen and psychoanalysis seek to foster. My main interest here is not only in the possible theoretical relationship between a Zen worldview or commitment to practice and some of the central propositions of psychoanalysis, although that is important because my engagement with both will have emerged from unconscious determinants which continue to be active in me as I practise. I am interested, as psychoanalysis itself ultimately is, in lived experience.

Much of the existing literature that I have encountered appears to fall into three broad categories:

1. Those authors who take a primarily theoretical stance, comparing Buddhist notions of the self, its nature and existence, with the central idea of the self and its possibilities in a psychoanalytic frame (Moncayo,1998; Engler, 2003; Nagai, 2007). Some but not all of these are engaged in both Buddhism and analytic practice, but their interest starts from a primarily theoretical standpoint, with correspondingly limited discussion of clinical material. The same applies to authors discussing Buddhist models of the mind (Wallace, 1996; Hayes, 2003; Chadha, 2014). This, in turn, raises wider questions about the place of theory or teachings in any therapist’s practising self. I return at various stages of this dissertation to the question of the potential for dependence upon theory to become a source of defensive distance between patient and therapist.
2. Those authors who choose more broadly to compare both Buddhist values and Buddhist models of the mind with other current psychological models of experience, often seeking or identifying parallels, but once again not directly exploring such ideas in the context of clinical practice (Nauriyal et al, 2006; Wallace and Hodel 2008). Such material appears not only in literature that defines itself as relating to psychoanalysis, but also within approaches more closely associated with psychology or with philosophy of mind.
3. Discussion of clinical practice through a Buddhist lens (Epstein, 1996; Magid, 2005; Cooper, 2010 and many others). These authors all identify as Buddhist practitioners and illustrate their theoretical discussion of Buddhist/psychoanalytic interplay with examples drawn from clinical material. Most often such material focuses on the patient’s presentation, however, allowing the author to comment on it in terms of, for instance, an understanding of suffering grounded in Buddhist teaching. They may go on to consider how their Buddhist understanding informs their aspiration to work with the patient to bring about greater self-awareness or insight.

In my experience so far what is much more sparse is literature coming from therapists who are Buddhist practitioners who are seeking to explore ways in which their Buddhist practice informs not only their thinking but essentially themselves as therapists and thus their immediate experience in the room. When therapists in the analytic tradition write about their own experience in clinical space they are most often writing about their countertransference; that is, the states of mind and feeling that they experience through contact with the patient. Broader reflection upon the therapist’s starting point in terms of their overall worldview, and especially of their spiritual position and practice, is unusual. An exception is Monzo (2014). That volume consists of short interviews with British analytic practitioners, most of whom work with children and adolescents. Some identify as practising Buddhists; others simply draw upon Buddhist ideas. None of them engages in detailed accounts of clinical practice.

Through this reflexive enquiry I hope to go more extensively into my experience of clinical practice from within a framework of Zen practice.

**2. Particular consideration of attention and desire**

Buddhist teaching in all traditions shares a commitment to the centrality of the Four Noble Truths (discussed in chapter 7). The second of the Four Noble Truths identifies desire as the source of human suffering and the Eightfold Path proposes a way towards freedom from that. Desire is familiar to all of us, and so it is implicitly or explicitly present in much that arrives in the therapy room: envious longing for things that someone else has, the wish that the past had been different, the wish that one could change one’s circumstances now, the wish to be understood, and simply the wish to feel better. My interest here is in the impact of such material and the ways in which it is articulated upon the therapist, and upon her resulting attention and management of her own desires in the clinical space. How might Zen practice affect or reduce the therapist’s natural narcissistic desire to feel assured in her identity, or that she is ‘good enough’?

Equally, there is plenty of literature on the importance of listening and the development of listening skills (sometimes called ‘active listening’) in therapy practice. Some discussions of analytic technique stress the importance of grasping and retaining details of information or narrative, perhaps as a basis for interpretation. My preferred word here is ‘attention’; I will explore the possibility that Zen practice, with its concern with open awareness, rather than focused concentration, might open the way to a more profound engagement with experience in clinical practice.

I am not so far aware of other enquiries that look at these two issues in particular, although they are implicit in many discussions of practice. Again, it is my intention here to examine my own experience in these areas through consideration of clinical events. I hope that this enquiry will offer a space in which a more reflective and necessarily personal account of my experience as a therapist may emerge.

Throughout I shall draw upon material from three main sources:

1. Existing theoretical discussion of these themes in the growing literature on Zen and psychoanalysis;
2. Examples drawn from extended clinical encounters of my own: I am a music therapist and a psychotherapist and the material is drawn from work in both disciplines;
3. Investigation and discussion of material generated in group conversations.

In addition, the reader will be invited periodically to listen to some music. It is my routine practice in the course of clinical work to process some of my experience by improvising briefly at the keyboard after sessions and I have done the same throughout this research journey. This writing is punctuated by occasional pauses for such improvisations. The music is intended to speak for itself in simply illustrating another dimension of the research experience; I do not offer any analysis or interpretation of it. The ‘infinite presence’ spoken of by Sheldrake (above) implies a space for improvisatory enquiry. There are also extracts from my research journal

**Overview of the structure of the thesis:**

Chapter 2: I introduce my chosen methodology, discussing the nature of autoethnographic enquiry and the rationale for including group conversation in the research process.

Chapter 3: I summarise the conversation group process and the main findings. (Material from the group discussions appears throughout the thesis.)

Chapter 4: I consider my personal background and formation, identifying some key areas of developmental experience and in particular my sense of my place within, and relationship with, some strands of tradition. Through that I will identify the central motivations for undertaking this enquiry.

Chapter 5: I consider here the possibilities of an approach through the lens of Zen informed by practical theology, drawing on the theme of insider and outsider. I look in those terms at the place of practical theology itself, and the experience of other practical theologians, in the broader academy.

Chapter 6: I place this enquiry in the context of a longer-term narrative of the relationship between psychoanalysis and spirituality/religious practice, considering in particular developments of the past 50 years and the growing interest in Buddhism within the psychoanalytic movement.

Chapter 7: I introduce the Zen tradition within which I am training. After some historical background, including discussion of Bodhidharma and Dogen, two key figures in the early development of Soto Zen, I consider in particular the concept of emptiness. The chapter concludes with discussion of a case example.

Chapter 8: I discuss the central practice of Zazen (sitting meditation), identifying its character and its place in the Soto Zen tradition. The chapter concludes with discussion of a case example.

Chapter 9: In the light of the discussion of emptiness, I examine Zen understandings of the self. I consider here the central paradox between the aspiration of psychoanalysis to strengthen the self, and Zen’s view of how the self might be experienced and spoken of. I look in particular at those ideas in relation to the person of the therapist. The chapter concludes with discussion of a case example.

Chapter 10: Attention and desire. The focus moves in towards these two issues in the context of earlier discussions of the self and of Zazen, drawing in particular on the possibilities of unspoken and intuitive communication and experience, sometimes drawing upon the metaphor of music, to consider the value to the therapist of an ‘improvising’ state of mind. The chapter concludes with discussion of a case example.

Chapter 11: Here I identify contributions to knowledge and to professional practice. I also suggest implications for future action, including training and professional development.

Chapter 12: A reflection on the research process and its place in my development and current practice. I also consider the chosen methodology and indications of the limitations of this study.

……………………………………………………………………………………

**A note on vocabulary**

I identify as a psychoanalytic psychotherapist, and as a music therapist working within the analytic tradition. The literature to which I refer varies in its use of terminology, sometimes referring to the ‘analyst’ and sometimes to the ‘therapist’; ideas may be referred to as ‘analytic’, ‘psychoanalytic’ or ‘psychodynamic’. In the group discussions, one member refers to his work as ‘counselling’, although he works within an analytic frame; that reflects the use of the word ‘counsellor’ in his job title. My own practice is to refer to people I work with as ‘patients’; I prefer that word because its root (in the Latin ‘patior’) remind me that the patient is someone who is suffering. Some clinicians prefer the word ‘client’.

That diversity is reflected in varying use of those words here. I take the analytic tradition overall, however, to be characterised by its attention to unconscious material and to unconscious communication as being at the heart of experience and understanding, and so of the central relational character of therapeutic process itself. Psychoanalysis concerns itself exploring, through the investigation of thoughts, feelings, memories and dreams, those unconscious issues that may be impacting on current conscious experience.

Zen is a way of practice and living within the wider range of Buddhist traditions. In some respects it has a clear identity of its own; that is apparent in particular in its forms of meditation practice, its radical understanding of the self and the intellect as ultimately empty, and its commitment to the Bodhisattva ideal. It also has much in common with other schools of Buddhism; that overlap is reflected here in the use of the words ‘Buddhist’ and ‘Zen’ at different times.

A short glossary of terms commonly used in Zen appears as Appendix 1.

**Chapter 2**

**METHODOLOGY**

**Introduction**

Debate within the psychoanalytic movement about the nature and value of research has developed in recent decades (Wallerstein and Fonagy, 1999). The idea of research has not always been welcomed, in spite of Freud’s often repeated claims that psychoanalysis is a science and should therefore be subject to the normal expectations of empirical research. Wallerstein (2003) sums up the psychoanalytic establishment’s suspicion of research as located primarily in the fear of what might be the impact of the researcher/therapist upon the patient and the therapeutic process.

Chiesa (2010) believes that psychoanalysis has been elitist and defensive in this respect, ultimately harming its place in the wider world of mental health treatment.

We must seriously take on board the extent to which this isolationist stance has damaged our credibility as a discipline, has had a corrosive effect on our capacity for development and renovation, and has contributed to the alienation and serious decline that psychoanalysis has been experiencing. (Chiesa, 2010, p.107)

The research I am concerned with here is not a direct investigation of clinical practice in terms of patient pathology or of the devising of recognised, consistent methods. I do come, however, from a typically paradoxical analytic training background which looks upon the analytic encounter as essentially mysterious and at the same time needs to promote a set of particular theoretical propositions in support of its preferred model of clinical practice.

Perhaps that is inevitable, and reflected in the need within the clinical encounter itself for both imaginative freedom and clear boundaries. It also finds expression in the growing interest among therapists into conducting research, alongside their resistance to any move towards outcome measures (increasingly called for in NHS practice in recent years). Psychoanalysis has moved substantially away from the old model of the remote analyst who sits out of sight making interpretations, and towards something which recognises relationship and mutual influence as being at the heart of practice. The research which has been most welcomed is that which seeks not to examine large samples with a view to making a contribution to general theory, but rather to explore the subjective, self-reflective experience of therapists in the hope that it will bring greater self understanding, which in turn will enhance their clinical practice. Encountering such research may, in turn, generate enquiry in other practitioners. This project falls within that paradigm.

**The research question**

This research starts from the question:

How do Zen practice and commitment to working clinically through analytic understandings together inform my experience, and those of other therapists with comparable affiliations, especially in particular in relation to attention and desire?

There is a growing body of literature on the potential relationship between Zen and psychoanalysis, much of it from the United States. It may take the form of accounts by analytic/Zen practitioners (Magid, 2000, Cooper, 2010) of theoretical material, sometimes drawing on clinical data, or it may be more traditionally academic in focus, by authors who are not actively engaged in Zen, but are looking at the question from a more apparently objective stance. I am not so far aware of any work that emerges from the combination of autoethnography and conversation group enquiry that I propose.

**Methodological choices**

I have taken a qualitative approach, conducted through

1. self-reflection/autoethnography (journal, musical improvisation, clinical reflection, clinical supervision);
2. discussion with a group of ‘conversation partners’;
3. investigation of literature.

**Self-reflection**

**1. *Autoethnography***

Walton (2014) points to some risks inherent in reflective writing. Most obviously, such writing may not easily fit some of the traditional models and expectations of more familiar idioms of academic delivery and thus be harder to evaluate. I recognise that in my experience both as an author, here and elsewhere, and as a therapist in circumstances where clinical material does not have a particularly coherent narrative shape or immediately obvious meaning. Walton speaks of the challenge ‘…to speak about what is deeply sensed but not easily articulated’ (Walton, 2014, p. xii) - a familiar and necessary experience for patient and therapist in the clinical space. Equally, it resonates with my relation to some of the material here, with its necessarily improvisatory spirit. I am heartened by Adams: ‘Without it [reflection] we are simply left with dry bones, on which to hang nothing except the facts, when all the while, as psychotherapists, we spend our working lives in the rich emotional terrain of our own and our clients’ histories’ (Adams, 2016, p.11). Writing in such reflective terms, perhaps devising new idioms by which speak to the material at hand, also calls for faith in the reader’s preparedness to step out of familiar academic territory into the possibilities of freer association and understandings.

As a therapist I can also feel a natural hesitancy about taking reflection upon my experience beyond the clinical space and the clinical supervision space; years of attending to therapeutic boundaries and professional wariness of self-disclosure have established a familiar pattern of carefulness. In the course of this research I have had to set that against the wish to investigate and discuss my experience more widely in the hope that to do so will be of value to others. I also recognise, as I discuss in the final chapter of this thesis, the extent to which this research has contributed to my own development as a therapist.

In effect, therapists and their patients are always doing autoethnographic research; it is implicit in any relational model of therapeutic practice. Every clinical encounter is an investigation, emerging through narrative and exchange, of personal experience and its implications.

Etherington suggests some important questions about the research process; three, in particular, are useful here (Etherington, 2004, p.11):

1. How has my personal history led to my interest in this topic?

I address this primarily in Chapters 4 and 5, in which I examine the academic and musical traditions in which I found my early formation, and my subsequent interest in the idea of ‘insider/outsider’ in professional life and beyond.

1. What are my presuppositions about knowledge in this field?

As far as I knew, relationship between Zen practice and analytic thinking in the clinician’s experience was an area little so far investigated; limited experience had shown me that members of both communities appeared sometimes wary of it.

1. How am I positioned in relation to this knowledge?

I started from a point of immediate personal interest in the issue which felt increasingly urgent; I was a little apprehensive about the process and potential findings.

Such questions about knowledge and presuppositions, implicit and explicit, conscious and unconscious, may be equally applied to the relationship of patients to their personal material and of therapists to their theoretical and clinical approaches.

Etherington goes on to describe what at one point she calls her ‘coming out’ as a reflexive researcher. She suggests (p.19) that in the course of working on her own PhD she believed

…..that even though it might be acceptable to use myself in the field of counselling, in the wider world of academia my subjectivity and reflexivity would almost certainly be seen as self-indulgent or narcissistic, and a contamination of 'objectivity' which was still the legitimate benchmark for ‘good’ research'.

It is striking that she felt more confident in promoting reflexive methods and supporting others in doing so after she had completed her PhD and could feel more free of the imagined judgments of the 'academy'. This resonates with discussion in Chapter 5 of this thesis of the relationship between practical theology and the Academy. My own position is a little different: I think that in my working life as a therapist, my background in the Academy as a musicologist and teacher, and as the child of academic parents, is always present. My training and practice in therapy, and above all my experience of being in analysis myself, have all enabled me gradually to develop freer, more improvisatory ways of working as a clinician. My experience of attending conferences about therapy and of occasionally contributing to them often brings a reminder of the continuing struggle in that world to find a balance of ideas and experience. Often a paper will begin with an account of the theoretical proposals that inform the speaker’s thinking in relation to the clinical material they then go on to present. I have done that myself, and in the midst of feelings of anxiety it can be easy to believe that to demonstrate some solid theoretical knowledge will prove something about the value of one’s clinical work. It is usually at the moment when the speaker begins to describe the patient, and the texture and material of their interactions, however, that the audience comes to life.

So therapy, like practical theology, has an ambivalent relationship with the Academy and with tradition. It is becoming increasingly widespread for therapists to undertake doctoral research, but such research is sometimes assumed within that world to imply over-objectivity and a defensive distancing from experience. As I suggest in my concluding chapter, undertaking research in the more subjective, self-examining terms invited by a professional doctorate has contributed richly to my professional practice. But I can also feel that I have had to ‘come out’ as a researcher of any kind, and especially in relation to spiritual practice, in the therapeutic world.

My own occasional experience of contributing to the supervision of PhD students investigating music therapy practice is that when they are faced with questions about their motivation they speak of wanting to find a language to discuss the relationship between subjective experience and cognitive narratives or formulations. But there is always the temptation to feel more in control of things by assembling data and trying to draw from that some general proposals about style or technique in relation to clinical work and to training.

Whatever the nature of research, including that which looks most coolly scientific, it starts from the researcher’s self: sometimes consciously, but largely unconsciously, the narrative of her research will be most immediately governed by such things as her enthusiasm or ambivalence, her motivation for undertaking it, and her sense of herself within the wider academic group. What sets autoethnographic research apart from the familiar spirit of self-enquiry in therapy practice, however, or in the writing of autobiography, is its intention to communicate more widely and usefully about its findings. ‘Including ourselves in our work needs to be intentional, in terms of the research outcome: a means to an end and not an end in itself. It does not mean ‘anything personal goes’’ (Etherington, 2004, p.31).

Etherington points out that this is more than just an account of a developmental process; it requires the researcher to consider what of her personal exploration is going to be of worth to the interested wider world. I hope that this enquiry will allow me to examine in detail aspects of clinical experience in terms which will be of broader value to other practitioners in considering their relationship within their own practice with questions of attention and desire, and offer some possible means by which to go about it.

This autoethnographic approach also calls for what Etherington (p.32) calls ‘…a dynamic process of interaction’ between the researcher and her ‘..decisions, actions and interpretations’. Like any other research method, autoethnography raises some questions. Will the researcher lose sight of the bigger implications and their own wider responsibilities as they become involved in their subjective experience? Will they assume that narrative without analysis is enough? Or will they assume that their findings in relation to their own experience can be too readily generalized into broader theoretical proposals? All of this has strong echoes for me with the possibility that personal material emerging in the therapy space may be used in ways which ultimately limit the process, rather than finding more freedom within it.

There is also the question of the researcher’s relationship with their material. I have heard two recent presentations in which speakers discussing autoethnographic enquiry have recounted personal experiences which have been traumatic; what they seemed to have needed most was an audience to hear their story. That is a quite ordinary impulse in itself, but it brings a reminder of the need to find a balance between subjective experience and the capacity to step back and examine it. Walton (2014) speaks of autoethnography as an ‘invaluable critical tool’ (p.xvii) but adds that it demands a ‘rigorous interrogative process’ (p.xvii). Various authors (Ngunjiri, Hernandez, & Chang, 2010; Walton, 2014) identify a spectrum of approaches, identified as evocative, analytical and performative, to the presentation of material. Healthy relationships between people, or between individuals and their experience, are always open to change and inventiveness, so this is not the application of an established technique, but a position that allows for the freedom in which approaches and emphases may change in the light of experience. Finding a stance which will allow for honest, subjective material (evocative) whilst maintaining the capacity for observation and reflection (analytical), in an idiom that is authentic (performative?) is at the heart of this.

**2. *Journal***

I am not a natural diary keeper in the familiar sense. I look back at adolescent attempts with ordinary embarrassment and even at that age I had no imagined reader in mind and returned very little to what I had written. I did, however (and still do), keep a running notebook, which I use as freely as possible for brief ideas, scraps of information, drawings/diagrams, bits of musical notation and the occasional photograph. It does not have the coherence of a narrative and does not describe particular events at length. Entries are often not dated. I always have it with me and it seems, in the spirit of free association, more like somewhere to discharge feeling or process experience than to store information. That has continued throughout this research and I find it very valuable as one means to sustain the capacity for open thinking and for questioning and disruption of existing patterns of thought. At times, however, I have felt the need to record experience at greater length, but I have not found it easy to do that in writing. Instead, I have talked into the recording app on my phone; the occasional journal extracts that appear in this dissertation are transcriptions from those recordings. There is something in this way of things which reflects the transitory nature of experience and the importance of response in the moment and of not clinging to conclusions; I can feel suspicious of a written journal entry (of mine) for being too considered.

**3. *Improvisation***

I have always been involved in improvised music. When I was young my mother encouraged me and my brother to improvise at the piano with her, often quite chaotically, unconcerned about what sounds might emerge. At the same time I remember from early on also worrying sometimes about whether what I played would sound ‘right’; in piano lessons I was learning to play correctly off a text. (Even when doing that, of course, there is an element of improvisation; no two playings will be the same.) So there has been the same struggle between the impulse towards freedom and experiment and the desire to satisfy others: composers, audiences, tradition itself. For much of my life I have also been involved in group improvisation, sometimes in very free styles and sometimes within a stylistic framework (I play in a blues band). I have always turned to improvisation on my own to reflect and process clinical experience, and sometimes those improvisations are recorded. I have done the same thing in relation to this doctoral process. This is often the nearest I ordinarily come to ‘writing down’ reflections on a clinical session or any other event. Some of those recordings are included as part of this thesis; I have decided to let the music speak for itself. What seems important to stress here is the almost unavoidable association for musicians between playing and performance, with all the temptation toward self-evaluation that that can bring. At the same time, there is a ready parallel with analytic practice; the ideal spirit of the analytic encounter is improvisatory, allowing whatever arises to appear in its own time and be articulated in its own way. Equally, in Zazen, thoughts and feelings are allowed to arise and fall away without anxiety about meaning or coherence. In both circumstances, however, such continuing freedom may be difficult to sustain.

**4. *Clinical reflection***

Any work I do in the NHS requires me to keep brief factual clinical notes for patient records. What really informs the clinical process, however, is my subjective response to events. I find that I make written notes or try to set out a narrative about a session for my own use at times when I have felt particularly anxious and needed a verbal framework rather than, or as well as, some musical response, to give me a sense of coherence. The extended pieces of clinical material which appear here are all from work undertaken some years ago, and draw upon narratives written down at the time to inform and contain my own reflections.

**5. *Clinical supervision***

I discuss work regularly with my clinical supervisor. Those conversations themselves seek to be imaginative, free discussions through which, in what is itself something improvisatory, wider perceptions may arise. Where appropriate, I make reference here to supervisory discussions, themselves relational events, and their place in the development of my thinking.

**The conversation group**

I have chosen to use the term ‘conversation group’, rather than ‘focus group’ and to refer to the group members as ‘conversation partners’ because although the discussions and my subsequent consideration of them have much in common with approaches used in research with focus groups, the group itself was smaller than a traditional focus group would normally be. In this section, however, I refer to literature related to focus group enquiry, which has been of great value in approaching the conversation group material.

The rationale behind the use of focus groups is that knowledge is created through the diverse experiences and forms of knowledge of, and interaction between, participants. Participants provide an audience for each other, which encourages a greater variety of communication, and therefore different contents, than other qualitative methods of data collection (Kitzinger, 1995).

Gray (2014) speaks of a focus group as ‘…an organised discussion among a selected group of individuals with the aim of eliciting information about their views.’ Unlike group interviewing, the focus group process aims to generate discussion and new insights therefrom, so becoming something ‘…between naturalistic observation and group interviews’ (Gray, 2014, p.468). Robson and McCartan (2016) suggest that focus groups may take various forms in practice, broadly defined as structured, semi-structured and unstructured. These models imply some differences in the role of the facilitator. In the first two they will be concerned with sustaining the group’s attention to particular questions; in the third, they may be more open to the possibility of the questions themselves, and their own understanding and expectations of them, shifting in emphasis as the discussion proceeds (Robson and McCartan 2016, pp.301-302). Both Gray and Robson and McCartan observe that focus group research might appear apparently easy to set up and carry out, but that it also has pitfalls.

Among its advantages they identify (my summary):

* Efficiency in collecting qualitative data; much can be gained in a relatively short time.
* Group members may offer one another mutual stimulus and encouragement.
* Within a group recruited on the basis of commonality of interest and experience, it may be easier for members to speak about potentially difficult issues.
* Much can be learnt from observation of the ‘feel’ of interactions and from body language [something equally true, surely, of two-person encounters?]
* More reticent people may find it easier to speak.
* Disagreement can be generative.
* It is a flexible and cost effective way to collect data.

They also identify potential hazards (my summary):

* Dominant / talkative members may occupy time and discourage others from contributing as fully as they might.
* Competition / power struggles.
* The recognition of similar experience and values may lead the group to assume shared positions rather than investigating differences or exploring disagreement.
* Open communication may be hampered by anxieties about confidentiality.
* Much rests on the stance and skills of the facilitator.

What might be issues with a group of analytic therapists?

1. *Existing group experience:*

It is likely that all participants will have been in convened groups of some kind before. Most analytic trainings incorporate a weekly experiential group for all trainees throughout the training period (usually three or four years). In these groups, facilitated by a group analyst, free discussion and encounter are encouraged, and it is for the group to take responsibility for the content of its exchanges and for its process. That includes addressing questions of dominance or silence, and looking more broadly at the group’s activity so that competitiveness, anxiety, envy, irritation and so on can both be acknowledged within themselves by individuals and seen as manifestations of some more broadly held feeling within the group. The facilitator’s role is not to direct the discussion, but rather to observe what might be going on at important junctures and to wonder at times about what is *not* being said or may be being avoided. A common characteristic of groups of this kind, especially when they have worked together for some time, is that they begin to find their experience satisfying and creative even in conflict or difficulty, because of an underlying sense of the value of the group process. A focus group is not a therapy group, however. Focus groups are discussed (Krueger and Casey, 2014; Robson and McCartan, 2016) in terms of their potential for the development of individual members, both professionally and personally. In one sense that is a by-product of the enquiry; at the same time, it allows the events of the enquiry to inform subsequent practice by the participants in ways which may further the growth of wider professional development. Members may learn from one another through the discussion process in ways which are of simple practical value (information, technical approaches to work) or they may more broadly develop greater self awareness and greater confidence in themselves, their knowledge and their capacity to contribute.

2. *Being the facilitator*

What were the risks for me as facilitator/researcher? I have been a member of experiential/personal development groups and have felt that sense of pleasure and fascination in the process. I currently run a weekly therapy group for patients in the community and a weekly reflective group for staff on a psychiatric unit. Both work within the Foulkesian model of group analysis, in which the primary matter of interest is not the content of the discussion, but rather the ‘total field of interaction’ for which the content is a vehicle (Foulkes and Anthony, 2014, p.54). In this conversation group, however, I was aware of the need to be more assertive in holding the group to making manifest links to my primary question. That was a new role for me (I am used to chairing meetings, but that is also something else). Navigating the course between free flowing exchange and adherence to an ‘agenda’, whilst myself being, as I intended, both facilitator and participant, turned out to be a delicate business.

3. *Loyalties*

Any discussion amongst participants from a shared background will encounter, as implied in the questions above, the matter of loyalty to tradition. From Freud’s generation onwards the psychoanalytic movement has had to face a fundamental internal conflict. On one hand, psychoanalysis seeks to free patients from the neuroses of personal anxiety and overdependence on the approval of others; on the other hand, Freud himself and many of the groups that emerged after his death were not tolerant of those who stepped outside their version of tradition. Group members may still carry their identification with their particular training organization and whatever it represents in their inner world. Zen organisations are hierarchical. Debate is not discouraged at all, but there can be an implicit expectation of fidelity to both the practicalities and the claims of Zen practice. Again, that can sometimes feel at odds with Zen’s aspiration to growth towards personal autonomy.

As a therapist who also works with groups, I value the possibilities there of complex, multi-layered interactions. Members learn from one another through continual implicit and explicit mutual feedback, and the communicational ‘repertoire’ of each member may be enriched and changed by encounters with those of others. Meaning is to be found as much, and often more, in the idiom of communication as in what is said. In groups of all kinds (rehearsals, dinner parties, staff meetings) there will be diversity of opinion and understanding, with the possibilities that offers of allowing more original and exploratory thinking to arise. Focus groups put control of the interaction into the hands of the participants rather than the researcher. The interaction between participants themselves substitutes for their exchange with the researcher, and this gives more prominence to the points of view of the respondents (Liamputtong, 2011). It has been suggested (Kitzinger 1995, Krueger & Casey 2009) that focus groups run the risk of more superficial engagement with the material because some members may be more vocal than others, or simply because time constraints ensure that no individual can be heard as much as would be possible in individual interview. To think in group analytic terms, however, the group is not just a collection of individual voices; it is an organism in itself. Foulkes, for instance, speaks of the ‘group mind’:

The group as it were avails itself now of one speaker, now of another, but it is always the transpersonal network which is sensitized and gives utterance or responds. In this sense we can postulate the existence of a group mind in the same ways as we postulate the existence of an individual mind. (Foulkes, 1964, p. 224)

So it is the insights that emerge from and feed back into the process of the group as a whole that are of value. In this model the therapist (and so the researcher) is not simply with the group, but in the group; she is as open to conscious and unconscious change as anyone else. The potential value of that model, too, is that the group may find insights from their shared experience as co-researchers which inform their subsequent professional practice, so that the very business of conducting research may find its way out into the world.

I have conducted the conversation group process and my own autoethnographic enquiry concurrently.

4. *The researcher’s state of mind*

Recent authors (Phillips, 1999; Ogden, 1999) have, from different directions, identified the central act of psychoanalytic enquiry, with its improvisatory, spontaneous nature, and its sense that important events take place outside the cognitive frame, as ultimately aesthetic. For Phillips (1999) the business of therapy is to ‘…restore the artist in the patient’. For that to be possible, the artist in the *therapist* must be alive and unafraid.

Collaborative creative activity is exciting; it also makes conflicting demands. The Zen tradition has much to say about the risks of over-preoccupation with the self, and the value of reaching a point, through meditation practice, at which self/other distinctions become less important. Rowan Williams, implicitly pointing to both attention and desire, suggests that the position from which authentic creative action (whether as therapist, researcher or author) can emerge is one in which ‘…the ego of self-oriented desire and manifold qualities, seeking to dominate and organise the world, is absent… It will not be the story of an interesting personality, but the story of one series of responses to and reflections of the currents and structures of the world.’ (Williams, 2012b, p. 22.)

This has strong echoes with broader understanding within Zen of the fluctuating nature of the self, and of the necessity of recognition that all human change takes place in the context of relatedness and shared responsibility.

**The conversation group decision**

At first I had planned, without much reflection, to hold individual interviews with therapists. Looking back, I think there were several potential reasons, some conscious, some unconscious, for that choice at that early stage.

1. I wanted the intimacy of a two-person conversation, something familiar to me from most of my therapy practice. That seems to play into a rather hasty assumption about my capacities as a therapist: that I would be able to elucidate responses from participants in a ‘skilled’ way (which is not what therapists should be doing anyway), somehow confirming to myself the rightness of my approach and the value of the research.
2. I hoped that a two person situation would allow me some measure of control over proceedings and that those responses would tell me things I wanted to hear, or simply correspond to my existing thoughts about the ideas I wanted to explore.
3. I felt the need for a measure of reassuring structure in the form of a set of planned questions, which would generate sets of material easier to analyse and compare.

It is striking to me that all of these reasons (the last of which might be seen as a positive rationale for using individual interviews) had for me a strongly defensive function. There were things that I wished to avoid: being surprised, feeling too much on the edge of a group discussion if group members started to talk too much to each other (a classic Oedipal struggle….), simply being overwhelmed by the complexity of events and the resulting material, not being sure what was going on, wondering if I would be faced with much that I did not understand. So I was caught in some sort of self-preserving set of desires, which might have given me some flimsy feeling of security, but would not have been primarily at the service of the research.

All that brought me back to the question of what it means to be a researcher in this spirit, and to an awareness of how, under pressure, I might easily revert to old anxieties about academic conformity and success. I return more fully in my concluding chapter to the possibility of research as an open, enquiring undertaking, in a spirit that should be familiar from both therapy and Zen practice. What is important here is that I found it difficult at times to occupy that place in the face of anxiety.

The decisionto conduct this enquiry through conversation groups emerged from a conversation with my supervisor. Until then I had presumed, with no particular thought behind the assumption, that I would conduct individual interviews and reflect upon and analyse the material in relation to my own experience. As I noted down at the time, her suggestion of conversation groups came from the straightforward thought that the kind of material generated through free-flowing group discussion might be much richer and more diverse than what might emerge from individual conversations. Experience has shown me that she was right. At the same time, I was also intrigued by the fact that until that moment I had not considered that approach. Two rather different encounters brought me closer towards it.

The first was a series of exchanges with my Zen teacher; I meet her about every two months. In our discussions I have repeatedly voiced anxiety about my motives for doing this research at all, wondering whether I have taken it on simply out of personal ambition and whether I am trying to write coherently and successfully about something (in terms of Zen at least) which places such emphasis on lived experience, rather than on conformity to doctrinal proposals. Spiritual practice, psychoanalysis and music all face a similar question: what is the motivation for trying to write about something that is transient and only really exists in experience which words can describe (later on) but cannot replace? My teacher rather briskly put all that aside and was first of all amused by my anxiety about being academically ambitious and self-seeking; she pointed out perhaps that my primary self-seekingness was actually in my desire to be a ‘good’ Zen student and that that was what I needed to let go of. She reminded me that whatever I wrote might be of some value to others and that the very process of doing the work could be of value to me, and by extension to others, in terms of the development of my own practice. Her words were about human connection; she said that I sounded as if I felt isolated in what I was doing and reminded me of my place, both less alone and at the same time less ‘important’ in the wider network. Her advice was to hold these fears and dilemmas in mind in meditation, not as an active focus and not seeking to resolve them, but rather as states of mind to be acknowledged when they arose, and to have some faith in such open ended contemplation. She added that any creative act, including research and meditation, was not to provide answers, but to open more questions.

The second was a series of improvising sessions with some fellow music therapists. A group of us meets regularly to talk about professional matters and to play. Generally our discussions are clinical, but our musical responses to the discussions, whatever they are about, are improvised in the group. I found myself at one gathering talking at some length about some of the anxieties I have described here, and in particular my worries about making good academic sense. Again I was reminded that it is the process that matters. In the group improvisation that followed (and in subsequent sessions) I felt more awake to the sounds as they arose, and found myself playing, or not playing, with less forethought or worry about the value of my contribution. It also served to dissolve some preoccupations with status: I am among the more senior members of that group in terms of experience, but the improvised music felt like (and was) a whole in itself, in which the individual strands were different, but none stood out. I suspect this is a rather idealised recall of those sessions; presumably others in the group may have been feeling anxious or competitive, but it stands for me as a metaphor of group activity in which no one is prominent, and responsibility is shared. Some of the music was dissonant and unpredictable, and it was often chaotic and playful. There was no concern about the quality of the end product; it reminded me of my mother’s invitation to ‘play whatever comes next’. Bringing that into consideration of the conversation group prospect brought me to two decisions. Firstly, I decided to try to maintain a largely improvisatory spirit, not working from a detailed agenda but rather allowing the group process itself to reveal what might be the prevailing themes. Following from that, I chose to operate as a group member rather than as a chair or facilitator. Group analytic theory suggests that in any group, including those in which the expectations and limitations of roles are clearly defined, everyone is ultimately a group member, and any contribution is a group event, arising from the communications, conscious and unconscious of the whole group. This is sometimes called the group ‘matrix’, a word that has associations with the womb and with motherhood; it is the group as a whole that is generating its process (Powell, 1989).

What makes less structured focus groups such a strong tool for exploratory research is the fact that a group of interested participants can spark a lively discussion among themselves without much guidance from either the researcher's questions or the moderator's direction (Morgan, 1997).

This has strong resonances with non-directed, improvised music.

So I was taken by surprise and at the same time quickly felt the rightness of my supervisor’s suggestion. When I reflected on my surprise I began to think that until then I become caught up in some familiar assumptions about the analytic pair, and particularly about how there was a certain kind of depth to be found in a two-person discussion. Perhaps I also had the fantasy that in interviewing a single person I would find responses which were extended and coherent and therefore perhaps easier to transcribe and to locate in the unfolding discourse. I would be more in control; I could plan my questions in advance, more readily compare one set of responses with another, and so on. I locate that now in some sort of wish for coherence and ready understanding which in fact flies in the face of both Zen and analytic practice in two immediate ways. Firstly, to desire anything in particular is to get in the way of the necessarily open, unpredictable flow of discussion. Secondly, to seek coherence is to seek for something which might have offered me some greater feeling of stability and continued shared understanding but which does not openly seek to reflect the confusion and uncertainty of human thinking and relating.

In spite of all my commitment to the value and necessity of improvisation and co-created experience, I think I wanted to avoid being too surprised and, even more, I did not want to hear anything that did not sit with my own pattern of practice or did not conveniently fit with my research questions. I felt very protective of my own position and suddenly aware that I also felt a strong duty to two sets of people who in my mind were standing in the shadows watching the process.

The first of those was my psychotherapy training organisation. That was, and is, an organisation which proclaims clearly its commitment to diversity and to developing individual styles of practice but which at the same time has now and then been caught up in fierce internal disputes and occasional disciplinary procedures over members who have been seen to step outside its values. During my period of training as a therapist I felt very torn between my need to try and find out once and for all what was being asked of me and just deliver it, and my excited impulse to develop in my own way. Perhaps that is not so unusual, either in individuals or organisations.

The second group were my as yet unknown examiners for this doctorate, and the academic tradition that I chose to imagine that they represent, with its expectations of clarity and consistency. These are all projections, of course, of my own internal uncertainty about how to process this experience and my understanding of it, and my anxiety in the face of material that may not easily fall into shape. This mirrors very usefully the experience of patients in therapy (and their therapists) or of improvising musicians. Patients will often apologise for sounding confused, being inconsistent, or 'not making sense', as though they take it for granted that my expectation is that something should be recounted in good order and that any disorganisation will be taken as a basis for judgement. As a therapist, I can, still feeling overshadowed by my trainers or my even more distant father, be worried that my own thought processes are not clear enough. In fact what is needed, as in improvised music, is to let the material speak for itself through its content, form and idiom.

‘We need to take more seriously the idea of research as a personal journey of discovery, or perhaps re-search, a continual transformation process rather than a discrete event.’ (du Plock, 2010, p.122)

**Exploration of literature**

Rather than prepare a discrete literature review, I have incorporated extended references to, and discussion of, relevant literature throughout the thesis. This seems more congruent with the freely associative and relational spirit of analytic experience, which is not always subject to ready categorisation.

In this chapter I have identified the three methodological approaches used here: self-reflection/autoethnography, discussion with conversation partners, and investigation of literature. I have discussed the rationale for self-reflection and for use of conversation groups, considering the advantages and potential limitations of both. I have indicated the main ways in which I have undertaken continuing self-reflection, all of which form part of this thesis. In the next chapter I go more fully into the conversation group process and indicate prevailing themes and preliminary findings. Material from those groups is incorporated throughout this dissertation.

**Chapter 3**

**THE CONVERSATION GROUP: METHOD, THEMES AND PRELIMINARY FINDINGS**

In this chapter I describe the establishment and membership of the conversation group. I consider my own position within it, and summarise the main emerging themes and findings. Further material from the group discussions appears throughout this thesis. I reflect on the value of the group and the potential limitations of my approach in Chapter 11.

**Forming the group**

I first considered distributing a call for participants through the national registering body for psychotherapists, the United Kingdom Council for Psychotherapy. I felt anxious about doing that, and in the event they replied that that they were inundated with research requests and that it would involve a long wait.

I then approached the Zen community (the Order of Buddhist Contemplatives) of which I am a member and through them I was able to send out an enquiry to all members in Europe and the USA who were known to be active as a psychotherapists or counsellors. From that I received two responses from people who both lived outside the UK who were prepared to offer individual discussions on Skype but were not prepared to take part in groups. I experienced that as something of a relief; my experience in other areas of professional life of working with online group discussions has been of continuing technical problems and their associated anxieties and disruptions, and of the difficulty generated by the unavoidable sense of distance inherent in such communication.

Six people volunteered to take part in the groups; three were gradually self-eliminated because of issues of availability within the proposed time frame. The final group membership consisted of three people and myself who are all both therapists and members of communities in Cambridge or London that practise Zen. Those three were immediately enthusiastic and I sensed something even at that early stage of how they actively welcomed the opportunity to talk with peers about this dimension of life and work.

There were some potential pitfalls to this; all of us already knew each other, at varying levels, in that connection, with all the risks that might bring of assuming shared prior knowledge and understandings, taking shortcuts, and leaving things unsaid. Morgan (1997), however, suggests that a group whose members have some prior knowledge of one another may reduce anxiety about self-disclosure.

**Structure and process**

Franz (2011) raises the question of ‘unfocus’ and points out that while there are risks inherent in a group with a less defined focus (discursiveness, uncertainty about tasks and expectations, difficulty with time boundaries), there are also positive possibilities. In particular she comments on the opportunity for … ‘personal reflection’ and ‘discovery of new things’; ‘Gaining deeper insight into varying opinions often results from this process. Items seen as nuances or absent in some groups may be magnified in unfocused groups. (Franz, 2011, p.1385).

**Membership**

The group members:

A is an analytic psychotherapist who has practised for 30 years in the NHS and in private practice. She trained and worked as a music therapist before training in psychotherapy.

B is a psychodynamic counsellor who is in the final year of analytic psychotherapy training with Karuna, a training organization with an explicitly Buddhist focus. She works in private practice.

D is a psychodynamic counsellor. At the time of the focus groups he was working in a university student counselling service and for MIND, a mental health charity.

E (the researcher): I am an analytic therapist who has worked for 20 years in the NHS and in private practice. I am also a music therapist, teaching on an MA in music therapy.

**The environment**

The group met on three evenings over a period of three weeks in November 2017. All sessions were planned to last for 60 minutes; in the event, the second overran to 80 minutes.

We met at the house of A, one of the participants. I had been there before; others had not. We used her consulting room, which is warm and spacious. After each session we shared some food together; on the first occasion that was provided by me, but on subsequent occasions all the members brought contributions. That had not been planned, but seemed to arise naturally from the developing group culture.

We had also decided to precede each session with a period of meditation. The suggestion originated with D and all quickly seemed to welcome it. I found myself wondering about its meaning and purpose for me in this context and realised that I was hoping for some calm and clear headedness. During that period of meditation my mind was full of anticipation and anxiety about what was coming next; it was useful to have the opportunity more consciously to recognise those feelings and to try to do no more than sit still. Others, however, subsequently talked of it primarily as a means of acknowledging our connection in a shared tradition and of the value of being together in silence.

**Initial** **responses**

In my preliminary communications with group members I had explained my research plan and process, and named in particular the topics of attention and desire. Those conversations were face-to-face, individual and informal, followed up by a confirmatory email in which I also put the research question. All the participants were immediately interested and enthusiastic. A said something like ‘It’s a lonely job; I’m always glad to talk to other people.’ She offered her house as a venue for the meetings. B emailed to ask me what ‘attention’ meant; the others asked no more at that stage.

In my email before the first meeting I had circulated my research question to group members, but beyond that offered no particular structural suggestions. In the improvisatory spirit of Zazen and of psychoanalysis, I wanted to allow material to arise through the process itself. At the same time, both Zazen and analysis call for an aspiration to presence. In meditation that takes the form of becoming aware of when the mind has drifted or the balanced posture has slipped, and gently returning to alertness and presence in the moment. In analytic work the therapist’s mind may also wander, or there may be a more general move in the conversation away from what seems to be some important, but perhaps difficult area. At such moments it may be the therapist’s task to draw attention to that, not in order to ‘correct’ it, but in curiosity about what is going on. In these conversation groups there were occasional moments where I felt the need to try to bring the discussion closer to the research question. At the same time, the moments at which it moved away from the topics identified in the question provided clear evidence of other dimensions which were of concern and interest.

**Who was I in the group?**

From my journal before the first group:

*Unexpectedly nervous about this evening. Very responsible for all this and for some sort of idea that people should find it worthwhile for themselves. Why am I surprised that they so readily said yes to it? A bit anxious that D will be rather reticent and A will talk in her usual rather spur of the moment muddly way, which is actually exactly what I like so much about her. Also worried that I’ll be overwhelmed by the amount of stuff that will emerge (which I should welcome). Immediately noting my own desires! Some talk with RL [my Zen teacher] yesterday about these worries and the whole research business; she helpfully reminds me to sit with it. Makes it sound easy. Sitting still feels out of reach, but that’s setting some sort of imagined standard too. Easy to say all this stuff to patients and students…. Hard to know that internal space in me. Thinking about other groups and the ordinariness of being together and what can come from that. ‘Trust the group…’ (And I am providing the food.)*

My rather anxious uncertainty about whether or not to approach the group with some sort of clear agenda was outweighed by the growing thought that to do so might put me in a position that I realised increasingly strongly that I did not want; that of becoming chair of the meeting, or a seminar leader. In other words, I wanted to feel more manifestly an equal conversation partner and I feared the ‘outsider’ implications of being more overtly in charge of the discussion.

Perhaps the ‘outsider with questions’ position might have felt more possible if I had not already known all the group members through both therapy and Zen networks; all to differing extents also knew one another. In the event I felt much more drawn to something collaborative in which I might keep a light hand on the direction of things, but in which primarily I was looking to the group (including myself) and its process. That is central to the spirit of group analysis, in which there is trust that the group itself will identify and explore its concerns and find its own idioms for doing so. The group takes responsibility for improvising its events. All the participants here had experience of being members of therapy groups or experiential groups.

But in this context that also felt risky, and I am interested to notice the moments in the discussion where I felt the need to try to ease the group in a certain direction. I am much more experienced in working in therapy groups than I am in qualitative research through group discussion; it may be that I took up a position which was more familiar and comfortable for me. In group analysis the therapist has dual role; she is necessarily a participant (she is in the room and one of a group of people), but she also has a responsibility for taking a step back, observing what is going on, and commenting on that when it seems in the interest of the group’s own process. That highlights one of the continuing paradoxes of therapy; the therapist is within the relationship and yet always considering it, the meaning of events, and what might be needed at any particular moment. That implies what Finlay (2016) calls the ‘relational-reflexive approach’. ‘The focus… is on process rather than outcomes; on intersubjective experience rather than objective discussions; on compassion rather than strategy. Herein lies its strength and potential as well as its limitations’ (Finlay, 2016, p.8).

So I decided to occupy that dual position: a participant in the discussions and an observer, both in the moment and afterwards. There are moments in all three sessions where another layer of my motivation for this project becomes apparent: as much as anyone else I wanted to participate and had quite a lot to say, both as part of seeking to work through concerns of my own and because I was simply a group member and valuing the exchanges.

The Self is always in the mix with understandings of the Other. At the very least, our responses will impact on the research participant and the research. The key is to attempt to be ‘present’, to ‘be-with’ the participant while also stepping back, so as to be able to reflect upon the research process and findings. (Finlay, 2016, p.6)

What emerged, therefore, was a series of largely free-floating discussions. It is striking that the themes which recurred most pervasively (to my perception) are those which relate to attention and listening, and the relationship of these to Zazen, and to issues of the self, the source of desire. Within both of those there is a consistent return to the question of being a ‘good enough’ therapist. These are the themes to which I primarily refer in discussion of the group material.

**The material: incorporation into the thesis**

Rather than devote a separate chapter to analysis and discussion of the group material, I have decided to incorporate and discuss elements from it throughout this thesis. That reflects, I hope, my experience that this research process has been for me a continuing unfolding of thought and development. Events in those discussions have informed subsequent reflection and action for me, as both a researcher and a therapist. To deploy the group material in this way also seeks to acknowledge that all experience is ultimately relational. I have conducted this research in the company, implicit or explicit, formal or informal, of patients, colleagues, students and supervisors. To present any event as discrete, even within the structure of a thesis, is potentially to underplay its meaning within wider experience. I hope that to consider the material in this way will allow the reader, too, to feel more readily the interconnection of events within this reflective research process.

After the first group:

*Surprised. I wasn’t ready for the warmth and openness of it all. I realise now how much I’d been afraid that everyone felt they were doing me a favour and turning up was going to be a chore. Instead it seemed spacious; discussion rambled at times and I’m not sure what to do about that. Also worried that I said too much. Some places where people talked over each other, but also some long and comfortable silences as far as I can tell. As if we felt able to wait together. Reminds me of improvisation. I suppose the thought of all that preliminary worry reminds me how easily I fall into anxiety about having to make sure it’s OK and useful. I could have just had a bit more faith in us all and learned from the moment.*

**Ethics**

Any clinical material throughout this thesis takes the form of vignettes, each reflected upon retrospectively. There is no discussion of current casework, and patients’ identities are disguised. The same principles apply to any case material that arises briefly in the course of focus group discussions. The UKCP ethical guidelines for the conduct of research provide a useful starting point for considering these issues more fully. This study has satisfied the required ethical procedures at Anglia Ruskin University; the participant information sheet and consent form given to conversation group members appear as Appendices 2 and 3.

**Data analysis**

After each meeting I transcribed the discussion; I also immersed myself in the material by listening repeatedly to the recordings. Transcripts were coded. Major categories were indicated in the research question; significant sub-categories emerged as the discussion unfolded. I used Nvivo to identify themes and trace their recurring appearances across the three meetings.

I undertook a thematic analysis of the material; an example of the coding process appears as Appendix 4. ‘Thematic analysis is a method of systematically organizing, identifying and offering insight into patterns of meaning…’ (Braun and Clarke, 2019, p.57). Braun and Clarke also observe of thematic analysis (pp. 6-7) that ‘…right from the start, it invites you to be reflexive, an important component of both qualitative research and being a good practitioner’. The relatively open cast of the research question has allowed me to take what Braun and Clarke call an ‘inductive’ or ‘bottom up’ approach, whereby themes, codes and resulting proposals emerge from the data itself. The question also invites particular consideration of attention and desire; there is some direct discussion of those things, but they also emerge implicitly in much of the other material. Braun and Clarke also point out, however, that no research endeavour can be undertaken without some presuppositions and some preferences and hopes in the researcher, both conscious and unconscious. The researcher cannot avoid layering something of their own understandings of language and events onto their coding choices, analysis and interpretations. In this instance the conversation group enquiry was concerned with questions I was also asking about myself; my place in the group was not simply as a facilitator, who might have all sorts of strong internal but unvoiced responses to the material as it emerged, but as a participant. That has added to the complexity of analysis and interpretation; I have been not only an observer of the material and events, but also an active co-generator of them.

Extended material from the discussions appears throughout this thesis to illustrate and develop discussion of central ideas.

The themes that emerged most strongly were:

*Attention and listening*

There was recurring uncertainty from B about what was meant by ‘attention’. More than others, she looked for a definition. ‘What are you paying attention to exactly?’ ‘Are we watching things arise, are we paying attention to things that arise and then attributing meaning to them, or are we just letting them go, I don’t know.’ B also observed that she found it easier to pay attention to the externals of a conversation than to its ‘subtle forms of communication’. E spoke in terms of ‘…attention in the broadest sense’ and A of attending to the ‘presence’ of the patient. Implying something slightly more active, A identified ‘curiosity’, about one’s own experience as much as about the patient or the process, and E identified ‘attunement’, as necessary elements of attention. D emphasised the need to attend and then ‘let go’, likening that to Zazen; he added that that capacity let go could be hampered by preoccupation with ‘intellectual stuff and theory’. Bodily experience, especially of breathing and posture, were identified by E, B and A as elements both to be attended to in themselves, and as a means to return after attention has wandered; again, that is echoed in Zazen. B and A introduced the value for them of having been attended to themselves as patients in therapy; B: ‘…you’re having therapy and bring attended to so carefully and fully’; A: ‘Somebody giving you that attention is quite extraordinary’.

There was also recurring anxiety about attention. E spoke of ‘missing something’ or ‘filtering things out’ and B asked ‘….how do we get to this place where we can be present and pay attention…’ E wondered abut the impact of all the advice available about listening`: ‘But there’s a lot of stuff around about how to listen and how to be a good listener, and, again, perhaps it’s all a bit oppressive’.

Preoccupation with the therapist’s self also hampers listening. B: ‘…some boundary issue has come up, and I’m busy thinking, oh, what am I going to do abut this?’. That seemed strongly linked with broader questions of anxiety about whether one is good enough. But talk of listening also brought in the relational nature of therapy. B: ‘…it’s not purely the inward focus of myself, it is having that shared by another person.’. Interestingly, in the light of the discussion of the Self in Chapter 7, there was also talk of the Buddhist injunction to ‘forget the self’. E: ‘… whether that sort of forgetting yourself is just being less anxious about the self, really, and less feeling that there’s something that you’ve got to hang on to…’.

*The body*

There was recurring reference from all participants to the value of attention to one’s body as a means of grounding oneself, returning the mind to focus, and becoming aware of feeling. A spoke of ‘… a physical place to be’ and later of ‘….attending to that. It’s, I find, quite helpful as a sort of more visceral thing…’ B: ‘… the awareness of what is actually happening now physically, really connects me with myself.’ E: ‘…the body making space for meeting and connection’. A suggested that bodily awareness is a counter to becoming over-conceptual: ‘…you are using your head so much, and you’re getting wound up with something, or you’re…. something about your own body. It’s interesting, it all sort of – returns to the body…’. B and D were the only people who proposed attending to the body as an active way of seeking understanding, using specific techniques. D described a practice of his: ‘…take in the peripheral vision and create a spacious awareness, and bring in down into the body as well’.

Secondly, there was consideration of the therapist’s body in relation to Zazen practice. E: ‘I really learnt from the experience of just sitting still, actually…. relief there is sometimes in just coming back into a slightly more awake kind of posture, and I think I feel that absolutely when I’m sitting with a patient’. Awareness of the breath, in particular, brought a direct link with Zazen practice.

A: ‘If you find yourself wandering in your mind, then just you go back to the breathing. And I find that that is really useful in grounding myself, and being in the here and now.’ E: ‘…but I know there are moments where I do think, actually, I'll just slow my breathing a bit now, or I'll just sit up a bit straighter or something’.

A third area, which received less attention, moved to focusing on the patient’s body, and inviting the patient to do the same. B: ‘I might say [to a patient] ‘…Well, just notice what’s happening in your body’ and that is always productive of something.

There were also references in a more imaginative way to the therapist’s body offering internal space. B: ‘The Hara is your abdominal, internal meditation hall’; E made a link with Zazen: ‘…there’s a possibility of resonant space somewhere here, where things can be heard and overtones, and echoes…’.

*Desire*

Although the discussions themselves seemed to flow freely, all participants spoke about professional anxiety. D mentioned the pressure of having to work within a limited time frame of six sessions and of the expectation that he would get something done in that time. A spoke of how easily she can feel ‘wound up’ by patients’ anxiety and longings. B asked most questions about what she should be doing, or how she should be thinking when with patients. All of these seem to speak of the desire to be a better, more ideal therapist, or simply for the satisfaction of clarity of thought and good outcomes. This was most often articulated in terms of anxiety about the nature and quality of therapist’s self, and the corresponding wish to be better. There were repeated concerns about not being good enough: being inauthentic, being grandiose, being a poor listener, being worried about the opinions of others, being over preoccupied with theory. B: ‘…four or five sessions in, 'Well, I'm not better!' and then they leave. And I feel I've let them down and I feel am I not doing my job here?’ All of these imply something about inadequacy and consequent judgment, from within or without. They stand in contrast to comments about the elements – Zazen, bodily awareness, the company of colleagues – which were experienced as sustaining.

Desire also emerged less frequently in the context of actively wanting things to happen in the clinical space. That was strongest in B; ‘But you go in and you connect, and you're there - hopefully!’

There was also discussion of response to the patient’s desire and anxiety. A spoke of the need not to get ‘caught up’ or ‘wound up’ by the patient’s material, including their desires. ‘And I think it's very easy to get caught up in the desire that the patient wants a partner, or wants their children to respect them and love them, or whatever it is….’ B: ‘…people come and they kind of want rescuing…’; ‘Because people do want us to have knowledge…’.

A response to that pressure was most often found, implicitly or explicitly, in reference to Zazen and its emphasis on the present moment. A: ‘All the places that give you anxiety and catch you, keep you caught up, are the… and, yet, in the here and now that's all there is for that moment, and so you can deliver yourself up to the moment.’ That brought some direct references to the Heart Sutra, with its evocation of the possibility of being at ease with the unknown. E (quoting): ‘No knowledge, no attainment…. The obstacles dissolve’.

*Zazen (Meditation)*

Zazen was implicit in the research question (though the question also invited a wider view of Zen). The topic arose very frequently in a wide variety of contexts. Participants referred routinely throughout the discussions to their meditation practice, perhaps much more freely than they might have done in other professional settings. Zazen was identified as a central element in personal and thus professional development; participants spoke of the ways they felt they had changed through meditation practice over the years and of how those changes informed their clinical practice. B: ‘I don't want it to sound like that I always manage to be present in either meditation or in therapy; but how I think doing meditation helps in that it reminds me that it is possible’. Three participants mentioned greater comfort and patience with the ‘timelessness’ of silence and pauses in clinical work, and of greater ease with feelings of confusion or difficulty in understanding. All spoke of how Zazen, with its openness to whatever arises, might allow the therapist to be more at ease with the potential incongruity of patients’ (and their own) freely associative material. It also allows the therapist not to hurry into opinions or judgments. All of this implies that Zazen is identified as a strong factor in enabling the therapist to recognise and think about their countertransference. One person talked of the value of being able to perceive and attend to small and ordinary things, without feeling that only crises or moments of emotional intensity should be the stuff of therapy; that, in turn, contributed to the therapist being generally more observant. B needed to raise more active questions about the Zen/therapy relationship, however. She appeared more than others to be thinking about Zen as something that might be ‘applied’ in the clinical space; she wondered how the two practices might be linked, when Zazen takes place in silence and therapy involves dialogue. She also wondered whether she should be actively thinking about Zen in some way when doing clinical work.

That brought more focused discussion of the ‘here and now’; this ranged widely, but arose most strongly in the course of conversation about: Zazen; the body; the therapist’s groundedness and availability to the patient; self-awareness; curiosity; acceptance; the suggestion that the here and now is all that there is.

All contributors except B mentioned the function of Zazen in bringing the mind to greater presence and attentiveness. Zazen supports the therapist in moment-by-moment attention; when the therapist notices that attention has moved away from the present moment or out of the room altogether, that act of bringing the awareness back is familiar from Zazen. A spoke of the value of meditating before seeing a patient. Everyone spoke of the importance of the bodily awareness that Zazen calls for, especially in relation to posture and breathing. To be alert to the here and now is to be available to be what A called ‘in touch with the presence of another’. To be in the here and now is to be as emotionally available to the patient as possible. Awareness of the here and now is also necessarily awareness and acceptance of change; nothing can be grasped. All these seemed to be positive elements. B, however, spoke of the here and now as a potentially alarming place, where confrontation might be exposed or conversation taken to an unwelcome depth.

*Trust and faith*

These words were often used in close conjunction, or apparently interchangeably, so I bring them together at this stage. The most commonly recurring form of words here was ‘Trust the process’, most often used by D. E also spoke of ‘… having some sort of trust in a process which I can't so readily articulate'. Others turned to it too, generally in relation to the process itself or to other aspects of clinical experience that called for some element of trust or faith. For instance, E spoke of faith that understanding would eventually emerge, allowing her to feel less concerned with reaching conclusions or formulations, and of faith in the relational nature of therapy and in patients themselves, and ‘…having – I don’t know – something like more faith in my patients…. a sort of sense that a joint awareness is possible’. B turned faith in relation to anxiety that she was not doing enough or doing it well enough. She applied that both to Zazen and to clinical practice; of Zazen and her worry about not being focused, she said: ‘Well, I have a sort of faith that just sitting there [on the cushion] in itself somehow is a practice’. She also spoke much more positively, by implication, of her trust in the possibility of connection, beyond verbal exchange, through the Buddhist lens of faith in Buddha nature. ‘So I have faith that the other person has a Buddha nature too, and at a non-verbal level we are connecting and communicating.’ B added that she felt faith in her image of the ‘Hara’, or imagined internal meditation space: ‘…just faith in that, I find very sustaining’. She also described her mental images of ‘…little Buddha statues that are like my Bodhisattvas that I feel are there with me in the room, they are holding me and the client together’. (There is an echo of Freud here; he populated his consulting room with small statues representing divine figures from a range of spiritual traditions.)

**The main findings:**

*1. Simply gathering in this way is unfamiliar and valuable, and brought mutual learning.*

B: ‘I really enjoyed the conversation, and I just, I can't actually now remember the topics, but I remember just the pleasure of sharing and feeling quite excited to have had that conversation with the three of you. And but it is like a kind of little sangha in itself, which I do and did enjoy…’

E: ‘….how much I enjoyed having the conversation, and how different that felt from reading a book, or sitting by myself thinking of something that…just the value of being with other people and talking and listening, and that feeling of being connected.’

A: ‘I think it's stirred up in me a lot of thinking…’

D: ‘For me, I think it was until we started these discussions, really, a coexistence, and of more for my personal development and how that helped me in my therapy practice. But I think from having these discussions, there's a lot of things that have arisen, I feel a bit emboldened to try and actually bring it into the practice a bit more.

D: …and these talks have really - I think has a lot of potential for change in the way I practise, yeah, subtly, but slowly, but yeah….

*2. There is value in gathering as Buddhists.*

B: I thought, yeah, this is a new aspect of the sangha for me, so I did enjoy that. And sangha is important, isn't it, in Buddhism? So as a method, as a support in our practice, there could be a support in our therapy practice too.

E: And Zen doesn't say very much, really, about relationships, in my experience, or about creative relationships…

*3. Participants felt able to bring their individual ideas and methods.*

The tone of the discussions was at times lively and enthusiastic, but not apparently dogmatic or competitive. B, for instance, brought in ideas that were quite specific to the training she was doing and were directly rooted in Buddhist thought; the image of the Hara is an example. She also mentioned that she actively and directively sometimes asks patients to monitor their breathing or their physical position; such conduct from the therapist is normally outside the psychoanalytic mainstream, but here other participants, rather than questioning it or asserting their difference from it, responded with interest. Any difference was voiced more reflectively (A: ‘I don’t think I would feel able to do that’), rather than from a more theoretical or professional standpoint.

*4. Zen practice facilitates improvisation and silence.*

The conversations flowed readily and generally without haste. There were also some long silences, which felt (to me) to be without discomfort or anxiety. On repeated listenings to the recordings, I notice that such silences arose, to my ear, at moments where the group as a whole was taking time to respond to a contribution, or where focus on a topic seemed to have come to a natural conclusion and the group was waiting to see what might emerge next. As the researcher, I was sometimes aware of anxiety of my own at such moments, and of a wish to hurry things forward and generate more information. That experience of silence was also unusual for me in my experience of gatherings of therapists. Those are often occasions when people can be very anxious to talk about their work with ordinary enthusiasm; they can also be implicitly competitive, or used as opportunities to discharge anxiety. No group gathering is without such potential feelings, but here the steady pace of the exchanges was notable.

5. *But* *Zen practice is not enough*?

Their Zen practice clearly informed the thinking of all group members in relation to their clinical practice. It did not, however, entirely free them from anxieties about their qualities and capacities as therapists, or from feeling the need for certain kinds of experiences (often related to reassurance) in the clinical space.

*6. The place of experience and background*

The participants had varying levels of professional experience. A had been working as a therapist for about 30 years, E for about 20. B and D were much more recent practitioners; B was about to complete her psychotherapy training, (although she had previous training as a counsellor) and D was recently qualified. That was clearly reflected in different people’s tones and emphases: B and D were more anxious about ‘getting it right’ and B, especially, had ideas and questions about technique and understanding. E and A spoke more discursively and with greater self-reflection. A, in particular, took her time in finding words, or trying out ways of saying things. I wondered whether that more spacious quality, more at ease with uncertainty, came from longer experience of therapy practice and longer in personal analysis. E and A are also musicians, however, with a first training in music therapy; did that also contribute to the more improvisatory quality of their discourse?

*7. The place of Zen practice in the self*

We meditated together before starting each discussion; I wondered if that period of Zazen had had both the function of settling bodies and minds, and of shifting the emphasis of the gathering, though I did not explicitly raise that. In other words, were we meeting primarily as Zen practitioners or as therapists – and did that make a difference? All of us are members of Zen groups; such groups often take time for discussion after a meeting and there, too, there may be silences, so the experience was familiar. Several group members, as I have indicated above, said that they associated their Zazen practice with the capacity to be more steady and open in work with patients.

The themes that emerged continually overlapped and found different understandings and recognition in shifting contexts. In order to bring the material more completely into the unfolding content of this thesis, both theoretical and clinical, I incorporate extracts and comments throughout. That allows me more fully to recognise the necessary network of interconnections, conscious and unconscious, of the content, and to recognise that the thesis material arises out of a variety of collaborations: within the conversation groups, in clinical work, in clinical and academic supervision, in the Zen community, and in musical life. All of these are characterised by an improvisatory spirit, which seeks to remain open and responsive to the unexpected and to new developments. An example of one approach to data analysis appears as Appendix 4.

I investigate the implications of all this in my final chapter; I hope that this summary of themes and findings above will be useful to the reader in considering their implications as they emerge throughout the work. In Chapter 4 I move on to consider the traditions within which I grew up and their implications for my actions and choices as a researcher now.

**Chapter 4**

**TRADITION**

The word ‘tradition’ has its roots in the Latin ‘tradere’, which is to do with handing things on. Much was handed on to me in my formation, and I explore that here. That exploration has been central to this research; it has reminded me how strongly some of those things live on in my sense of myself and so have informed the ways in which I have approached this reflection and writing. As Bennett, et al. point out, ‘… [tradition] plays a part in locating us as researchers, and in the very act of research itself and the interpretation of that research’ (Bennett, et al., 2018, p.103). At the same time, I am aware that some of the choices I have made, in later engaging with traditions which are outside my family culture, may themselves be seen as creative and critical responses to it.

**The beginning: safety or improvisation?**

I grew in up in a bookish environment. My father was head of the classics department at a boys’ independent school (an ancient institution); my strongest visual memory of him is of a tall man in a deep armchair reading a book in a shadowy room. That image has remained influential for me on several levels.

It carries something of the absolute value, as I assumed, of learning and knowledge. If a detail of information came up in conversation that someone was unsure about, my father would be sure to look it up, preferably immediately, leaving the meal table if necessary, or as soon as he could. Then, or perhaps the following day, he would produce a piece of paper with the information neatly written down, with the necessary references. It sounds pedantic now, but it instilled in me something that I still carry about the importance and pleasure of enquiry. It also reminds me of his deep security in the academic tradition in which he had grown up. It was where he felt most at home, and to move any distance from it alarmed him.

So it was also a refuge. At times of family conflict my father would remove himself from the room and go to his study to read, returning when he hoped things had blown over and there would be nothing to discuss. So that thoughtful, steady engagement with ideas also represents for me something of his emotional timidity; rather than facing the immediacy of difficult human encounters he would retreat into an alternative world of literature, where he felt safer. His study was not a place where he expected to be disturbed, literally or psychologically. So I still carry with me the notion that an academic life of largely solitary thought and study is something to be treasured. It has overtones of quietness and intensity and of supposed security. I experienced my father as warm and available in day-to-day family matters, but I clung for a long time to an idealising deep respect of his mind and, as I saw it, his wisdom. But he also encouraged his children to think for themselves and trust their thoughts. New ideas were no threat to him; it was friction between real people in real time that he avoided.

At times my mother would explode with irritation at his insistence on quietness and his slowness in making decisions (that could be anything from answering a simple domestic question to deciding his next Scrabble move). At those moments I felt alarmed and protective of him (and myself); I think I learnt from him very early something about the supposed riskiness of conflict.

So that ‘tradition’ was very deep rooted for me. I find it hard to think about tradition without thinking about the potential relation between ideas that are valued for their own sake and what those ideas represent for individuals about human connection. I felt very aware not just of the pleasure of reading and thinking, but that it was what generations of the family (mostly men) had done as academics and clergy. The evidence, in portraits and photographs and occasional publications, and in familiar stories, was all over the place. In my turn, I did classics at school and was going to continue on that path at university until a last minute change of mind.

It was many years before I was able to see the extent to which my father's bookish life formed so much of his defensive apparatus. His own childhood and early adult life had been turbulent: his own mother was critical and demanding, and he had had two failed marriages before meeting my mother. His own father, a priest, had tried in the same way as he subsequently did to maintain some sort of personal calm through retreat into the actual and metaphorical study. My father hardly ever used the word ‘tradition’ in any sort of living context; the things he valued and needed so deeply, which I now realise that I experienced unquestioningly as traditions, were not talked about in terms of what they might mean about people here and now. In other words, I did not experience tradition as organic, or as a starting point for any sort of potentially disturbing enquiry. Rather, it was implicitly used and appealed to as a reason not to change.

Whatever the use of it meant to him, I learnt something important from my father about silence. I took in early on the possibility of long periods of time, often spent reading, which allowed for attention to the activity of the moment and space for thought. As long as I can remember I have sought periods of silence during the day, whether alone or companionably with others. It may have grown initially from the requirement to respect my father's need to be undisturbed, but I also learned that silence is bearable and fruitful.

I look back on that part of my development now with great affection, but equally with a feeling of being stifled. When I recall it, the urge that comes is to open a window or go outside, or go to the piano and crash out some dissonant chords: anything to break open the atmosphere or bring some fresh air. That seems to say something immediate about the ambivalence that engagement with tradition can bring. It can hold all the assurance of a place of safety and familiarity, but to remain within it in an unchanging way may be an avoidance of the necessities of change and adventure that are part of being alive. That might equally be put in terms of attachment theory. Children who are securely attached to the significant adults in their lives know that those are the people with whom they feel safe and who have them in mind; at the same time, it is that security which allows the child to explore and investigate new experience, safe in the knowledge that their attachment figure will be there for them to return to. More than that, their attachment figure will be interested in where they have been and what they have found out and what that new experience means to them. But for all that to happen, the child has to have the courage and energy to explore.

I think that for my father the need for safety far outweighed the need for adventure. So I learned much from him and his 'tradition' about the value and sheer pleasure of learning and intellectual activity, but much less about the need for curiosity and the possibility that intellectual adventures can be enlivening and learned from. I still feel safe in a library.

**Music**

Alongside that that was my mother and her absolute and deep involvement in music. In her early life she had had a promising career as a professional pianist; when she had children that receded, but she maintained an independent working life and reputation as a teacher at a London conservatoire. I began to play and sing with her very early; I went through all the routine of lessons, learning to read music, and eventually starting to perform in the 'classical' tradition. That was the beginning of my deep and continuing engagement with music. It brought both pleasure and anxiety. I remember feeling absolutely inside the music and knowing that to be playing was one of the most natural things I could do; at the same time, there was a permanent worry about being good enough, both for my mother and in relation to some imagined set of external standards and demands. So to play music in that more traditional way was not a straightforward experience.

But there was also a continuing pattern of much more informal and adventurous music making at home, which seemed separate from my more formal musical training. My brother and I were encouraged by my mother to compose and improvise, to invent and make new instruments, and to find new sounds. For someone of her generation and background, she was unusually interested in contemporary music. Her network of connection with other musicians was wide and life was full of opportunities to hear new music.

It follows that she loved improvisation. When I was young she and I would sit together at the piano and she would simply say: “Let's play whatever comes next”. That gave me the courage to experiment without worrying about whether the music sounded ‘right’ or not, and showed me that in music, as in so much else, playfulness has to be there. It also gave me very early a feeling of music as an essentially collaborative and intuitive undertaking. I enjoyed the traditional business of learning and performing pieces but I enjoyed much more, and still do, playing or singing, formally and informally, with other people. But that improvisatory part of my mother sometimes felt like a sort of extra, or like time off from the main business of becoming an accomplished performing musician.

For a long time my involvement in improvisation and in experimental music lived alongside, rather than in amongst, involvement in music within the ‘classical’ tradition. There was always an implicit value judgement; somehow ‘serious’ music was better and perhaps more adult in my mind. I feel in a very different position now, in which such anxious and discriminatory thinking plays very little part. That comes from much broader personal development, which in turn I associate with both Zen practice and my encounter with analysis.

Those traditions for me, then, have from the beginning been to do with 'home' in two senses. The literal home in which I grew up and in which I developed my first emotional attachments is inseparable from the intellectual and cultural values which, at first, I breathed in and took for granted. My love of reading and studying, and of working hard at music, has its roots ultimately in my love for particular people. As those things became more part of me rather than simply things that necessarily connected me with other people I could begin the process of separation. To return to the terms of attachment theory: emotional security and growing personal autonomy allow the child (of any age) to begin to explore and change without fear that ‘home’ will abandon or reject them, or tell them that they are a traitor. In other words, ‘home’ itself has to change, not simply by accommodating the developing child but by learning through experience within the relationship; tradition itself must be open to the changes and questions brought by those who inhabit it.

**Finding new communities**

In my teens and student years I identified very clearly as a Christian. That found its home in membership of an Anglo-Catholic parish in central London where I was first employed to sing in the choir and later became the director of music. It brought me in touch with a rich musical tradition, which I loved and still do. I still feel great fulfilment in organising and activating music as part of a complex liturgy. Playing the organ brought opportunities to improvise, but the most important thing was that I felt part of some long-standing and serious tradition. I felt at home, with all the associated feelings of being welcome, being a member of the family (with a key to the church…), and having something that was distinctively my own to contribute. It also gave me a space which was not shared with my family; my father’s experience as a son of devout parents had been enough to turn him into a sceptical agnostic, and my mother had no strong religious impulses. I had originally turned up at the church to sing, but in some way that I could not have articulated then, felt very quickly at home and at ease. That had much to do with feeling spiritually at home, but even more to do with the climate in which I worked. The vicar was a gregarious character who surrounded himself with other lively people; he manifestly enjoyed life in many ways and seemed to use his security in traditional belief and practice as a springboard for wide-ranging conversation, curiosity, activity and humour. It modelled something about openness and freedom from anxiety in a way that my father’s relation to experience had not. I encountered all sorts of thinking at university, of course, but this was different because it seemed to have its roots and security in spiritual life, and to accept that life within a tradition was actually what made discursiveness possible. Conversations were full of speculation and wit; they sometimes moved fast and often people did not always take too much trouble to make themselves clear at the first attempt. Enthusiasm came before clarity. It was the beginning of my understanding that conversation matters because of process and what is going between people, rather than needing to look for certainties. When my brother and I were much younger and talked excitedly at the table about things that had happened at school that day, my father would sometimes interrupt and say: “Can you say exactly what you mean?” For him, the need for order in thought and language outweighed the excited feelings of the moment. He was not an improviser. I remain fussy about details of language; I hope I can now do that more knowingly and with a nod to my father.

Circumstances changed and life in that parish came to end, but I remain grateful for the depth and freedom of the conversations in that group and for what I learned, not from theorising, but from ordinary experience, about feeling more free, both internally and in company.

Almost continuously since then I have been a church musician; at present I share a post running the music at a large Roman Catholic shrine. My Christian convictions have faded, but I continue to be at home in a Christian liturgical context and I enjoy the feeling of security in being an insider who ‘speaks the language’ of the liturgy.

**Coming to Zen**

There are two other traditions into which I entered in adult life, and which are the focus of this enquiry; the first of those is Buddhist practice. I found that I had lost the possibility of active Christian belief in my early adult life, but I still sought some kind of spiritual practice, particularly in relation to meditation, and I wanted to do that within a community. I was living in London at the time and explored some of the many Buddhist groups there, and in particular the Friends of the Western Buddhist Order, a large international organisation originally founded in the 1960s by an Englishman. (It has since changed its name, but I knew it as the FWBO.) I learned some basic approaches to meditation, which I found valuable, but in a broader sense I felt ill at ease, partly because its structures marginalised women, and partly because of its unquestioning assumption of the absolute wisdom of its founder. I also have good reason to be grateful for my time in the FWBO. I developed there the basis of a daily practice of meditation, which I still maintain, and I started to learn systematically about the Buddha’s teachings (the Dharma) for the first time.

For some years I was without a link to a particular Buddhist group but continued to try, often unsuccessfully, to meditate on my own. In the late 1980s, however, I found my way to a group practising Rinzai Zen and stayed there for a year and a half. Then I went on retreat at a Soto Zen monastery, Throssel Hole Buddhist Abbey in Northumberland, and felt very quickly at home. Some of the external reasons for that might link immediately back to my Anglican experience; the monks (women and men) wear monastic robes, which become more colourful on big days, there is some careful ceremonial, and the day-to-day routine is lived largely in silence. The time is divided between regular periods of formal meditation, daily ceremonies, domestic tasks (working meditation), formal meals and times for teaching and discussion. There is a daily timetable and all are expected to observe it. The monastery is remote and there is plenty of open moorland for solitary walks. Outwardly little has changed, apart from some personnel, in the last 30 years and I continue to go there regularly on retreat.

I write more fully about Zen later; in the context of this chapter what is important is that I found myself in touch with a tradition that seemed much more established in its relation with the past. Soto Zen (further discussed in Chapter 7) had its beginnings in 13th century Japan, but at the monastery the approach to living within that tradition now is strikingly open. One way to understand that might be to say that the outward orderliness of timetable and ritual provides a secure container for enquiry and for valuing the development of individuals. Those things in themselves are instances of a central dimension of Buddhist understanding: everything is impermanent. It was at Throssel that I had the first real (rather than intellectual) sense of that and was faced with an instinctive recognition of it, while at the same time wanting to grasp and savour each moment of the experience of being there. It has its structures; there is an abbot (a woman), and monks at various levels of responsibility, but no emphasis is laid on the wisdom of any particular one. The abbot dresses like everyone else and contributes to the daily routine. That points in turn to another radical proposal; that there is no lasting individual self to honour. That rests in immediate tension, of course, with the experience in each of us of being a person with a particular history and inner life, and with the experience of valuing others for who they are. Buddhism, and Zen in particular, enjoys playing with that tension.

**Psychoanalysis**

And that leads to psychoanalysis. My move into becoming a therapist came out of increasing discomfort in the world of academic music, something discussed more fully in Chapter 5. For a period before starting to train I worked for the Arts Council of Great Britain, responsible for community arts projects in East Anglia. I devised and ran some of these projects myself as well as employing other people, but the most important thing about that time is that the work brought me into contact with people who were marginalised and were struggling with some of the emotional demands of their circumstances. Among them were those with learning disabilities, those with mental illness, and those who had come through the criminal justice system. I became very aware that I needed some greater perceptiveness and understanding, as I would then have put it, of people’s emotional circumstances. I also felt drawn to engage with people more closely, beyond simply being a provider of what might be helpful activity. When I started training I was probably not very clear even about what I thought music therapy might be, but within the culture of the training I undertook I found that I felt at home. It had a strongly psychoanalytic slant and to me its joint emphasis on that and on improvised music as the main means of therapeutic exchange was both natural and exciting. After a few years of clinical practice in music therapy I decided to go further and trained as an analytic psychotherapist. That brought me into a movement with its own deep roots, going back to Freud but acquiring plenty of other luminaries along the way. There was something about being thought worthy to be part of such a movement given respectability, as I thought, by its intellectual complexity and its great cultural influence. (It was later that I began to perceive the great self-importance that psychoanalysis has sometimes been susceptible to.) At the same time, it promoted an approach to therapy that is relational, finds meaning in what is happening in moment-by-moment exchange between two people, and is rooted in improvisation.

The analytic movement is also ordinarily human and defensive. Freud was not tolerant of those who questioned or sought to remodel his central ideas (although his own thinking developed in the course of his life), and the analytic world is as full of factions and denominations as any religious tradition.

So as I embarked on this research I became increasingly aware of the complexity, in both content and emphases, of the traditions that I value and which continue to form me. I suggested earlier that perhaps all traditions have their roots not primarily in intellectual conviction but in emotional commitment to others. I think it has always been difficult for me to separate in my mind my love of reading and quietness from my love for my father, and perhaps that is not possible or necessary. The same goes for the central place of music in me, and its beginnings with my mother. What is important now is to be able to step back, see that narrative more objectively, and find out what is informing this work.

The traditions of Zen and psychoanalysis to which I found my way continue to be places where I feel at home. At the start that meant that I simply felt safe and welcome, and used those traditions to tell myself who I was; now they are places where I feel freer to think from within them and about them for myself, with much more space for my mother the improviser alongside my father in the study. The home from which I began, however, is what has made my continuing journey possible.

*Please listen to Track 1.*

In this chapter I have reflected on the place of important traditions, both personal and institutional, in my formation, and place in informing my conduct of this research. In the next chapter I turn to my own experience, and those of others within practical theology and beyond, of relationship to institutions, and the potential experience of the ‘outsider’.

**Chapter 5**

**TOWARDS BUDDHIST PRACTICAL THEOLOGY**

**Introduction**

In this chapter I examine my own experience and that of others within the discipline of practical theology. I consider the relationship, as it is discussed in some literature, between practical theology and the wider academy. I draw some parallels between that and the experience of Buddhist scholars. I also develop further reflections on my own experience as ‘insider’ or ‘outsider’ in academic life and in the psychoanalytic community. I conclude by considering the place of spiritual practice, and by implication the example of the Bodhisattva, in theological enquiry.

The term ‘practical theology’ brings an immediate and obvious problem for Buddhists. What follows starts from my practice within the Soto Zen tradition. Like any other world religion, Buddhism is full of its various and often rival sects and denominations, including Zen’s various strands; what they all have broadly in common, however, is a rejection of, or at least indifference to, the possibility of a divine creator with whom it is possible to relate through prayer. So where is the ‘theology’?

I am also aware that I practise in a tradition that has arrived in the West from Asia in the last 120 years or so, and that like almost every other Western Buddhist I am a convert: I have made an active choice in adult life to move away from the tradition (in my case, Anglican) in which I grew up, and to engage with something originating in a culture far from my own. So my involvement in Buddhism has much to with turning away from something else more traditionally ‘theological’.

Perhaps here it is more helpful to talk about ‘practical spirituality’. This enquiry is into the place of Buddhist practice in the experience of psychoanalytic psychotherapists. There is obviously my own need to try to work through the relationship between two areas - spiritual life and analytic theory / practice - which are both central to me (and don’t always sit easily together), but beyond that, I want to explore the attractions of Buddhist thought to other practitioners.

I notice I have used the word ‘practice’ several times. Buddhism has no particular sense of a revealed tradition, set out in scriptures, which might be thought to demand allegiance or acceptance in faith. The Buddha repeatedly reminded his disciples that his words were not to be taken at face value or swallowed whole, but continually put critically into practice. The Buddhist is asked to reflect on the meaning of experience for herself, and to develop her relationship with it in two absolutely linked areas: spiritual practice (most commonly meditation) and the business of seeking to live the Buddhist precepts about what constitutes the good and responsible life. The recurring suggestion in some of the literature of practical theology that it is an active, evolving process (‘doing’, rather than devising theory and then applying it) therefore resonates with me. So does the associated proposal that it is a creative process and itself a source of spiritual development.

Similarly, psychoanalysis seeks, among other things, to foster the development in the patient of internal freedom, in the sense of being less necessarily caught up in the more difficult assumptions and values that childhood experience may have generated. That is not because everything must be rejected, but rather in order to feel a sense of having genuine options in the present about feeling and action. Like theology, it brings the risk of becoming absorbed in theory for its own sake and in a way that is then only rather clumsily dragged into practice. I am interested in how Zen meditation in particular, with its injunction simply to sit and contemplate experience, may support the therapist in her navigation through her own emotions and those of her patients, allowing greater openness to whatever may arise. Phillips (1999) talks about the project of therapy in terms of ‘artistry’; the delight of ‘practical spirituality’ for me is in the potential ‘artistry’ of enquiry rooted in experience of practice. That is not to propose a continual spiritual meandering; the human relatedness and sense of ‘home’ inherent in active engagement in a tradition are vital. Rather, it is the possibility offered by practical theology/spirituality, and psychoanalysis, of deep and enquiring attention to experience in order to find insights which have meaning for life in the world.

**Insider? Outsider?**

What is the position from which this enquiry is conducted? I am interested in where I locate myself as a researcher, and, initially, in what may be the place of research of this kind in the wider academic field.

Much of my initial reading in practical theology has necessarily been by authors working within the Christian tradition (Veling, 2000; Graham, 2002; Pattison, 2007; Walton, 2014). At first I thought that might be something of a stumbling block; I think I expected devoted, unquestioning references to scripture, and thinking which drew explicitly upon the depth and complexities of a tradition from which I have distanced myself. If anything, that says something of the fears and assumptions that I have brought to this undertaking. It leads me to consider my own journey and to follow some of these authors’ admirable models of self-enquiry and acknowledgement of the richness and value of personal experience.

My own relationship with Christianity is something I write about more fully in Chapter 4: enough here, maybe, to say that it was something I valued enormously until my late teens but which I think I practised, not surprisingly perhaps, in a way which was young and often passionate and anxious, but not curious. I have been aware, however, in recent years, of my resistance to picking up some books that come from Christian sources; for reasons of my own, I have associated Christianity with some feeling of being stifled and anxious. So starting to read books written from a Christian perspective about practical theology was something I initially resisted; I think I did not want to risk revisiting my younger self. It was, of course, a great relief to find so much in these texts about various authors’ own senses not simply of struggle but of wondering where their thinking and activity belongs and how much or not that may matter. What emerges most strongly from much of it for me is the authors’ need to be exploratory and to investigate from within the moment and in ways related to lived experience. I am curious, of course, about what allows some of them to be so bold and to take risks, while others seem to feel the need to be more settled and to find safety within a traditional position. The important thing to say now is that I find my readings about practical theology from these Christian perspectives exciting rather than dutiful. In other words, I have been challenged both on the conscious level of some easy assumptions that I have made and more profoundly at a level which goes beyond issues of belief or affiliation towards questions of what is needed in relation to myself and to the world in order to feel more alive.

**Practical theology and the Academy**

When I look at texts about practical theology, primarily in the Christian tradition, I am often struck not just by their content but by the spirit in which they are written, and in particular by the sense that some authors, at least, imply in their introductory material that there is something to be justified and/or defended (Pattison, 2007; Mercer and Miller-McLemore 2016). There is talk about feeling a newcomer, about not being traditionally ‘academic’, and of needing actively to assert the value of ‘practical’ as opposed to theoretical or academic theology. It is hard to pin down, but I think there is a sense of enthusiasm mixed with uncertainty about one's place and entitlements. I do not think that that uncertainty is about the value of what practical theologians are undertaking, but rather more about how the existing theological establishment may receive such thinking and emphases, and therefore some more ordinary worry about whether one still 'belongs'.

Some authors seem to need to hold tightly to, or at least emphasise, that sense of being outsiders, and to explore at considerable length the nature of that experience for them and its implications for their work, not simply in academic terms but also in terms of what is possible by way of public recognition and simply of being taken seriously. Mercer and Miller-McLemore (2016), for example, acknowledge that both doing practical theology and finding a place for it within and in relation to the Academy is ‘…conceptual, emotional, and political’ (p.3). They draw attention to matters of marginalisation, oppression and exclusion, and usefully point out that these are some of the main areas with which practical theology seeks to concern itself when at the same time practical theologians themselves may be facing experience of just such issues within the academic world. They sometimes appear anxious about their relationship with the broader academic field.

In short, this book takes up the unwieldy task of addressing subjects that do not easily exhaust themselves….. and that put us in an awkward, even potentially conflictual position with scholars and colleagues whom we admire and appreciate and towards whom we mean no offense. (Mercer and Miller-McLemore, 2016, p.3)

Later in the same volume, in a chapter entitled ‘The tension between scholarship and service’ (Mercer and Miller-McLemore, 2016, pp. 60-89), Cruz recounts his experience in US academic system, with its pressure to write and publish and its placing of much less value on ordinary human attributes. He offers a moving account of his path through working life, repeatedly pointing out the tensions that hampered his smooth promotion and, more importantly, left him feeling at times both academically and culturally unrecognised.

That autobiographical spirit is apparent in Dreyer’s chapter, again in the same volume (Mercer and Miller-McLemore, 2016, pp. 90-109) in which he goes more deeply into issues of reflexivity. He is useful here because of his awareness of the difficulty of speaking wholly as oneself when one is encumbered by cultural and historical inheritances. He is concerned with his experience of growing up in apartheid South Africa in a white Afrikaans-speaking family; he goes further to identify some of the kinds of bias to which any researcher may be subject: social location, position in the academic world, and intellectualism. Interestingly, he consigns another significant part of his formation, the fact that his father and grandfather were both Dutch Reformed pastors, to a footnote. Perhaps there is an implication there that self-reflexivity may take to the researcher into areas of personal experience that are not always easy to contemplate.

Some authors also fear that the power of the Academy will simply neutralise the potential energy of exploratory thoughts and methods, somehow taking them over and making them respectable. ‘Some chapters put into words concerns that have not been voiced out of fear that articulating problems such as the institutional hegemony of theory over practice… will reify rather than defuse them’ (Mercer and Miller-McLemore, p.6.). And Cruz suggests:

…we encounter the conundrum of being caught between the *standards by which we must live* – the values by which we could not help but live if we were to promote the integrity of who we are and what we do as reflective practitioners – and *norms about what we must do* – expectations that are generally determined by institutional policies, regulatory boards, and employment contracts. (p.63)

**An experience in common**

The ‘conundrums’ in Mercer and Miller-McLemore’s title are reflected, in their own terms, in the worlds of analytic practice and Zen practice. Within psychoanalysis, the problem presents in two dimensions. Firstly, in interpersonal terms, there is the question of loyalty to tradition; the demands of Freud that those in his immediate group should adhere faithfully to his theoretical and clinical proposals were powerfully articulated. The fate of those who differed from him or who sought to develop his ideas in ways more authentic for themselves was often simply to suffer exclusion. The cases of Ferenczi and Jung are the best known (Lothane, 1998; McFarland Solomon, 2003). Zen, similarly, brings with it an apparatus of tradition and an external structure which is hierarchical. While there is no single founder or leader, as in the case of Freud, the attraction of an ancient movement which carries such a long history and makes such powerful claims may be very strong. Some Zen teachers are extremely strict in their training of students and will readily suggest that those who question too much might be happier elsewhere. Perhaps the theme here is of growing up. In Freudian terms, the parent may fear the maturing of the son because sooner or later the son will depose him. (That is at the centre of the Oedipus myth, or of Wagner’s *Ring* cycle.) Equally, though, the son may fear growing up, with the necessary death of his father that that will bring. It seems reasonable to suggest that all organisations carry a degree of unconscious defensiveness, even those that promote ideals and practices that seek to enhance personal autonomy; their members in turn love them for all that they have been given, and at the same time feel the urge towards individuality.

Secondly, there is the intrapersonal level. Deeply internalised loyalties and fears make it difficult to act with freedom. Institutions exist internally as much as externally; fear of being a betrayer may operate very powerfully in the unconscious. Bion (1984), in his discussion of the behaviours of organisations, suggests that groups and institutions are always ambivalent; they both seek the input of the new thinker and reject new ideas as too disturbing. Perhaps the same can be said of the inner world of the therapist/researcher who both seeks new findings and is hesitant to engage fully with their lived-out implications.

Phillips (2016) points to the attraction and safety of obedience.

One’s personal history, whatever else it is, is a history of one’s obedience. For everyone, the retrospective question is always, what should I consent to, and what did I have to submit to, as a child, that I didn’t actually agree with? Whether one wants to do what one is told to do – that is, whether one wants what one is told to want – and what we can do with and about this question, are the moral starting points. (Phillips, 2016, p.49)

Some of this tension emerges in Pattison (2007). In a chapter that he announces as polemical, he speaks of academic theology itself as being 'ecclesiastically confined and affected', and 'academically confined'. For good measure he later adds that theology is ‘intellectually confined’ and is ‘…conservative in its assumptions, structures, methods and findings. It is tradition bound and backward looking. It functions within an arbitrary pattern of disciplinary organisation that is mostly unquestioned' (Pattison, 2007, p.214). That might serve well as an account of the climate of some analytic training institutions. He goes on (p.215) to suggest that theology is narrow-minded, does not want to learn from other disciplines, and is grandiose. Again, psychoanalysis in some of its manifestations has made very grand claims for its efficacy and theoretical robustness, whilst speaking from a defensive position. Pattison suggests that in terms of theology some of this emerges from the fact that theology itself feels marginalised within the wider Academy: ‘…perhaps the most common response to the marginalisation of theology is, however, unthinking fatalism, quietism and indifference’ (pp. 219-20). This sounds like a very familiar account of some symptoms of depression, or of the mood of an aging parent. Understandably, Pattison seeks to distance himself from this rather murky environment, speaking of ‘…colleagues whom I have left behind in theology who often seem trapped in an obscurantist religious ghetto’ (p.220). All this has something of the air of the rather grumpy adolescent who longs to feel free of the dreary, careful world of his parents and finds it difficult this stage to be grateful to them for anything. Interestingly, the material for this chapter was first published in 2000 and its author felt able to republish it in 2007.

**Buddhist studies and the Academy**

All this discomfort is not confined to practical theologians in the Christian tradition. Rita Gross, an American Buddhist scholar, has written extensively (Gross, 1998) about her experience of growing up, of distancing herself from her family’s religious tradition, and of her struggle to find acceptance, as a Buddhist academic, within the American system of divinity teaching. Again, she readily sounds angry and resentful. She associates the need for an avowed autobiographical element within research and theorising with her own feminist position; there is a reminder that feminist theory and ideology emerged not primarily from broad academic philosophising but in the first instance from careful attention to the lives of individuals. Such attention to individual experience generates a compassionate, emotional response and it is that which drives the impulse to investigation and to the generation of theory. ‘…ignoring our stories and our ‘situatedness’ only creates false universalism’ (Gross,1998, p.4). She makes a link between what she experienced as the oppressiveness of the unquestioning Midwestern Christianity in which she grew up, and the unspoken assumptions about method and value, and about Buddhism itself, that she began to encounter as she embarked upon academic life.

In an important paper Makransky (2008) looks extensively at the place of Buddhist studies within the Academy. He draws attention to the work of McCutcheon on the development of Buddhist studies, especially in America, and draws an obvious distinction between the ‘outsider’ who simply studies a religion from an historical or socio-cultural perspective, and the 'insider' who studies a religion from a place within it of commitment and practice. Makransky rather pessimistically suggests that some Buddhists entering divinity schools in the USA have encountered difficulties and internal conflicts and so have learned

… to de-emphasise, or even to forget, their practice of Buddhism and their place within a Buddhist community in order to thrive in graduate programs where only critical, deconstructive analysis of religion is welcome, not constructive analysis. One earns A’s for uncovering historical conditions of Buddhist developments that further the theoretical interests of the Academy, not for analysing how to offer those critical findings back to Buddhist communities to help them adapt to modern societies. (Makransky, 2008, p.142)

He hopes that

… a modern Buddhist scholar who has a constructive interest in her tradition may pose the same kinds of critical questions about the Buddhist past that other religious studies scholars pose but for a different purpose - not only to contribute to academic knowledge of human cultures *but also to inform present Buddhist decision-making* [author’s italics]. (p. 144).

His suggestion here about the importance of relationship with tradition not simply in order to study it, but to study it within a culture of living enquiry, seems to be central to practical theology. He cites the work of Christian theologians such as Kung (1984) and Tillich (2000) as models of how ‘…new insights into the historical nature of their traditions could inform faith in their traditions, so as to inspire fresh, newly effective ways to understand and practice Christianity in the modern world’ (p.118). He introduces the term ‘Buddhist critical-constructive reflection’ as a means to refer to such enquiry. In spite of its Buddhist context, its relationship with practical theology in other traditions seems very close. In language that might translate readily into understandings of relational psychoanalytic practice, he speaks of the Buddhist value of ‘skilful means’ - a response to the perceived needs of the moment – as a route out of over involvement in existing tradition.

…. the doctrine of skillful means has provided a way within the *ahistorical* consciousness of Asian Buddhist cultures to grant the legitimacy needed for developments in thought and practice to take fresh expression in new periods and cultures despite the backlash by conservative Buddhist institutions that tended to suppress such developments (p.126).

I dwell on all this because it seems to me that there are parallels to be found between the sometimes rather uncomfortable place of practical theology within the wider Academy and comparable circumstances in other professional areas, including psychoanalysis, which need some investigation.

**Music therapy, the Academy and psychoanalysis**

My first therapy training was in music therapy. I embarked upon it after moving away from a reasonably promising career in university teaching and musicology and as a player of early music. I found myself increasingly ill at ease with the urgent, competitive world of musical scholarship, although it was something I could 'do' and enjoyed. I felt that the kind of research in which I was involved had become driven and industrialised; I was involved in a team preparing a scholarly edition of the complete music of a little-known early 16th century Flemish composer. Whilst I enjoyed the technicalities of editing and transcription I did not find the music itself particularly interesting and I realised increasingly that I felt much more at home when I was actually playing music and inhabiting it in the moment, and when I was teaching. A turning point came when I read a book by Joseph Kerman (Kerman, 1985) simply entitled *Musicology*. It was intended as a brief introduction to the discipline for students, but its central theme was a challenge to musicology as it had traditionally been practised. Kerman suggested that musicologists had become intellectually isolated and that they had given themselves over to simply unearthing and editing absolutely anything, without any critical concern about the music’s meaning or value. Presumably I read all this at a moment when I was ready for it; it certainly seemed to encapsulate for me the remoteness and defensiveness of traditional scholarship.

Music therapy as a recognised profession has developed since the Second World War and in this country, at least, has largely drawn on psychoanalytic theory for some of its own theoretical bases (Darnley-Smith and Patey, 2003). In particular, its tradition of free musical improvisation by therapist and patient has been likened to Freud's proposals of free association and free-floating attention. That psychoanalytic slant also focuses on what may be taking place consciously and unconsciously between patient and therapist outside the frame of language. That in turn allies music therapy readily with the emerging tradition of relational psychoanalysis and with theoretical models that draw upon understandings of the significance of pre-verbal infant-parent interaction. The fact that music maybe the primary means of exchange has also made music therapy available to patients for whom using language may not be straightforward: for example young children, people with dementia, people with profound learning disabilities (see Chapter 8), and people experiencing psychosis.

When I left my academic post to begin training in music therapy my colleagues were surprised, and wondered why I might want to leave academic life for something much less established and which had, in their eyes, much less credibility. I also felt that there was some implicit reproach that I was leaving the ‘family’ by stepping away from the seriousness of musicology into something that was, to them, largely an unknown area. It felt like an enormous and uncertain step for me as well, but I knew it was to do with wanting to engage musically with people in some much more immediate way; none the less, at the back of my mind there was also some worry about whether I might be seen as a failed academic.

Within the arts therapies (music therapy, art therapy, drama therapy) there has always been anxiety among some practitioners about the status of such therapies. When I was training as a music therapist there were discussions about whether music was really enough, or whether the more important, mature work was being done in the ‘talking therapies’. My tutor suggested to me that to train as a music therapist at that stage was fine, but that I might really want to consider in due course moving on to train as an analytic therapist. I remember feeling rather flattered, as though I was being told that I was capable of something more than music therapy, and I think that played very readily into experiences within my own life in which I had always had to struggle between my enormous pleasure in being a musician and my worry I ought to be doing something more academic or ‘difficult’, or at least doing music in a more academic way.

So the arts therapies can be anxious about being ‘poor relations’ of the wider analytic world. Psychoanalysis had its beginnings in a small group of practitioners who gathered around Freud. In the earliest years they were all men, and all had medical qualifications. Gradually the group widened to include women and non-physicians, and in his later years Freud voiced more openly (informally, at least) his recognition that psychoanalytic practice was more an art than a science, but nonetheless the psychoanalytic movement has maintained a certain mystique and a reputation for intensity and obscurity, which many have found daunting.

Some years ago (Loth and Richards, 2008, unpublished) a colleague and I conducted a small research project investigating the motivations of music therapists (including ourselves) who had gone on to train in verbally based therapies. Three themes emerged strongly:

1. that therapists wanted to work at greater depth with their patients and felt that music therapy training had not sufficiently enabled them to develop that;
2. that music was not enough;
3. that to have a training in verbal therapy would enhance their status in professional circles.

So there are layers of anxiety here about attachment and status. Is music therapy a second class activity compared with musicological research? Is music therapy a second class activity compared with psychoanalysis? These questions, which at times have been very immediate for me, have obvious resonances with the concerns voiced in some of the literature of practical theology.

**Attachment anxieties**

In one way these are stories about the anxieties that may be raised by fears that the assurance of status that can come from being part of an established institution may be eroded when one makes choices or pursues paths that appear to lie outside or beyond it. The language of attachment theory is useful here. John Bowlby, a British psychoanalyst working in the mid-20th century, proposed a view of human relationships and interactions which to some extent departed from more traditional psychoanalytic thinking of the time (Bowlby,1988). He proposed that personal security and a sense of autonomy in individuals are only possible when a person has a 'secure base’, that is, a sense that one or more key people (primary attachment figures) feel available and dependable. Without that, independence, exploration, and some confidence in one’s own beliefs and enthusiasms are much harder to sustain. The result may be anxious, compliant behaviour and a sense of oneself in the world that is cautious and defensive, continually needing to assert the value of one's own self and position.

Some of the literature of practical theology that I have referred to suggests that some authors have struggled with the experience of finding themselves excited by ideas and approaches outside those apparently valued by the Academy, but anxious and angry about the separation or potential rejection that that may bring. Veling (2005), however, writes about practical theology with lyricism and enthusiasm, without losing sight of some of these issues. There are some strands emerging from his writing that have much in common with some of the language of both psychoanalysis and Zen practice. He writes in a conversational and often autobiographical tone that brings immediacy for the reader and a sense of a continuing process of thought. Whether or not he intends it, the work has a feeling of thinking aloud and of unfolding reflection, both in terms of his own thoughts and in his responses to the texts that he cites. For me, this allows the writing to become alive, and for a climate of continuing and collaborative ‘doing’ to emerge. There is no particular feeling that he is looking anxiously over his shoulder, wondering what others in his academic world might be thinking.

From the start Veling emphasizes developmental processes and movement on into the unknown. He suggests that practical theology may be difficult to define because it may not have a consistent body of theory all, or ‘…does not really have a head for great systems of thought’ (p.6), something at which Zen masters would smile in recognition. In his view we learn from the experience of living and from allowing reflection on our experience to inform our developing ideals and actions, which will always be on the move.

Life means living, and living is preeminently what we do. We do not simply exist; rather, we are alive and we *live* – and our living is vital and dynamic, whereas much of philosophy’s talk about Being always seem so detached and lifeless…. Knowledge of the world can never be detached from being-in-the-world and if we want to know (if we want to understand), we need to engage our whole way of being – our memories, our feelings, our imagination, our thinking, our actions. (Veling, 2005, p.6.)

That could serve equally well as an account of the psychoanalytic project. The material being talked about may often be to do with everyday things and experiences (‘living’); the possibility of movement rests in becoming gradually more able to experience and think about those things more flexibly and with more imagination. For that to be possible, the need for certainties must be recognised for what it is: anxiety about investigating the new in a way which may awaken fears of feeling cut off from some of our existing attachments. One attempted defensive response may be to grasp onto new insights and then go no further:

Our *search* for truth can all too easily be tempted by the need to *possess* truth, to make it *my own*, something I can now claim that *I know* is a truth belonging to me. In other words, the search for truth is often tamed or domesticated – no longer infinite in its horizon – but reduced to my own horizon of knowing. (Veling, 2005, p.79)

Analytic practice explores what is going on between people, in the patient's wider experience and above all during the analytic session. It is the flow of thought and feeling, spoken and unspoken, conscious and unconscious, which is at the centre of the encounter. The patient who arrives hoping, quite reasonably, to be freed from psychic pain, may simply want some help in understanding what has brought about their circumstances and so in finding a way to deal with them. That is to keep things at the level of cognitive understanding and practicalities; the possibility that exploring and revisiting the emotional impact of early experience, not alone this time, but in the company of another mind, maybe unfamiliar. Psychoanalysis is not to do with, in Veling’s terms, finding the truth and then possessing it; rather, it is to do with finding a state of mind in which experience, including that which is most traumatic, may be continuingly contemplated and reflected upon with imagination, and discovering that that of itself may be transformative. That is a collaborative enterprise which calls for freedom in the analyst just as much as in the patient. In Zen practice the basic meditation practice of 'just sitting', neither clinging onto thoughts nor pushing them away, may equally bring one in touch with the continual flow of experience in which nothing can be grasped at because things are always changing.

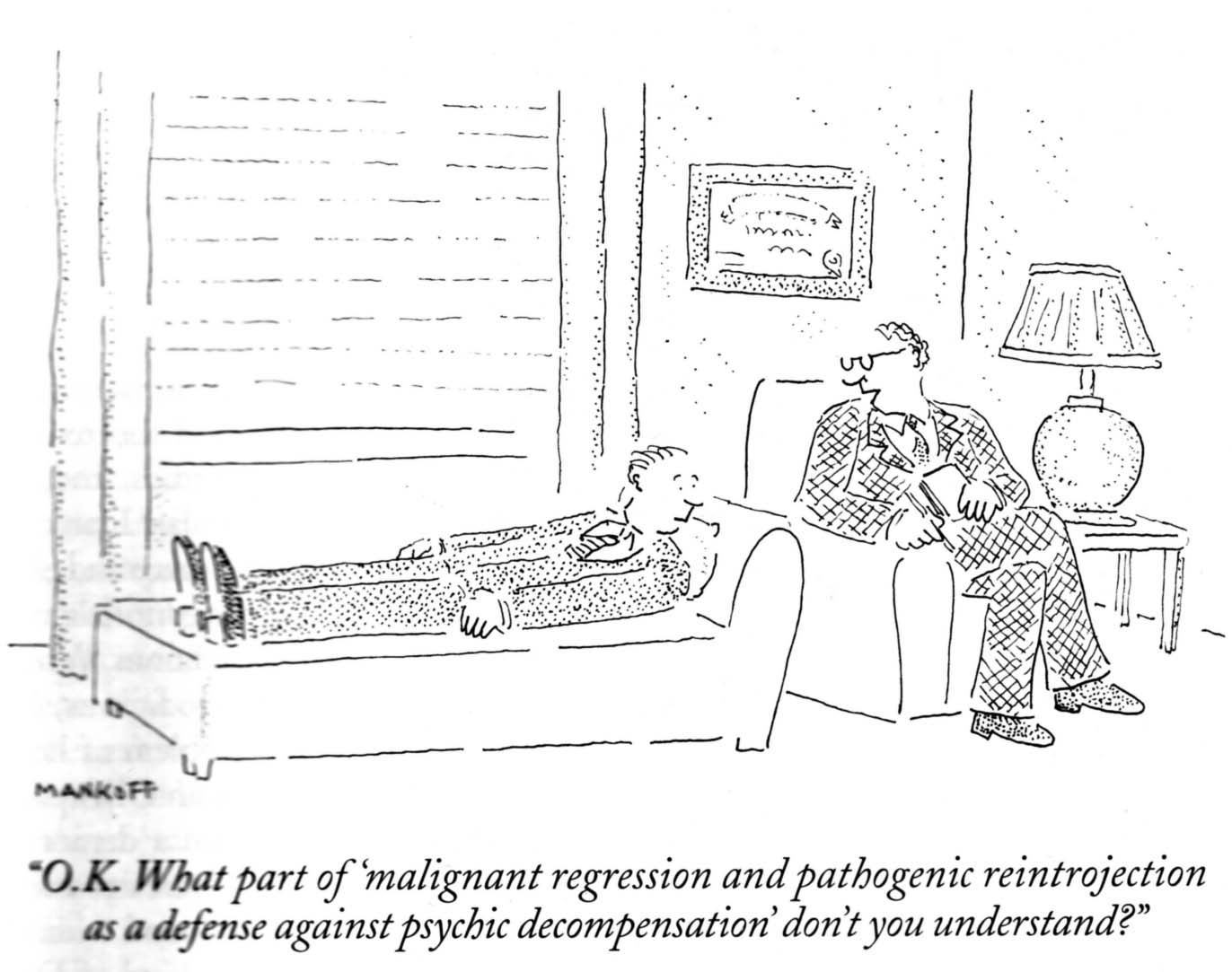
Perhaps it is always the experience of those seeking to bring new ideas or new approaches into the practice of an existing discipline that they are faced with some sense that others who are already there will need to defend their position and question the value or entitlements of the newcomer. Practical theology has much to say about community; it is not just a direction of thought, but an activity inhabited and practised by a group of people who themselves acknowledge their place in the wider human community. It actively values imagination, open enquiry, and the freedom to bring together apparently disparate ideas and experiences as thinking unfolds. It is not a solitary theorizing activity, or even the thinking of the individual researcher towards change; rather it implies community and mutual recognition as the necessary grounding for the development of new and perhaps unexpected thinking and directions. Some of the language of group analysis, with its emphasis on the complexities of retaining and developing individual characteristics yet remaining within the wider group comes to mind here: Foulkes, discussing approaches to group analytic practice, writes of the place of, and hopes for, the individual in the group; perhaps the same can be said of any innovative work.

The group…respects and supports the emergence and free development of individuality, and group treatment has nothing to do with making people uniformly march in step….. Like a tree, the firmer it takes root the freer it can display its individual characteristic beauty above ground. (Foulkes, 1983, p. 30)

If practical theology carries within its own inner world some doubt, or even simply the anxiety inherent in wondering whether one is welcome, what are the implications? It seems to me that at this point we are not really talking about the inherent value of one academic discipline in relation to another, but rather about human relationships. Anything I bring to my own studies is going to be driven by all that is going on in my inner world, consciously and unconsciously.

Foulkes’ emphasis on the need for patience and openness to experience in the course of group analysis is equally applicable to the researcher. That is a difficult position to maintain when faced with questions that may seem to subvert or invalidate existing positions associated with security and familiarity.

**The place of theory**



Theory itself, like institutions, can provide what seems a secure ‘home’ for thought and action. Psychoanalytic and Buddhist traditions suggest, however, that to seek understanding in any way that primarily involves dependence upon someone else's terms risks bringing a loss of genuineness and immediacy. In the psychoanalytic space that risks abandoning awareness of the patient in the moment in favour of internal would-be reassuring theoretical speculations or definitions. Zen would go further and say that to seek achievement at all, certainly in spiritual terms, is to blind oneself to the experience of the here and now in the interests of reaching some future goal. From the perspective of practical theology Veling seeks a balance, acknowledging the place of theory in the practitioner’s inner resources and seeking to avoid the dualism of theory/practice confrontation.

We can move backwards and forwards between theory and practice – now on the side of one, now on the side of the other…. Practical theology has no interest in refereeing this rather futile struggle. Rather, practical theology sees theory and practice as partners that belong together. They are made for each other. They require each other. Action requires reflection. Reflection requires action. (Veling, 2005, p.142)

Main (1990) writes of the importance (and difficulty) of ego-free (that is undefensive) learning. He points out that learning is satisfying because it brings imagined security:

The development of knowledge, concepts, theories, and techniques represents man's attempts at mental mastery of his environment by ego processes. Ego mastery gives a certain kind of pleasure which comes, in part, from the replacement of feelings of helplessness in the face of a mysterious reality by feelings of power over it and competence dealing with it. (Main,1990, p.59)

He is talking about the training and subsequent development of mental health professionals, but his thinking has much wider implications. ‘But new knowledge, concepts, facts, and skills can also give pain, for they sometimes demand the abandoning or modification of old beliefs and practices that have been long cherished as familiar possessions…’ (p. 59).

From another perspective Steiner (1989), in a passionately voiced short text, calls for a return to direct experience of artistic and cultural life unmediated by contributions from, or dependence upon, critics and academics. He points to the vast industry in PhDs, and to the demands of career structure in academic life, as symptomatic of a need to be blinded to the immediacy of experience and so protected from it. ‘We flinch from the immediate pressure of mystery in poetic, in aesthetic acts of creation’ (Steiner, 1989, p.42).

Something of this is represented in the many versions of the Zen story of Master te Shan who, after many years of study of Zen texts, had an encounter with his teacher which brought him a moment of awakening. The following morning he took all his scriptures into the meditation hall and burnt them. That is not to suggest that such texts are worthless, but rather that they are no longer (perhaps like tradition) something to be turned to externally, but rather a continuing source of inner life in a way that goes past language and formulations.

This verse is traditionally attributed to Bodhidharma:

*A special transmission outside the scriptures;  
No dependence upon words and letters;  
Direct pointing to the soul of man:  
Seeing into one's own nature and attainment of Buddhahood.*

From different directions these are all appeals to directness of experience, not dismissive of theory, but not clouded by academic or institutional anxiety. So something else needs to be going on to ensure that theory or traditional academic values themselves are not recruited as further defences against the risks of exploratory practice.

**Spiritual practice and practical theology**

Writing from within her Buddhist framework, Gross (1998) states that, for her, freedom of intellectual investigation is sustained by, and inseparable from, the practice of meditation.

The Buddhist wisdom for which I am so profoundly grateful … is not merely an intellectual system. It is intimately connected with Buddhist spiritual disciplines and derives almost completely from them. Much as I respect book learning and intellectual discipline, by themselves, I do not believe that they are powerful enough to effect the personal transformations I see as necessary to make a difference in the complex contemporary situation. (Gross,1998, p.x)

I discuss my own experience of meditation and that of some colleagues elsewhere in this thesis. One theme that emerged strongly, however, from the group discussions conducted as part of this enquiry was the belief voiced by all the participants that their practice of meditation is a key element in their capacity to be more awake and open to events in the therapeutic encounter. Equally, for me meditation practice both sustains and is integral to my activity as researcher, teacher, and musician. It enables me better to attend to all aspects of experience. Gross also emphasises meditation practice as a developmental process, not just a spiritual exercise; she suggests that the greater self awareness that meditation may bring can foster more confidence in individual, continuingly curious innovative thinking, based upon the validity of inner experience. ‘The particular emphasis I bring to discussions of social change is the conviction that successful movements for social change must pay attention to internal individual states of mind and emotion’ (p xi). Buddhist practice is as susceptible to appropriation for defensive reasons as any other tradition, of course. Gross points out that people who adopt Buddhist practice may simply want to take on an existing ‘package’, without so much awareness of the need within it for engagement with change.

Practical theologians writing within the Christian tradition seem less direct about the relation of personal spiritual practice to their theological enquiries. Veling celebrates it in his discussion of Lectio Divina (Veling, 2005, p.xvi) but also laments its apparent absence in current practice, relating that apparent split to the way in which theory and practice have apparently become divorced from one another. ‘Prior to modernity's fatal separation between theory and practice the art of reading-studying-praying-interpreting the sacred texts of tradition was essentially linked with the art and practice of living the Christian life in all its concrete forms and conditions’ (Veling, 2005, p.71).

(I remember hearing a very interesting speaker at a DProf summer school talk about her methodology, and asking her afterwards (perhaps too intrusively) something about how she felt that spiritual life informed research. She looked a little surprised and said 'Well, I go to church every week’. I am sure that is not the whole story, but it is perhaps illustrative of hesitancy in making connections between inner and outer experience.)

**The Bodhisattva**

In the Zen tradition great emphasis is placed on what is known as 'the Way of the Bodhisattva'. Bodhisattvas are traditionally those who have made some form of vow to help others, including supporting them in the Buddhist path, with no thought for their own personal well-being. They are seen as having stepped back from the possibility of ultimate enlightenment in order to support others along the way. Zen emphasises that the route to this selfless commitment is through meditation practice, which frees the student from preoccupation with her own feelings and concerns about herself and from all the states of mind that may arise from such narcissistic self concern: graspingness, anger, escapism, preoccupation with status. Repeatedly the Buddha's teaching points out that undue concern for one's own benefit will in the long term bring suffering both to oneself and to others.

The traditional four Bodhisattva vows are:

I vow to deliver all sentient beings;

I vow to cut off all vexations;

I vow to master limitless approaches to Dharma [the Buddha’s teachings];

I vow to attain supreme Buddhahood.

It is noticeable that only in the last of the vows is there any reference to personal liberation. Instead, the emphasis is upon looking outward towards the world and to others in a way that acknowledges the ultimate interconnectedness of all beings, and makes no particular claims for oneself. ‘For a bodhisattva, the safest course is to constantly remind oneself of the initial aspiration to bodhi mind. In this way, we will always think of ourselves as beginners, remain humble, and not feel pride or arrogance’ (Sheng-Yen, 2002a, p.16).

The ideal of the bodhisattva is to be free of the idea that there is anything specific to achieve. The ideal response to other sentient beings and their needs is not primarily a conscious, dutiful helpfulness, but rather something that arises naturally from spiritual practice, something which Symington (2004) and others acknowledge from a Christian perspective (see Chapter 6).

This brings with itthe implication that spiritual life goes beyond simple daily meditation and towards the cultivation of a continuing steady reflective mind, allowing the practitioner to operate from a position of wisdom. Many Zen teachers draw a clear distinction between the wisdom that simply comes from knowledge and study, however diligent, and the spontaneous, more free flowing actions that may arise from properly absorbed and digested experience which can be articulated freely and spontaneously in dealings with the world. There is a clear parallel here with the practice of therapy: the therapist who is excited and stimulated by theoretical ideas for their own sake and enjoys ‘applying’ them in her encounters with patients is at risk of putting herself at one remove from complete involvement in the flow of feeling, conscious and unconscious, that is at the heart of the therapeutic encounter. Equally, practical theology thrives on wisdom arising from reflection upon experience, which in turn brings new and unexpected theoretical thinking.

In this chapter I have sought to bring together something of the experience of those in various traditions who may feel that they are ‘outsiders’ in relation to something perceived as more well-established or powerful. That is reflected in discussions of practical theology within the wider theological academy, of the places of various movements in therapeutic culture, and of Zen in the western theological and philosophical tradition. Such concerns also inform my own position as a Zen practitioner in the analytic world, and my experience as a researcher. I suggest, however, that the position of potential ‘outsider’ invites more radical investigation. In the following chapter I turn to the wider question of the place of religion and spiritual practice in relation to psychoanalysis.

**Chapter 6**

**PSYCHOANALYSIS, RELIGION AND SPIRITUALITY**

In this chapter I consider some of the complex narratives of the relationship between psychoanalytic thought and understandings of what are broadly called ‘religion’ and ‘spirituality’. As I have shown in Chapter 5, to occupy a position outside the psychoanalytic mainstream, in this case in relation to spiritual practice, is not straightforward. It may mobilise some primitive attachment anxieties about rejection or inadequacy. I will consider initially the response of Freud to questions of religious belief and spiritual experience before turning to understandings of spirituality discussed by more recent theologians and analytic practitioners. All this informs in various ways, both culturally and intellectually, the background to my own thinking and clinical practice and so my approach to research; I refer also to the experience of members of the focus group.

**The Freudian inheritance**

I can go back and forth between psychoanalytic and religious writings, moment to moment, each feeding, correcting, amplifying, and opening the other. I say this because I think there are many of us who do, but are afraid to own this double tendency… It is awful to think one must stay on one or the other side of a permeable membrane, and try to stop the flow. Cross-fertilization between disciplines is a path of creativity in our time. (Eigen, 1995, pp.384-385)

Psychoanalytic thinking has extended well beyond the confines of clinical practice since its inception. Psychoanalytic models have been developed and applied to ordinary aspects of lived experience, and the acknowledgement that unconscious processes may be at play has contributed much to theories and to understandings of behaviour in spheres such as education, social work, health care and criminology. It has also found a strong place in understanding of group behaviour, and thus the unspoken values and assumptions driving the development of families, organisations, and political systems. Equally, psychoanalytic theory is established in the mainstream of cultural criticism. Some familiar phrases from psychoanalytic thought have become widespread and passed into familiar discourse: ‘defence mechanism’, ‘Freudian slip’, ‘he married his mother’ - and the easy assumption that Freud related everything ultimately to sex. That casual incorporation of such language into everyday talk might be interpreted in two ways. It would not have been adopted if it did not carry some meaning or point to phenomena which are not simply observable, but which resonate with human experience. On the other hand, such convenient verbal patterns provide a kind of shorthand which perhaps implies a wish to sum something up rather than take the risk of exploring it.

Freud’s response to religious belief and practice has contributed much to the steady process of secularisation in the 20th century, but recently psychoanalysis has begun to engage with greater positivity with questions of faith and with religious experience. At this stage I consider ‘religion’ to be the activity of an institution which acknowledges the existence of something beyond itself; its focus is on God. Waajman (1993) defines spirituality, by contrast, as ‘…the ongoing transformation which occurs in involved relationality with the unconditional’ (Waajman, 1993, p.45), which has a much greater feel of the value of the experience of the subject (and resonances with the nature of the relational psychoanalytic encounter). That basic distinction, which seems to set an organised, worshipping religiousness against an emphasis on the personal, distinctive experience of spirituality, may be helpful or recognisable, but the fact remains that Freud took issue with both. ‘Spiritual’ expression and ‘religious’ expression may have some important differences of emphasis and practice, but both ultimately call for faith.

Freud’s attacks on religion are sharp. He puts belief into the category of delusion (Freud, 1927), and sees religious ideas as defences against the anxious business of existence; humankind seeks for assurance of life beyond death and for a benevolent divine figure who will protect and ensure the continuation of a safe set of moral values, to which all should subscribe. He links that with the child’s pleasure in satisfying the authority of his parents. He points to the power of religion as part of inherited tradition and of faith passed down generations, and adds that it offers an immediate connection with something humans primitively long for: the protection of a loving father. For Freud, religious systems are perpetuated because they enable the individual not only to feel they can depend on that loving father, but that they can look for forgiveness when they experience the guilty anxiety of having transgressed his laws. He draws attention to the deep pleasure the child feels when, after they have angered a parent and felt the terror of potential separation, there is the moment of loving reunion and forgiveness.

The superego is the agency that demands drive renunciation in the name of the reality principle; the demand is acceptable because the superego also represents the parental authority, and submission brings the reward of having pleased one’s parents. (Braungardt,1999)

Phillips (2016) echoes this, suggesting that we remain powerfully governed by the demands of obedience, in whatever terms we understand it, and by the ‘unforbidden pleasure’ of knowing that we are keeping out of trouble:

If disobedience can be a forbidden pleasure, obedience can be an unforbidden one. Without forbidden pleasure, by definition, there can be no disobedience; without obedience it is not quite so clear what there can be. And so we need to wonder what kind of pleasure obedience might be, craved and courted as it often is, fought for and fought with. (Phillips, 2016, p.48)

The language in both instances is of obedience and disobedience, authority and submission, transgression and forgiveness. Like Freud, Phillips (who writes more compassionately, with less to defend) sees our need to be obedient as rooted in developmental experience. We are not born believing that there are rules; we learn that there are, and that to transgress them has consequences, through experience within our earliest relationships.

So if religion or faith are, as Freud suggests, symptoms of immaturity and obsessional neurosis, then they are things to be grown out of in the interest of greater psychic health and maturity. Freud suspected religion because of its threat to the rational, scientific approach to human enquiry within which he located psychoanalysis. If the need for a loving father god is symptomatic of a longing to return to a protected, unquestioning infancy, that is an indicator of failure to achieve proper and necessary adult responsibility and freedom of thought and action.

When the growing individual finds that he is destined to remain a child for ever, that he can never do without protection against strange superior powers, he lends those powers the features belonging to the figure of his father; he creates for himself the gods whom he dreads, whom he seeks to propitiate, and whom he nevertheless entrusts with his own protection. (Freud, 1927, p.34)

So it is not possible, in Freud’s eyes, to see religion and psychoanalysis coexisting; that would be to maintain the status of an authority figure that is the product of an infantile imagination. Furthermore, human experience or any searches for evidence do not point to God; he must have been invented for pathological reasons. The fact that large numbers of people choose to ally themselves with such belief systems is a sign of group manifestation of what is ultimately a transference phenomenon; a continuing longing for the good father. Transference beliefs are inherently false, so a society or large group that bases its values and structures on such fantasies is dangerously out of touch with reality and primarily concerned with defending itself against it. That is not something that can be demonstrated or changed through argument; for Freud, the unconscious forces at work in that state of things are so powerful that only some sort of psychoanalytic intervention can approach it.

Symington (2009), however, tackles Freud on his own ground, suggesting that his concept of God is itself limited and infantile.

Only a modicum of textual criticism of references to Yahweh in the Old Testament quickly reveals the difference between a primitive local storm God and the absolute or infinite. What Freud repudiates is just such a local deity expanded to become the God of the whole world, but his expansion of this god’s power is not equalled with a deepening of the concept. He specifically says that he gives this animistic spirit the character of a father. (Symington, 2009, p.245)

One understanding of this very clear stance amongst Freud’s successors against both religious belief may be connected with the move, especially in the United States, towards a medicalised model of psychoanalysis which could be subject to scientific enquiry and testing. That, in turn, may have its roots in the strong desire of psychoanalysts, many of whom were refugees from anti-Semitic persecution in Europe, to establish themselves in their new country in a way that would associate them with a profession that was assured of respect (and would confirm its maturity).

The influence of the internalised presence of authority figures, who may be both critical and reassuring, remains pervasive. My own experience earlier in life, in education and in music, repeatedly reminded me that the endorsement of teachers and audiences, and long before that of my parents, felt central to my survival and wellbeing. Although time in my own analysis has loosened the grip of that, it can return. In clinical practice it can take the form of worry, during and after sessions, about whether I am working well enough. The imagined characters whom I recruit to form judgments may be the patients themselves, but are much more often my supervisor, and colleagues whom I admire. The feeling of having something to prove (a micro version of those immigrant analysts who needed to prove themselves to the medical establishment?) can stand between me and more immediate and engaged attention to what is going on in the moment. The need to defend a position, and be assured of an alliance with the powerful people who represent it, turns the energy towards self preservation and away from looking outwards or being collaborative.

Material from the conversation group suggests that this may not be unusual.

From Session 2:

*E: I was thinking back to my experience of training, which I’d found very exciting, but I was very anxious, actually. And I don’t think – I don’t quite know how unusual it was, that we were quite conflicted and quite competitive group of people, actually. And my training supervisor was well known and rather charismatic. I think in the anxiety of training I - well, I suppose I regressed quite a lot - and turned him into someone awe inspiring. [Laughter]*

*D: And the anxiety that you’re not [unclear] – be a great therapist [?and you want to feel that] someone else is. I mean, I’m a bit in awe of my supervisor, and I know that.*

*D: ….I think I‘ve got a lot of intellectual stuff from my course, and theory and all that gets in the way maybe…*

*A: [on relaxing a therapeutic boundary] If I took that just to a very strict supervision, I never mention it, actually….*

**Object relations and attachment**

The later 20th century saw the beginnings of a movement within psychoanalysis towards treating faith and religious experience with more open curiosity, and those who were part of that were not always seen as being within the psychoanalytic mainstream. Among them in the USA were Eric Fromm (1950; 1960) and Erik Erikson (1993): Fromm (1960) suggests links between Zen Buddhist practice and psychoanalysis and proposed that there might be a parallel between the psychoanalytic aspiration to bring all unconscious material into consciousness and the Zen path to enlightenment.

In Europe such a movement emerged from within the wider framework of object relations theory and growing interest in attachment theory, and with less direct reference to religious experience and tradition. Freud's notion of infantile narcissism and its manifestation in later life through basic drives implies an existence in which each of us it is primarily concerned with satisfying our fundamental needs - for food, erotic satisfaction, and the discharge of aggression - in order to ensure our survival. That is a highly individualistic model, which has little to say about love, empathy, or emotional generosity. It also contributes to Freud’s dismissal of ‘oceanic experience’, as he associated it with the emotional self-interest of the infant. Wright (2006) observes that Freud has much less to say about the possibility of the child’s ordinary and necessary healthy closeness and companionship with the mother, and is suspicious of tenderness. (Wright, 2006, p.174)

Some greater openness of thinking and softening of rigid positions, perhaps reflective of Wright’s ‘tenderness’, and a greater acknowledgement of the maternal, began to emerge in the UK in the mid 20th century, through a direction of thought within the Independent Group in the British Psychoanalytical Society, which took much greater account of human relationships and the place that they have from our first moments in shaping our inner worlds and, largely unconsciously, informing our motives and actions. The British analyst Donald Winnicott (1960) famously remarked that ‘There is no such thing as an infant . . . meaning, of course, that wherever one finds an infant one finds maternal care, and without maternal care there would be no infant’ (Winnicott, 1960, p. 587). His choice of language is striking: it takes a relational view of human experience and draws upon the vocabulary of mother/infant intimacy. Wright suggests (p.176) that Freud’s association of the father with ‘law’ and his assertion of the need for the mature adult to reject paternal law is not borne out in the Christian tradition. He points out that Jesus speaks of understanding and kindness, not of the letter of the law. If our primary need is simply for human connection, as Winnicott implies and later Bowlby in his own terms (Bowlby,1982), then religious beliefs need not be only to do with satisfying and seeking protection from the stern father. They may equally be representations of something much more mutual and generous. Similarly, Balint (1979) seems to question Freud’s view that any longing for a protective connection with an ideal parent is an infantile narcissistic search for self preservation; he proposes instead that a desire for a sense of union with others and the world represents a model of relationship and mutual responsibility to which all humans ordinarily aspire.

Winnicott (1953) locates religious experience in the ‘transitional space’, that area within the child’s experience which is the place of imagination, emotional learning and the beginning of a sense of an authentic self.

This intermediate area of experience, unchallenged in respect of its belonging to inner or external shared reality, constitutes the greater part of the infant’s experience and throughout life is retained in the intense experiencing that belongs to the arts and to religion and to imaginative living, and to creative scientific work. (Winnicott, 1953, p.242)

So religious experience and practice become places not of anxious conformity, but, with other elements of human activity that engage with change and adventurousness, places of aliveness and possibility and improvisation. That space for playfulness and for a continual reshaping of language and practice through inner experience - through an encounter with an immanent God, and with less anxiety about what ‘God’ means or is - is central to Winnicott’s understanding of psychic health. It is also, as I understand it, the intended spirit of practical theology. Winnicott is speaking of more here than some feeling of freedom from imagined disapproval from authority figures (Phillips’ ‘unforbidden pleasure’); he points to a life that is generative in spiritual experience and so in action.

Ulanov (2001) asks ‘What do we learn about God from our self-experience, from the transformation of our false omnipotence into true imaginative living?’ (Ulanov, 2001, p.12)

And later:

If we know only the objective-object God of tradition, we will find only a religion of rote, a persona-faith that looks good but lacks toughness and flexibility. It amounts to compliance with an outer standard that can bring no quickening pulse of real encounter, no joy. (Ulanov, 2001, p.30)

But some religious traditions, in particular Roman Catholicism, have been suspicious of psychoanalysis; suggestions of free, improvisatory thinking which might bring tradition into question, both theoretically and intra-psychically, are not welcome.

Materialism, atheism, determinism do not constitute all of Freud's philosophy of man, but they are a very important part of it, and they naturally result in giving him a view of human nature, human destiny and human behavior which is fundamentally at variance with religious teachings. (Ford, 1953, p.60)

In 1953 Pope Pius XII

…reaffirmed the subordination of psychology to Catholic philosophy, stressed the profound unity of the minds of human beings, and harshly criticized Freudian psychic determinism, which considered sexuality as the main aim of men. Pius XII reminded the participants that the sacrament of confession could not be replaced, warning against any acceptance of sin as a natural behaviour. (Foschi et al., 2018, p.91)

In 2017, however, it emerged that Pope Francis had had a period in analysis when in his 40s and that his analyst had been a Jewish woman. The information took up a few sentences in a substantial book (Wolton, 2017) concerning Francis, but it drew immediate headlines far beyond the Catholic media. Some showed ordinary interest, but others used language (‘Pope admits…’, ‘Pope reveals…’) that suggests that there is still an assumption that to seek psychoanalysis might be a source of shame and also, perhaps, that we still want ideal father figures without frailties of their own.

But the nervous traffic goes both ways. Symington suggests that psychoanalysis has its own anxieties over religion that it cannot always readily face, and that those are not only to do with assumptions about pathology:

‘… religious people steer clear of psychoanalysis and thereby deprive themselves of opportunities for better understanding of themselves. It is also true, however, that psychoanalysts steer clear of religious people. I have the distinct impression that many analysts are also frightened of religion. I think one reason is that they are afraid to face the religious aspects of psychoanalysis itself.' (Symington, 1990, pp.115-116)

Both religious practice and psychoanalysis routinely speak of mystery, yet both can seem daunted by manifestations of that which suggest that it is not always possible to take refuge in doctrine or theory.

But if the project of psychoanalysis is, as it proposes, to explore all dimensions of human experience, then it cannot put religious or spiritual impulses to one side. It is remarkable that a tradition which places so much emphasis on not only the mysteriousness but the absolute value of unconscious experience should dismiss other manifestations of the inexplicable, and that two institutions, both of which in their own terms make claims for the universality of their proposals, should appear sometimes intimidated by one another.

**Spirituality**

A major cultural development, which psychoanalysis has been alert to, is a move away from so much engagement with traditional patterns of faith and towards something often more vaguely called ‘spirituality’. Woodhead (2010) proposes:

‘….what distinguishes contemporary forms of spirituality, and unites them despite their increasingly significant differences, is attribution of greater authority to inner, subjective life than to outer authorities – whether social or symbolic. (Woodhead, 2010, p.38)

To be concerned with private, internally generated experience brings its own risks of narcissistic self-interest and the sense of ‘spirituality’ as some sort of personal possession. At the same time it may allow patients, in my experience, to speak more openly in spiritual terms and to be more reflective about their spiritual needs and motivations, with less anxiety about, or dependence on, some external authoritarian structure. It has also resonated, perhaps, with some analytic practitioners in relation to their experience of the necessary sense of mystery in the analytic encounter.

Here is the website of the Royal College of Psychiatrists’ Spirituality Special Interest Group (2015) suggesting that spirituality:

* is something everyone can experience
* helps us to find meaning and purpose in the things we value
* can bring hope and healing in times of suffering and loss
* encourages us to seek the best relationship with ourselves, others and what lies beyond.

It goes on: ‘Spirituality emphasises the healing of the person, not just the disease. It views life as a journey, where good and bad experiences can help you to learn, develop and mature’ (RCP, 2015). Zen might take issue with the idea of a journey, with its implication of a chosen destination, preferring the idea of the ‘path’ where one step simply follows another, but it shares that view of life as continually developing. That acknowledgment of the whole person beyond diagnosis (perhaps something doctors may at times overlook?), and of the need to accommodate experience of all kinds, has much in common with both Buddhist and psychoanalytic thinking. The same may be said of the need to consider meaning and of the centrality of relationship.

Swinton, also writing for the RCP website, proposes a broad definition, contrasting spirituality with what he has earlier briefly defined as ‘religiosity’:

*Spirituality* is more basic than religiosity. It is a subjective experience that exists both within and outside of traditional religious systems. Spirituality relates to the way in which people understand and live their lives in view of their sense of ultimate meaning and value…. Perceived in this way, spirituality is not simply found in ‘religious patients’, but may be present in all patients.

Drawing upon the work of Hay (1998) Swinton also suggests (compare Wright, 2006) that young children have a more natural sense of wonder and of the mysterious, but may be ‘despiritualised’ by their subsequent experience in education of emphasis upon logic and reason. He goes on to suggest that if we accept that account of spirituality as innate, then religion cannot so readily be considered socially constructed, nor can it be explained in terms of the Freudian formulation of religious impulses as defence against maturity; rather, it is secularisation (‘despiritualisation’) that is a social construct. He moves rather fluidly between ‘religion’ and ‘spirituality’, not touching directly on the question of belief, but his association of ‘basic’, subjective spirituality with relationality is important.

**Concern and conscience**

Gargiulo (2007) points out that psychoanalysis and the spiritual life overlap at the point at which self-concern is allowed to fall away. He points to Buddhism’s ‘overcoming the illusions of self and other’ (Gargiulo, 2007, p.98).

The spirituality I am discussing informs and deepens one’s everyday experiences. It is a spirituality that is consonant with and promoted by psychoanalysis; it is as comfortable with the exchange of neurotic misery for common unhappiness as it is with the awareness of one’s existence as evoking mystery and awe. (Gargiulo, 2007, p.100)

There is an immediate resonance here with Zen’s injunction to approach all activity and experience with what is often called the ‘mind of meditation’; (everything is to be encountered with the same level of considered attention). That is to look outward; engagement, beyond simple cognition, generates a sense of responsibility. ‘The commitment to be honest, to practice civility and compassion, along with a self-transcending desire for justice, are operative goals for any spiritual journey…’ (Gargiulo, 2007, p.101). He makes the same point in relation to psychoanalysis:

A psychoanalytic journey, which issues in personal insight without a willingness to take care of that which may not be immediately experienced as “mine”, is ultimately in the service of identity diffusion rather than identity stabilization. If a person no longer experiences his or her interconnection with others and with the world, identity stability collapses into a narcissistic anxious ego. (Gargiulo, 2007, pp.103-104)

Sheldrake (2010), locates the rise of interest in spirituality in broader postmodern developments (p.54); he observes the growing popularity of publications of many persuasions which address themselves to spirituality and later points to the rather over-general way in which spirituality is sometimes understood and marketed.

Sometimes it is seen as the essence of all true religion behind the religious languages we use about God – a common stream running through all great religions… but in a way that is not ultimately dependent on their differences. (Sheldrake, 2010, p.106)

These words appear near the start of a chapter which discusses spiritual practice outside or beyond mainstream frameworks, including the work of the Jesuit Michel de Certeau (1928-1986), whom Sheldrake values particularly for his association of mysticism with movement and action. It is not a private experience, but rather implies continuing change in two ways. Firstly, in terms of life in the world: ‘For de Certeau, Christians are called to wander, to journey with no security apart from a story of Jesus Christ that is to be “practiced” rather than objectively asserted’ (p119). de Certeau became less and less engaged in active belief in traditional Christian sense, but found that his place in its spiritual tradition demanded that: ‘In order to pass from one place to another, something must be *done* (not only *said*) that affects the boundary: namely, *praxis*. It is this action which transcends, whereas speeches and institutions circumscribe each place successively occupied’ (de Certeau, 1971, in Ward, 1997, p.151). Secondly, Sheldrake identifies de Certeau’s view of Christian tradition, mystical and otherwise, as ‘…a “way of proceeding” – in other words, not as an institution but rather as movements or pilgrimages across fixed locations of power. Indeed, Christian spirituality must avoid the temptation to settle down into a new and definite “place”’ (Sheldrake, 2010, p.120).

Both de Certeau and Sheldrake have backgrounds in Roman Catholicism (a long way from Pius XII), and within that in Jesuit culture, but their implications speak directly to both Zen practice and psychoanalytic practice.

Zen students are continually reminded not to act in accordance with scripture or traditional teaching, or even the words of their own teachers, unless those actions have some authenticity which is born of inner development through meditation. To do anything else would be to respond to what is ultimately borrowed wisdom and to risk falling into a pattern which seems to satisfy external criteria but is not personally authentic and does not motivate further exploration.

Bash (2003) undercuts some of these attempts to identify spirituality at all:

From a scientific point of view, in the case of modern work on spirituality, the emperor *is* wearing new spiritual clothes. There is a multiplicity of definitions that confuse spiritual experience (which is not capable of being scientifically measured) and phenomenological expressions of that experience (which are). Approached this way, there is no such thing, objectively speaking, as ‘spirituality’.

…..But what we can say is that each person formulates his or her own spiritual co‐ordinates, sometimes consciously and sometimes not. Spirituality is therefore an elastic, subjective description about a person and about the way they express their humanity (Bash, 2003, p 16).

**Natural religion**

Symington (2004), in an extended discussion of these issues from an analytic perspective, concerns himself less with distinctions between religion and spirituality or mysticism. Instead, his initial distinction is between ‘revealed religion’ and ‘natural religion’. He sees revealed religion as that which the word ‘religion’ is commonly understood to represent: ‘The rationale for the morality that flows from this is that such-and-such should be done and that other thing not done because God has ordained that it shall be such’ (Symington, 2004, p.61). In contrast:

Natural religion, on the other hand, is something arrived at through reason and not through the authority of a God who has revealed himself or through his authority has transmitted through his followers or through the tradition flowing from the first band of faithful adherents. It is based upon the individual's own reason and assessment. (Symington, 2004, p.61)

Part of the character of natural religion is its call to be reflective, not only upon personal experience, but on wider questions. ‘This requires a withdrawal from the immediacy of practical affairs and of personal time dedicated to reflection upon the nature of existence’ (pp. 61-62). Symington goes on to identify two vital areas of human capacity: emotion and conscience. Somewhere in us is the wish to make space to allow for contemplation of experience in the interest of clearer understanding and of recognition of what he calls ‘unity of being’. He is very clear that this is not only, or primarily, a cognitive process.

Only through continual reflection is the achieved act of understanding taken more deeply into the emotional life. It is that the intellectual act becomes a possession not only of the intellect but of the emotions. (Symington, 2004, p.62)

But such emotional recognition brings ambivalence. It is both attractive and daunting; we both seek it and resist it. Symington puts it directly: ‘We resist personal understanding because it is painful’ (p.62). That allows him to make the case for psychoanalytic investigation of inner experience, with the implication that it is the relational, collaborative nature of psychoanalysis that fosters the capacity to encounter present emotional pain and past sufferings more fully. It also sustains greater ability to be open to possibilities, and to recognise that one’s experience is part of a network of people and events.

Symington’s recognition of the place of individual reason and choice within ‘natural religion’ might imply preoccupation with private experience. Instead, like Gargiulo, he suggests that the capacity for autonomous exploration does the opposite, bringing the freedom to engage more fully and responsibly with the world. He speaks less directly about the therapist’s role and the risks of narcissistic preoccupations there, something I discuss more fully in Chapter 9. He does warn, however, of the risk (also potentially playing into the therapist’s narcissistic leanings) of the experience of therapy and of the therapist’s interventions being used by the patient as external sources of wisdom: another version of ‘revealed religion’.

Unusually amongst analytic authors, he attends to the question of conscience, echoing in his own terms de Certeau’s understanding of the impulse towards action arising from mystical experience. Unusually again, his sense of the self is optimistic: if we can find, through contemplative space and analytic experience, the capacity to look beyond ourselves, it is through conscience that we seek the wider good. But this is a view of conscience as something naturally arising in the healthy self, rather than driven by worry about satisfying others or the pressure of the superego. It accords with the Buddhist proposal that in acknowledging our Buddha nature and our interconnectedness we naturally act with generosity. Symington’s view that conscience is ultimately an emotional matter brings welcome warmth and immediacy, however, that are not always so present in Buddhist accounts.

‘Conscience is the inner guide and it is linked to a knowledge of what emotionally fulfils the person's direction of becoming. No one is; we are all in a state of becoming. We are going somewhere. The place to which we are going is dictated by conscience…’ (Symington, 2004, p.67)

He acknowledges that to live in a state in which conscience in this sense is active is not without pain: it brings the necessity of letting go of individual desires and seeking the freedom to stop avoiding fears. Magid (2000) similarly acknowledges from his Buddhist perspective that engagement in analysis requires us to ‘stay with, tolerate and explore thought and feelings normally felt to be too painful or frightening to endure’ (Magid, 2000, pp.514-515).

But Symington suggests that we carry within us a sense of ultimate value which goes beyond personal desire, and that it is the analytic process that fosters freedom to act from that position.

‘Psychoanalysis… does not accord to the techniques of persuasion or suggestion but rather promotes a mental attitude of freedom between the two people engaged in the process. It is the interplay of conscience between the two that brings the influence of the third term. Reality is the third term, which both transcends the pair and yet is inherently within both, through conscience.' (Symington, 2004, p.71)

Symington spent some years in the Roman Catholic priesthood before turning to psychoanalysis. That is reflected, perhaps, in his recognition of the spiritual dimension of analytic practice, his acknowledgement and enjoyment of the mysterious, and his belief in the continuing possibility of human good. He writes from a Christian background; from within the Zen tradition I recognise his language and observations. Both traditions propose a more hopeful view of human concern and generosity that are genuinely felt, rather than emerging from the Freudian superego and its need to control our more dangerous or shameful impulses.

**A sacred space**

Rizzuto (2009), a psychoanalyst from a Christian background, describes some case material:

I experience the responsibility of the moment and the *sacredness* of the moment. We were somehow entering together, G. and I, into the *sacred space* where God is, where people are, where children can find a space to become, to be, a space to feel oneself being in pain and alive, existing just for oneself and God. My professional *analytic space* had always been available and open for her, but it had now become the *sacred space* of her childhood church and religious experience.

I ponder: How sacred is analytic work? Can one enter the inner chambers of another being in any way *other* than with reverence and respect owing to the sacredness of this unique territory? (Rizzuto, 2009, p.182)

This language captures something of the feeling of entering a dedicated religious building, and it implies a sense of the space as a place of movement and potential change. It resonates with Swinton’s ‘…something greater than the self’, and greater than whatever cognitive activity might find. Perhaps finding is not the point, however; the echo is with Symington’s ‘No one is; we are all in a state of becoming’.

The sacred space was a recurring theme in the group conversations.

In the first discussion, B spoke of the ‘Hara’:

*B: ‘The Hara is your abdominal, internal meditation hall.’*

In the 3rd discussion, B spoke in the same terms of *‘the inner temple, the inner sacred space which is there for me and the client, and just that faith in that, I find very sustaining’.*

So the sacred space here is more than a place of reverence and hoped-for creativity: it is a place of sustenance for the therapist. In the group conversations the word ‘sacred’ in fact appeared very little; the word ‘space’ was much more frequent:

*A: ‘ my remembrances of being in therapy that for that hour you were suspending, you were thinking about, but you were actually suspending the past and the future. Because you - it was such an unusual…it's an encapsulated space…’*

*E:* *‘…but it was happening in the here and now with the person I was talking to, so it was sort of held in that space.’*

After this exchange there was a long silence.

Both inner space and the external spaces of the consulting room and the time boundaries of the session were experienced as offering containment, but beyond that a climate (the ‘sacred’?) which everyone in the discussion recognised, but was hesitant to find words for.

There are echoes of this in some Western religious buildings and artefacts, where structure contributes to a feeling of unlimited space and the unending path. I think of tall Gothic buildings in which, in some lights, the roof is lost in shadow, or of the steady flow of plainsong, with no particular rhythmic drive towards a cadence. That echoes the timelessness of contemplative prayer or meditation and, in its own terms, of psychoanalysis. But the building and the music have broader containing structures: the architecture, or the internal shape brought to the music by the text and melodic framework. The analytic space is a dedicated room; the analytic session lasts for an agreed length of time.

In my own experience I recognise something of that on several levels, not least in my sense of the importance of the analytic space itself: my consulting room. I look after it with particular care, and although it is a room I often pass through on the way to other parts of the house, when I enter in in order to see a patient I feel a particular need to pause and draw my thoughts together before making sure that all the externals are in order. In other words, I feel rather as I might when entering a church. It is clean and welcoming, I hope, not too brightly lit, and there are always flowers. That impulse comes not just from care for the room (in a house which is elsewhere often untidy) but from what it represents in terms of care for the patient and for the process. Care for that space awakens me to a sense, in turn, of my own internal space and of what is needed or what must be let go of to make room for whatever takes place in the session. So the therapy encounter itself both occupies and is a ‘sacred’ space. My consulting room is also the room I normally use for meditation.

Rizzuto (2009) evokes a place of contemplative attention in the analytic space; all contemplative traditions warn against desire. As soon as we start to look for something - an experience, an insight, a sense of progress - something else is lost. Concern with particular personal experience or achievement leaves less room for unconsidered possibilities, and isolates the self from the wider network of interconnection where such possibilities rest. In the clinical space such desire forecloses on possibilities for both patient and therapist.

It appears, then, that for some practitioners the sense of a rift between religious or spiritual practice and analytic understanding is dissolving. That seems to rest in the shared recognition that attention to internal experience, although it may be put to self-seeking and exclusive purposes, may equally, especially in the contemplative context proposed by Gargiulo or Symington, allow for an opening of the self to an understanding of the infinite network of which each person is a part. Such understanding is intuitive, not intellectually derived, and allows an innate desire for good to become known.

We are now several generations away from Freud; it may be that the psychoanalytic movement itself is finding greater independence, with diminishing anxiety about what ‘Father’ might think and correspondingly greater freedom to ask questions and be imaginative. The development of such independence is central to what he felt the analytic undertaking was concerned with; as it is turning out, it is also rethinking some of his central assertions about aspects of pathology.

*Please listen to Track 2.*

In this chapter I have drawn upon a range of authors to inform my own understanding of spirituality and the sacred, and I have considered the ‘sacredness’ of the analytic space and process. Much of the material I have turned to has its origins in Christian thought, and I have felt at ease with that. In particular I have felt strong resonance with the proposal that both spiritual and clinical experience may resist clear formulation, but offer places for authentic development and for the growth of concern. The process of preparing this chapter has informed my own sense of psychoanalysis as a spiritual practice; the material I have explored suggests that it is a dimension of experience that invites deeper investigation.

In the next chapter I take spiritual and clinical considerations further by exploring the development of Soto Zen and the implications for understanding of emptiness.

**Chapter 7**

**EMPTINESS, ZEN AND PSYCHOANALYSIS**

I have discussed in Chapter 6 some important developments in the relationship between varieties of spiritual practice and psychoanalysis. In this chapter I turn more specifically to Zen, briefly considering the developmental possibilities of Zen practice and drawing a connection with analytic understanding of development. I then consider some wider parallels between Zen and psychoanalysis. To establish the background I discuss three important early figures in the emergence of Soto Zen before moving on to introduce the radical Zen concept of emptiness. In the preceding chapters I have explored some elements underlying and informing the research process and writing, including the researcher’s relationship with tradition, and the relationship of traditions to one another.

This is the first of four chapters to conclude with a case study; my intention in revisiting such work is to investigate how some of the understandings of Zen that I have developed through this research process may inform clinical practice. I suggest that to think in these terms offers a largely new dimension in clinical enquiry.

**Introduction**

Authentic contemplative practice, within a Buddhist framework as in others, is potentially disturbing. It invites us to look repeatedly at our routine assumptions about ourselves and ourselves in the world. Again, that sounds like a familiar account of some of the aspirations of psychoanalysis, which also looks to greater freedom from emotional constraints and fears, and greater fulfilment of the possibility of deeper self-knowledge and the deepening of relationships that that may bring.

In the most familiar sense of the term, Zen is not a religion, although some authors (e.g. Cooper, 2010) make a strong case for the religious dimension of Zen, largely in order to distinguish it from being simply a way of life not underpinned by any belief system. Nonetheless, Zen practice does not involve worship, and acknowledges no deity or other supernatural being. Zen does not speak of the individual’s soul in need of salvation, or of any individual personal essence or 'self'. The practice of seated meditation (Zazen) offers the possibility of greater awareness of small moments of ordinary experience and so of a stronger sense of connection between self and the world. Most often, the study of Zen is undertaken through meditation, through reading, and through regular encounters with a teacher. The steady supportive structure of Zen practice allows ideally for more courageous addressing of questions about identity, purpose, and meaning. That, in turn, may allow some resolution of what Loewald (cited in Mitchell, 1993) has called the ‘… compulsive separation between self and other, inside and outside, on different levels of organisation' (Mitchell, 1993, p.253).

At one important level some of the intentions of Zen and psychoanalysis may appear to be different. For instance, psychoanalysis seeks to develop a more integrated, autonomous personality which can allow material which has been split off, repressed, or simply remains unconscious to be more fully integrated into conscious life, allowing the subject to function from within a more complete sense of self. The psychoanalytic aspiration towards greater integration may foster something of that but Zen, however, asks who that self actually is. (I consider this more fully in Chapter 9.) Who is doing the thinking, being creative, and living with and amongst others? Zen allows us to acknowledge something more radical and potentially disturbing: our innate insubstantiality and interdependence. Both traditions have in common the sense of discovery and openness to sometimes surprising insights and to images and material that may not in any ordinary way seem to make sense. Both emphasise the value of attention not only to grand themes, but to moments of experience. Both recognise the pitfalls of avoidance and self-deception. Both recognise that uncertainty or confusion need not block the path but rather may simply invite curiosity and offer a way to new understandings. The capacity to tolerate apparent paradoxes and to contain conflicting impulses and understandings allows a new and deeper awareness to emerge. Above all, both traditions recognise that knowledge rests not in cognitive understanding or the application of theoretical proposals but in lived experience. Genuine openness to experience in the moment may call on us to let go of some of the ideas and meanings we believe that we can depend upon. Experiential learning in real time may bring the unnerving demand for unlearning of things of other kinds. ‘It challenges our most profound and unconscious assumptions about “the way it is” and “the way it’s supposed to be”, the most cherished organising concepts that give shape to who we take ourselves to be’ (Bobrow, 1997, p.110).

Perhaps the most cherished, or at least assumed, of those ‘organising concepts’, is the assumption that our understanding of, and beliefs about, the nature of our personal history and experience are consistent and dependable. Zen suggests that our clinging to such certainties must be loosened if we are to see things more clearly or in new ways.

To allow new experience there must be space, often talked about in Zen terms as 'emptiness'. That is an expression often misunderstood and perceived to carry unduly negative overtones in relation to some Western thought; I approach it now by looking at three central figures in the growth of Buddhism and Zen.

**The Buddha**

From the beginnings of Buddhism's development the notion of emptiness has been central. It is closely related to the idea of non-self (in Sanskrit *anatman*); I discuss this more fully in Chapter 9. Emptiness is not nothingness; in Buddhist thought emptiness is, paradoxically, a place of possibility and life, not of nonexistence. Gunn (2000) locates some early Buddhist ideas about emptiness in the experience of loss. In the traditional myth of his life story, the Buddha was born into a princely family in North India in the sixth century BCE and lived his early life as Siddhartha Gautama. His mother died when he was a week old. Such early loss might readily bring an unconscious sense of psychic absence and the impulse to search for something to ease the pain and give meaning to the experience. In Siddhartha’s case, that took the form of a spiritual search. It had been prophesied that Siddhartha would become a monk; in order to distract him from such thoughts, his father surrounded him with luxury and tried to protect him from some of the more painful realities of human living. As a young man however, Siddhartha made his way out of the palace, wandered through the town and in his wanderings encountered an old person, a sick person, and a corpse. That realisation of the realities of old age, sickness and death led him to leave his comfortable life – and that included leaving his wife and child – and embark on a life of spiritual exploration. Looking at this story in analytic terms, it might be possible to think that his encounters with suffering reconnected him with his own sense of loss and that his subsequent spiritual explorations had the function of some sort of attempt to resolve the mystery of his own suffering, arising from his recognition of his dissatisfaction with the life he knew. So he left home. That tradition of leaving home is common to monastic life throughout the world; at the same time, to embark upon contemplative practice is also to be prepared to 'leave home' in respect of familiar, comfortable and well-loved assumptions and beliefs.

Siddhartha settled at first, perhaps with the enthusiasm of youth, upon a life of drastic self-denial and austerity; he fasted, meditated for long periods, slept as little as possible and lived a nomadic life. That was common practice at that time and remains so in some Eastern traditions. He began to realise, however, that these practices weakened his body and mind, bringing him close to death, and that although they offered him some feeling of achievement at surviving such a stern regime, nothing seemed to be changing in his sense of spiritual dissatisfaction. In traditional stories of the next stage of his experience he is said to have accepted some rice from a child who was passing by, and his awareness of the value of simple nourishment allowed him to take a new path that was his own, rather than something that simply complied with the tradition of wandering ascetics. This was a source of great disappointment to some of his disciples. In other words, he found a spiritual starting point from which he could begin more realistically to contemplate his experience.

That compelling urge to continue to explore, but to do it on his own terms, is a model of engagement with the analytic process. There is no single proper method or set of theories that suits everyone; each patient and each therapist must find their own relationship with tradition in the moment and their own place within it. Part of Siddhartha’s experience seems to have been that as he acknowledged himself and his own needs by adopting a 'middle way' of existence (neither over-austere nor indulgent); he found a balanced place from which to deepen his meditation practice and that experience brought him towards what is traditionally recounted as a moment of enlightenment. The familiar version of this part of the story recounts that he sat under a fig tree all night and that as the morning light began to appear he recognised within himself a new understanding and a new awareness of the connectedness of all beings. ‘All sentient beings have Buddha nature. At the very same moment, I and all sentient beings enter the Way’ (Loori, 1992, pp.13-14). (The word 'Buddha' simply means 'enlightened one' or ‘the one who is awake’) There are two important dimensions of this account of the Buddha's experience. Firstly, his recognition of human suffering during his wanderings through the city led him not simply to want to alleviate it by works of charity, but to understand it. Secondly, his move toward enlightenment through a greater sense of his own value and of the need to consider his own well-being was not driven by the idea of some sort of individual spiritual achievement but by acknowledgement of his connection with all other beings. That experience of personal emptiness might be put in analytic terms as evidence of the ability to let go of narcissistic self-concern; that allows space for emotional response to the experience and sufferings of others.

At several stages along this path there were choices. Siddhartha could have ignored the suffering he witnessed, or simply handed out money and returned to the palace. When he found his engagement in traditional ascetic practice unsatisfactory, he could have given the whole thing up. When he had an experience which seemed to him to be one of enlightenment he could have remained in solitary contentment; instead, he chose a life of preaching and teaching. Again, this reflects some key elements of the analytic process. Underlying it all seems to be the continuing compulsion to explore and to venture into new experience that overrides immediate possibilities of comfort and familiarity. Within it, the readiness to question and if necessary give up the familiar and, even before that, the simple curiosity and longing which drive such a process, are central to analytic exploration. One indicator of movement towards an autonomous self, in analytic terms, is a greater capacity for openness and responsiveness to the experience of others and a recognition of the necessary nourishment but also the ever-changing quality of human relationships. That allows not simply greater pleasure in human connection but the capacity for compassion.

Such priorities were in significant contrast to the spiritual traditions of the Buddha’s day, which both sought to foster the spiritual flourishing of the individual self and saw spiritual achievement or evident wisdom as sustaining both spiritual and worldly hierarchies. In that scheme of things, some selves are better or holier than others. In Buddhist terms it is that idea of the fixed self, which must be preserved or defended, which fuels conflict, bigotry and discrimination. If there is no fixed self, however, but rather something more fluid and more aware of the continuing change which comes through continuing interaction, then what is to be defended?

**Bodhidharma**

A development in Buddhist teaching, built on those foundations, found its way to China; a key figure in that transition is Bodhidharma, who is often represented as a particularly bold and eccentric character. There is uncertainty about the details of his life or even about whether he actually existed as a single individual (Pine, 1987, p. ix), but the myths of his early life tell that, like Siddhartha, he experienced the early death of a parent, in this case his father; that seems to have triggered his decision to become a monk. He arrived in China, where there was already a culture of Buddhist monasticism, in the late 5th century CE; stories of his teaching have a strong flavour of the baffling nature of koans. This is one account of his meeting with the Emperor Wu:

Emperor: Since ascending to the throne I have had temples built, sutras transcribed and monks ordained. What merit have I gained?

Bodhidharma: No merit at all.

Emperor: Why no merit at all?

Bodhidharma: All these are but impure motives for merit; they are like the faulty fruit of rebirth as a human being or a deva [a god]. They are like shadows that follow the form, having no reality of their own.

Emperor: Then of what kind is true merit?

Bodhidharma: It is pure knowing, wonderful and perfect. Its essence is emptiness. One cannot gain such merit by worldly means.

Emperor: What is the sacred truth’s first principle?

Bodhidharma: Vast emptiness, nothing sacred.

Emperor: Who is this who faces me?

Bodhidharma: I don't know.

(Gunn, 2000 pp. 28-29)

Bodhidharma takes the ground from under the emperor’s feet by always returning to emptiness and the unimportance of the self. Good actions themselves are seen as limited: to study the scriptures and to build temples is not enough. For Bodhidharma it is meditation, engaging with experience which is outside language itself, which is central to Zen. The myth of his life continues with his settling in a cave and meditating for nine years facing a wall. There are stories of the rigours he subjected himself to (unlike the enlightened Buddha), including cutting off his eyelids to prevent himself falling asleep. All this points to a continuing preoccupation with awareness of mind and body and a fierce determination towards sustained effort. Traditional images of Bodhidharma reflect that.

Responding, arching your brows, blinking your eyes, moving your hands and feet, it’s all your miraculously aware nature. And this nature is the mind. And the mind is the Buddha. And the Buddha is the path. And the path is Zen. (Bodhidarma in Pine, 1987, p.29)

Bodhidharma extends his understanding of meditation beyond formal Zazen into every element of life. All activities, feelings and phenomena, however trivial or transient, offer the same opportunities for steady awareness. ‘Not thinking about anything is Zen. Once you know this, walking, standing, sitting, or lying down, everything you do is Zen.’ (Bodhidharma in Pine, 1987, p.49)

There are immediate echoes of this in the psychoanalytic injunction to attend to every element, verbal and non-verbal, of the psychoanalytic encounter. Freud's call for ‘evenly suspended attention’ is much more than a reminder to listen to verbal material with an open mind; it affirms his belief even when the patient does not speak or act, his unconscious none the less somehow will, through physical gesture, tone of voice, forgetting, moments of confusion, and ultimately in dreams. There is nothing in the psychoanalytic process that is without connection to the feelings of both participants. If those things and their implications can come into greater awareness, more complete engagement with the world and with other people becomes possible and, paradoxically, the need for a sense of a defined, separate self becomes less pressing.

Bodhidharma invites an understanding of living and of spiritual practice which has one significant element which sets it apart from some other Buddhist traditions. For him, enlightenment is not something to be struggled towards through a series of developmental stages of self-discipline. Rather, enlightenment is already present in anyone; meditation practice helps us step through distractions and assumptions to see more clearly what is already there.

The perceptions of your own mind are all deluded thoughts that construct what is and is not. If you say that the wisdom of the Buddhas surpasses all, it is also [a delusion manifested by your own mind]. One's own mind in the manner of a sleight of hand constructs both existence and nonexistence and in turn is deluded by them. (Broughton, 1999, p.22)

This continual undercutting of familiar patterns of knowledge, thought and reason is characteristic of much of Bodhidharma’s recorded teaching. I receive this not as an injunction never to think or enjoy using my mind, but rather as a reminder not to be unchangingly dependent upon conclusions or insights or to assume that something is finally resolved. That fluidity of mind it is vitally important (and sometimes very difficult to inhabit) in the psychoanalytic encounter.

Accounts of Zen teaching often include student-teacher dialogues, like Bodhidharma’s with the emperor, which show the student’s quite ordinary seeking for understanding or formulations and the teacher’s recurring, often sharply voiced refusal to provide them, or a reminder that they are pointless. Similarly, in clinical practice patients may often come wanting explanations of what has led to their current circumstances or thought processes, or they may come with some answers already worked out. Some patients arrive already very well read about psychoanalysis. They may simply want help in making plans that might help to navigate their way out of immediate predicaments, believing that that will be enough.

But the proposal of the analytic encounter as a continuing, open conversation suggests something else. What is so striking about Bodhidharma is his disavowal of any special knowledge of his own in the formal sense and his continual pointing beyond himself towards the need for a clear, open state of mind. This is something rather different from the traditional expectations of student towards teacher, as it is different from the expectations the patient often brings to the therapist. It takes time to establish that the therapeutic process is characterised not by advice or assertions or by drawing upon the supposedly greater psychological knowledge of the therapist, but rather by a shared continuing investigation of moment-by-moment experience. When that joint culture begins to be established it becomes more possible for both participants to let go of the assumptions or supposed needs that form their personal scaffolding. Bodhidharma, and later Dogen, teach that we are changed not through the thoughts that we have during meditation but rather by the fact that we meditate at all. It is that intention towards openness, however often one is distracted or wants to avoid uncomfortable mental material, which makes possible personal transformation at some much deeper level.

The word ‘conversation’, so close to ‘conversion’, has its root in words to do with change. For the therapist that may mean letting go of familiar dependence upon theoretical ideas, or forms of words, or interpretations, and instead trusting herself to act freely in the moment. I notice that when I am working with a patient and find myself internally rehearsing what I might say next, something else has been lost. I have become too preoccupied with my own survival to be awake to immediate events. Experiencing greater immediacy in the therapist, however, may in turn allow the patient to find something of the same possibility in themselves. Without such openness, the process can become familiar sounding and perhaps comfortable but ultimately sterile. All this extends far beyond the clinical space (‘…everything you do is Zen’) and has little value, like merely dutiful meditation, if its possibilities are not allowed to find their way into every aspect of experience. Writing in another context, about Zen-Christian dialogue, Johnston says: ‘Without this intellectual conversion we may find ourselves incapable of recognising the truth in other people. And then dialogue may become a pretence, a bland and hypocritical show. Or it may simply grind to a standstill' (Johnston, 1990, p.4). And on the next page, coming full circle towards [practical] theology:

‘The great pyramid collapses and we envision theology as open-ended, progressing, ongoing and dynamic. Now it is more like a flowing river than a solid pyramid… We quickly come to the conclusion that if we wish to grow in truth we must listen to other people.’ (Johnston, 1990, p.5)

**Dogen**

Dogen was born in 1200 CE in Kyoto. Unlike some of the earlier figures in the Zen tradition, he is known to have existed as a single identifiable individual and there is a record of his birth (Gunn, 2000, p.36). He seems to have come from a complex family background in which marital and sibling relationships were uncertain; accounts agree, however, that he lost his father very early, and his mother then died when he was 7 years old. In his autobiographical text *Hokyoki* (Kodera, 2013, p.117) he declares that it was at his mother's funeral that he made the decision to devote himself to the spiritual life. Gunn (p.37) suggests that it was this awareness of the impermanence of human existence that directed Dogen towards a spiritual life emphasising emptiness and the ever-changing quality of experience.

Gunn (p.36) implies that this traumatic experience of double bereavement led Dogen to recognise the emptiness of things, and that this early perception translated in a quite simple way into an understanding of the spiritual path that he needed to follow. He adds that Dogen sought to resolve his grief through awareness that a dimension of emptiness is the recognition that ‘…one is no longer a separate, isolated person but part of the entire phenomenal universe’ (Gunn, p.37). I am much less sure about all this. The experience of trauma is complex; what most people who have experienced trauma of any kind find in the first instance is not that it readily teaches them something about the nature of existence or moves them towards mature involvement with philosophical or religious enquiry, but rather that it frighteningly undermines any sense of life and the familiar environment, physical and emotional, as fundamentally safe and predictable. (Herman, 2015)

Arriving at a point at which one can look back upon painful early experience and mourn it creatively is the outcome of a long process, conscious and unconscious, and many factors contribute to the possibility of some degree of recovery from traumatic loss. So I am struck by this need to link Dogen’s early bereavement and sudden spiritual aspirations (the child’s insight at the funeral) with his emergence as a spiritual teacher. The response of most people (especially children) to trauma is to try and make cognitive sense, however improbable, of an event which has caused such pain and vulnerability, and is so far outside the safe frame of expectations of what can be depended upon for security and consistency. That is why the bemused child, in the face of their parents’ divorce, or a parent’s sudden death, may conclude that it was somehow their fault. That explanation, however miserable and damaging, is easier then the baffling mystery of such an unpredictable, threatening event. There are reports that the Dogen began to study sacred texts when he was 9 and that he entered a monastery at Mt. Hiei (where his uncle was the Abbot) when he was 14. These details may be broadly true, but it strikes me that his engagement in religious practice at that age may have had other more basic causes. To enter a monastic community, with attentive and probably rigorous teachers, could be seen as seeking to find some security in routine and safe surroundings, arising from his desire to be with people who might somehow explain to him the meaning of what had happened. All of these might represent the availability and wisdom of parents - and it was his uncle’s monastery. Information is scanty so I, like others, can only speculate, but a more idealistic reading of events has echoes of some of the aspirations both of those embarking upon a new form of religious practice and of those embarking upon psychotherapy. Rita Gross warns of the risks of rushing into supposed understanding of, or identification with, a new and perhaps exciting approach without reflection or discernment: ‘The great drawback of people constituting themselves by means of any "other" is the spectacle of someone who simply doesn't understand what that other is saying sounding off about their newfound and lightly worn philosophy of life’ (Gross, 1998, p.27).

At Mt. Hiei Dogen seems to have been shocked by the lax routine and by the monastery’s place in a wider religious culture that was often characterised by sectarian rivalry, superstition and corruption. In particular, he could not find within himself a coherent response to the Buddha’s assertion that all beings already have Buddha nature, or the enlightened mind. If that was so, he asked, why was there any need for religious practice? And why did the monks seem so uninterested in the question?

This is the beginning of Dogen’s encounter with what he came to call ‘great doubt’. His dissatisfaction with both the externals of monastic life and the apparent lack of spiritual curiosity they implied led him to look elsewhere for teaching. He moved around between various monasteries and settled at Kenninji when he was still only 16 years old. After some years there he decided to travel to China. He describes his experience so far in Japan (writing in the third person) early in *Hokyoki*:

In his home country, he pursued the way under various teachers and acquired some understanding of the origin of cause and effect. However, he had not yet realised the true goal of the Buddha, of the Dharma and of the sangha. He stagnated aimlessly within the realm of names and forms. (*Hokyoki* in Kodera, 1980, p. 47)

In China he had some important encounters. Most notable was one with the chief cook at Ayuwang Monastery; that conversation affected him deeply, with its emphasis on absolute attention to the detail of the simplest task, not just for its own sake but as a means of meditation practice. That found its outlet later in his short essay ‘Instructions for the chief cook’ (Roshi, 2005), one of the most widely studied shorter Soto Zen texts. He seems also to have learnt the value of discipline and routine in meditation practice, including how to order the physical space of the meditation hall (the Zendo) and the importance of attention to the body and to posture. It was at this time that he began to formulate his method of sitting meditation, which he came to call *shikantaza*, often translated as ‘just sitting’. Eventually he settled at T’ien-t’ung Mountain monastery and presented himself to the teacher, Ju-Ching. His account of Ju-Ching’s welcome is poignant:

The monk was greatly compassionate and sympathetic. Even if he was untimely and not properly dressed, what this lonely man from a faraway foreign country wanted most was to visit the Abbot's quarters frequently and ask questions, however audacious they might be. [Ju-Ching said]: ‘Dogen, you must seek instruction from now on, whether during the day or the night, whether clad in a formal monk's robe or not. Come to the Abbot’s quarters without reservation to inquire the Way. I will always forgive your lack of propriety, as would a father.’ (*Hokyoki* in Kodera, p.117).

This story is telling on several levels. Firstly, it is a simple reminder that Dogen had had, in effect, no father of his own. His wanderings suggest a search for something that could represent that idealised paternal presence, with its blend of love, wisdom and discipline. Secondly, Ju-Ching’s welcome, in terms presumably not extended to all postulants, perhaps implies some kind of recognition of Dogen’s concerns at that moment which mirrors the kind of intuitive recognition that all infants need from their parents. From an analytic perspective, it seems reasonable to suggest that Dogen’s unsatisfied wanderings had their origins in the search for some kind of security and for something he could trust. Without that, exploration or inventiveness can feel unreal or out of reach. In Ju-Ching, he found someone who met his arrival at the monastery in a way that allowed him to move forward authentically. Thirdly, Ju-Ching seems to acknowledge the urgency of Dogen’s enthusiasm as something that was seeking a continuing inner searching (‘Come any time, day or night…’) rather than taking refuge only in formal study. Finally, the encounter seems to have allowed Dogen to reach a state of mind in which he could begin more fully to take himself seriously and begin the practices that led in due course to his becoming such a significant figure in the Soto Zen tradition. At this time Dogen was 23, perhaps by now more maturely able to stand back and see himself in a wider context, and with enough experience of life to allow him to think, both emotionally and cognitively, in ways in which children cannot.

The rather idealised view of his childhood spiritual impulses, with its flavour of the child who is wise before his time, that emerges from Gunn (above) seems to me indicative of the way in which figures who are admired become subject to the idealised projective needs of others. They are vulnerable to selective rewriting or over-interpretation of their narratives in the interests of someone else’s agenda or psychic defence. The complexity and ultimate ordinariness of the subject himself are lost. It is perhaps easier to turn the story of the bereaved child into an account of precocious insight than to contemplate the confusion of the seven year old who wanted to find some security and was probably not in charge of his own decisions.

**Zen and psychoanalysis**

Patients first coming into therapy may similarly, in my experience, want to see their therapist as wise, understanding, well trained and in a position to help them to be free of their unhappiness. (That was my state of mind when I first went into analysis.) I may see that as indicating not simply that they are hoping to get what they came for, but as an indicator of some much more profound anxiety. They may be compliant, agreeing with what I say, and grateful for it. It may be much harder for them to differ from me or to imagine that I might not know what I feel or what to say.

The Buddha was aware of the risks. He is often quoted as saying: “Believe nothing, no matter where you read it, or who said it, no matter if I have said it, unless it agrees with your own reason and your own common sense”.

Psychoanalysis, like Zen practice, is a developmental process rooted in faith in the possibility of internal change, something I return to in the case study at the end of this chapter. For that to be possible, old habits must be questioned, including the impulse to idealise others and depend on their thinking rather than one’s own.

Faith and trust were recurring themes in the first conversation group.

*E: But I think one of the connections with Zen practice, for me, is that possibility of just sitting still and just being there in some way or other, and having some sort of trust in a process which I can't really so readily articulate.*

*D: …and it reminds me to just come back to what the process in that, in the room, what's happening between us and realise I can trust that process being in that situation.*

*A: ….but also just trusting a process about your intuition, and just being able to wait; and I think Zen practice is very helpful with that.*

People come in to therapy now for reasons rather different from those of Freud’s earliest patients, who so often presented with so-called ‘hysterical disorders’, manifested in unexplained pain or other undiagnosable symptoms. More recently, those seeking therapy or referred to it are talking much more directly about psychological pain. They speak of feeling that life is without meaning, or that they cannot find relationships in which they can feel secure. When relationships break down it may emerge that they have not been especially fulfilling in themselves but have served the function of covering up some much more profound sense of doubt; the loss of relationship exposes isolation and uncertainty of self-worth.

Understandably, people also come to therapy in search of knowledge and answers. To put it in those terms suggests that such things may be felt as possessions or achievements which will ensure a feeling of wellbeing. But to be in search of meaning in that sense may be no more than looking for the solution to a problem, when in fact the issue is the nature of the search itself. The prevailing emphasis on achievement and acquisition in Western culture may lead to greater emphasis on doing, accumulating, and seeing how far one has got, at the expense of the possibilities of quiet, perceptive awareness in the moment.

Cooper (2010) speaks of the ‘reified self’, a sense of self and identity, sustained by a collection of self-definitions and unchanging understandings of particular narratives, which can be brought into play as a basis for expectation and planning. Stolorow et al. (1987) point to the difficulty of engaging in fluid, developing relationships when a fixed view of self seems so necessary: they make a distinction between the ‘self-as-structure’ and the ‘person-as-agent’ (p.18) and go on to suggest that the idea of the self ‘….as an existential entity transforms the personal agentic ‘I’ into a reified ‘it’, not unlike the id, ego and superego of classical theory’ (p.18). It may be possible to discuss that distinction in terms of analytic theory or technique, but Zen would go much further, attributing that need for reification, largely an unconscious process, to profound anxiety. But that is one more theoretical statement, which it might be tempting to explore on that level. The recurring reminders of Bodhidharma, Dogen and the subsequent Zen tradition are that the openness and flexibility which signify a less anxious, self-preserving state of being are to be found through experience, not through the attempted safety of conceptualisation.

Psychoanalytic ideas and theoretical constructs are equally at risk of becoming reified, both in the ‘mind’ of the tradition of the broad psychoanalytic movement, with which practitioners identify and within which they feel at home and within the experience of individual practitioners. Like any other intellectual and cultural tradition it has divided into smaller groupings, each with its own prized emphases and training style. The analytic world is full of defensive, semi-amused discussions within one group about what another group is up to, perhaps not so far from Dogen’s experience of religious factions in medieval Japan.

To return to analytic theory: I think the risk is not only of becoming overcommitted to the ‘truth’ of a theory in a way that excludes or dismisses others. Analysis is often spoken of as a process, with the implication that there is an endpoint or a cure. That language of completion or achievement obviously brings with it the spectre of failure, which might be feared by patient and therapist. It excludes the thought that analysis, like meditation, might not be about getting somewhere, but rather about developing the capacity to respond with resilience and imagination to the constant change which is inevitable in our experience. Just over 30 years ago an informal occasional journal, *Asylum*, was developed in Sheffield; contributors were mental health service users and mental health professionals. It is notable for its egalitarian stance: in the face of all the issues of power and inequality so present in the public health system it seeks to be a genuinely collaborative project. I remember in its early days reading an article by a patient saying: ‘To be mentally healthy is not always to be happy, but it is to be able to feel’ (no ref.). ‘ To be able to feel’ goes beyond freedom from emotional numbness towards a sense of connection with world and with others. Dogen’s proposal is that Zen practice, particularly the practice of meditation, serves not simply to improve personal well-being or spiritual growth, but more broadly to change and deepen existence in the world and develop responsibility.

Dogen’s concept of emptiness is not something intellectually conceived, but a way of living. It is a constant questioning and letting go of assumptions, beliefs and habits in the interest of greater openness to the immediacy of the moment, in the knowledge that meaning and experience are in a state of continual change. That in turn is rooted in the doctrine of dependent origination. Here nothing exists independently of conditions and causes, so nothing is fixed.

In the reported words of the Buddha:

When this exists, that comes to be;

with the arising of this, that arises.

When this does not exist, that does not come to be;

with the cessation of this, that ceases.

(Bhikkhu, Buddha and Potparic, 1995, p.655)

That continuing movement, with its recognition of interdependence and influence, characterises the aspirations of the analytic process.

The teaching of the Buddha is often called the Dharma. The term represents two things: the teachings themselves, and the texts through which it has been preserved and communicated. The Dharma is not a fixed set of dogmas or a philosophical system. Instead it offers a path away from dependence upon unquestioned beliefs and desires, towards the recognition that movement is possible and inevitable.

**The Four Noble Truths**

The Four Noble Truths are central to Buddhist thinking in all traditions, and are themselves sometimes presented simply as neutral observations about some realities of existence. That is part, perhaps, of what has contributed to the perception that Buddhism is pessimistic philosophy; that view rests on a superficial reading of the first two of the Four Noble Truths. But for Buddhism, and Zen in its own particular terms, they announce the possibility of change. Both Watson (1998) and Cooper (2010) speak of Buddhist practice as ‘soteriological’.

The Four Noble Truths appear first in the *Dhammacakkappavattana Sutta* (‘Setting the wheel of Dharma in motion’)*,* often identified as the first sermon preached by the Buddha to his disciples after his enlightenment. There he not only sets out these four propositions, but goes on to say what must be done. The first two are statements about the reality of suffering; the third proposes the possibility of freedom from suffering, and the fourth indicates how that may be found.

1. **The truth of suffering** This is a straightforward reminder that life is never entirely satisfying. We are naturally drawn to experiences that we like and we experience frustration and unhappiness if we cannot find them. We try to avoid what we do not like and we suffer when those attempts fail. Everything changes and all must face the universals that the Buddha witnessed: old age, sickness and death.
2. **The truth of the origin of suffering** According to the Buddha, the root of suffering is desire. Clinging to things, or believing that only by certain means can we be happy, unavoidably brings suffering.
3. **The truth of the cessation of suffering** We can become free of suffering by letting go of desire and recognising impermanence. Nonattachment allows freedom.
4. **The truth of the path to the cessation of suffering** There is a means to let go of clinging and, through understanding impermanence, to see things as they are. The Buddha proposes the Eightfold Path:

Right understanding

Right mindedness

Right speech

Right bodily conduct

Right livelihood

Right effort

Right attentiveness

Right concentration

These are sometimes seen as in three categories: those concerned with mental material (understanding, mindedness, speech), those concerned with proper action (bodily conduct, effort, livelihood) and those concerned with meditation (attentiveness, concentration). What is most important is that these are not simply philosophical propositions or factual claims, but invitations to action.

… the emphasis in the Buddha’s words is on what is to be done. The first truth, the existence of suffering, is “to be known absolutely”. The second, the cause of suffering, is “to be abandoned.” The third, the possibility of cessation, is “to be realised”, and the fourth, path to such cessation, is “to be cultivated”. (Watson, 2013, pp.68-69)

Psychoanalysis, like Buddhism, concerns itself with the relief of suffering. Both traditions acknowledge suffering and both recognise the place within it of clinging and desire. Through the greater awareness that may arise through psychoanalytic practice it may become possible to ‘…abandon harmful patterns, to realise the possibility of greater freedom and to cultivate the means to achieve it’. (Watson, p.69). The first Noble Truth points out the impulse to replace difficult experience with something more in line with our desires. In analytic terms, the price to pay for that may be a defensive disconnection from the realities of experience, with all the problems that may bring in conducting authentic relationships or acting in the world with integrity. The second Noble Truth points out the suffering brought about by holding into patterns of thought and feeling in ways which block movement. Such compulsive reenactment of damaging experience is also to do with a sense of self; if that is located prevailingly in identifying oneself with those things because experience has been such that other ways of knowing oneself have become obscured or cannot be imagined, then they become the supposed framework of a continuing assurance of existence. For Freud, one of the objects of psychoanalysis was to work with the patient to allow him to live more fully in the terms of ‘the reality principle’, in which inevitable experiences of suffering can be tolerated and thought about, rather than pushed away or disguised as something else.

The third and fourth Noble Truths point to both possibilities and action. It is striking how often patients come into therapy looking for change and the relief of suffering but ultimately feeling hopeless. They may present themselves outwardly as speaking fluently, describing their experience coherently, and listening and responding to any thoughts that I may voice. But beneath that may rest both feelings of despair and a compulsion to re-enact those by not really allowing the therapy to get anywhere.

……………………………………………………………………………………

**TIM**

“Speak what we feel, not what we ought to say.” *King Lear* Act V Sc. iii

Tim was 49 when he came into therapy. His father had died a year earlier. He described himself, with an air of rather dismissive jokiness, as ‘just one more lonely gay man’, adding ‘I’m a solo act; I expect you meet a lot of us’.

He went to great lengths to describe the events of his life as fully as he could, to surround his account with multiple examples, and to do all of that in carefully chosen and often self-correcting vocabulary. As I sat with him I could feel flooded with information and rather overwhelmed by the energy with which he delivered it; at the same time somewhere in my countertransference I felt increasingly anxious. I think that on one level that was simply because it was very hard for me to get a word in. I could easily feel excluded from what was going on and simply turned into a sort of receptacle for the flood of words; that in turn left me feeling without agency as a therapist and that he and I were far out of one another’s reach. But I think the anxiety I felt was also his anxiety. If his words were to stop, what would he have left? It seemed to me that his busy talk reflected his inner world, in which thoughts, plans and memories circulated rapidly and repetitively, but nothing really changed. If all that came to a standstill, as it might when he was very depressed, he was terrified. There seemed to be nothing for him beyond the surface activity with its preoccupation with collecting and categorising of facts and ideas. So he needed to hang on very tightly to his forms of words and his theories to protect himself against uncertainty and the great fear of not knowing. At the same time, something had brought him to therapy. When I reminded him of that and thought aloud about what might be going on beyond the words, he could become very anxious and begin to speak again about his efficient and responsible but ultimately, as he experienced them, remote parents. So something went wrong for Tim in his growing up which left him feeling that without activity and obvious signs of achievement he was nothing. He found it difficult to imagine that anyone might find him interesting as he was, or for who he was. When he was younger he had felt that he needed to prove himself to his scientist parents by his academic achievements. Early in the therapy he brought some childhood photographs; they showed him almost always looking rather anxiously towards the camera or at his parents, as if wanting to be sure he was doing the right thing. In adult life he had embarked on several large projects including a PhD, various software business ventures and more than one attempt at writing a novel, and had always given them up before they were complete. He had never been in a long-term relationship. When I sat with him I found it difficult to remain steady and calm and instead I could get caught up in some sort of theoretical but unproductive debate.

Tim wanted, ordinarily, an end to his suffering. As his awareness grew that his external activity and fast thinking kept him occupied, so also did his fear that beneath them there was no one of value, or perhaps no one at all. In the course of his life he had tried a lot of solutions to that, including not only his various academic and professional projects, but also attempts to convince himself of his desirability through frequent but transient sexual encounters. In terms of the Four Noble Truths he had sought to ease his situation by trying to find ways to meet his defensive desires and then finding that those ways gave him no more than short-term results. He was in a state of continual irritable longing, but not really able to say what it was that he longed for.

Tim wanted to know what some of his early experiences, about which he could feel very angry, might mean. But that could remain, if we were not careful, in the zone of some sort of objective discussion, which I too easily got caught up in, which distanced him from the psychological pain he was in. Our joint attempts to find formulations about the meaning of his experience blocked any more immediate encounter with his grief - which was exactly what, unconsciously, he wanted.

I have suggested that Tim’s anxious talking was what gave him some feeling that he was alive; for the more fortunate child, that may become possible not through busy activity but simply because he has had the attentive gaze and interest of his parents to assure him that he exists. Then the process of living is itself interesting and life-giving, with less need for proofs and conclusions to bolster things up. Stern (1985) writes of the early stages of the development of a sense of self. In this scheme of things the infant is already born with an already ‘emergent’ self; a ‘core’ self establishes itself in the first few months of life. That is the time of some fundamental relational experiences which inform the infant’s sense of himself and what makes him of value to others, and thus his later patterns of relating. It is also the time at which, if things go well enough, the infant learns, through first having his strong feelings contained and recognised, the basis of being able in due course to regulate his own emotional experience. If that has not felt possible, direct experience of emotion later is much more difficult. Stern talks of the value of the caregiver’s capacity for ‘affect attunement’ by which the infant’s feelings are intuitively perceived and responded to. Again, without that later emotional life can feel very isolated and without expectation of intimacy.

The third Noble Truth declares that we may become free of suffering. I think Tim arrived without any real hope of change. Later in our work together he was able to say that in coming to see me he had hoped that conversation with a new person might bring something he had not yet found elsewhere. I thought of the fact that he had seen other therapists before me, and of his excited but unengaged sexual encounters.

I was equally capable of my own versions of clinging and the frustrations that come with it. I struggled to find responses in terms which he might take some notice of, cognitively or emotionally. He was often dismissive of other people and ideas and at times I tried to find something that I thought might win his intellectual respect. I thought a lot about theoretical ideas, in analytic terms, which might bring me some sort of consistent and logical understanding of the implications of his childhood experience for his present distress. I wished I might say something extraordinary that would bring about an emotional breakthrough. I thought how much better my clinical supervisor, whose mind and gifts I can envy, would work with him and wondered what she would say. In other words, I was in search of experiences that would let me feel better about being his therapist, but would really do no more than get us both through to the end of the session.

All of those desires were connected, as Tim’s were, to my personal survival, and all were, like his, clinging to short-term solutions. In his discourse, Tim would often describe events or say something about himself in a way that somehow tried to provide explanations as he went along, often ending, with a determined look on his face, with a summary that started ‘So….’ and seemed followed by a large silent full stop, or an imaginary door slamming, implying that there was nothing else to be said. (It reminded me of the habit of Emperor Joseph II in Peter Shaffer’s play ‘Amadeus’: in any discussion of music where feelings are running high he brings things to a standstill by saying ‘Well, there it is’.)

When I talked about all this with my clinical supervisor she pointed out after a while that I, too, was talking fast and trying to theorise about what might be going on. We talked about the parallel process that was taking place: I was feeling helpless without some sort of intellectual and narrative framework and she was feeling silenced by my anxious circular relationship with all these ideas which left her out of any possible conversation. She suggested that I, in my turn, had put her in the place of the demanding, intelligent parent who had to be convinced of my capacity to think competently.

My supervisor knows of my Zen affiliation; she does not share it and it is not something we routinely refer to. When I started working with her, not long before the start of my work with Tim, I felt echoes of the old insider/outsider anxieties. She is incisive and perceptive and often draws extensively (albeit with great humanity) upon theory; I imagined that words like ’meditation’ or ‘contemplation’ would be much too fluffy for her. In time, of course, I learnt that we could quite ordinarily speak about it, and needed to, in terms which both recognized its centrality for me and could step back and consider its place in my therapist self. That itself was a necessary development of trust in our relationship, which mirrored something of what gradually took place in my work with Tim.

As we began to look at the changing quality of our discussions, my supervisor and I both found ourselves thinking about less analytically traditional, more radical ways of being with Tim. She observed that my desire to respond in words, and in words that made sense, was to become caught up in his idiom in a way that was not just unhelpful, but might be blocking other possibilities.

It is the psychotic part of the personality that sends out the vibes that provoke an agitated state, so the first step towards containment of the psychotic part of the personality is the development of a state of choiceless awareness or mindfulness meditation. Any interpretation made when the analyst is in an agitated state, under pressure from the psychotic part of the personality, only inflames the patient further. (Symington, 2003, p. 190)

I think the implication here is that my anxious theorising and interpreting brought with it an anxiety that Tim recognised both in himself and in his parents; to bring it back into the room was potentially to compound the trauma. Like Tim's parents as he remembered them, I appeared more interested in my own intellectual pursuits than in really wanting to know him. ‘The healing factor in psychoanalysis is the analyst's state of mind. Words are the messengers of the state of mind and unless they reflect mindfulness they will not heal but will worsen the patient's state’ (Symington 2003, p. 191).

I decided to try to let go of all that and simply sit with Tim and listen to him, speaking occasionally. In developmental terms that suggests returning with him to a stage before he was talking or even thinking: the stage at which the baby simply needs to be held, in both senses, by his caregiver and know the security of their quiet, undemanding attention. That echoes the practice of Zazen, in which attention rests gently upon the experience of the moment without evaluation of what has happened so far or any attempt to think ahead. Dogen says: ‘…sit steadily, neither trying to think nor trying not to think. Just sitting, with no deliberate thought, is the important aspect of serene reflection meditation. This type of meditation is not something that is done in stages, it is simply the natural gateway to carefree peace’. (Dogen, 2005, p. 34)

So my intention in sitting with Tim in this different way was not just about being rather quieter; it was about the possibility of not actively thinking. I needed to stop formulating, or trying to come up with helpful responses, or falling into Tim’s attempts to recruit me to his idiom of busy exchange. At first he interpreted my greater stillness as disengagement and lack of interest, and came up with theories about that too, which in fact sounded more like dogmatic statements. He told me I was judgmental, and that I was bored because I had already made up my mind about him (‘just one more lonely gay man’), and that it felt like being with his father. In due course, however, we began to be able to talk about how he felt in the moment if he thought I was not participating in his fast moving discourse. But he needed to return quite quickly to the safety of factual narrative, or to yet another account of what his PhD had been about (which he knew I would not I understand).

As time went on, however, he grew alarmed and began to panic. That took the form of outbursts in which he told me I had no idea what I was doing, that he did not know what was going on, and that he must be the most difficult patient I had ever had. He had periods of more obvious depression, when he would come to sessions describing having felt ‘paralysed’ at home, unable to do much and uninterested in seeing other people. He felt abandoned. At such moments my self-protecting impulse, which I had to resist, was to defend myself by trying to explain what I was doing and what might be happening, rather than simply staying in the experience. I found myself much more awake to the energy and rawness of his feelings; at the same time, I often wondered whether he would turn up for the next session or whether I would be abandoned, too. Internally I was having all sorts of thoughts and experiences: at times I felt irritated and bored and at other times protective and maternal. What was important was to know those things in myself but not to try and make something of them. Tim did continue to come regularly to sessions, however; perhaps that indicated a glimpse for him of possibilities beyond his usual style of exchange. Perhaps it also suggested, though it was not something he could easily say at that stage, some valuing of me.

That injunction to sit still is there in Dogen:

It is no more possible to understand natural activity with the judgmental mind than it is possible to understand the signs of enlightenment; nor is it possible to understand training and enlightenment by supernatural means; such understanding is outside the realm of speech and vision, such truth is beyond personal opinions. (Dogen, 2005, p.34)

Tim and I were both faced with emptiness. He found it hard to bear experience that showed him that his active, conscious mind could not give him all that he needed, but that to be without its activity was so alarming. He wanted me to endorse it by joining in to maintain the feeling of activity; that potential engagement with his cognitive self also gave him some reminder of how he could just about feel in touch, though in such a limited way, with his parents, by doing things on their terms, rather than being wholly alone. I, in turn, felt the emptiness of not being able to turn to my usual theoretical resources or habits of thought. I had to let go of some parts of me which I enjoy and can easily draw on for reassurance: knowledge, some ability to handle ideas, articulacy. I needed to return to some much more fundamental level of experience. My supervisor suggested that perhaps I was like the woman with the high-powered job who has a baby. Then all there is to do is to be together, finding an honest way to meet and make space for one another, without anxiety or defensive narcissism. The baby has no interest in her mother’s CV. My supervisor also helpfully said, perceptively alert to how any way of bringing my experience into words might disrupt things: “Let’s talk about this again in a few months. It will take its course.”

That was an invitation to faith. Despite my discomfort and feeling of unskilled emptiness, I began to feel some solidity in simply sitting with Tim in this way. I became aware of a steadiness in myself, which I had not expected; my body felt more poised and settled, and my mind began to slow down. But that hesitant faith was not just in the broader process or in some feeling that I had gone about things wisely; it was also faith that the next rush of anxiety in Tim (or me) could be contained and survived. ‘Tearing and building, falling apart and coming together are aspects of broader psychic rhythms, if one can tolerate the shifts’ (Eigen, 1995, p.378).

Emptiness of preconceptions and assumptions allows space for something else. It is not a bleak space where no one really exists and nothing happens. Emptiness of self and the things the self clings to allows for realisation that that nothing exists in isolation, and that in our absolute interdependence and our awareness of the continually changing nature of things is the possibility of freedom. It is through that growth and change that psychoanalysis seeks to free us from the frameworks and conditions by which we constrict our awareness.

In time, Tim started to talk more spontaneously, and so also more hesitantly, about his experience in the moment in sessions, and to be able to look at it in a more rounded way. He continued to feel agitated and lost at times, but we also found occasional small ways to acknowledge that things were changing. On one occasion he abruptly said: ‘What are you thinking?’ and I heard myself say (truthfully) ‘I’ve no idea’. We both grinned, and the exchange was not discussed again, but the feel of it came into the awareness of both us as a fresh possibility. Now and then he could say ‘It’s actually OK being here, isn’t it?’ He spoke about his parents not only with his usual disappointment, but sometimes realizing how much from them he had to be grateful for; that allowed him to begin to grieve for his father. He acquired a dog (‘the love of my life’) and found that he could depend on and look after something other than himself and, by extension, feel his necessary connection with the world in ordinary, undramatic ways.

I could not have worked in this way without the thinking, but unintrusive companionship of my supervisor. She sometimes spoke of ‘the resonance of the shared space’. For me that brings immediate overtones of music and the interdependence inherent in it. A single note may be beautiful, but it acquires its function and meaning in relation to the notes around it, vertically or horizontally. The next time it appears it will sound the same, but its context will be different. I found some freedom to explore the prospect of being something more (and less) than the therapist I thought I was and which felt so precious to me, and to let that change with the needs of the moment.

*Please listen to Track 3.*

Zazen is a practice, through meditation, of knowing but not grasping at experience, with the aspiration that that state of mind may inform all activity. That resonates very readily with my experience as a researcher/writer, and as an improvising musician.

Lartey echoes the implication that Zen repeatedly undercuts our assumptions and surprises us:

It is perhaps sufficient to say that what is aimed at in practical theology is a relevant, meaningful, methodologically appropriate and viable form of theological activity which may be personally and socially transformative, while also being uplifting and, above all, great fun. (Lartey, 2000, p.135)

But that openness to something ‘transformative’ and playful (‘fun’) itself calls for emptiness. Sheng-yen makes clear the distinction between, in his terms, knowledge and wisdom, such a central issue for Tim:

If you seek wisdom through words, all you will gain is intellectual knowledge. Scholars may study and even recite sutras by heart without perceiving their meaning from direct personal experience.… if you approach sutras as a method of meditation or contemplation, and commit your whole bring to perceiving their meaning, it is possible for wisdom to arise. (Sheng-Yeng 2001, pp.12-13)

In this chapter I have considered emptiness through consideration of the teaching of three figures in the development of Zen. I have brought that into the context of clinical practice through a case study, which demonstrates that the ideal of emptiness has a clear clinical application, but that to work in that spirit may initially arouse anxiety which can ultimately be addressed through the therapeutic relationship. In Chapter 8 I go further into the practice of meditation (Zazen), again turning to a case study to illustrate some central themes.

**Chapter 8**

**ZAZEN**

**Introduction**

In this chapter I give an account of some central elements of Zen meditation as I have encountered it. That is in the context of being a Western practitioner and part of the growing engagement in Europe and America with spiritual traditions that have their origins further East. I will draw upon long-established Zen texts, in particular the work of Dogen, and upon the work of some more recent Western scholars and commentators. Through a piece of case material I consider the value of the reflective, unhurried mind in the therapeutic encounter.

Meditation in one form or another characterises practice in all the main Buddhist traditions. How it is to be done, and what its purpose is understood to be, varies considerably, but silent sitting is always there. Its overall intention, however, is to further the possibility of enlightenment. In his own enlightenment the Buddha recognised the interrelationship of all things through letting go of the separateness generated by preoccupation with himself and his own spiritual aspirations. By implication, all people have the potential for enlightenment, or Buddha nature, which is understood as the capacity to see things as they are, without pretence or illusion.

It is important at this point to distinguish between the two main Zen traditions arising from Japan, and their different, though overlapping practices of meditation.

**Rinzai Zen: koan practice**

Rinzai Zen proposes a meditation practice with a specific focus, most commonly upon a koan. Here the meditator focuses as consistently and closely as possible upon a story, an instruction, a question or maybe a single word. Generally a koan presents some sort of philosophical or logical conundrum. The most familiar is probably the often quoted question about the sound of one hand clapping; frequently, however, they are brief stories about student-teacher encounters which include questions that can’t readily be answered, or dialogue which does not operate according to the assumed rules of conversation or the norms of everyday experience. ‘Why does an enlightened monk fall into a well?' 'How do you put on a shirt of empty sky?'

The intention is not to work one's way through to an answer by reasoning, and certainly not to come up with something unusually clever. Instead, the meditator is asked simply to sit absorbed in the question, whatever form that absorption might take, until they and the question somehow become one. The relationship with the koan is not one of an objective approach to problem solving, but rather an absolute subjective engagement with something innately mysterious. That might have some resonance with the use in some Christian traditions of the Jesus Prayer or the Rosary; in both cases the aspiration is towards an experience beyond the immediate implications of the words. But the koan is not a mantra, rhythmically recited in order to create a framework of steadiness and focus; its primary purpose is to take the meditator away from defensive reasoning into somewhere without familiar intellectual handholds, with possibilities of sudden spiritual breakthrough.

Magid (2005) recognises the value of such an approach in terms of developments within the individual meditator, but questions its relation to life in the world. He implies that these moments of sudden insight beyond ordinary thought processes may be seductive and at risk of becoming ends in themselves.

Don’t we all imagine that it would be better to remain in some lofty, mystical state than return to our everyday lives?

Meditators face a very real danger of coming to prefer the view from the top of the pole to their real life on the ground. But such peak moments, no matter how profound, always end, leaving us with the problem of how to live in accord with the perspective they provide. Unless we learn how to step off the pole, our practice will devolve into a mere addiction to the highs of peak experience (Magid, 2005, p.31).

There is something in Magid’s language, as I read it, which feels a little dismissive (‘…some lofty, mystical state’). He indicates that he has some experience of koan practice, but asks *how* such ‘peak’ experiences can be brought back in to ordinary life. The same might be asked of practice in any contemplative tradition. Magid’s question seems to ignore the many other factors within each individual that will govern their relationship to experience and the extent of their capacity to integrate different dimensions of life. He is a psychoanalyst, however; his concern with the implications of longing for a sudden breakthrough or becoming dependent upon ‘special’ kinds of experience resonates strongly with some of the hopes that patients (and therapists), in my experience, may bring into therapy.

In my early engagement with Zen I spent eighteen months training in the Rinzai tradition. I found koan practice baffling, as it should be. I also became aware that for some group members the idea of progress was all-important; people would be comparing their experiences or the comments they received from the teacher, and personal practice and its development was a recurring topic of conversation. Such comparisons easily served to allow people to emphasise the separateness of experience and to generate anxiety in those (including me) who felt that they were not doing well enough. All experience is individual, of course, but at times that felt played out in competitiveness rather than recognition. That was in a Western context; we all brought into the group our existing preoccupations, rooted in upbringing and education, about achievement and individuality.

I now feel grateful for that time as my first encounter with Zen; at the same I see more clearly my reasons for moving away from it. In its discipline, silence, and intensity I found something very containing in Rinzai Zen; it was there that I first encountered Buddhist ceremonial and in particular the value of bowing. At the same time I found that the emphasis on the need to work hard to progress towards certain desirable experiences seemed to outweigh everything else. I did not doubt the value of meditation, but it was at a stage of life where I was looking for some more explicit relation between practice and experience outside the Zendo. I had just begun work in a long stay hospital for people with profound learning disabilities and felt out of my depth. That might be seen as a matter of faith: rather than trusting in the practice to allow me to stay with the anxiety and bafflement I felt at work, I was hoping for some sort of remarkable moment which would transform me, and thus my working self. It is easy to see now that I was wanting to be freed from discomfort.

My Rinzai teacher had concerned himself with questions about my practice and was encouraging; he seemed less interested in talking about the relation between that and the rest of living. If I asked about such things, the language became rather conceptual, with talk of how meditation ‘put the student to the test’ in the interest of ‘self-realisation’. I felt attracted to the rather esoteric, mysterious climate, and to the unusualness of practising Zen, but I still approached my learning disabled patients with anxiety that I should somehow be better, that the work had ‘put me to the test’, and that I was failing.

In due course I came to the Soto tradition with a sense of relief. I am aware of the risk of dualistically setting the two practices in overstated contrast to one another when in fact, in addition to their cultural origins, they have much else in common. For both, meditation is at the heart of practice and is best undertaken alongside regular discussion with a teacher. More broadly, they share the central Buddhist understanding of the transient nature of the self and of the value of meditation in making possible more clear, undefended encounters with experience.

**Soto Zen: just sitting**

Soto Zen, however, proposes a different approach to meditation. Rather than seeking to cultivate sudden occasions of insight, it advises something much more grounded in experience in the present moment. Zazen, or seated meditation, is often called ‘just sitting’. The word ‘zen’ is derived from the Chinese ‘ch’an’, itself derived from the Sanskrit ‘dhyana’, meaning ‘meditation’ (Loori, 2002, p. viii). It is sometimes also called ‘shikantaza’. According to Damon: ‘“Shikan” means wholeheartedness; it means to become one with the process itself. “Ta” means to hit, as in to hit a bull’s eye, and “Za” refers to Zazen.’

Regular meditation calls for routine; it becomes part of the ordinary rhythm of daily living. That ordinariness serves as a reminder that a period of meditation is not sought as a time of ‘special’ experiences or achievements; it is just part of the day. That sense of rhythm carries wider implications, however. Externally it functions as a source, potentially, of emotional regulation and steadiness, providing predictable and familiar punctuation of daily experience, whatever else is going on, perhaps like the routine of daily prayer in any religious tradition or of daily offices, periods of silence and duties in religious communities. That in turn brings a connection with the place of rhythm in so much human experience. Regular periods of meditation or worship create a slow rhythmic pulse across the day, just as most religions have a broader rhythm of seasons and feast days across the year. But we turn to rhythm in more fast moving, immediate ways as well. People in great distress may sometimes rock their bodies as a means of trying to contain and bring some order to emotional chaos; people in panic are advised to breathe steadily; we intuitively rock babies gently as we hold them. All of that brings us in touch with our ordinary bodily experience of heartbeat and breathing. It is also reflected, of course, in one of the basic elements of music. So that need for rhythm and regularity of practice is not just an attempt to impose some disciplined commitment to meditation; it comes out of some much broader recognition of the place of rhythm on every level.

**The body**

To sit in meditation it to sit still, physically speaking, and it highlights the innate connection between body and mind. The body communicates, both outwardly and inwardly. In outward terms we are familiar with the notion of ‘body language’. The body always speaks, and it is a natural thing to ‘read’ someone’s face and body, perhaps quite unconsciously, before we get round to hearing what they say. Babies know intuitively that attuned, attentive adults will pick up and share their mood through bodily sensation; a tense, wriggling baby will bring about a very different state of mind in the adult from a sleepy, relaxed baby. The body communicates inwardly as well, however. Bodily posture informs our state of mind, moment by moment. Again, we may first become aware of our feelings during an encounter with someone else when we notice that we are clenching our fists or fidgeting, even if the externals of the conversation sound ordinary enough.

So Zazen practice concerns itself first of all with the state of the body, and any meditation instruction will start with some basics about how to sit. Dogen’s advice points to some very down to earth things:

You should meditate in a quiet room, eat and drink moderately…. When meditating, do not wear tight clothing. Rest the left hand in the palm of the right hand with the thumbs touching lightly; sit upright, leaning neither to left nor right, backwards nor forwards. The ears must be in line with the shoulders and the nose in line with the navel; the tongue must be held lightly against the back of the top teeth with the lips and teeth closed. Keep the eyes open, breathe in quickly, settle the body comfortably and breathe out sharply. Sway the body left and right then sit steadily… (Dogen, 2005, p.34)

And later:

When you wish to arise from meditation, sway the body gently from side to side and arise quietly; the body must make no violent movement. (Dogen, 2005, p. 34)

I return later in this chapter to the issue of bodily activity in bowing and ceremonial. What matters here is Dogen’s emphasis on bodily action and awareness in meditation. That is not only because bodily experience is often more immediate and discernible than emotional experience and may usefully point to it, but because attention to the body necessarily brings one into the present moment. During meditation, observing small details of bodily sensation, including hearing, can allow one to keep attention grounded in immediate things – the sense of a draught blowing past, small sounds outside the room, the feel of clothing on the body, an ache or an itch. As part of that attention, we sit facing the wall with our eyes open, directed to floor in front us and allowed to go out of focus. My own experience is that to meditate with eyes closed allows daydreams or sleepiness to flourish more easily. To be aware of the room and its changing light, and perhaps of the people either side of me, is a continuing reminder of simply being present here and now. In facing the wall we are faced with nothing but ourselves. Inevitably during meditation the mind wanders; noticing these things or one’s small physical changes can be a way to return to the moment.

**Letting go**

Bodily awareness and attention before and after meditation, most obviously through ritual, also form part of the process of transition from whatever was going on previously into meditation itself. In a literal sense it takes time, allowing what is sometimes called a liminal space – threshold - between one activity and the next. Some Christian authors use the term to speak of a space of unknowingness, where ordinary expectations must be discarded and openness allowed for a sense of mystery and uncertainty. Rohr (1999) writes in that spirit:

There alone is our old world left behind, while we are not yet sure of the new existence. That’s a good space where genuine newness can begin. Get there often and stay as long as you can by whatever means possible. It’s the realm where God can best get at us because our false certitudes are finally out of the way. This is the sacred space where the old world is able to fall apart, and a bigger world is revealed. If we don’t encounter liminal space in our lives, we start idealizing normalcy. (Rohr, 1999, pp. 155-156)

But perhaps any moment is a place where we are ‘…not yet sure of the new existence’. Whilst Rohr seems to suggest that liminal space is somewhere one should try to stay as long as possible in order to find something, the Soto Zen perspective is rather different. It shares absolutely the necessity for ‘false certitudes’ to be ‘out of the way’. It also shares the value of the place where the ‘old world is able to fall apart’. It suggests, however, that any moment at all may be one where ‘newness can begin’.

Williams comes closer to the Zen experience for me in his recognition of ‘habits of behaviour’ and their connection, unspoken and at times unconscious in the moment, with the wider landscape of practice.

At the most prosaic level, religious lives are indeed recognised as habits of behaviour – ritual words and acts, the mapping of an undifferentiated duration within narratives of sacred time….. They connect with the habits and gestures that demonstrate in other areas – indeed, you could say, in the whole field of knowledge acquisition – an acquaintance with what is there to be 'negotiated'. (Williams, 2012b, p. 314)

Loori (2002) observes that in all the vast literature of Zen there is little that addresses itself to actual meditation *practice*. There is plenty about the experiences and awareness that meditation may allow to be possible, but strangely little, to the Western mind, about how to do it. A colleague who trained for several years at a Soto Zen monastery in Japan told me that when he arrived there as a postulant he was assigned a place in the meditation hall, given some clear advice about his posture (which was regularly observed and corrected thereafter), and then just told to go and sit down (T.O., 2017: personal communication). The challenge of Zazen in the Soto tradition is that it appears, in the ordinary sense, pointless. There is no search of the kind that Rohr implies. There is nothing to be achieved, no improvement to be made, and no higher level of awareness or refinement to be aspired to. The practice is simply to observe and experience thoughts and feelings of all kinds as they appear, and then to let them go. So to sit with ambition or expectation is to undermine its central nature. It would be to become caught up in desire, which, as the Four Noble Truths remind, is at the root of suffering. That invites frustration, evaluation and a sense of failure. So here is an immediate paradox: I practise Zen because I want to, but to look for what I want within it, or even to try to name that, departs from its spirit. That is a continuing baffling koan. It is also one among many paradoxes that the Zen tradition and the analytic tradition encounter when they meet; at the same time, the ability to tolerate and enjoy paradox is something that both traditions see as central to psychological wellbeing.

Although the practice of ‘just sitting’ is commonly associated with Dogen, its spirit appears much earlier, for instance in the work of Sitou (700-790):

Just sitting, with head covered all things are at rest.  
Thus, this mountain monk doesn’t understand at all.

Living here he no longer works to get free.

Who would proudly arrange seats, trying to entice guests?

Turn around the light to shine within, then just return.

…Let go of hundreds of years and relax completely.

Open your hands and walk, innocent.

(At: <http://ancientforestzen.org/uploads/Soanka.pdf>)

For such calm observation (Turn around the light to shine within…’) to be possible other things must be out of the way, or not going on, most obviously active thought. That is difficult, as Sheng-Yen observes:

But you must be determined to stop your thoughts and not be afraid of dying. If you panic, you will be filled with thoughts. You must more than ever drop everything and concentrate on just the practice, abandoning all thoughts of life, body, fears, desires, everything but the method…. The mind of practice cannot be the seeking mind. (Sheng-Yen in Loori, 2001, p.120)

Sheng-Yen’s use of the word ‘dying’ suggests that we may believe that it is only through thinking that we can feel sure of our continuing existence, in the familiar Cartesian formulation. That can certainly become my state of mind when I am anxious in therapy practice, especially when I am with an anxious patient. If I am not thinking and having ideas, am I anything? That might be discussed in terms of countertransference experience or of the patient’s projections; the issue here is not that such feelings should not arise - they bring useful clinical information - but of what comes next. The capacity to observe such experience without being caught up in it or acting out of it is what allows movement in the clinical encounter.

William Johnston, a Jesuit who spent many years studying Zen in Japan in the mid-20th century, says something of the same thing*.*

In the meditation of the great religions one makes progress by going beyond thought, beyond concepts, beyond images, beyond reasoning, thus entering a deeper state of consciousness or enhanced awareness that is characterised by profound silence. This is the *silentium mysticum….* Frequently the state of silent unification will be filled with peace; but it may at times be dry and even painfully filled with anguish. (Johnston, 1974, p.55)

He also observesthat in the West rational thinking is valued as the primary route to understanding, but continues: ‘Only by developing and appreciating and then *going beyond* the rational can he reach the intuitive in an integral way’ (Johnston, 1974, p. 58).

The anonymous 14th century English text *The Cloud of Unknowing*, probably written within 100 years of *Fukanzazenji,* Dogen’s earliest writing*,* calls for the abandonment of existing ideas and cognitive frameworks in strikingly similar terms to those of Dogen:

Just as the *cloud of unknowing* lies above you, between you and your God, so you must fashion a *cloud of forgetting* beneath you, between you and every created thing… I go so far as to say that it is equally useless to think you can nourish your contemplative work by considering God's attributes, his kindness or his dignity; or by thinking about our Lady, the angels, or the saints; or about the joys of heaven, wonderful as these will be. I believe that this kind of activity is no longer any use to you. (Johnston, ed., 1973, pp.45-46)

*Fukanzazengi*, which the translation I refer to here gives as *Rules for Meditation*., asserts the value and primacy of Zazen. It also marks the start of Dogen’s move to extending Zazen practice beyond monasteries to lay people, which has created the foundation of the continuing life of Soto Zen practice. All can be Bodhisattvas and all can meditate. Spiritual life is not the domain of specialists; it operates everywhere.

The opening of *Rules for Meditation*:

Why are training and enlightenment differentiated since the Truth is universal? Why study the means of attaining it since the supreme teaching is free? Since Truth is seen to be clearly apart from that which is unclean, why cling to a means of cleansing it? Since Truth is not separate from training, training is unnecessary—the separation will be as that between heaven and earth if even the slightest gap exists for, when the opposites arise, the Buddha mind is lost. (Dogen, 2005, p.33)

We do not train because we seek enlightenment; rather, to train is in itself an enlightened act. Our essential nature is already there, but it needs practice to awaken it.

So to return to the question: What do we do in meditation? Here is Dogen, concise as always:

… cut all ties, give up everything, think of neither good nor evil, consider neither right nor wrong. Control mind function, will, consciousness, memory, perception and understanding; you must not strive thus to become Buddha… sit steadily, neither trying to think nor trying not to think; just sitting, with no deliberate thought, is the important aspect of serene reflection meditation. (Dogen, 2005, pp.33-34)

Dualistic, comparative thinking must set aside and so must aspiration, itself an immediate source of comparison. The knowledge and assumptions implicit in ‘memory, perception and understanding’ may bring us into a place where ‘will’ comes into play. Trying to do anything (‘to think nor not to think’) removes us from the present moment. It is natural that in consciousness we think. The practice here is to avoid following a train of thought and rather to focus upon maintaining posture and presence in the moment, observing thoughts but not engaging in them.

And in words that make clear the distinction from the Rinzai tradition:

This type of meditation is not something that is done in stages; it is simply the lawful gateway to carefree peace. To train and enlighten ourselves is to become thoroughly wise; the koan appears naturallyin daily life. (Dogen, 2005, p.34)

I understand ‘to train and enlighten ourselves’ to refer not only to meditation, but to every element of living. ‘The koan appears naturally in daily life’ is central: ordinary lived experience presents us all the time with circumstances which test us, or we cannot readily understand, or which highlight our internal conflicts. For Dogen they have the function of the koans of the Rinzai tradition; here they are the stuff of continuing contemplation in daily living, and through engagement with them our spiritual lives deepen.

It is no more possible to understand natural activity with the judgemental mind than it is possible to understand the signs of enlightenment; nor is it possible to understand training and enlightenment by supernatural means; such understanding is outside the realm of speech and vision, such Truth is beyond personal opinions. Do not discuss the wise and the ignorant, there is only one thing - to train hard, for this is true enlightenment; training and enlightenment are naturally undefiled; to live in this way is the same as to live an ordinary daily life. (Dogen, 2005, p. 34)

The discriminative, evaluating mind will not lead to complete understanding, and there is no magical (‘supernatural’) way to enlightenment. Extensive discussion is not enough either (‘outside the realm of speech and vision’). Most importantly, all this is ‘the same as to live an ordinary daily life’.

It is futile to travel to other dusty countries thus forsaking your own seat; if your first step is false, you will immediately stumble…This body is as transient as dew on the grass, life passes as swiftly as a flash of lightning, quickly the body passes away, in a moment life is gone. (Dogen, 2005, p.35)

We must start from where we are, rather than pretending that there is something greater elsewhere to be found. Things change continually, so there is nothing to cling to. The only place of practice is here and now.

**Bowing**

When I first explored Zen I went to an initial session of meditation instruction expecting to be taken straight into meditation practice, probably hoping for something high flown and mystical. Instead, it all began with instruction in bowing. It was an immediate reminder, though it took me a long time to know that within myself, that the state and actions of the body are inseparable from the practice of meditation, and that gestures of respect and care may be articulated and felt through the actions of the body. In that moment there is nothing to do except bow.

On entering the external meditation space there is a bow to the Buddha, a bow to the meditation cushion, and, turning away from the wall, a bow into the room. The bow to the Buddha is not to a divine being, but to the Dharma, the Buddha’s teachings. The bow to the cushion is a gesture of respect to the spirit of meditation, but just as much an offering of oneself to the meditation and a gesture of willingness to be available to whatever the meditation may bring. Bowing into the room is gesture of acknowledgement and respect to others, whether present or not. For me it also speaks of openness to others, to both giving and receiving. It is a moment to try to let go of what stands between me and that possibility.

At first I was resistant to bowing and much other Zen ceremonial. I think I associated it with my objection, as I imagined I understood it, to the hierarchical character of some Japanese culture. Most immediately, though, I just wanted to get on with meditating. When I first arrived on retreat at the monastery where I regularly go I was well equipped with fantasies and desires about silence and the possibility of having some great meditative experiences on my own terms. What I found seemed in some ways much more prosaic; the monastery had a clear routine, in the meditation hall and everywhere else, and the value of living within that was emphasized quite as much as the quality of meditation itself. The training monk spent some time simply teaching the physical patterns of bowing, and of posture in meditation; gradually I came to value those things because of what they carried for me of the broader experience of practice.

Engaging in simple ritual in a group can be a first step towards letting go of some sense of personal specialness. Everyone is carrying out the same routine and there is no particularly admirable or distinctive way to do that. The emphasis upon bowing as an offering of oneself – to another person, to meditation practice, to any piece of ordinary routine activity – can serve to lift the pressure of anxiety about being good enough or somehow expert and allow space to engage more directly in any activity. In moving around the monastery it is ordinary for anyone to acknowledge others as they pass by with a gesture of gassho – palms together – whoever they may be, regardless of status. Gassho is also the standard gesture of gratitude. This and other formalities keep one’s feet on the ground and maintain a sense of ordinariness. In the monastery kitchen, preparing carrots begins with a bow to the monk who has asked you to do it, and then to the table where the task is to be done. In the same way there are bows when the meditation period ends or when a task is completed. Bows are gestures of willingness to do whatever it is wholeheartedly; they are not indicative of subjugation, but rather of interdependence. In analytic terms, bowing is a good antidote to narcissism. In the words of my Zen teacher: “Bowing without fuss is a useful move towards spiritual adulthood”.

Physical acts can only take place in the present moment. Like any other routine action, bowing can become absent-minded and careless, but it carries the possibility of something more immediate. The simple gesture of palms together is also a gesture of gratitude, a reminder of dependence upon others, and beyond that a gesture of recognition to the network of people and events which have brought me to this moment.

**Implications for therapy practice**

The practice of Zazen brings with it resonances on two levels. Firstly, there is the simple physicality of ritual and sitting, and the value of those in sustaining awareness of bodily experience. Secondly, that awareness during the clinical encounter is not only a potential source of countertransference perception; before that, it is simply a way to return to the present moment. The steady practice in Zazen of observing events and experience without following a train of thought has its parallel in the clinical conversation; words can be heard and the relationship experienced without pushing things forward in the interest of a particular objective or trying to work something out for its own sake, instead letting the process find its own pace and shape. In this case example, in which words were not used in the usual sense, these possibilities are illustrated.

**Bernard**

‘When faced with the realities of human experience the theory-practice gap inevitably closes down’ (Swinton, 2012, p.450).

Teach us to care and not to care

Teach us to sit still. (TS Eliot: *Ash Wednesday*)

When I worked with Bernard he was in his mid 40s, and resident in a long stay hospital for people with learning disabilities. He had been in institutional care since early childhood. He had a tremendous reputation within the hospital - to do with his appearance, his behaviour, his medication, and so on - and he was surrounded by a mythology that seemed above all to do with his intractability. He was referred to me for music therapy; in the event, we hardly used explicitly musical resources at all.

Bernard had severe and multiple disabilities; he had no speech, though he was sometimes very vocal. He was unsteady on his feet (partly the side effects of medication) and he was incontinent. His overriding impulse was to injure himself. He did that mostly by banging his head on any sharp corner he could find, or on the floor. He also had substantial damage to his right hand and had lost the sight of one eye. He had a permanent open wound on his forehead, which often became infected. This wound and the perpetuation of it were central to him; he would touch it repeatedly and look for blood on his fingers. He was a very difficult sight; over the years various parts of him had become irreparably damaged.

He lived on a ward with about twelve other people, most of whom were more mobile and aggressive than he. His self-injuring behaviour was frequent. There were also times when he would smear food or faeces over himself and things around him. The staff team were often busy attending to other people, and very tired; their dealings with Bernard seemed often limited to physical care or trying to manage his self harm. For some years he had been taking a powerful antipsychotic medication, normally given to people only in emergencies, on a daily basis. He was addicted to it.

Just before I started work with Bernard there had been two other interventions in his life. Firstly, a new consultant psychiatrist arrived who took great interest in him and, over about eighteen months, gradually enabled him to come off the medication. In the course of that process there were periods when his self-injury intensified. Secondly, a large soft square space was installed for B on the ward (it quickly became known as his 'pen') in which he could spend time with minimal opportunities to self-injure. He moved in and out of it freely, but it did have something of the function of a secure base to which he could retreat and where he could eat and sleep.

He was the fourth of seven children; his mother's pregnancy was apparently unwelcome. There was little information about his early experience other than fragments in his notes. What there was suggested an infancy in which, from the start, he was experienced as a disastrous misfit. There were repeated references to his unmanageable restlessness, to his refusal to sleep, and to his rejection of food. For the first two years of his life he was dangerously underweight. There is some evidence that he was left for long periods in a room on his own. His self-injuring behaviour began very early. It was said (by his father) that 'he never took to his mother' and that 'we all knew Bernard was never one of us'. From early on he developed some of the self-harming behaviours that remained characteristic of him in adult life. When he was four years old he was removed into full time hospital care. Since then he had always lived in institutions amongst shifting populations of patients and staff. He had no contact with his family.

When I first encountered the idea of Bernard as a prospective patient my overwhelming response was a feeling that nothing was possible. I had never known anyone like him before and everything about him seemed unapproachable. I felt alarmed by his appearance, his behaviour was unpredictable, and he seemed to be hastening towards death. I knew that in recent months he had had a succession of infections from which he had only recovered because of the administration of increasingly dangerous amounts of antibiotics. Various parts of his body, particularly one eye and one of his fingers, were close to being lost or destroyed. He was gradually dismantling himself and disappearing out of reach.

I heard others speak about him, as his parents had, as someone who 'doesn't know the rest of us exist'. He was seen as a remote, yet demanding creature who was being kept alive as far as possible in a professional way, but with whom any kind of reciprocity or exchange were not to be hoped for. How much easier for everyone if *he* did not exist, was perhaps the unspeakable thought.

So my immediate experience was to feel altogether disabled. I had no immediate idea what any of his behaviour might mean or what I might 'do'. Before first seeing him, I made frantic attempts to get out of this alarming place. I struggled to find thoughts and plans and theories before the work began. I read papers about self-injury; I read his clinical notes repeatedly; I talked at length to his care staff; I even accepted an offer to see a video of him ten years earlier (when he seemed much the same). In short, I did everything I could to try to diminish my own intolerable feeling of helplessness and to build up my own defences against the moment when we would actually encounter one another. I wanted to 'know' about him on my own terms, well wrapped up in theory and anecdote, and to take come comfort from the experience and implicit 'company' of others who had known him. Somewhere I knew quite well that all this apparatus was very tenuous but in my anxiety I seized at anything.

In all that, maybe, I was re-enacting the experience of Bernard's trauma in the face of the response of others to his birth and presence in the family. The family language was always of Bernard as the outsider (‘he was never one of us') and I was doing that again. I joined the 'family group' - of professionals, in this case - who looked at him from a safe distance, but spoke only to one another.

I dwell on this not only because of its place at the start of my relationship with Bernard, but also because it is such a frequent factor in the experience and expectations of people in this patient group - to be defined and so to define themselves by deficits, symptoms and diagnoses.

When I first saw him on the ward I felt in the presence of someone who lived entirely through his body and in the moment. His preoccupations were with sensation: taste, smell, touch and movement. I went and sat next to him and said some sort of greeting. He turned away with a sigh and went on fiddling with a plastic cup that he took everywhere with him. I spoke once or twice more and he curled up in a corner, still playing with the cup. My strongest feeling was of loss. I did not feel ignored - I had been actively reacted to - I felt rather that the possibility of human contact had simply been given up on, as he himself had been. By greeting and treating him as if it were possible to enter into some quite normal exchange I was turning my own blind eye to the reality of his handicap and isolation.

At the same time, I found in myself protective feelings towards him. I wanted try and find with him a circumstance in which there might be some relational space for us. Bernard was full of bodily desires - for food, stimulus and contact - and the overwhelming feeling was of hunger; yet at the same time the possibilities of being in a circumstance in which his hunger could be satisfied in relation to, and acknowledging dependence upon, someone else seemed be terrifying to him. He kept himself alive through self-stimulus; no one else was to be depended upon.

Our first meetings were very difficult. Bernard spent much of the time preoccupied, often violently, with his body. He banged his head repeatedly on the floor or on the corner of a chair, and he rocked energetically. If I spoke to him he pushed me away; if I handed him something he threw it away. I fluctuated between, on one hand, desperately and ineffectually trying to stop all this and, on the other, and simply sitting watching, feeling helpless and with a rising feeling of physical panic. I felt like the horrified mother who just wants her nightmarish child to go away.

For some months the sessions were much the same. Bernard could not get comfortable on, or even tolerate, a chair; we worked on the floor on big cushions in an arrangement that had overtones of both the nursery and the bedroom. He often demanded direct physical contact, by leaning on me in some way or by holding tightly to my hand or arm. In those situations he would rock urgently and then gradually become more still, until for a few moments we could sit together, before the cycle of energy began again. At times he would suddenly fall asleep, often in the most chaotic and disorganised positions, and I sat and watched him until he awoke. When he woke he was straight back into chaotic self-injury. He refused to let me do anything that was my own - use a musical instrument, for instance. I was required either to stand back while he added to his injuries, or to be in close physical contact with him in which we were both in some sort of frozen stasis.

I had absolutely no idea what was happening or what was my place in it all. I felt variously redundant, disliked, and used. I found it impossible to think and I could find no source of containment for my anxiety in any sort of theoretical speculation. At the same time I think I turned myself into a sort of solitary heroine, not sure whether I wanted to rescue the monster or kill him, but out there at the edge of experience caught in some great struggle between life and death, reflective of Bernard’s own. I quickly idealised him and our situation, telling myself how significant and important this work was. So I defended myself against the reality of the despair.

Bernard’s cognitive understanding was very limited, apart from apparent recognition of some key words to do with practicalities. I found myself, none the less, talking to him more and more. I began to think aloud, occasionally talking slowly and quietly about what I saw and what I was feeling. I had no particular strategy of when to talk and when to be silent and I made no effort to talk in terms that I thought he would understand. I wanted to make a continuing environment - the steady voice of the mother - that might contain things in a way that the physical space could not. I also wanted to be present in the room in a way that was actively my own and in which I could respond to whatever seemed to be happening. Talking also gave me a framework. Finding some language, however confused, in which to reflect back to him something of what I felt of both his experience and mine, enabled me to find some space for thought. I began to feel less panic and as that happened I felt more able to stand back and sense the pace and pattern of events in the room.

But the familiar sensations - of impossible distance or stifling merge - continued. I went on feeling that there was no real point in this work and that Bernard would be better off just pursuing his existence on the ward. On some level I felt hostile to his behaviour and his remoteness. I took refuge in fantasies that ranged from news of his death to some magical therapeutic breakthrough.

There was no breakthrough, but there were small changes. On one occasion I broke off suddenly from talking for some reason and Bernard looked straight at me in what seemed to be surprise. It was the first time we had looked at one another directly. The mutual glance was brief and fearful, but it seemed also to be both a look of real curiosity and a sign that each of us might be available to be seen. It was also very painful.

From about that time he began to make sounds of his own. He started a sort of low hum, which, unlike his urgent rocking, was quiet and steady and interspersed with pauses. I responded with sounds of my own, we found a kind of mutual singing, and as he became more vocal I became less verbal. We established the beginnings of a means of exchange; it all felt very tenuous. Those exchanges started to feel subtle and delicate, and they had some broader rhythm, with fluctuations in intensity. In due course it became possible to pass some object slowly back and forth between us. At first it was a small musical instrument; later it was his plastic cup.

At those moments, as when we were vocalising together, Bernard occasionally looked straight at me but quickly turned away. These non-verbal exchanges continued to take their place amongst the usual frantic episodes of self-injury, but I began to experience those as *episodes*, rather than as a pervading wall of behaviour blocking out all connection or thought. Their function in enabling Bernard to take control of his own experience seemed much clearer as they began to alternate with moments in which he put himself at the enormous risk of engagement with someone else.

Increasingly, the focus of the work seemed to be about seeing. From the start I had been shown Bernard's trauma, and put in the position myself of the abused victim who dreads the next outburst and never knows when or why it will happen. As things moved on, though, we both perhaps found some occasional space to 'see' one other. I began to be able to look at his mutilations and behaviour without so angrily wishing they would stop, or falling back on theoretical explanations. He began to allow me to exist.

On one occasion towards the end of our work together he accidentally knocked my glasses off during one of his bouts of restlessness. They were not damaged and I put them on again. The following week I decided not to wear them during the session; they felt flimsy and vulnerable and there was something very self-protecting for me in my plan to put them safely out of reach of any harm. I told him that I was going to take them off and started to do so; he immediately reached out and very precisely and gently pushed them back onto my face. It was a direct gesture, full of carefulness and with overtones of some much more adult encounter, and an extraordinary moment. At the time I felt that as his need for me, at least, to stay whole and not begin to lose bits of myself. I now wonder also whether he found something as yet too immediate in the potential directness of a mutual gaze not even filtered through glasses.

In fact, I don't know what the gesture meant. People with learning disabilities often confront us, as all patients do, with material and encounters that seem baffling and extraordinary. Those with learning disabilities, however, may carry the extra load of having those apparently more unreachable parts of themselves simply attributed to the fact that they have a disability. The implicit assumption is that they have no particular meaning beyond that and that there is therefore no more to be said and no further need to look, when all that can be seen is an absence which either communicates nothing or whose content is intolerable. So we want to turn away, as our patients so often turn away from us into remoteness and freedom from the risk of another rejection. But if in the therapeutic encounter there can be some room simply to contemplate the anxiety and trauma that is being communicated, then perhaps there is some prospect that the self-destructive cycle can be disrupted for long enough for other things to be possible.

From my journal, in the course of this writing:

*Really taken aback by how quickly my thinking collapsed into fragments when I started to try to write this. Lots of false starts. Somehow I’d allowed myself to forget how much it meant to me. Still means to me. I got caught up in the old paradox, the old trap, where I wanted to sound dishonestly cool and coherent, and I couldn’t. It’s really taken some time to find a way to put this down and now I worry that it’s too detached. The work was long ago and I haven’t thought about it in detail for ages. But I’ve always been aware of it as a model of something and it’s also been a relief to go back to it. I can easily visualize the room and recall B’s voice.*

My early encounters with Bernard presented me with a blank wall, akin to the experience of facing the wall in Zazen. I could find no resources in feeling competent or being able to turn to familiar patterns of practice; there was nothing I could ‘do’. I was a music therapist and that was part of my professional identity; there was no obvious place for music in this work. I was equipped with all the usual thoughts about the importance of the therapeutic relationship; Bernard appeared to have no interest in reciprocity. In my anxiety and disconcertedness I had looked for resources outside myself by investigating Bernard's history and trying to find theoretical understandings which would distance me from the immediacy of being with him. I wanted to be free of the present moment of experience, which d so clearly showed me how little I understood. I got caught up in the desire for progress and change and in the wish that I might do something remarkable (when no one else had), which would be transformative. All these fantasies and strategies are associated now for me with the readiness of the mind to drift off into thoughts and memories, and above all desires, in meditation. Rather than simply facing the wall, which in its blankness continually returns me to myself, I was looking for escapes. I discuss in Chapter 9 the Buddhist response to the idea of an individual self and identity which must be preserved; enough here to say that my distractions and concerns were to do with my own survival, rather than with any more open availability to what might arise, or what might be in Bernard’s interests.

At that time I had been practising Zen for some years; this work with Bernard brought me into a particularly sharp awareness of the importance and, as it felt, the impossibility of finding that openness beyond the Zendo. I had imagined that my experience in Zen, some sort of private spiritual ‘possession’, would equip me for whatever I might encounter. I saw it, largely unconsciously, as something that I might ‘use’ to enhance my performance as a therapist; working with Bernard showed me repeatedly that through Zazen I was simply rather more able to acknowledge my difficult feelings. There was no magic technique. In time, however, that awareness allowed me to contemplate our joint experience rather than try actively to change it. Early in the work I had a meeting about it with the consultant; I think I hoped that I might enjoy and draw on his expert knowledge and that he might say something gratifying about the value of music therapy (which he turned out not to know much about). Instead, he said: “When I see Bernard, I realise I don’t have a clue. I like him. Let’s wait and see”. That also modelled for me something of the non self-seeking position needed in the face of all the anxiety surrounding Bernard; it could be that in stillness there were unknown possibilities. I had to reach that position within myself, not through trying to be like the consultant, but rather allowing my own way of being with Bernard to emerge through what we did together. To objectify him and see him only as a collection of disturbing problems identified by others would be to be at a distance from the relationship. It was in simply sitting with him that I was able gradually to be more patient and less caught up in my longings for something to happen. I could ‘improvise’ in my talking, and later singing. The parallels are with the openness of Zazen, responding to what arises but not seeking certain kinds of experience or evaluating what happens. ‘…some of the most important changes that result from meditation practice are not those that are the result of dramatic so-called enlightenment experiences, but rather the slow structure-building aspects of sitting itself’ (Magid, 2000, p.514).

I can feel suspicious of therapists who idealise their patients; it may imply a level of need that calls for exploration somewhere else. None the less I recognise now, far more than I did at the time, how much I learned from Bernard. He lived entirely in the moment, not concerned with past or future in any conscious way, so all we could do was attend to the immediacy of sitting together without ambition or anxiety. That allowed me to begin to make more sense of his gestures and sounds as relational, not in the conventional sense of being in an unfolding conversation, but as responses to where we were at that moment. I began to notice that a change in my tone or pace was met with a corresponding shift in his idiom, and *vice versa*; we were able to improvise together. Veling 2005 writes of the ‘poetic’ nature of experience and interaction: ‘The deep, rich, intuitive realm of the unsayable requires a perceptive, intuitive grasp of experience that is irreducible to rational analysis and logical thinking’ (Veling, 2005, p.202). For Bernard, ‘rational analysis and logical thinking’ were not discernibly part of his repertoire. He had a capacity for watchful observation, however, something not unusual in people with long experience of institutional life. That perceptiveness, not just of actions but also of atmosphere, emerged in his gradual responses to sounds or actions of mine, not simply imitating them, but returning them to me in his own terms. There were moments when he repeated a rhythm that I had been singing by tapping it on a cushion with his finger, or when he seemed to move the timbre of his voice closer to mine. Although he was often seen as someone very stuck in his habits and supposed limitations, that experimentation with small sounds and movements represented the progress of our relationship. Without the stillness of Zen practice I think I would not have been able to attend to him to the same extent, or wait through what sometimes seemed immense pauses. The pace of Bernard’s processing of and responding to events was different from mine. That might be said of any two person encounter; here, however, the difference was very great; part of the ‘musicality’ of our work was in our gradual working out of a spacious mutual ‘pulse’ which allowed a sense of the movement of the work through time.

So Zen practice gave me not the miraculous powers that I had hoped would free me from helplessness and transform Bernard, but rather a little more capacity simply to sit still and notice. ‘Rather than insist on what the nature of the experiences with myself and others “must be,” can I respond to them in such ways as to invite them to unfold?’ (Lawner, 2001, p. 529)

‘The koan appears naturally in daily life’ comes to mind here. When I could stop seeing Bernard as a problem to be solved, or some sort of professional challenge, there could be space for us look at one another and for me to know experience in a less desiring and more open way, and allow understanding and change to arrive by unexpected routes.

*Please listen to Track 4.*

In this chapter I have introduced approaches to meditation practice in two Zen traditions and shown that in the Soto tradition meditation is not do with seeking signs of development, but with learning to give such ambitions up and simply trust the practice. Through a piece of casework I have shown how that position has resonance in the clinical space, especially in work that faces the therapist with significant challenges, including anxiety. In Chapter 9 I turn to Buddhist understandings of the self, and consider the risks when the therapist is over preoccupied with their own wishes.

**Chapter 9**

**THE SELF**

*This body’s like a ball of foam,*

*And feeling is like a bubble,*

*Perception is like a mirage,*

*Formations like a pith-less tree,*

*And consciousness just a trick.*

*Pali Canon: Samyutta Nikaya 22:95* tr. Olendzki

(Olendzki, 2010, p.139)

*To study the Buddha Way is to study the self; to study the self is to forget the self; to forget the self is to be actualized by myriad things. When actualized by myriad things, your body and mind as well as the body and mind of others drop away. No trace of realization remains and this no trace continues endlessly*. (Attributed to Dogen)

*……………………………………………………………………………………*

In this chapter I consider one of the central issues arising in the literature of Zen and psychoanalysis: the nature of the self. It is discussed extensively in theoretical terms in both traditions; my intention here is to consider and compare some of those views and to discuss their implications for practice in two ways. Firstly, what might it mean for a therapist practising Zen in relation to her understanding of the nature of her own self? Secondly, how might such understanding inform the nature of her clinical practice? That brings matters of attention and desire to the fore. I conclude with an extended clinical example.

**A conundrum**

Therapists working from within a Buddhist framework immediately face a conundrum. At its briefest: psychoanalysis seeks to authenticate and strengthen the self and its agency, whereas Buddhism proposes that there is no independent self. Western culture assumes that we have a self from which we speak and which we seek to defend; Buddhism says that is the problem. That distinction is something of an oversimplification; understandings in both traditions of what is meant by ‘self’ are varied, and both traditions have a range of ways of approaching the question. Both Buddhist practice and psychoanalysis, however, seek through their various means to find greater awareness and freedom in thought and action.

That commonly voiced idea of ‘no-self’ is one of the most surprising and difficult Buddhist proposals for the Western mind. The feeling of no central solid 'I' may be destabilising and appear to run counter to much of what many seeking therapy are most concerned about.

In my own experience I find helpful three particular ways of looking at my sense of self. Firstly, I think of it as the repository of my accumulated experiences of the past, reactions to the present, and assumptions about the future. That the self that I see when I step back and look at it, rather as I might look at a film or a collection of information. It also encompasses my assumptions about the meanings of my supposed place in the world and patterns of relationship to others. It has those things in common with Bowlby’s ‘internal working model’ (Bowlby,1998).

Secondly, I am aware of myself in bodily terms. I experience myself through physical experience and living through physical change. My body has scars from a childhood accident. At my death my body will no longer feel.

Thirdly, though, I recognise that in moments of immediate action I do not think of the ‘I’ that is acting; I just act. Those are moments in which I simply operate, physically and mentally, with immediacy. The thought that I am the person savouring the feel of playing a particular chord, or enjoying the taste of an apple, is not there. But in spite of that, I continue to be real. I am the player or the apple eater.

For me this has been a source of bafflement and conflict for many years, and continues to be when I find myself looking for cognitive resources to resolve it. Both Zen's ideas about the absence of self and the aspiration of psychoanalysis to establish a stronger, more independent self feel very attractive to me; I think that for a long time I settled for living with that conflict with no substantial understanding of it, and I avoided thinking about it. (I would say now that that was to do with seeking to preserve a feeling or feelings of self by trying to cling to two identities, of Zen practitioner and of therapist.) Now it seems to me that both meditation practice and therapy practice have allowed me to find a more settled relationship with the idea of no-self. To speak of it as an idea is to objectify it; it is to be known, or maybe simply noticed, through experience.

**No self?**

To fall easily into the phrase ‘no-self’ is to be misleading. The Buddha’s consistent teaching is in fact not that there is no self at all, but rather that there is no permanent self. By implication, the assertion of the second Noble Truth, that suffering emerges from desire, and from unhappiness when desires are not met, brings with it also the proposal that desire is related to the satisfaction of the desiring self. Perhaps that self wants to keep things as they are, that is, to defend itself, or it wants to accumulate things – experiences, circumstances, achievements and so on – which will contribute to shoring up a familiar self. The Buddha’s repeated reminders that spiritual freedom is to be found when the absence of a consistent, defensive, self protecting identity may be attractive, but to Western minds the notion of letting go of anxious grasping or defining of the self – or that there is nothing to grasp - may feel dangerous. The needs often voiced in therapy are to with the anxiety of feeling internally empty, or with the fear that the self is somehow under threat and must find a means to survive. At times when the externals of life are full of change and difficulty it may seem more than ever necessary to hold to ‘me’ in the midst of it all.

The analytic literature is full of the importance of strengthening the ego; investigators of our earliest emergence as persons want to know about how and when it first is that the sense of self emerges. They may take different views about that. Mahler (1975), for instance, suggests that the infant emerges from an undifferentiated ‘normal autistic phase’ into a state where she begins to know herself and others as separate persons; Stern (1995), by contrast, sees the baby as having a distinct self from the start, which emerges through a series of stages. Both, however, are ultimately concerned with the healthy development of a secure, autonomous self-identifying individual. Things can feel very precarious when 'I' cannot so readily speak about 'myself'.

We each have a name, characteristics, relationships and history. Aronson (2004, p.68) questions whether that adds up to a definable self. He uses the analogy of the motorcar; the car is not an entity of itself, but rather made up of thousands of smaller components. ‘Car’ may be is a useful word to describe the bringing together of those components and how they operate together but the components themselves are distinctive and the car’s way of functioning emerges from how they interact. For me, a more flexible analogy is with music. A simple song or a complex symphony has an overall identity; it can be named and recognised. But it is made up of thousands of individual pitches and sounds, which can also be named, and which each has their place in the overall texture at any given moment. Without any one of them, that moment would be different. Unlike the structure of the car, music moves through time; the next time the (apparently) same note appears it will recognisable, but in a different context, with a different function and emotional implication. That seems closer to the fluidity of the self; the constellation of events which generates ‘I’ is continually on the move, and is experienced differently moment by moment.

Engler (2003) remarks that each of us has to be somebody before we are nobody. Aronson (2004) challenges Engler and contends that the idea of ultimately becoming ‘nobody’ is misleading. Becoming nobody does not mean that there is nothing there, but rather that the old familiar sense of the self must gradually be replaced by something more fluid and transient. There is someone who meditates, writes, researches, plays music and so on: that is me. And that me emerges from my history. In that respect Zen and psychoanalysis find themselves on common ground. The risk otherwise is of falling into nihilism, feeling no agency, and taking no responsibility. In Aronson’s more optimistic view, however: 'As our insight deepens through realising that the empirical self or ego is ontologically less, we become psychologically more' (Aronson, 2004, p. 71).

**True and false self**

Epstein (1996, p.38) draws attention to Winnicott’s proposal of the true and false self. In brief, Winnicott suggests that for the child early healthy development calls for two things in particular. Firstly, the child must feel the freedom to explore and play on his own terms without anxiety that her mother's agenda, whatever that may, be is predominant. When the holding environment is good the baby can relax into being unintegrated and allow her self to emerge without manufacturing something false.

Secondly, the child needs his experience to be seen and recognised by her mother, but not interfered with. But if he feels afraid that if he does not respond to her mother's agenda her mother will turn away, or no longer love her, his fear will lead him to become compliant, seeking ways to fit in with the perceived demands of the other. If one is always seeking to do something that is not primarily one's own, then that sense of self becomes located in the desire to satisfy and so preserve relationships at all costs with important others. In that circumstance a secure sense of autonomy is extremely difficult to feel or sustain. Ironically, there is no sense of self in that circumstance, but in a quite different way. Those developmental and relational events which foster freedom of movement have not been available.

Winnicott suggests that central to any of us is an ultimately isolated place which is central and must be preserved by remaining unknown. ‘Although healthy persons communicate and enjoy communicating, the other fact is equally true, that each individual is an isolate, permanently non-communicating, permanently unknown, in fact unfound.’ (Winnicott, 1965, p.182)

From his Buddhist perspective Epstein takes that rather further:

The Buddhists assert that the more we grasp emptiness, the more we feel real – that the core, the incommunicado element, is really a place of fear at our own insubstantiality. That is why we defend it so fiercely, why we do not want to be discovered, and why we feel so vulnerable as we approach our most personal and private feelings of ourselves. In approaching that privacy without fear, Buddhist practices make possible the sense of genuine liberation rather than permanent isolation. (Epstein, 1996, p.38)

For me this brings to mind the myth of Narcissus, who was unable to drag himself away from gazing besottedly at the reflection of his own image in the water and died of sorrow because he could not have the object of his desire. Narcissus needed to cling to an idealised image of himself, but in the end that image could not keep him alive. Psychoanalytic thought has devoted enormous attention to the problem of narcissism, essentially a problem of self-preserving anxiety. The sufferings – old age, sickness, and death – which the Buddha became aware of his first journey out of the palace may stand for things which we ourselves are continuingly afraid of, and those fears come not simply because the self may be seen to be under threat but because such sufferings are humiliating.

Epstein brings the Buddha and Freud together:

Freud recognised that the inability to tolerate unpleasant truths about oneself was essential to narcissism. The Buddha's teachings make this observation the cornerstone of his psychology. We are all subject to this tendency, taught the Buddha. We do not want to admit our lack of substance to ourselves and, instead, strive to project an image of completeness, or self-sufficiency. The paradox is that, to the extent that we succumb to this urge, we are estranged from ourselves and not real. Our narcissism requires that we keep the truth about ourselves at bay.(Epstein, 1996, p.48)

Narcissism continually draws us out of the moment; we are always wanting something else other than current reality. But if we can realise there is no central self that is constant, then there is nothing to preserve or defend; nothing to talk up with grandiosity, nothing to protect, and nothing to denigrate.

Some religious traditions promote the pursuit of selflessness with the implication that to think about oneself is somehow self-serving and unconcerned with others, itself a narcissistic state. For some people, however, that may resonate with early experience of being told that they are selfish, not simply in a material sense, but because they are not complying with the psychological demands of others. Its roots may be in early attachment experiences, but that state of mind can be played out repeatedly in adult relationships in circumstances of abuse or bullying, or in the masochistic belief that to be punished is to be loved. In patients who voice continuing self-dislike and who articulate their sense of worthlessness through a continuing need to dismiss or apologise for themselves, there is a block to movement and creativity, including psychological process towards a more fluid self. A highly developed superego makes sure that no aspect of feeling or activity can be allowed to be free of judgement. But a less fixed, less anxious self may allow for something different.

Part of the business of therapy is work towards a greater capacity to say ‘I’ without guilt; to know one’s needs and desires and at the same time to recognise both one’s entitlement to a place in the world and one’s ordinariness.

In the broadest context, we can understand the process of spiritual development as a process of (1) disidentifying from unchanging, constricting self images and thus (2) seeing things more clearly as they are, while (3) still being able to sustain, though not in a limiting way, a sense of psychological identity. (Aronson, 2004, p.82)

That is congruent with the aspirations of therapy. If therapy seeks to develop self-understanding through greater awareness of the origins of pathology and trauma, so allowing something closer to what Winnicott might call the ‘true self’ to emerge, can meditation then help, in its simple observation of experience, in recognising how transient and potentially non-controlling such experience actually is?

Epstein (1996) approaches the paradox with the view that the true self is, in Winnicott’s terms, the self that can be spontaneous, improvise and play. If the true self in Buddhist terms actually rests in the ability to recognise that there is no self that is in any way unchanging, what does that imply? Perhaps we can be most alive when we are not striving for certainties that define ourselves.

Indeed, it may be the absence of grasping for that essential core that unleashes the flood of affect that makes us feel most real. This is the kind of paradox that both Winnicott and traditional Zen masters thrive on: the true self experience that has come to preoccupy Western analysts is achievable most directly through the appreciation of what the Buddhists would call emptiness of self. (Epstein, 1996, p.72)

In an extensive paper Engler (2003) points out, when considering meditation practice, that some ego strength is needed in order to meditate at all. People with psychosis, or anxiety, or significant emotional instability may find the openness of Zazen insufficiently containing. It lays them open to a continuing flow of thought and feeling in areas that may feel unmanageable and overwhelming. These same patients find free association in the therapeutic space too dangerous; it may be better at that stage to focus upon particular moments of experience and their associated emotional climate, rather to allow the imagination to move more freely. Improvisation is difficult. Some sense of a recognisable, operating self is needed if we are to move with some internal freedom.

Engler also points out that we have continuing responsibilities. To ‘let go of ego’, a phrase often casually used, could be taken to mean abandoning all ordinary responsible functioning; in fact it is the ego that participates actively in the events of each day. To engage in spiritual life does not exempt us from ordinary developmental movement towards maturity with the involvement with and respect for others that that brings. It does not exempt us from self-scrutiny. There is an 'I' which operates moment by moment. That is Freud's proposal of the ego: that conscious part of ourselves which thinks, acts, reacts and makes decisions.

**Emptiness**

The Heart Sutra speaks of the dimensions of mind in terms of the five’ skhandas’: form, sensation, perception, volition and consciousness. All are elements of internal and external experience; all are ‘empty’. Only the first of those (form) is physical; the others are aspects of our emotional and psychological activity, in which we experience reactions and form judgements and preferences.

…in emptiness there is no form,

no sensation, no perception,

no volition, no consciousness;

no eye, ear, nose, tongue, body, mind;

no sight, sound, smell, taste, touch, thought.

There is no realm of sight,

Through to no realm of cognition.

There is no ignorance,

Or ending of ignorance.

(Sheng-Yen, 2001, p.8)

Langan (2006) observes that our first instinct when faced with such a proposal of personal emptiness in these terms is to try to ‘figure’ it, and that ‘figuring’ is what we spend most of our time doing in order to make some consistent sense of experience and of our understanding of it. The difficulty arises when we become over dependent on familiar patterns of thought and response to a point at which it is a struggle, or feels beyond reach, to experience things differently, or we forget that it is possible.

Both Zen and psychoanalysis suggest that to be able to see those habits for what they are is the starting point for movement towards greater freedom.

The lure of psychoanalysis is its suggestion that we can begin more to notice how we are doing the figuring, and so begin more and better to direct our own lives. Figure freely, take responsibility for shaping your life…That’s the psychoanalytic view. (Langan, 2006, p.21)

The Buddhist perspective shares this and goes further. ‘Emptiness’ speaks not of an impossible unimaginable absence (rather like the idea of infinite space), but rather of a place of possibility and continual change. ‘It’s not that the self does not exist, but that it is as cobbled together and transient as everything else’ (Olendzki, 2010, p.131). He suggests that ‘self’ is a verb, not a noun. We ‘self’ ourselves in order to locate ourselves within experience and that is where desire appears:

Desire is a state of disequilibrium between what is arising and what one wants to be arising. The process is the same whether one wants vanishing pleasure to endure or one wants presenting pain to go away. In either case, desire can only manifest when a person who desires is created. The self (as a noun) is created as the (imaginary) subject of desire. This is selfing in action. (Olendzki, 2010, p.132)

But if the self is a particular aggregation of experiences, emotions and memories which changes moment by moment, who is desiring or who is suffering? (Who is writing now?) If there is no self to identify or to preserve, movement through change becomes more possible.

Enlightenment, in Buddhist terms, or self-knowledge, in therapeutic terms, are not to do with being perfect or somehow complete, but rather about simply seeing things clearly. As Freud suggests, the fantasy of untroubled perfection is a search for a return to early experience of feeling free of responsibility and merged with a parent. People may embark upon meditation wanting to get something, or to feel more peaceful or in some other way ‘better’. It is a developmental process in itself to find that it is simply to do with encountering all experience reflectively, not reactively. Dogen observes that ‘The koan appears naturally in daily life’. Each moment, in meditation and in therapy, brings the opportunity to encounter experience without evaluation and to find the capacity to wait for meaning to emerge, rather than ‘figuring’ it or hastening to fit it into an existing scheme of thought. It is the loosening of the narcissistic defence of the self that makes that available. But that inner conflict between the desire for open experience and the need to preserve an existing self may not be resolved through meditation practice alone.

Spiritual awareness, as Buddhism and other traditions define it, does not automatically yield psychological and emotional awareness in a Western sense. The profound need to defend against trauma and threats to bodily and psychic integrity, as well as our capacity for horizontal and vertical “splits” in personality, leave sequestered compartments where the memories of past injury and the anticipation of future hurt are deepest. Entrenched characterlogical defences and flaws can remain untouched. (Engler, 1983, p.42)

**Is meditation enough?**

So what happens when we become more self aware through meditation? Is that enough? If meditation (or therapy) is self-seeking in an individualistic way, it can become an activity like any other in which we may find change or new perceptions and notch that up as success, but then try to hold that, too, in a separate, well protected category of experience so that insights that arise are not actively lived thereafter, but defensively put away. I think of a former patient, Sarah, who regularly went on retreat, knowing that she would encounter her emotional world more fully and that painful things might arise. She was apt to say on returning: ‘It was wonderful to see myself more clearly; it was tough, but I learnt so much. Now I am more calm’ - as if experiencing feelings more immediately was also a holiday from them. It seemed also that she was treating her retreat experience as a precious possession rather than something more dynamic, and also more ordinary, with implications for the future. She needed to show me photographs of the retreat centre, again perhaps somehow capturing and freezing an experience. All of that seemed to be to do with more defensive reasons for spiritual practice, concerned with avoiding the immediate implications of unpleasure (conflict, grief, responsibility, guilt). In spite of her retreats, Sarah’s accounts in therapy of continuing issues did not change. That might be read as indicative of her ambivalence about the possibility of disturbance; she both wanted it in the privacy and imagined safe space of retreat and rejected it in the context of ordinary living and relating. More broadly, however, it represents an aspect of desire: that meditation becomes turned to being an end in itself, thought about in terms that are tailored to fit in with an existing pattern of understanding and expectation. Zazen undercuts all that; it is not the meditation experience that is inherently important, but the possibility of emptiness that it may bring. In terms of the self, it is not there to satisfy needs but to raise questions, to allow that the self who goes on retreat will not be the self that returns. The capacity for such openness fluctuates moment by moment, depending on the minutiae of circumstance. That is the case in meditation and in therapy; when something difficult arises, so do defences. Nothing is static or irreversibly achieved; in therapy and in Zazen there is no clear developmental line or straight path.

When I first practised Zen I think my state of mind was like Sarah’s; the idea of change was exciting, but I didn’t actually want to do it. It took work with my analyst to find, at times at least, the courage and genuine, active curiosity to look at myself more completely. For me, Zen and psychoanalysis needed one other.

**Clinging to the self**

One of the central struggles that patients bring into therapy is the contrast between belief in a familiar, boundaried self that can be defined and described, and a longing for relationship with others, who may not see or know us as we think we know ourselves. Geertz (1973) observes that:

… the Western conception of the person as a bounded, unique, more or less integrated motivational and cognitive universe, a dynamic centre of awareness, emotion, judgement, an action organised into a distinctive whole and set contrastively both against social natural background is, however incorrigible it may seem to us, a rather peculiar idea within the context of the world's cultures. (Geertz, 1973, p. 59)

Engler suggests that the more alive self is

….experienced as embedded in a matrix of relations and as defined by those relations, not just the matrix of human and social relationships but the more encompassing matrix of relationships within the world of nature, and ultimately the cosmos as a whole. (Engler, 2003, p. 51)

Creativity and change come from living in connectedness and responsiveness, not from a solitary attempt to care for the isolated self. Levine (2013) puts the same point strongly in the context of artistic activity, including conversation, in therapy (and, by implication, more widely):

Art is used as a means of self-expression. This is a misunderstanding that has haunted the field of expressive therapy since its inception – the very word ‘expressive’ misleading students and practitioners into thinking that to make art, one need only express one’s own feelings. Sincerity becomes the criterion of excellence, and criticism is impossible. In my own experience, on the other hand, I have often seen that self-expression is the death of art. (Levine, 2013, p.22)

‘Self-expression’ readily brings associations to language. In the idioms and the terms in which we speak we may use words, as an improvising musician might use music, as a means to open new possibilities of dialogue, expression and understanding. Equally we may use words as formulaic short cuts through subtleties and complexities, taking refuge in repetition. It is striking when talking with patients to encounter repeated phrases that are sometimes used to encapsulate something, but not to explore it. Someone may routinely speak of ‘my depression’ or ‘my low self-esteem’ (the possessive pronoun is significant); I wonder what that means or whether they can find other words or narratives. The familiar words themselves are part of a fixed self which does not feel the possibility of change or exploration, or of being understood. Part of the broader concern of therapy is to approach letting go of such entrenched feelings by widening repertoire: finding other words - or silence – without constricting anxiety about making sense, needing to name things definitively, or even being coherent.

If my selfhood is fixed at the point of utterance, that utterance is in no sense a request for acknowledgement; if my selfhood is determined from outside, if… it simply plays out a determined script, I am not in fact 'uttering' at all: I am performing an operation whose outcomes are in principle predictable. Either of these perspectives would be an avoidance of risk, of the moment of self-abandoning uncertainty involved in actually saying who I am… and owning my expression as mine. (Williams, 2014, p. 83)

If, as Levine suggests, aliveness rests in response to the other, not in solitary self-development, everything in the situation must be open to change. Therapists, as much as anyone else, are capable of clinging to fixed notions of themselves.

Engler also raises an issue that Aronson does not acknowledge: that to live from a position of absolute independent existence is to take up an isolated place in interpersonal terms, with immediate risk to our mental wellbeing. That being so, he is curious about why we cling to it and points to Buddhism’s difficulty in addressing that question. ‘*Why* would we represent ourselves to ourselves in just this way if it only produces suffering, as Buddhism maintains?... Buddhist psychology doesn't address this issue’ (Engler, 2003 in Safran, 2003, p.53). My experience is that relational psychoanalysis does, however. In the analytic space it is possible to look at relational difficulty and separateness in the moment and explore what is perpetuating it. That is what gradually became more possible with Tim (see Chapter 7).

Coltart, an example of a classical analyst who practises Buddhism, takes that further, suggesting that a possible meeting place rests in the understanding that psychoanalysis, concerned with the self, is also concerned with letting go of the illusion of the self. But perhaps thinking out some sort of formulation is not helpful, and there is more playfulness in the paradox:

It is as well not trying to twist oneself into knots trying to grasp it intellectually; slow realisation of its liberating truth is the only way, within the context of the whole practice… I work in the Western tradition; but my philosophy of life comes from Eastern teaching. To tell you the truth, I find it a wonderful paradoxical joke. (Coltart, 1993, p.29)

**The therapist’s experience**

What of the therapist’s defensive concern for herself? The analytic literature offers thousands of papers and books devoted to narcissism, but only a very small proportion of those, as Finell (1985) points out, are concerned with the narcissism of the therapist. To be narcissistic is to be defensively self-seeking and so not wholly available to another; perhaps that contrasts too starkly with the image of what most analysts want to be, so that to acknowledge it is too great a source of shame. But our self-concern is always present: ‘….every analyst's achievement is limited by what his own complexes and resistances permit' (Freud, 1933, p.153)

The analytic literature is also not short of material on countertransference - the feelings arising in the analyst in response to her experience of the patient; there is plenty about the appropriate timing and nature of the therapist’s management of that. Freud initially saw such feelings as a hindrance to clear thinking and objectivity, only later in his life speaking of their value in clinical terms, but in the more recent culture of relational psychoanalysis there is emphasis not only upon greater attention to countertransference, but also upon how it might be more openly articulated to the patient. Like any other moment where we might speak about ourselves, it may be a moment of vulnerability. Gitelson (1952, pp.3-4) suggest there will always be difficulties which may not only mean the therapist is hesitant to speak, but that before that they encounter thoughts and feelings, conscious and unconscious, which they want to avoid.

**Narcissism**

Narcissism is essentially defensive. It generates an idealised self, whose needs are paramount, in order to protect an inner vulnerability. That pattern of need and self-protection is consuming; it is difficult to make space for real interest or concern about anyone else, or to be imaginative about their experience. The experience of others is only of interest if it can be related to something to do with oneself. Small children need that state of mind for survival, and the adults generally recognise that. Movement into greater maturity, however, calls for a realistic recognition that others exist who have lives of their own, and that one’s own needs may not always be recognised or met. That sounds straightforward enough in cognitive terms, and it is easy enough to point to narcissistic behaviour in others; it is present in everyone, especially at moments of anxiety. Finell defines it simply as: ‘…. a function of a self that has difficulty in containing painful states and feelings’ (Finell, 1985, p.437).

Analysts are no different in terms of the risk of exposing patients to their own narcissistic anxiety. In my own experience, among the moments in working with patients when I feel most self-preoccupied are those when I am not sure what to do or say, or I feel that the patient is disappointed or critical. Then my fantasy of myself as good enough, or perhaps even excellent, is bruised, and the impulse is to become defensive. The patient will not allow me to be the therapist of my fantasies. The risk then is not simply of being over-preoccupied, but of falling, perhaps unconsciously, into some sort of subtle retaliation.

Main (1957) discusses at length the potential harm to patients, especially patients identified as ‘difficult’ that may ensue if the perceived damage such ‘difficultness’ does to the professionals’ need for self worth and effectiveness is not explored. ‘The sufferer who frustrates a keen therapist by failing to improve is always in danger of meeting primitive human behaviour disguised as treatment’ (Main, 1957, p.130). He is discussing work in a long-term inpatient setting, but the risk is present in any relationship – pastoral, educational, parental - of responsibility when those we care for are not responsive or grateful. ‘If the fruits of the analyst's labor are to see change or at the very least, to feel that he's having an impact on the patient, then his frustration tolerance oftentimes has to be on an extraordinarily high level’ (Saretsky, 1980, p.85).

The enthusiastic patient brings hazards too.

...the analytic situation offers much gratification for analysts with intense needs to be loved, idealized, and to feel a sense of power and control over others… In these circumstances, analyst and patient collude and form a misalliance … The narcissistic character structure of both is protected, and both receive a great deal of gratification that leaves the basic pathology untouched. (Finell, 1985, p.436)

So something pseudo-mutual, in which the patient is anxious to please and has worked out what the analyst wants, ensures that both feel some sort of satisfaction, but nothing changes, or some existing issue is unknowingly exacerbated. Self-preservation arises from desire. Wilson (2003) briskly remarks: ‘The practicing analyst is a desiring being every step of the way… There is no such thing as “natural” work, devoid of human action and intention’ (Wilson, 2003, pp. 72-73).

The aspiration of Buddhist practice is towards not just freedom from self-regard but a position in which the self, because of its essential transience, has nothing permanent to protect. At any moment I am present, but in the events of that moment I change. If my desire to hold to existing experience drives me I will suffer; in the clinical space, that suffering removes me from the immediacy of being with the patient. But perhaps a less clinging view of the self can allow what Gitelson calls ‘…empathic compassion which is distinguishable from sympathetic identification, and helpfulness which is distinguishable from omnipotence or masochism’ (Gitelson, 1952, p.13). If I can, as in Zazen, observe my inner experience and the impulses arising from it, I am less likely to act out of a blind spot.

Zen goes further. The self is never alone; we are in continual interaction and interdependence with everything else. That ‘interbeing’ is the place of creativity; we act and feel in response, not out of nowhere. That makes possible, in my experience, a more collaborative spirit in therapy. That is to do with seeing what happens in the clinical space not as a series of exchanges, but as something jointly created by us both and in a way belongs to neither of us. Logic and reasoning can get in the way of that, as can over interpretation. Shared exploration, without too much searching for answers, can allow their exchange to feel like ‘… a shared object rather than a contested one’ (Wilson, 2003, p. 88).

To return to Main (1957): his paper describes at length the splits and rivalries that arose in a staff team over the care of certain patients, as a result of which both patients and the wider institution were suffering. He goes on to recount the establishment of a group for the staff in which gradually they became able to acknowledge their feelings and hostilities, to learn that each of them was not entirely alone in their experience, and at the same time to recognise and accommodate their differences. That has resonances with an image of the self in Buddhist understanding; through the process of reflection, and recognising interconnection, the reality of change and conflict can be accommodated in ways which allow events to move forward.

That is paralleled in the matter of therapist’s own undue self-concern. Zen practice may foster openness to awareness of my feelings; it also shows me that I am part of a continual process of movement and connection, internal and external.

*Thirty spokes are joined together in a wheel,  
but it is the center hole  
that allows the wheel to function.*

*We mold clay into a pot,  
but it is the emptiness inside  
that makes the vessel useful.*

*We fashion wood for a house,  
but it is the emptiness inside  
that makes it livable.*

*We work with the substantial,  
but the emptiness is what we use.*

(Tao Te Ching, 2015)

……………………………………………………………………………………

In this example I discuss a piece of group work in which the therapist’s self-concern had a significant impact on the life of the group.

**Clare**

I am the therapist in a weekly group at a local group therapy centre; this account is of events some years ago. The group members all had continuing histories of mental illness; all lived in the community, but had had repeated hospital admissions. None of them was well enough to be in employment. None was in a long-term relationship; three had broken marriages and those who were parents were unable to see their children.

All had elements of what is often rather loosely called ‘borderline personality disorder’. In day-to-day experience the symptoms of that include difficulty in attuning to the atmosphere of the moment and to the feelings of others. Sufferers may feel particularly sensitive and vulnerable to any perceived hurt caused by the attitudes and behaviour of others towards them. In other words, people are very preoccupied with their own needs for emotional survival and self-protection. That can bring great difficulty in making lasting friendships and close relationships. At times of acute anxiety people may be subject to sudden changes of mood, and find it difficult to calm themselves. Instead, feelings may be discharged in impulsive action. At its most serious, that can take the form of episodes of self-harm or of attempted suicide; more ordinarily it can emerge in suddenly finding the company of others threatening or intolerable, which may bring outbursts of verbal aggression. One group member said of himself: “My skin is so thin that anyone could see me bleeding inside”. Generally, though, it was difficult for group members to speak with insight or to find symbolic language that so vividly evoked their experience.

That personal fragility might be felt as uncertainty about continuing existence: some people needed to talk a lot about their achievements as a kind of personal scaffolding. Three people had PhDs in areas of science; all had lost promising careers to illness. Two others had dropped out of medical training. All had spent time in the group talking about their experience in education and research and their real interest in their subjects; at the same time, a recurring theme was suspicion of the academic and professional world, with narratives about the uncaringness of supervisors or employers and the ruthless ambition of peers. In the same way, health professionals were not to be trusted; GPs and psychiatrists were mostly identified as getting things wrong, and the NHS itself as incompetent and unreliable. Comparable thoughts about me as the therapist or about the group as means of therapy were not so openly voiced, and when I raised the possibility I was told that ‘It’s different here’. I doubt that that was true; I think that such a response was indicative of something much more pervasive in group members’ experience: that a direct encounter with another person about what is going on felt very risky, and there was a need to hold on to the idea of the group as a safe place, although that was not always borne out by experience. It was easier to talk in terms of facts and theories, or about events that had taken place outside the room.

There was great interest in the ‘rules’ of the group - another framework - and there was anxiety at times of change or rupture. When a new group member joined they were often greeted with: ‘Why are you here?’ (and, implicitly, ‘Are you entitled to be here? Are you as ill as us?’). When there was a holiday break the dates were made known some weeks ahead, but there was none the less repeated checking of the plan and sometimes someone would return to the group a week too early.

It was difficult for group members to speak directly about their feelings or to respond at a level of feeling to the experience of someone else. When people described their experience they usually needed to put it in rather detached terms, so there would be discussions about niceties of diagnosis or about medication, with reference to websites or textbooks. If there were accounts of troubling encounters with others, the talk needed to be in terms of whether behaviour had been reasonable, or who was in the right. When it was possible to talk about earlier experience, everyone in the group had narratives of trauma. Three people had histories of childhood sexual abuse, one experienced the suicide of her father and her brother, and another had a breakdown at boarding school in the context of bullying. Often such accounts were presented in a rather blank, emotionally disconnected way.

That level of emotional fragility brings great difficulty in empathising or responding imaginatively to others. If someone spoke about a difficult experience, others were likely to offer practical advice or talk about comparable experiences of their own. Listening to the emotional tone of someone’s words, or listening beyond those words and offering recognition at that deeper level often seemed impossible. So conversation in the group was often quite active, but at the same time there might be little sense that people were actually able to make emotional space for one another. Instead, the emphasis was on dependable externals (dates and ‘rules’ and facts) and on very simplistic views of the wider world. At any particular moment there could only be one reading of a situation or one judgment of its rights and wrongs; ambivalence and uncertainty were too alarming. The group could not ‘improvise’.

I often found it difficult to feel hope or any sense of movement. The projections that came into the room were of a timeless stuckness in negative mental states in which people had no expectation of any real change, coupled with the fear that any actual change (trying a part time job, moving to live independently) would be too disturbing and bring about more breakdown. All implied that they expect to be in this state for the rest of their lives; two said that when the parent who was caring for them died they would kill themselves.

So I, too, could get into a state of mind in which I expected little and in which it was difficult to feel alive. I noticed that when I talked about the group in supervision I could become rather like a group member, wanting to brush aside my supervisor’s more creative thoughts and trying to convince her, too, of the unchangeable climate. There were times when, in my own interests, I tried to move things forward in the group by saying something I considered clever, or which I hoped might jolt us into something more active.

My task as the therapist with the group, however, was not to give advice or even to get caught up in the concerns of individuals, but rather to try to foster a climate in which members could find some security to begin to listen and speak more flexibly. Above all, I needed to listen. That was not easy when others were wary of such attention and could readily find it intrusive if I spoke in response to what I thought I heard. At the same time, I noticed people sometimes glancing at me to see where my attention was. Not to be listening enough was as bad as being over intrusive, so I was always walking a fine line and easily missed my footing.

There are parallels between what was most often called for from me in the group and the practice of Zazen. Simply to sit and attend to what is happening in the moment, without seeking to make something of it, was what was needed. If I started to theorise in my own mind or even to make connections in my own interests between different events or things that people said, I too could be removing myself from the present moment in pursuit of something more internally detached and comfortable for me. That present moment was often what was most painful or frightening for group members, however; if I could model the possibility of staying within it and occasionally voicing an unprepared (improvised) response, there might be some possibility that others would perceive that such awareness is possible and tolerable. So the practice of meditation, with its injunction to both feel and observe experience, but not hold on to it, may provide a solid basis for just sitting still with a group.

I noticed that it was at times when anxiety levels were particularly high, or conflict was building up, that I talked too much. Like some group members, I could try too hard to respond in a rather concrete way to what was happening, and I did not trust the process itself or recognise that my actions came out of my own desire for survival. ‘… there is no place for elegant, lengthy interpretations conceived primarily to satisfy the conductor’s narcissism (Foulkes, 1975, p.62).

When I was able to listen more spaciously and with less anxiety I could be aware that there were, in fact, moments of spontaneous and generous connection, and that people could use their experience of one another creatively rather than defensively. To listen with less expectation of a certain kind of processcan allow awakeness to deeper connection, and to the value and quality of individual moments.

One group member, Colin, talked repeatedly and angrily about how his wife had taken their dog as part of their divorce settlement. He told the story as part of a bigger account of incompetent lawyers and general unfairness and also took it as an opportunity for attacks on his wife and her small mindedness. (‘She even fought me for the bloody dog and its muddy feet.’) He used his memories of the dog as a means to tell funny stories, but any suggestions from me that he missed it or felt identified with its helplessness and messiness were ignored. On one occasion, when the dog conversation had not happened for some time, another member was describing her childhood experience of being fostered, and wondering whether her own parents were even interested in where she might be. The group was listening with familiar politeness but apparent detachment when another member, Charles, said to Colin: ‘I don’t know why, but I’m thinking about you and your dog and your sadness’. That was striking on a number of levels. It showed that he had not forgotten about the dog, and that he had had Colin’s narrative in mind, not just in terms of facts, but in its feeling quality, in the intervening weeks. He spoke gently, rather than breaking in to claim some space, and he responded to the thought of Colin and his dog in emotionally imaginative terms. His ‘I don’t know why’ suggested a more reflective and perceptive state. Colin picked up something of that and quietly said ‘Thanks, mate’.

So there could be such moments of recognition and connection, but they were rare. The clinical intention is to offer space where such interpersonal possibilities can be felt and taken up; when such moments do arise, however, they bring pitfalls for the therapist who wants them too much. Working with this group taught me much about the pervasiveness of my own desires and the importance of being alert to them. The bleakness of the group atmosphere had a sort of emotional silence about it which might in fact also offer the possibility of being able to be attentive, as in Zazen, to small moments of experience and to the quality of shifting feelings in the room.

The second Noble Truth proposes that suffering arises from desire; we suffer because our longings are not met. When there was a ‘good moment’ in the group, my response was to feel relief at the warmth and openness of it, both for myself and for the whole group, and corresponding frustration when the moment did not last and seemed forgotten.

On one occasion, in the last session before a planned summer break, I was aware of finding it difficult to hold my attention in the present; my mind was drifting towards thoughts about getting to the airport the following day and excitement about where I was going. Somewhere mixed in with that were worries about how the group had been in recent months and whether anything really significant had changed. So in two senses I was outside the group and desirously looking for thoughts that might be gratifying for me. About ten minutes before the end, two people were talking about their experience of dealings with health professionals, and both were describing encounters which they had found helpful. I was delighted at their acknowledgement of the possibility of receiving help from another and of being grateful; rather than being glad on their account, however, I took it as a kind of prize for myself, and confirmation that I must be doing something right. Another group member, Clare, who was sitting next to me, interrupted someone’s narrative, as she often did, with material of her own: an angry story about how hopeless her GP was. I was irritated; she had taken away my moment of gratification and brought some bitterness into the room. In my self-preoccupation I lost sight of the possibility of imagining that she might be envious of the others with their more positive experiences. In musical terms, she had brought some dissonance into the rather mellow texture. Instead of simply listening to her and allowing the group to find its responses I said to her something like “I think you quite often find it difficult to be grateful”. In a factual sense that was true, but my reasons for speaking like that then were to do with me. Clare was silent for the rest of the session. I left the group feeling concerned; that concern was for her, but was just as much some sort of narcissistic dissatisfaction with my own performance.

After the break Clare did not return for some weeks. She refused a meeting, and sent an angry email saying the whole group had ignored her distress and perhaps she should find therapy elsewhere.

The news that Clare might have left offered the group some positive possibilities. Colin shouted at me and said I had driven her away. Others disagreed and said that she should have taken more responsibility for herself; one person said she could not really recall what had happened, but she was glad Clare was absent. All that allowed the group to recognise and explore some differences and showed them that voicing anger need not be destructive of relationships. In group analytic terms, any group event offers potential material for reflection and development through the exchanges that it generates. Clare’s temporary departure brought about some wider discussion about loss and about how safe it was to become attached to other people. Some members were able to say how afraid they were of negativity and how disturbed they had been by events.

It remains, though, that my action in that moment arose from desires of mine of simple kinds identified by the Buddha. I wanted the sensual pleasure of the warm expressions of gratitude and the thought that my cumulative actions as a therapist might have brought them about; I wanted to be and be seen to be a good therapist and feel like one; I wanted to get rid of the bitterness. My preoccupation with those things, and my drift into gratifying thoughts about past and future events, separated me from the possibility of a more measured and open response to Clare, or of seeing her words as part of the whole texture, rather cutting across it.

In the language of group analysis it might be said that I became caught up in the network of projections and defences in the room, and Clare was on some level not only speaking for herself, but voicing a shared feeling of vulnerability and anger, especially with a break approaching, which others in the group were avoiding through their more open, grateful contributions. My supervisor, who is not one naturally to offer comfort or try to soften experience, none the less suggested that in some way Clare had wanted to leave the group and had unconsciously used me to find a means to create a situation which she could then say was irreversible.

Those and other interpretations might well be part of it; as I reflect on the episode now, however, I notice that I still return to the impulse to make a judgment about my failure of presence and attention. That places me once again at the centre of the drama, but if I am, as I can occasionally feel, part of some infinitely wider network of connections, then to go on focusing on my action is one more self-preoccupied act and does not allow the rest of group to be part of events or me to remember my own ordinariness. It was quite natural for me to be glad of those times when the group could operate more freely or find something new; it was my attachment to that experience, and my need to voice my frustration when it was disrupted, rather than speaking from a more considered place, which got in the way.

Clare eventually returned to the group, and we were able to use the episode to consider relationships in the room, and in particular feelings of envy.

In this chapter I have considered understandings of the self from the perspectives of psychoanalysis and of Zen. I suggest, drawing on a clinical example, that to perceive the self as changing and transient may allow the therapist to be less narcissistically concerned with desire for her individual survival and more able to attend to the wider network of events. I consider the clinical implications when that perception is fragile. In Chapter 10 I move on to focus upon issues of attention and desire, partly through considering the experience of music and the capacity for improvisation. The chapter concludes with a case example.

**Chapter 10**

**LISTENING, ATTENTION AND DESIRE**

An intricate relationship exists between the capacity for surprise and the capacity to listen, for whenever one truly listens one exposes oneself to the possibility of surprise. If one does not want to be surprised, his best bet is not to listen, either to others or to himself. (Singer, 1965, p.63)

**Introduction**

Listening is the object of increasing discussion in psychoanalytic practice. In this chapter I examine aspects of the nature of listening and attention in that context, suggesting a distinction between the two. I make a connection to questions of desire: I also consider the importance of open listening in sustaining the therapist’s ‘improvising’ state of mind. I begin by considering the non verbal dimensions of conversation, and how attention to those may inform understanding and response I suggest that responsive listening in the therapist calls for the capacity to improvise, and that that improvisatory state of mind may be supported by the ‘contemplative position’. The chapter ends with a case study.

I raised the question of listening and its relation to Zen practice in the first conversation group:

*E:* *There was something in my mind when I started this project, so what about listening, I suppose, or being attentive. And which is something - it's all that, of ways of talking about psychoanalysis as the listening cure, rather than the talking cure. And although we get anxious about whether we're listening properly, and whether we need…or the attending or not, and how that might fit with our practice.*

It might seem self evident that the first task of the therapist is to listen to what the patient is saying. Apparently ordinary verbal communication is the first stage in most human encounters. Here I shall consider listening not only in terms of the demands it makes upon the analyst’s capacity for concentration and memory, but more broadly in relation to the state of mind needed for listening which is not primarily cognitive and meaning-seeking, but open to unworded and perhaps unconscious communication.

Analytic writing (Powell 1983, Stein 1999, Wolton 2013) about those aspects of listening and attention seems sometimes to struggle for appropriate language and often turns, interestingly, to metaphors drawn from the vocabulary of music (dissonance, resonance, counterpoint, resolution). That suggests that listening goes beyond attention to the manifest content of the patient’s words and into an area that is, in the broadest sense, aesthetic. The way in which we listen directly informs the way in which we reciprocate. That calls for attention not only to what the therapist may try to do, but also to what it may be helpful for them not to do. Zen practice, with its emphasis on non-striving openness to experience, may offer ways to develop a position less anxiously concerned with establishing understanding and conclusions. In other words, it may be useful in considering the place (or not) of desire in the therapist’s experience.

**Listening? Attention?**

Kraepelin asks him his name. The patient replies by an exasperated outburst in which he is now saying what he feels is the attitude implicit in Kraepelin’s approach to him: What is your name? What does he shut? He shuts his eyes. Why do you give me no answer? What is the boy’s experience of Kraepelin? What is he ‘about’ in speaking and acting in this way? He is objecting to being measured and tested. He wants to be heard. (Laing, 1990, pp.30-31)

This is RD Laing’s account of the German psychiatrist Kraepelin as he talks with a patient diagnosed with schizophrenia. Laing, characteristically, looks at the work much more broadly, staying away from purely diagnostic thinking, and suggests that not all of what is said by the patient derives from his symptoms. Rather, he might be heard as simply voicing frustration at not being wholly attended to. But this small incident, itself an example of something far from uncommon, illustrates something central about the question of listening and attention. What was the impact of Kraepelin’s impatience?

Listening is not a straightforward business. As therapists we acknowledge easily enough that it is vital to the continuing life of the co-created therapeutic narrative that whatever preoccupations we have within ourselves do not take up so much psychic space that we cannot allow ourselves to listen effectively to our patients in the moment. It is all too easy for the therapist to be eagerly inspired by that idea, but that, ironically, can be a hindrance in itself.

Reik, a pupil of Freud, gives this advice:

We do not understand and therefore we are impatient. We are in suspense and very far from knowing all the answers. Our initial sympathy with the patient seems endangered because we have become so intensely eager to ‘understand’ him that it is hard to wait. But we must learn to be patient… (Reik, 1983, p.130).

From conversation group 1:

*B: …practically it's not that easy, in that what are you paying attention to exactly? Are you paying attention to everything and the client, are you paying attention to their story, are you paying attention to their body, their movement, their energetic field? What are you paying attention to, and is everything worthy of attention?*

B’s concerns are a reminder that listening is not only necessary, but a potential source of anxiety. In the complexity of the analytic encounter, what matters most? Perhaps her questions arise not only from her ordinary interest in that, but from her worry about herself, and whether she is good enough, or making the right choices about what is ‘worthy of attention’. The act of steady listening can be disrupted by anxiety about the listening process itself.

At the same time, B recognised the need to attend to oneself as well as to the other:

*B: While you asked us about thinking about attention, to me, that does seem something where there is an overlap between meditation and counselling or therapy, in that, in both you are paying attention both to yourself and the other person.*

D drew a connection between the openness of meditation and his way of listening as a counsellor:

*D: Also, when I pay attention in meditation to what's coming into my mind, and then being able to let it go, I notice these things when they arise. It helps me to notice when they arise, when I'm counselling as well.*

There is a wealth of literature on ‘listening skills’ (e.g. Akhtar, 2010; Howell, 2016). When we seek actively to listen in the clinical space we are trying to do it well, driven by a desire to deepen and expand something ordinary. But there is the ordinariness of hearing, and the greater effort and potential anxiety of listening, and somewhere between the two, I suggest, rests *attention*. To seek to engage in active listening is no guarantee of absolute availability to encounter the conscious and unconscious material of the therapeutic exchange; the therapist’s own areas of vulnerability and unconscious defences will see to that. It is at this point that previous ‘knowledge’ borrowed from other situations, or an over-dependence on generalised theory, can be grasped at to fill the intolerable gaps. All this suggests, from various angles, that listening, especially in circumstances of anxiety, is never a neutral activity. The listener’s self-concern will ensure that material is selectively heard or not heard, and that the implications of what is heard are at risk of being formulated into assumed patterns of emphasis or meaning.

As soon as anyone deliberately concentrates his attention to a certain degree, he begins to select from the material before him. This however is precisely what must not be done. In making the selection, if he follows his expectations he is in danger of never finding anything but what he already knows; and if he follows his inclinations he will certainly falsify what he may receive. (Freud, 1912, p.112)

The attention that Freud proposes may be equated with the Buddhist injunction to attend to all experience with equal openness, cultivating the capacity both to be within it and at the same time to seek a position of dispassionate self-observation. This ‘mindful’ approach has been adopted widely within and beyond psychological treatment services.

The Zen tradition, however, claims more. Coltart (1993) suggests that the capacity for open, non-judging attention that can develop through sustained meditation practice not only allows for clearer awareness, but is in its very nature a potential means of alleviating suffering through allowing space for painful feelings to be worked through, rather than reframed or minimised. Furthermore, the practice in Zen of being potentially open to all feelings and observing their quality, rather becoming caught up in the historical issues from which they arise, is akin to the psychoanalytic aspiration to support patients in a process of feeling, moment by moment, rather than to seek actively to evaluate or change ideas or behaviour.

A reflected on this clarity of mind:

*A; I suppose meditation has helped me to ground myself and not get caught up in what's coming from the other person in psychotherapy, and anxious…. .And I find that that is really useful in grounding myself, and being in the here and now. I think that's so that I am like available to listen to the other person, and to position myself in a sort of openness, receptive way without any pre-…it gets rid of the…the grounding, this gives me, gets rid of the preconceived anxieties that I might have.*

Like Coltart, Pearmain (2001) brings warmth to the analytic encounter:

It is the quality of the heart-to-heart kind of knowing, the most meaningful aspects of being alive…. It indicates a level of penetration and discrimination as well as a sense of relatedness to the largeness of life.(Pearmain, 2001, p. 90)

It is easy enough to speak of non-judging attention, but that is not an easy stance for the therapist. An over mechanistic turning to theory may feel readily available as a source of supposed understanding or response, particularly at times when the analyst finds herself anxious or impatient. More riskily, as I suggest in Chapter 4, theory can take on the function of a stern superego, and the analyst may feel some sense of betrayal or loss of the tradition she is part of if she moves outside the theoretical emphases it has taken such trouble to inculcate and which probably brought her there in the first place.

I suggest that the Zen practice of ‘just sitting ‘may allow less concern for preservation of the analyst’s identity and free them more readily to respond to experience in the moment; this seems to go beyond ‘mindfulness’ as a technique and to bring more far-reaching implications about the nature of the self, and the duality (or not) of self and other. I discuss this in Chapter 7. There are also echoes here with Symington’s proposal (Symington, 2004), which I discuss more fully in Chapter 6, that contemplative practice awakens the impulse to proper action. The philosopher Iris Murdoch regards attention as ‘…a just and loving gaze directed upon an individual reality’, and sees it as ‘…the characteristic and proper mark of the active moral agent’ (Murdoch, 2001, p. 34).

**The aesthetic dimension of conversation**

To attend to ‘more than the sound of the patient’s voice’ (Bion, 1984, p.41) brings potentially useful associations with the experience of music.

Music is supposed to bring out the spontaneous, essentially human element in its listeners and in virtually all human relations. As the abstract art *par excellence*, and as the art farthest removed from the world of practical things it is predestined to perform this function.’ (Eisler & Adorno, 2005, p.74)

I suggest our earliest experiences of human contact are emotional and aesthetic. Our first communicative exchanges with others are going on long before we can talk; babies and their parents develop very sophisticated repertoires of sound, gesture, pace, and tone of voice. The work of Trevarthen (2012) on the complexity of our pre-verbal interactions has done much to demonstrate that the nature of our earliest sense of the possibilities of relating to others resides in sound and is vital in shaping our assumptions about communicative relationships throughout life. The crying baby who is repeatedly not responded to will eventually give up and become silent and withdrawn. The baby whose family enjoy creating with her (and led by her) a shared collection of idiosyncratic sounds, and are curious about their ‘meaning’, will learn more about the pleasures of subtle, intimate communication. Words can help us to articulate some of our experience in due course, but as Phillips (1999) points out, the young child’s acquisition of verbal skills, so welcome to the grown ups, involves loss as well as gain. There is less demand for the adults to hear feeling and emotional tone; words and explanation become highly valued. But our need for attentive concern and recognition at a level outside language does not leave us. That is familiar to clinicians working with patients for whom flexible use of language is not available; that unspoken dimension, so readily found in aesthetic and spiritual experience, remains active in any of us.

Any conversation that feels alive involves improvisation. It has no agenda, but rather allows new things of all kinds to emerge through a process of free interaction. In free musical improvisation, for instance, traditional stylistic expectations of harmonic and rhythmic structure, conventional sounds, dynamic range, and so on may be let go of in favour of something more open and unfamiliar, calling for a new and different kind of listening which is less dependent on the fulfilment of familiar expectations. ‘Of all musical experiences, there is none more direct than free improvisation…. and this should be understood as a paradigm of *listening* – the form of listening from which music began’ (Scruton,1999, p.217).

Two kinds of listening seem to emerge from all this, one the alert, watchful stance which seeks to perceive as much as possible, another a more relaxed position which pays more attention to the listener’s inner experience and allows her greater freedom of response.

**Listening**

Relationally grounded models of psychoanalysis as exemplified by the work of, for instance, Mitchell (1993), and Benjamin (2014) emphasise the dynamics inherent in the meeting of two subjectivities. That calls for attention on the part of the therapist to the emotional dimension of being in the presence of the patient, which may bring its own potential difficulties. One, of course, is simply that the therapist who is more actively aware of and attuned to the emotions, memories and fantasies generated within them by the patient's material may find some difficulty in sorting out what belong to who. For therapists as much as anyone else, the experience of strong feeling calls for containment in order for it to be felt tolerable and available for processing through thought.

Soto Zen practice operates from the premise that we do not engage in meditation in the hope of becoming Buddhas, but rather because we are already Buddhas. The business of meditation is not to accumulate experience in order to feed our understanding or spiritual insight, but rather to enable us to let go of what gets in the way of clear perception. There are immediate parallels here with the analytic space. The therapist who believes, perhaps on the basis of over-dependence on theory, or through finding the experience of bafflement too much to take, that they know what the patient means and what is going on, is always at risk of closing the process down in the interests of short term safety.

**Playfulness and improvisation**

I turn to improvisation now because of its immediate association with listening. As I suggest at the start of this chapter, the way we listen informs the way in which we respond. If each participant is anxious, they will not have the psychic space fully to attend to the other, or to respond with freedom.

There are moments in this thesis where the reader is invited to pause and listen to an improvisation. That is not only because to improvise in music has long been a natural way for me to reflect upon experience, and it has therefore felt right to include that kind of reflection here; it is also because improvisation as a means of exploring and voicing experience has, since Freud, been a central element in analytic practice. The capacity to improvise, or freely associate, has been seen as a sign of psychic health. But that relation between the supposed assurance of cognitive understanding and the more freely flowing, unpredictable nature of improvised material is a source of tension for me when I consider my own practice, both inside and outside the consulting room.

Can we model the improvising, non-desire of Zen, or of relaxed attention to experience, with patients? Dogen speaks somewhere of meditation as ‘joyous play’. The freedom to allow experience to rise and fall without anxiety or ambition, simply feeling the sensations of the moment, is something that the healthy small child will have no trouble with. Winnicott points out that the business of psychoanalysis has to start there, with a return to the unworried state that allows for events to follow one another without fear of judgment or measurement of achievement.

It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self. (Winnicott, 1971, p.54)

The cheerfully playing child explores for the sake of exploration, not in order to impress someone or do ‘better’ than the child next to her. That crucial freedom can be quickly overlaid by the accretion of the learned behaviours that contribute to the construction of the ‘false self’ - one that functions to keep others (usually the grownups) happy and so reduce fear of rejection, but which blocks the child’s capacity to find and trust what Winnicott (1971) calls her ‘spontaneous gesture’, and so to listen to herself. That process can be so pervasive that the false self can become the believed ‘true self’. Think of those who are compulsive caregivers and believe that they always enjoy it, or those who hold and promote stern beliefs about sexuality or aspects of sexual practice, while disavowing their own fantasies and impulses. The division in the personality that such positions call for can seldom be sustained indefinitely, and the business of therapy is often that of working towards a more integrated and assured sense of self.

Phillips speaks of the patient’s relationship with their history, whatever it may be, and the need to be able to make something of it, not only in practical or intellectual terms.

For the artist of her own life, it is not so much a question of what she has been given as of what she can make of what she has been given… setting the dreamer and the child off on the work of transformation.

(Phillips 1998, p.12)

For that to be available, of course, the creative possibilities in the therapist must equally be sufficiently alive and well. The great joy of free improvisation is that there need be no particular definition or evaluation of what takes place, other than that it calls for the capacity for the creation of something new, however small scale, and that that creation happens in the confidence that whatever emerges is of its own nature of worth, without it having to meet the criteria of someone else. Again, there is a parallel here with Freud’s injunction to free association; whatever arises may not be in a familiar idiom or seem immediately coherent, but through its metaphors, images, and dreamlike quality and, above all, its emotional freedom, it can bring us closer to the centre of experience.

An Internet search on the word ‘improvisation’ quickly brings up much about music and other live art forms. Some prevailing themes readily emerge.

1. Books and videos about how to improvise or how to learn to improvise. Many of them relate to jazz, folk music or rock music, to dance, or to drama. These often base themselves in an existing idiom and offer means whereby the participant may become more wide ranging, more spontaneous and more confident in improvisation. ‘The philosophy of improvisation’ website advises a 3 step process towards freer improvisation, which begins with writing ideas down.
2. Examples of free improvisation in action. These are generally films and recordings of musicians or actors improvising together in what often appears to be public performance.
3. Texts discussing improvisation in theoretical/aesthetic terms.
4. Texts offering advice about developing improvisation skills in specific areas, such as music therapy (Wigram, 2004; Carroll, 2013; Wilhemson, n.d.) or church music (Dupré, 1925: Hancock, 1994).

# Within much of this two themes appear repeatedly.

# Firstly, there is anxiety. There is a focus upon getting ‘better’ at improvisation; that implies that there are norms to be met, and that improvisers will be measured against those norms. It implies a culture of judgment, from within or without. In the interests of improvement, techniques are offered that can be practised and developed. That suggests a climate in which the player wants to feel freer in terms of activity, and to find that freedom through learning. In material about jazz improvisation, in particular, there is often discussion of scales and keys, or advice about how to create variations on existing harmonic or melodic structures. Some of these things can be learned, of course, but much less attention is paid to the state of mind that is needed in order to use such techniques with genuine freedom.

# Secondly, and closely related, there is preoccupation with self and performance, beyond immediate technical skills, which may close down inventiveness, making real freedom very difficult. An active seeking for absolute freedom ensures that it will be out of reach; Zen masters would recognise with amusement the parallel with the futility of actively seeking enlightenment.

# My experience of teaching clinical improvisation to trainee music therapists – if it can be taught - bears this out. Students generally arrive with well-established musical selves, often manifested in playing or singing of a very high technical order. Difficulties arise for many, however, when they are invited to improvise, even in relatively structured ways. Some find it very difficult to move out of simple tonal patterns; they do not know what to do. That is not a question of what is permissible, but rather that their musical imaginations cannot move beyond versions of what they already know. To be asked to improvise in front of a group of peers is alarming; the response to anxiety may be to resort to the familiar. Some of that nervousness can be located in musical limitations, but there is a personal element to it too.

# As all this suggests, there is the question of the improviser’s (and so the therapist’s) inner world and what constraining desires may be active there. If we carry within us internalised figures with whom we associate criticism (parents, teachers, colleagues), their voices may be loud when we are doing things that bring anxiety about not being good enough, not only because we want their approbation of itself, but because the memory of disapproval or disappointment may be so painful. So the inner audience, or the well-developed superego, may stand between the improviser and the freedom to get on with it.

# B put it in terms of anxiety about action in the moment:

# *B: So if I find that my attention is very divided, because some boundary issue has come up, and I'm busy thinking, oh, what am I going to do about this? And my mind is half kind of processing that, and I'm not really paying full attention….*

Perhaps such freedom is never wholly possible in adult life. Sometimes patients find it difficult to speak freely, or think aloud, or allow whatever comes to mind to be voiced, however illogical or incongruous. Conversation can feel stilted or hesitant; the speaker may resort to familiar repertoire - forms of words, narratives, repeated gestures and mannerisms – when faced with the fear that their thoughts and experiences are meaningless or shameful, or that the therapist will not understand or is privately forming judgments. Freud valued free association as a means to bring the unconscious factors underlying daily experience into consciousness, allowing them to be thought about. But unconscious material is unconscious for good reasons; in Freud’s view, we consign to the unconscious those feelings, memories, and impulses which for one reason or another we cannot bear to know or acknowledge. At the same time, those things are the primary drivers of our behaviour, so to know ourselves better we must seek to know them.

# The jazz pianist Chick Corea (2012), speaking of self judgment (on the Discmaker website), observes that it took him until he was in his 60s to ‘cut that terrible habit out’ (even in that there is a strand of self-criticism). He goes on, speaking in terms of performance: ‘[Playing without judging yourself] is nothing that can be achieved mechanically by practicing. It’s in the realm of the spirit, in the realm of an ability to be comfortable with your band mates, with an audience, and with yourself, really.’

Newborn babies are natural improvisers, perhaps quite naturally inhabiting Corea’s ‘realm of the spirit’ and they necessarily seek to do that, before language arrives, in ways that are essentially musical. Crucial to their developmental process is finding and using opportunities to develop a mutual repertoire – of sounds, gestures, games – in collaboration with their caregivers, as a central means of developing relationships with them. The emotionally secure enough baby will try things out, adapt when the communication does not quite work, and survive misunderstandings. They will be curious and exploratory, and all of that will take place through the experience of feeling recognised within an emerging relationship. But when emotional attachment feels less secure or even threatening, or when the young child is neglected, emotionally as much as physically, relaxed experimentation is much too dangerous, and self-preservation becomes paramount (French and Waas 1985, Venet et al 2007).

Our experience of the sounds of others carries from the start emotional, ‘unthought’ experience which becomes the stuff of intense associative feelings to do with the state of being of another, which brings in turn expectations or fears about the implications for the possibilities of relationship. That is what lives on so readily in our sensitivity to tone of voice, and to the pace and rhythm of speech. We learn and sense much more, in emotional terms, from timbre than from content. In any interaction we are acutely alert to stresses, hesitations, interruptions, and so on, because they carry implicit emotional meaning. Inevitably, our responses will in some way be coloured by what we have heard, and so the two partners will develop a mutual repertoire which may or may not help to carry things forward. When a conversation feels awkward or stuck, it is often because the participants have not been able to find a mutual idiom that is creative. One person may experience the other’s monosyllabic replies – or their longwinded sentences – as somehow disrupting the flow of exchange and preventing things from developing on a level of feeling or understanding. One or other person may feel frustration, and of course at an unconscious level there will be intersubjective events taking place which are full of complex meanings and motivations, but one of the strongest external manifestations of that is the sound world of the interaction.

In the face of anxiety and confusion one impulse may be to try and put things in order. If we can formulate an experience, or describe and discuss it in consistent language, we may feel safer; the internal structure we have found for our experience appears dependable. The risk is that a pseudo-understanding may be claimed, which seems to work, but which does not truthfully reflect experience, leaving the individual operating through a false self. Winnicott suggests that this is route to falsehood, and therefore a dead end, although its idiom may be more readily recognised, and so welcomed, by the wider world. The risk is of trying

to turn reality into something that can be reasoned, but without emotions, affections or creative acts. When such intellectualization succeeds, the individual is perceived as normal. However, he does not experience what he lives out as something that is truly his, but rather as something alien to him.’ (Winnicott, 1965, p. 143)

The attraction of intellectualisation may be just as great for the therapist. To retreat into theory or to fall into ‘therapy talk’ in the face of confusion is to compound the falseness of the exchange; the therapist, too is effectively without ‘emotions, affections or creative acts’. A colleague of mine regularly remarks that there is all the difference between sounding like a therapist and actually being one, and that patients will sooner or later spot the difference, but may comply with the ‘therapy talk’ for want of anything else.

# The jazz pianist Kenny Werner addresses this paradox. He observes that in order to improvise freely the player needs to be in what he calls ‘the space’, and at the same time recognises that the desire to be in ‘the space’ or the need to self-monitor to see if one has got there are precisely what get in the way of such freedom. None the less, his book on improvisation is entitled *Effortless Mastery* (Werner 1996), as if there is something to be overcome and something to achieve. Werner recognises that the block to freedom, beyond matters of physical technique or theoretical knowledge, is anxiety. But he leaves that central area untouched. What is actually needed to be in ‘the space’ if it is not something that can be learned or practised? Technical assurance may allow more room for emotional awareness, but such awareness is limited by other elements beyond the player’s musicianship.

# Nachmanovitch (1990) relates improvisation to play, and suggests that in genuine spontaneity we are not simply bringing together existing elements in new ways, but looking inward and finding ourselves, or, in Winnicott’s terms our ‘true selves’. He turns to the Sanskrit word ‘Lila’, meaning ‘play’.

# Lila may be the simplest thing there is – spontaneous, childish, disarming. But as we grow and experience the complexities of life, it may also be the most difficult and hard-won achievement imaginable, and its coming to fruition is a kind of homecoming to ourselves. (Nachmanovitch, 1990, p.1)

# Winnicott agrees that playfulness is central to any possibility of emotional freedom or creative activity. He locates such playfulness in the transitional space between inner and outer experience that is the place of the development of a sense of self. If such play is not authentic, the risk is of outer apparent effectiveness, but inner emptiness.

# ‘In a search for the self the person concerned may have produced something valuable in terms of art, but a successful artist may be universally acclaimed and yet have failed to find the self that he or she is looking for… The finished creation never heals the underlying lack of sense of self.’ (Winnicott, 2005, p. 73).

# There is a strong resonance there with the therapist who cannot speak from a place that is wholly their own. ‘…*psychotherapy is done in the overlap of the two play areas, that of the patient and that of the therapist* If the therapist cannot play, then he is not suitable for the work [original italics] (Winnicott 1974, p.54).

# Winnicott’s own writing has a strongly improvisatory feel to it. Some of his papers are discursive and at times repetitive; it is widely thought (Phillips 1998) that he dictated much of his writing and made few editorial adjustments. For him the value of creative work, in analysis and elsewhere, rested in response and action in the moment, without active looking beyond that to past or future.

# That was echoed in the conversation group discussions.

A spoke about the attention in the ‘here and now’, and the need for the therapist to attend to their own experience:

*A: I think it's a curiosity of being curious about yourself, and how you're feeling is quite a Zen thing, because it's also, it's a here and now and attending to that.*

This is the radical proposal of Zen; that there is no self to be either admired or humiliated, and so there is nothing to prove, but there is from moment to moment real feeling, thought and action, which come from someone, but that someone is always part of a changing network.Dogen associates that loosening of connection with a distinct self with freedom. ‘If you become thus utterly free you will be as the water wherein the dragon dwells or the mountain whereon the tiger roams’ (Dogen, 2005, p. 34). That image speaks to me in several ways. Firstly, it implies that one’s mind can be the habitat of potentially alarming things, and allow them take their natural course. Secondly, water and mountains are timeless. The dragon and the tiger can come and go without threatening them; they live on. From yet another perspective it shows me that the mountain and the tiger, or the water and the dragon, actively belong together and in some way fulfil one another. There need be no desire for separation.

Some writers can sound idealistic about the freedom of the creative process, and dismissive of anxiety. ‘To judge, dispute and criticise the principle of speculative volition which is at the origin of all creation is thus manifestly useless. In the pure state, music is free speculation’ (Stravinsky 1947:50). That comment is from a composer. Some composers find that ideas flow freely more than others, but the ‘principle of speculative volition’ speaks of a state of mind that is free from any internal critic and is able to improvise ideas onto the page.

So improvisatory freedom is necessary for healthy development and for continuing emotional movement inside and outside the clinical space, in idioms such as music which may bring both emotional containment and deeper emotional awareness, beyond the scope of verbal articulation.

**Outside language**

The advice of Zen teachers is not to name things but simply to inhabit them. Comparably, Stein (1999) speaks of music as ‘a primary process experience which defies absolute comprehension or satisfactory secondary elaboration... By naming the feelings felt while listening to music through a process of analogy and symbolization, we effectively translate the feeling into something else’ (Stein, 1999, p. 401)

That returns me to the thought of improvised music, where sounds arise from immediacy of feeling and impulse, but in their very nature are not translated into verbal description. The Heart Sutra speaks of ‘..deepest wisdom of the heart: that is beyond discriminative thought’, in contrast with Winnicott’s warning that ‘the patient’s creativity can be only too easily stolen by the therapist who knows too much’ (Winnicott, 1971, p.57).

In psychoanalysis, as in Zen, the primary value is in doing, not explaining or analysing. Zen can be described and discussed, but its impact is through practice, not through study of texts. Psychoanalysis has a particular problem here. It emerged from an intellectual, in Freud, who carried all the tradition and inheritance of coming from a highly educated family and wider cultural environment. In his developing clinical understanding he found himself compelled by the possibilities of free association (improvisation) and increasingly recognised his own need to be able to do the same. At the same time, the demands of theory and coherent narrative were very strong. That is reflected in his comments on his experience of music:

Wherever I cannot do this [understand a work of art], as for instance with music, I am almost incapable of gaining any pleasure. Some rationalistic, or perhaps analytic, turn of mind in me rebels against being moved by a thing without knowing why I am thus affected, and what it is that affects me.

(Freud 1914, p.211)

This returns me to the question of desire. Zen teachings (Dogen, 2005) warn repeatedly against the idea that to practise Zen is to seek for achievement or understanding. Winnicott identifies healthy play as ‘purposeless’. There is no objective or ambition; its value rests in the act itself.

A clinical encounter moves through time, but to think about time may bring comparison with past experience, or thoughts about the future. We need such things in order to function, but if the emphasis in Zazen upon simply inhabiting the present moment can be found in the clinical space it may allow what Nachmanovitch (p. 9) calls the ‘spiritual and psychological story’ to find its own form.

In the first conversation group:

*A: ‘….what arises in you, what occurs*

*to you is a goal that comes unasked for.’*

*A: ‘What occurs to me is…. And somehow that something - because of your more emptiness, or you're a vessel where somehow something can occur to you.’*

A’s words suggest that there may be space for something new to ‘occur to’ the therapist – something ‘unasked for’ or improvised, but not thought out or planned.

*A: I mean, I've got somebody I've worked with who has had a very, very difficult life and some days we just sit. We just sit for - and it's not a silence that's awkward, it's just a sort of placing yourself together in…and for that particular…it's different for everybody I work with, but for that particular person there's a huge value in just being in the moment. And without worrying about having to offer them something, because you are offering them something in a completely different…in a way that's accepting the here and now somehow.*

D: *Yeah, I think Zen does make you much more comfortable with silence as well, and that's reflected on the client when it's appropriate.*

E: *And I just wonder whether something that we might bring into the room these days with our practice, which allows that silence to feel a bit more spacious for our patients, I mean, you can't generalise about this, but something about the way we are, if we're a bit easier with it….*

A made a connection with her own experience of being in analysis:

*A: Somebody giving you that attention is quite extraordinary...*

Dogen makes two observations about Zazen practice that offer immediate connections.

Considering the self, he summarises Zazen simply: ‘All you have to do is cease from erudition, withdraw within, and reflect upon yourself. Should you be able to cast off body and mind naturally, the Buddha mind will immediately manifest itself…’ (Dogen, 2005, p. 34) To let self-concern go is central, not just in the interest of greater engagement in the world (and with patients), but also because it allows the desire to cling to any model of the self that must be preserved to begin to dissolve. If that can happen, the awake, perceptive ‘Buddha mind’ can appear. I consider this more fully in Chapter 9. And in relation to working in the present moment: ‘It is futile to travel to other dusty countries thus forsaking your own seat; if your first step is false, you will immediately stumble.’ To attempt to get to somewhere else, or to be someone else, is to lose contact with the moment of experience. The image here of stumbling is important; to be looking ahead for the way forward to some ideal destination not to be keeping an eye on the path, step by step.

In my experience of clinical practice I relate that to moments where I feel uncomfortable, and so drawn to try to turn that moment into something else where I understand or know what to do, or I simply try to think what someone else might do. I may take any of those directions because I depend on a grandiose fantasy of myself as the therapist who knows, or I am afraid of being the therapist who does not know. It may be important for me to explore later (and repeatedly) what is so alarming about not knowing, but the point here is that the moment is what it is, and that to try to avoid or change it is not to acknowledge it, or believe that it has possibilities. My desire for something else, in my own interests, takes my attention from the present moment and from the needs of the patient and the process. Genuine collaboration is lost and may be replaced, as Winnicott suggests above, by a conversation that appears to flow readily, but is on the terms of the therapist’s false self. Immediacy is out of reach.

Zen practice offers a playful space. No thought or feeling is ruled out; at the same time none is clung to. Part of the ‘playfulness’ of that is that mental events may arise that seem bizarrely disparate, and no effort is made (rather like the playing baby) to formulate something or find a conclusion. To put it in musical terms (back to Boulez), it is an atonal experience.

Our intention is to affirm this life, not to bring order out of chaos, nor to suggest improvements in creation, but simply to wake up to the very life we’re living, which is so excellent once one gets one’s mind and desires out of its way and lets it act of its own accord.

(Cage,1968, p. 65)

**The contemplative position?**

To practise in this way is not to find tranquility; inevitably, it brings disturbance, and it faces us directly with our desire to substitute pleasure for awkwardness, consonance for dissonance, resolution for uncertainty. But such desire gets in the way not just of personal development but of a more complete engagement in the world, and so in therapy practice. Here is Rowan Williams, discussing contemplative Christian practice, but strikingly close to Dogen in spirit:

With our minds made still and ready to receive, with our self-generated fantasies about God and ourselves reduced to silence, we are at last at the point where we may begin to grow… And we seek this not because we are in search of some private ‘religious experience’ that will make us feel secure or holy. We seek it because…we learn how to look at one another and at the whole of God’s creation.’ (Williams 2012a online).

Zen practice recognizes the reality of desire, without anxious guilt or condemnation, as simply one more dimension of human feeling, and suggests that the first move towards a more playful freedom is to find the capacity to sit still. Such stillness does not dull experience, it sharpens it.

Zen meditation does not lead to a loss of emotional sensitivity. Quite the opposite: for example, when you meditate a lot, your appreciation of music begins to increase and the music itself is experienced in a completely different way, with much more intensity and depth….Zen does not kill the senses, only the ego; it lets everything else come to life. (Enomiya-Lasalle, 1992, p.54)

From an analytic perspective Black (2006) argues for what he calls a ‘contemplative position’ for the therapist, a state in which personal concerns about survival can be allowed to fall away in the interest of something more spacious. He writes of ‘a willingness to contemplate rather than act on motives that arise.’

The contemplative position ‘transcends’ the ordinary motives of pleasure-seeking and pain avoidance, in favour of contemplation and understanding… It makes comprehensible that there can be a positive wish for motives of justice and compassion, rather than seeing justice [or good clinical practice] as desirable solely as a consolation for unfulfilled narcissistic longings. (Black, 2006, p.76)

Those narcissistic longings can include the desire to feel that one’s work is effective, or to search for a moment of ‘breakthrough’ in analytic terms, rather than simply sitting openly and uncertainly with the patient and the process. Black’s account resonates readily with Zazen, but it that enough? Zen, like any other practice, is susceptible to narcissistic appropriation; its talk of ‘enlightenment’ is alluring. The way in which Zen is taught often discourages warm relationship between teacher and student, replacing it with a more distant framework in which the teacher is seen as a source of wisdom and authority, but ultimately remote, and not someone who may be looked to for intuitive understanding. (That has had predictable consequences in some Western Zen organisations in which teachers have encouraged in vulnerable students an unquestioning commitment which has led to abuse of power in the form of sexual and other exploitation.) So Zen can attract both students and teachers who find more flexible personal encounters, with their call to see one another as complex and potentially flawed people, too disturbing. Zen teachers are often eager to foster their students’ progress in contemplative practice; they are much less interested in looking at what aspects of the student’s inner world may stand in the way of that, and so to ‘listen’ with the wholeheartedness that Kraepelin’s patient, for instance, was demanding.

With its emphasis upon meditation, very attractive to Western practitioners, Zen runs the risk of being misappropriated as a source of ‘peace’ or as the justification for a quietist position that does not readily engage with the demands of life in the world; it can be commandeered as a defence against the realities of human interaction and responsibility. (Some more affluent Zen students spend a lot of time on retreat.) So although Zen practice may enhance the capacity to attend to one’s own feelings and to small details of experience, it may do rather less to develop the capacity to attend to another and to be emotionally available. Gargiulo (2007) offers an optimistic direction of thought, however, with strong resonances with Zen injunctions to avoid grasping experience: ‘And if one is awake to life, “detachment”—the perennial concept in most spiritual traditions—will manifest itself, I believe, not as a possible indifference to the world one inhabits but, rather, as *attentiveness*.’ (Gargiulo, 2007, p.102)

So Zen has much to offer its therapist practitioners in its fostering of quiet, steady attention and of the capacity to ‘listen’ to material, however dissonant. But for the therapist to be able to accommodate her more active, engaged responses to such material without over-susceptibility to unconscious anxiety is another matter. For me, Zen practice has been, and continues to be, of great value, and sustains me as a therapist and beyond, but my development has depended just as much on my own experience of analysis and my continuing discussions with colleagues.

What the place of Zen practice may be in enabling the therapist to be open to what lies beyond the time-bound, cognitively-bound exterior of events, and to listen to the ‘musicality’ of events, remains to be investigated much more fully. In this case material I give one account of the possibilities of improvisation, in and beyond the ‘musicality’ of conversation.

……………………………………………………………………………………

**Kevin**

Kevin at first presented himself in a rather relaxed, informal way. That emerged in his clothes, the lifestyle and interests he described, and above all the apparently calm and reflective way in which he wanted to speak about his very wounding childhood experiences. He often made small jokes at his own expense, which he implicitly invited me to share in. The flow of his talk seemed easy, but he was extremely careful and precise in his choice of words, and in the way in which he enunciated them. If one of his sentences finished with a word that ends in the sound of a consonant, he would sometimes exaggerate it so that the sentence seemed to end with a ‘snap’. ‘Today my brother arrived laTe’; ‘I couldn’t find a place to parK’. It gave an apparent neatness and certainly a sense of finality to each statement, as if he had clicked a lock which shut it away from anything that might follow. Until I noticed more consciously that little pattern of sound, I think I was caught up in that desire for neatness and rather enjoying it, and was responding with careful, coherent sentences of my own. Thus we created between us a ‘musical’ idiom which was orderly and increasingly familiar, involving a tidy exchange of phrases, but which had a central element which was stopping anything from moving. Gradually, however, I became aware that I was feeling bored. It was not because of what we were talking about, but rather that we were speaking in an idiom that imposed a composure that did not reflect the state of Kevin’s inner world, or his repeated childhood experiences of having no control of the actions of his parents. I, in turn, felt excluded by the inflexibility inherent in Kevin’s snapped, foreclosing consonants. I found myself responding in speech that that no longer echoed with his rhythmic and tonal pattern, but rather brought in new things: pauses, replies in which I actively sought to slow the pace, and so on. Kevin grew slightly irritated (the first sign I had seen of anything negative) and asked me if anything was the matter. When I wondered what had arisen at that moment, he paused, unusually, and then said: ‘My thoughts don’t quite belong any more’. From there we were able to explore not so much what was being said, but the way we were talking, and Kevin said that he felt uneasy if things did not ‘run smoothly’. When my way of talking shifted in its ‘musical’ elements, he felt alone. That enabled us to talk more about how important it was for him to run most aspects of his life ‘smoothly’ so that he would not be disturbed by feelings and events that he feared would be unmanageable.

The important element here is that my first sense of Kevin’s need to impose tidiness and coherence upon what were often muted expressions of very angry feelings emerged in my recognition of the ‘musical’ ways in which he was doing that through his carefully shaped sentences and cadences. I felt that I was hearing music which was tense and irritable but without dissonance. In the traditional language of Western music that does not quite ‘fit’, and it represented vividly the conflict within Kevin between his anger and his need for ‘smoothness’. In that context, he experienced my shift of pace (albeit to something slower) as disturbing and disruptive; it interfered with the ‘rhythm’ he had wanted to create between us. I said something about how his sense that his thoughts ‘don’t belong any more’ might be alarming, and wondered aloud whether that might also be partly because he was feeling that I, too, no longer belonged to him; in other words, that I could no longer be assumed to be part of his defensive ‘sound world’. He said that he realised that he chose his friends carefully, always looking for people who he believed would see things his way, freeing him from the fear of anger, which he equated with abandonment. He described a working relationship with a colleague who was unreliable, changed plans at short notice, and set up projects which were unworkable. Kevin’s way to manage that had been to be continually forgiving and accommodating, not because these things did matter, but because the alternative was so alarming. He had not been able to allow himself to look at his own resentful feelings.

As we continued to look at all this, Kevin’s’ anxiety began to subside. We recognised that any experience of what he perceived as misattunement of mine resonated strongly with memories of his ambivalent, self-absorbed mother. He began to find some pleasure in observing the fluctuations in our joint idiom, whatever we were talking about, so that it began to be possible to find some playful stimulus in the process of interaction itself. Kevin became more able to feel secure in another’s presence without requiring that she should be exactly like him, and to find more lively interest in the possibilities of differing elements coming together to create something new.

That process in me, of being initially drawn into something of Kevin’s idiom and then becoming more able to question it in ‘musical terms’, seems to have some feeling of at first resonating and attuning, but then consciously introducing something more disruptive; when I realised that I was being drawn into a dynamic which did not acknowledge the emotional range implicit in Kevin’s experience, our exchanges and our working relationship could begin to develop.

So can this ultimately non-verbal, affective, emotionally dynamic ‘musical’ dimension of human interaction be discussed at all? Music has its external structures (rhythm, pace, harmony etc.) but its function seems is to enable each of us to engage with a timeless, unworded inner world of feeling that is not illuminated by technical analysis of the music. Similarly, the practice of therapy has its external structures - boundaries of time and place, theoretical underpinnings, and so on - but the transformative process that may take place cannot be reduced to a set of theoretical observations. Epstein (1993), speaking of music, says: ‘How does one use reason…. to grasp what is not fundamentally understood via reason?’ (Epstein,1993, p. 2). Zen masters would recognise that question at once.

This discussion contributes to developing understandings of aspects of attention and desire in clinical practice. It shows how Zen practice may contribute to enhancing the therapist’s management of their own issues of attention and desire. The subsequent discussion of improvisation continues to illustrate the theme of desire, exploring the anxieties that may hamper the therapist’s attention and spontaneous responsiveness and considering how they may be addressed. Considering this partly through the metaphor of music has enriched my own clinical experience in the course of this research; these are approaches which invite further investigation.

**Chapter 11**

**WHAT ARE THE CONTRIBUTIONS OF THIS RESEARCH?**

To return to my research question:

How do Zen practice and commitment to working clinically through analytic understandings together inform my experience, and those of other therapists with comparable affiliations, in particular in relation to attention and desire?

In this chapter I summarise my findings in response to that question by attending to three areas:

* Contributions to knowledge
* Contributions to practice
* Indications for future action

In Chapter 12 I reflect on my experience of the research process.

**Contributions to knowledge**

*Existing literature*

On pp. 9-10 I suggest that although the available literature concerned with the relationship between psychoanalysis and Buddhism is extensive and growing, it is primarily concerned with observing theoretical overlaps or with considering patient pathology through the lens of Buddhist understandings of the mind. There is little that examines the experience of the clinician who practises Zen, or the implications of that for the therapeutic process. This thesis contributes to discussion from that perspective, through consideration of my own experience, and through extended discussion of case material from my own practice, and of the experiences, more generally articulated, of my conversation partners.

There are three elements that have emerged most strongly from this research and which I propose as necessary contributions to further discussion. This work demonstrates that therapists who are Zen practitioners may benefit from paying particular attention to these three areas.

1. *Zen practice enhances the therapist’s capacity for trust in the therapeutic process.*

Existing literature concerned with trust within therapeutic practice largely addresses difficulties patients may find in feeling confidence in the therapist and in the value of therapy. There is much less about the therapist’s own capacity for trusting the values and processes themselves of analytically informed work. Notable exceptions of which I am aware are Ellman (2007), Frank (2011), and Fonagy and Allison (2014), all of whom discuss from a more subjective standpoint the therapist’s own experience when faced with circumstances and with experiences of interactions which are informed by uncertainty or negativity. Interestingly, many central texts on Zen and psychoanalysis, such as Brazier (1995), Moncayo (1998), or Bobrow (2010), concern themselves little with ways in which Zen practice may inform the therapist’s own experience. Closest is Coltart (1993), with her acknowledgement that meditation enhances her capacity for equanimity. Zen teaching and practice do not offer guarantees about outcomes. They do not promise greater equanimity or depth of experience. Rather, they propose engagement without specific expectation or ambition; to become caught up in those would be to be driven by desire. In the conversation groups it emerged that members found Zen practice supportive of that necessary position within their clinical practice. They spoke of the value of meditation in enabling them to remain present in the moment and to support patients in doing the same, contemplating experience with the awareness that that in itself allows greater openness to change.

E: …. *is it also something just about… trusting a process about your intuition, and just being able to wait; and I think Zen practice is very helpful with that.*

B: *I think you were talking about how do we get to this place where we can be present and pay attention, and I think it has taken me a very long time. And I think it is all the hours sitting on the cushion.*

E: *And I've felt less anxious about the sort of need to know what's going on, or to understand, or to be able to say something to myself about it, never mind to another person; but even to myself, and just to sit with that and a passing stream of experience.*

2. *Zen practice fosters a less fixed sense of self, allowing for deeper engagement*

A necessary paradox in the preparation of this thesis has been that the necessity for - and pleasure in - reflecting upon my experience stands in contrast with Zen’s injunction to let go of self-preoccupation, and Zen’s radical questioning of Western understandings of the self. This is readily mirrored in therapy practice; there, too, the impulse in the therapist, often defensive, may be to cling to an internally established model of self and professional identity (Lammert 1986, Van Wagoner et al.1991). As far as I have been aware, however, this is little addressed in relation to clinical practice in existing literature discussing practice from a Zen perspective, with its much more fluid image of the self. An exception is Bobrow (1997), who remarks that the self finds its authenticity through ‘…exploring generative emptiness’ (Bobrow 1997 p. 126). All the clinical material discussed in this thesis brings, in varying terms, questions about the therapist’s self and self-interest. The casework involving Clare, discussed in Chapter 9, brings an instance of the risks inherent in the therapist becoming too caught up in their own desires at the expense of awareness of the complexities of clinical events. The casework with Bernard, by contrast, discussed in Chapter 8, offers an example of what may be possible when the therapist is more able to operate beyond immediate anxieties about personal effectiveness and achievement and within an exploratory state of mind less ruled by existing assumptions and expectations. Any capacity I found to do that arose from some strongly internalised aspects of Zen practice.

E *I am more able to sit with it now, and sit with that feeling of tension and the other person's anticipation and worry… But I'm also interested, I suppose, in what the process has been from being a Zen practitioner, into finding that sort of stillness.*

D: *Well, I was thinking about the dropping away of body and mind, and that's shaking off the sense of self, separate self, the ego and everything. And dropping away - dropping off of mind and body is connecting and opening, it's opening the self and connecting the self to everything.*

3. *Zen practice enhances the capacity to stay in the present moment*

Dogen’s advice (Dogen 2005 p. 16) on meditation is to seek to remain in moment-by-moment experience. ‘It is futile to travel to other dusty countries, thus forsaking your own seat. If your first step is false, you will immediately stumble.’ Analytic therapy, with its primary emphasis on the nature and implications of the working relationship, equally calls for such presence from the therapist. This is something increasingly discussed in analytic literature, most extensively by Stern (Stern 2004) and more briefly in relation to Buddhist practice by Daya (Daya 2005). In the conversation group, members related that capacity for immediacy and presence to their meditation practice.

*A: I think when I sit and I finish a meditation, and I feel there's - I feel extraordinarily able to be in the here and now afterwards. And I wonder if being in the here and now is something very important in psychotherapy, because you can catch the feeling of the person by being in the here and now…. For me, psychotherapy is to be able to be - both the patient and the therapist to be in the presence of one another, and that requires the here and now.*

*E: And I wonder whether - what we're feeling really about our experience of sitting and how that supports us in .. feeling a bit more open and imaginative in the room.*

The example of work with Kevin, discussed in Chapter 10, offers an instance of the need for continual attention to present events in the clinical encounter in the face of Kevin’s skill in disguising his anxiety and aggression, which formed part of his resistance to the painfulness of some of his experience. My ability, not always easy to sustain, to sit still, internally and externally, resonates with A’s comment in the conversation group that ‘…you can catch the feeling of the person by being in the here and now… you can be in touch within the presence of another’. A, too, located that in her meditation practice in terms of both its bodily and its contemplative elements.

**Contributions to practice**

*Reflective conversation*

The responses of members of the conversation group to the overall experience of meeting suggest strongly that such gatherings are both welcome and fruitful. Conversations of this kind contribute directly to the continuing development of the therapist. All conversation group members observed that their experience within the discussions had flowed back into their clinical practice. Shared clinical discussions are familiar to therapists; much less familiar are conversations in which the implications of personal spiritual affiliations for professional practice are at the centre of the undertaking. Experience with this small sample demonstrates that such discussions may enhance clinical practice. The sense of relief voiced by some members at having this opportunity indicates that in the wider psychoanalytic community discussion, or even acknowledgement, of the therapist’s spiritual life and practice remains unusual and may be, for some of the reasons discussed in Chapter 7, a source of unease. That remains an issue to be more widely addressed in analytic trainings.

The practice of Zen potentially deepens and enhances both clinical practice itself and, within that, improvisatory freedom. That is demonstrated throughout the clinical material considered in this thesis. For the clinician who is a Zen practitioner the two central areas of this enquiry, attention and desire, are also central issues in Zen teaching.

*Attention*

Clinicians might readily agree that the capacity to attend to the patient’s material in a state of mind not unduly encumbered by therapist’s own anxieties and ambitions is always to be sought. That is an elusive position to sustain in practice. Central to analytically informed practice is the proposal that what is most significant is the unspoken and largely unconscious affective transactions that take place between the two participants. As I suggest in Chapter 10, ‘…unconscious material is unconscious for good reasons’, largely because it brings awareness of feelings or memories as yet too painful to acknowledge. That is as true for the therapist as for the patient. Zen practice, with its invitation simply to observe the rise and fall of inner experience, rather than becoming caught up in it, offers a route to greater self-awareness. That allows the therapist access to a richer inner resource and so to the possibility of engaging more fully with the complexity of the therapeutic relationship, with immediate benefit to the patient.

The case of Tim, discussed at the end of Chapter 7, offers an example of a patient whose anxious and rapid discourse made it very difficult to sustain attention to the underlying emotional communications and transactions that were going on. As I became gradually able to be more internally still and freer of the impulse to be caught up in his closely reasoned, over intellectual narrative and delivery, it became possible to stay with the anxiety that that generated in both of us, and so for Tim to go more deeply into his experience. I suggest that my capacity for such stillness, rather than becoming caught in the spiral of Tim’s rapid and sometimes confused thinking, was fostered by my experience of Zen practice, demonstrating that Zen may allow the therapist to find greater internal space, greater awareness of their countertransference responses, and greater freedom from defensive retreat into theory. All of those also imply a capacity to be alert to the present moment, without following a train of thought or falling into speculation. That immediate, available presence in the therapist contributes to the growth of the patient’s experience of therapy as a collaborative process.

*Desire*

In the discussion of work with Bernard at the end of Chapter 8 I describe an encounter with a patient who, because of the extent of his disabilities, appeared unlikely to change much in any apparently significant way. That called for me to give up on any ambition to bring about something remarkable, and instead to take up a position of alert waiting. Here, too, the silence and ‘non-seeking’ of Zen practice contributed to my capacity to simply be present and to perceive small moments of change and interaction. Zen enhanced my freedom to be attentive to such moments without feeling driven to understand or interpret them immediately, or to push towards change.

*The body*

As I indicate in Chapter 8 in the sections about the body and about bowing, Zen calls for continuing physical awareness and teaches that posture is a central element in meditation practice. The aspiration is that such awareness be maintained not only in the Zendo, but throughout waking life. That is a simple reminder that physical states and emotional states are closely interlinked. From a clinical perspective that relationship is most often discussed in terms of its manifestation in psychosomatic symptoms, or in ordinary minor bodily reactions such as the chest pains of stress or the fluttering stomach of nervousness. Therapeutic trainings encourage practitioners to observe patients’ changing posture, or levels of physical relaxation or tension in the course of sessions, and to bring that material into the therapeutic exchange when appropriate. While more emphasis is now also given to the therapist’s own bodily experience and what that might offer in terms of deepening understanding, little is offered about how that awareness might be sustained. My experience demonstrates that the routine practice of Zazen fosters alertness to bodily sensation and change in ways that may enhance my perceptiveness and thus my contribution to the therapeutic conversation. The casework with Tim, discussed in Chapter 7, gives an example of a decision of mine to try to bring some personal stillness into our encounters through active bodily awareness; the intention was to model something of that possibility to Tim and for him through that to find space to attend to his underlying experiences. Part of that stillness was in my physical state (‘my body felt poised and settled’). Although I was not actively thinking about or trying to recreate the experience of Zazen at those times, subsequent reflection brought an immediate sense of resonance between the two environments. Members of the conversation group spoke in the same terms.

*A: I know that when I’ve sat [meditated] my body feels more awake and I really notice how I’m breathing. When things get a bit tense I can start to be a bit breathless and meditation helps me to notice things like that.*

*D: Yeah, the way I try to settle my body in the meditation, that really, like really helps me to prepare for a client and it’s good to go back to that…*

*Improvisatory freedom*

The discussion of improvisation in Chapter 10, some of it drawing upon the literature of musical improvisation, contributes to wider discussion of the possibilities of Zen practice in developing and fostering the therapist’s improvisatory freedom. Zen’s injunction to respond simply to whatever arises, without undue anxiety about correctness or about achieving a desired outcome, resonates strongly with the free flowing, freely associative nature of the therapeutic conversation. I suggest that Zen practice by those means enhances the capacity for spontaneous response. The casework with Kevin, discussed at the end of Chapter 10 brings an example. The change in my conversational idiom which I describe, and which contributed gradually to a drop in Kevin’s anxiety and to his greater self-awareness, was not planned or internally rehearsed. It emerged from my sense of the limitations and discomfort of our existing exchanges, but the form it took emerged spontaneously. In turn, it enabled Kevin also to move towards a more improvisatory state of mind. ’s proposal of the ‘contemplative position’ in the therapist, with its advocacy of ‘contemplation and understanding’ (Black 2006 p.76) carries something of this. Zen practice fosters that capacity.

**Indications for future action**

*Further gatherings*

It has become clear from various directions that this enquiry has aroused interest and that my need to undertake it has brought recognition. Two kinds of gathering have been suggested: a conference and a retreat.

There is an increasing number of conferences about more general issues of psychoanalysis and spirituality; something from a specifically Zen perspective has yet to take place in Europe, as far as I know. I notice that I respond to the prospect with mixed feelings. On one hand, I fear it turning into one more conference where the focus is on abstract theoretical ideas. On the other hand, this research process and the conversation group have led me to hope that such a gathering might be something more exploratory and inventive.

The suggestion of a retreat has been more enthusiastic. A colleague has proposed a mixture of silence and free discussion and others have responded to the idea. There is now a mailing list and a provisional plan.

*Dissemination*

So far I have had the opportunity in the course of this work to present two conference papers. The first, in Holland in 2017, was an account of my research process at that stage. The second, in Hong Kong in 2018 and addressed to music therapists, was more generally about clinical practice, but strongly informed by the research process.

I am a regular contributor to teaching on two psychotherapy trainings in London, on the music therapy MA at ARU, and on the music therapy MA at Codarts, Rotterdam.

I plan to submit a paper to the *British Journal of Music Therapy.*

*Training*

There are occasional references in the conversation group discussion to the experience of training; only B had done a training with an explicitly Buddhist focus. My own experience of therapy training was that spiritual matters were infrequently and usually uncomfortably discussed. Trainings are very diverse, but there appears broadly to be a need for greater openness to spiritual and religious matters. That is to do not only with the therapist’s own perspective, but with therapists’ responses to patients’ experience. Finding a language in which to speak together about interior experience is always difficult, and is always part of the inventiveness of the therapeutic process. For some therapists, however, the post-Freudian inheritance of discomfort remains strong.

I have been asked by my own training organisation to contribute to the development of a module on spirituality. At present the intention is to work with a group of volunteer final year students for a 10-week period to enable them to develop a basic pattern of Zen practice. On the basis of their feedback from that, in particular in relation to their experience of its impact upon clinical practice, a module may be set up to consider both ‘practical spirituality’ and the wider question of how analytic trainings may more comfortably address and accommodate the individual spiritual practices of trainees.

In Chapter 12 I offer a final reflection on my experience of the research process.

**Chapter 12**

**REFLECTION AND CONCLUSION**

**A central conundrum**

As I stated at the opening of this thesis, my initial reason for embarking on this project was that I wanted to investigate the relationship between two elements of my identity. Tracy (1983) remarks that ‘… a personal involvement in and commitment to a particular community or cause for authentic praxis will assure the truthbearing character of theology, perhaps describable as doing-the-truth’ (Tracy, 1983, p.14). I certainly wanted to examine the authenticity of my practice; I am not sure how ‘truthbearing’ it is possible to be, but the moment-by-moment life of ‘doing’ has been continually compelling. That has been central to my sense of the spirit of a professional doctorate.

Throughout this work I return to the fact that Zen and psychoanalysis are both aspects of experience that do not easily invite verbal expression or discussion. Both of them, in fact, have continuing existence precisely because they offer possibilities of engagement with experience outside the frame of language, but which nonetheless individual subjects feel to be authentic. And yet I have chosen to investigate them here (mainly) through writing. On one level that represents the continuing internal dialogue in my own life between the academic and the intuitive, something I consider in Chapter 4. In the course of this work, however, I have also learned that they need not operate as assumed opposites, looking for some sort of uneasy compromise, but rather as collaborators in a continuing and changing investigation in which both are necessary.

**The research experience**

When I embarked upon this research over six years ago I had little understanding of what it would bring. I knew that I had some clear reasons for wanting to do it, and even then I identified some as more respectable (already making value judgments) than others.

I had been concerned for a long time about the central theme of this work: the relationship within me between Zen and psychoanalysis. I knew that these things could be examined in some more objective and traditional academic ways, and when I started to explore the literature, that turned out be the case to such an extent that I decided early on that there might be not much left to say from that direction. As I have indicated in Chapter 1, such material tends to identify and compare different models of the mind, from Buddhist and Western standpoints. That is all extremely interesting, but I think now that my attraction to that more overtly academic approach was both defensive and rooted in what I perceived as the current expectations of others. I wanted to keep at a safe distance from any research experience or ultimate findings that might undermine my existing position, and to go for something descriptive might ensure that I had done a reasonable academic job. I teach in a university, and everyone in the team was doing research. That impulse towards something relatively safe and conformist reflects some of my early experience of education.

It also highlights a conflict in me in which my choice of therapy as a profession, and my ways of engaging in improvisation, are strongly implicated. Both are places where outcomes are uncertain and the process is far from clear. Whilst that is not only inherent but positively welcome in improvisation and clinical practice, I felt much less at ease thinking of research in the same terms. To enter into that more wholeheartedly has been a huge and very welcome developmental process for me. Early on in this thesis, writing near the start of the research journey, I suggested that in some ways therapists and patients are always doing autoethnographic enquiry. It was a neat way to summarise something and I continue to believe it, but I understand it now in a much more rounded way. What I had not been expecting was that my experience of therapy practice would so nourish the research process itself. In turn, this work has allowed me to reflect in greater depth on clinical work from within my experience of Zen practice.

At the start I was also troubled, in some sort of parallel process, by the longstanding difficulty that psychoanalysis has had with religion and spirituality, and what my place was, or should be, in that continuing uneasiness. Doing this research, and in particular in terms of its place in my spiritual life, has allowed me to be much more at ease with the growing diversity of views within the psychoanalytic movement, and more assured about standing on my own ground.

So this research arose both from straightforward interest in such matters – perhaps a more academic position – and from some much greater discomfort within myself about whether they could speak to one another at all with authenticity. It is that unease and the desire to explore it more fully that has been the main driver of this project.

I have discovered that the ‘respectable’ researcher has had to make room, with relief, for the more speculative, uncertain, improvising researcher. That has allowed me to engage with the experience in freer ways, particularly through reading and discussion, which have brought changes which are not always easy to describe.

Experiences of mystery—becoming a parent, accompanying the dying, passing through loss of health, pursuing a dream or engaging in creative endeavour—open up a realm of being that is barely visible to everyday consciousness. It is this realm that is critical in both educational transformation and spiritual awakening. (Flanagan, 2014, p. 127)

Zen’s reminder is that experience is transient. This thesis says something about where I am now, and about the findings from a particular series of conversation groups, but (as the development of the group discussions themselves shows) ideas and emphases are always shifting.

**Continuing relevance**

My research question feels as important as ever. I am aware of little written material in this area that has appeared in the last few years; at the same time, when I have found myself talking to colleagues about this research, the information has been greeted, in ways which have surprised me, with enthusiasm which seems to go beyond polite supportiveness. The question, and its implications about the wider engagement of psychoanalysis and spirituality with one another, continues to be recognised and welcomed. The conversation group discussions were entered into with increasing enthusiasm.

**Collaboration**

This research has always been collaborative. In one respect that has been through encounters with people: colleagues, supervisors, fellow students, the conversation group, members of a reading group, and so on. As the time has gone by I have been less and less comfortable in the old familiar position of the solitary investigator. That reflects Zen’s recognition, of course, of the necessary interconnection of things; it has also informed the continuing sense of improvisation. Each encounter has shifted the ‘texture’ of the research. From another perspective different idioms – writing, talking, the keeping of a journal, experience with patients – have all collided or overlapped with one another in new ways which have called for some new (for me) forms of expression. Most immediately, I have chosen to include here improvised music. Armitage (2011) in an engaging interview, talks of poetry as ‘…a form of dissent’. I have certainly experienced improvisation and experiment, in the widest sense, as foils to the demands of coherent narrative.

That creative element has resonated with a wider feeling of the necessity of the aesthetic and relational dimensions in clinical practice and in research.

Without an intersubjective perspective people suffering mental pain [and researchers] are stuck, trapped within their narcissism (or nihilism which is only a negative form of narcissism). Psychotherapy and poetry help us escape from this cul-de-sac. Both put us in touch, physiologically, emotionally, cognitively, with creativity and with the living reality of the other. (Holmes, 2002, p. 143)

**Paradoxes**

*Desire*

Throughout this thesis I have considered the issue of desire and its roots in anxiety, drawing upon some fundamental Buddhist ideas and upon recent analytic writing. Both, from their different angles, identify desire as a source of suffering. In the analytic space the therapist’s desire, as I describe in Chapter 9, may seriously get in the way of the process. In the course of this work I have been full of both desire and anxiety. I have wanted to write clearly and well enough, to understand what I am doing, and to make sense to the reader. I have eagerly and graspingly sought out quotations and other material to support my thoughts. Those are familiar experiences, but the research process now has allowed me to look more discerningly at my place in it all. The meeting between the impossible ideal of the free flowing, contemplative thinker and the reality of the anxious author is something I have come to enjoy.

*Improvisation*

A recurring theme in this thesis has been Zen’s injunction to ‘just sitting’ and observing what arises. That might be equated with the attraction of reflective, imaginative exploration in research. But ‘just sitting’ is not a passive state; it is a state of alertness out of which arises action. Equally, the ideas and realisations that have arisen in the course of this work have demanded discrimination and response.

Throughout this thesis I have also returned to the theme of improvisation, and of research as an improvisatory process. In that spirit of openness and collaboration, it is. In another sense, though, it is also a composition. I have had to make final decisions about the shape and content of this thesis and take responsibility for them just as, sooner or later, in other settings, the analyst must speak or the improviser must act. The tension between those two things has itself been something to explore and experiment with.

I could not have found the freedom for an investigation of this kind without turning to music as part of the reflective process. Both the space for improvisation and, more generally, the emotional containment and expression music has brought have been essential. Improvisation, like any other creative activity, has its risks of self-absorption, but perhaps, like undertaking this project from an autoethnographic standpoint, it can be part of a movement towards something more open.

A dialogue emerges where previously there was silence, emptiness and loneliness. Similarly, a psychotherapeutic relationship is both ‘real' and an artefact; and liking poetry [or music] can, like undergoing psychotherapy, be seen as ‘narcissistic', self-indulgent even, but both use narcissism to overcome narcissism. (Holmes, 2002, p.143)

This echoes Dogen’s ‘…to study the self is to forget the self’.

**Methodology**

The decision to bring together the three components of theoretical material, clinical material and conversation group discussion has been very enriching in terms of its contribution to my own development. It has also left me feeling that in the space available I have perhaps not done sufficient justice to any of them.

*Theoretical material*

The opportunity to engage with ideas through the lens of a spiritual enquiry has been very valuable. I have actively approached some texts in the spirit of *lectio divina*, seeking to read with less academic acquisitiveness and with greater imagination. Zen has its equivalent in its advice to read with ‘the mind of meditation’. I have been greatly supported in this through membership of a reading group of therapists who have active involvement in spiritual practice (two are Christians, two are Buddhists). We meet regularly to talk about a range of writing, but the spirit of our discussions is open and subjective. We precede and end each discussion with a period of silence.

So I have felt strong resonance with Flanagan’s proposal of research (from her Christian perspective) as ‘quaestio divina’. ‘A contemplative stance thus underlies and embraces every aspect of the research journey. Within this perspective, all the reading, reflection, attentiveness, conversation, analysis and activity involved in undertaking research can form a sense of personal encounter with God’ (Flanagan, 2014, p. 135). That stance has also been a necessary anchor for me at times, in the impulse towards haste and achievement in the writing process.

*Clinical material*

At first I was hesitant about the incorporation of clinical material, but quite soon it seemed that the best way to illustrate some central ideas was through accounts of lived experience. Returning to that work and relating it more consciously to understandings of Zen has deepened my clinical practice now. That is easy to say; what it means in detail is harder to articulate. As I point out in Chapter 1, there is so far little literature about Zen and psychoanalysis that looks at clinical experience from the clinician’s perspective. I hope to develop this further in my own writing; I also hope that it may be an approach that becomes more widespread. One of the case studies here, the work with Bernard, has formed the basis of a conference paper I gave in 2017.

*The conversation group*

The discussions generated a great deal of material. The experience of the meetings also contributed richly to my developing thinking and to that of other members. Some weeks after the last meeting D emailed me: ‘Just wanted to say thanks for our times together. I didn’t think it would be such an important thing for me, but my mind goes back to it a lot. I really liked all the thinking together and I’ve gone on thinking! Perhaps we could do this more often. It’s absolutely part of Zen for me.’

Because of the discursive nature of the discussions, simply starting from the research question with no further defined emphases, the resulting material was complex and full of overlaps. I would welcome the opportunity to analyse it in more detail than space here has allowed. In another project of the same kind I would investigate the possibilities of more structured discussion with more defined questions. I am also curious about what material might emerge, and in what form, in individual interviews.

At the same time, the group has demonstrated the possibilities of working in a way closer to ‘unfocus’ (Franz 2011). The group took responsibility for the shape of the discussion, and the central themes emerged from the directions that the group as a whole chose. The process of discussion from session to session was important; in the first session conversation moved steadily and rather carefully. By session 3 the feel of the conversation was sometimes more lively and energetic, with more questions and interruptions, and other times more reflective, with space for silence. The group became more able to improvise.

All group members had access afterwards to the transcriptions. The case for continuing discussions of this kind is strong; this group now has plans to continue meeting.

*Limitations*

The conversation group was small; it would be valuable to repeat such discussions more widely. I would also suggest that such discussions might actively include presentation of clinical material, which was not explicitly invited in this project. I suspect (but did not check) that the reason case material was absent was that group members simply observed the ordinary expectations of confidentiality in respect of their casework, but in any future groups the inclusion of casework would add a dimension which is absent here.

Perhaps I did not think sufficiently about the implicit power relationships. Most obviously that relates to my position as convener of the group. I readily regarded the others as equal participants – and repeatedly told them how grateful I was – but there are moments in the transcripts where it sounds as if I am perhaps being deferred to, something I did not pick up at the time. There were also issues of varying experience. I observe in Chapter 2 that those of us in the group with longer experience of being therapists generally seemed freer to speak more discursively. I do not know how much that arises simply from longer experience itself and how much from unspoken assumptions about the implications of that difference, and I did not explore it here. My interest for the purpose of this thesis was to investigate members’ experience as clinicians who practise Zen; more space for consideration of the dynamic and process of the discussions themselves is needed.

**In conclusion**

I have found it difficult to finish this thesis. Continuing thoughts arise, new clinical work unfolds, and I am resistant to ending an experience which has been transformative and which still has so many possibilities. The question of structure – in language, planning, narrative content – has always been present. I choose to frame this with a last improvisation.

*Please listen to Track 5.*

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**Appendix 1**

**SOME COMMON ZEN TERMS**

**Bodhisattva**: any person who practises Zen. It also denotes an ideal being who has renounced the possibility of their own enlightenment in order to continue to support others on the path. By extension it is sometimes also used to describe any person who is valued as wise, or as a role model.

**Buddha**: the word means ‘awake’. The Buddha himself became so called after his enlightenment.

**Buddha nature**: in Zen understanding, everyone already has Buddha nature; that is, enlightenment. The purpose of Buddhist practice is to move towards letting go of the obstructions which prevent that being known.

**Dharma**: the Buddha’s teachings and all other day-to-day means through which we engage in spiritual learning.

**Sangha**: the community of Buddhist practitioners; the term is sometimes also extended to other communities of beneficial practice and learning (fellow researchers, professional colleagues).

**Zazen**: seated meditation.

**Zendo**: the meditation hall in a monastery or temple.

### Appendix 2

**PARTICIPANT INFORMATION SHEET**

### 

### PARTICIPANT INFORMATION SHEET Version 1: 28 9 16

### Section A: The Research Project

1. **Title*:***

*Desire and attention in Zen and psychoanalysis*

1. **Brief summary of research**

*I intend to investigate the experience of analytic practitioners who are also students of Zen, with particular interest in how Zen practice may inform analytic practice.*

1. **Purpose of the study**

*I am undertaking a Professional Doctorate in Practical Theology at ARU.*

1. **Name of your Supervisor** *(student research only).*

*My supervisor is Dr Zoe Bennett.*

1. **Why have I been asked to participate?**

*You are invited to participate in focus group discussion (one element of the research) because you have identified yourself as an analytic practitioner who is a student of Zen.*

1. **How many people will be asked to participate?**

*There will be three participants in addition to myself.*

1. **What are the likely benefits of taking part?**

*I hope that focus group discussions will allow for fruitful and informative exchanges between group members, potentially contributing to development of theoretical and clinical thinking for all participants.*

1. **Can I refuse to take part?**

*Refusal to take part will be accepted without question.*

1. **Has the study got ethical approval?**

*This study has ethical approval from an ethics committee at Anglia Ruskin University.*

1. **What will happen to the results of the study?**

*The results of the study will form part of my Doctoral dissertation; I may also wish to publish/present aspects of the material in appropriate professional settings. The anonymity of all participants will be maintained at all times.*

1. **Contact for further information:**

### Section B: Your Participation in the Research Project

1. **What will I be asked to do?**

*Four participants will be asked to form a focus group for two 90 minute discussions, at a venue to be agreed. Some research questions will be presented as a starting point; it is hoped that thereafter the discussion will range as widely as necessary. Quotations from the discussions may be included in the final dissertation.*

1. **Will my participation in the study be kept confidential?**

*All participants will be anonymised, and any other sensitive information (eg clinical material) emerging in discussion will also be anonymised.*

*Every effort will be made to preserve anonymity and confidentiality.*

*Data from focus group discussions will be made known to my supervisor, also in anonymised format.*

1. **Quotations**

*Quotations from focus group discussions may be incorporated in the text of the dissertation.*

1. **Use of recording equipment**

*Focus group discussions will be recorded and transcribed. I will prepare the transcripts. Both recordings and transcripts will be securely stored on a laptop and password protected.*

1. **Are there any possible disadvantages or risks to taking part?**

*It remains possible that participants may be identifiable to others already known to them (eg fellow professionals).*

*Agreement to participate in the study does not affect your legal rights.*

1. **Whether I can withdraw at any time, and how**

*Participants may withdraw from the study at any time without giving a reason. Intention to withdraw may be communicated face to face, by telephone or by email. Participants choosing to withdraw will be asked to give or withhold permission for any material they have contributed to be included in the study. It will not be possible to withdraw material once the study is complete and the research written up.*

*You do have to answer any question that you do not wish to.*

1. **What will happen to any information/data/samples *(delete as applicable*) that are collected from you?**
2. *Data will be securely held on a laptop and destroyed when the study is completed. Any information (eg consent form) that might identify participants will be stored separately from the data.* *Participants will be assigned a code number, and identifying information separated from the data at the earliest opportunity.*

*Participants will be shown copies of transcripts of focus group discussions when that part of the process is complete. This will be done by email.*

1. **Summary of research findings.**
2. *A summary of current research findings and process will be circulated regularly, also by email.*
3. **Complaints**

*If you have any complaints about the conduct of the study, please discuss them in the first instance with me or with my supervisor.*

*If you wish to pursue the ARU complaints procedure, contact details are below.*

Email address: [complaints@anglia.ac.uk](mailto:complaints@anglia.ac.uk)

Postal address: Office of the Secretary and Clerk, Anglia Ruskin University, Bishop Hall Lane, Chelmsford, Essex, CM1 1SQ.

**Version control**

Your participant information sheet, consent form and other documents should have a version number and date. This is in order that should any changes be required by the ethics committee, it is clear which documentation has ethical approval.

Appendix 3

**PARTICIPANT CONSENT FORM**



**PARTICIPANT CONSENT FORM Version1: 28 9 16**

**NAME OF PARTICIPANT:**

Title of the project: Desire and attention in Zen and psychoanalysis

Main investigator and contact details:

Eleanor Richards

Tel :

Members of the research team: Eleanor Richards

1. I agree to take part in the above research. I have read the Participant Information Sheet [Version 1: 28 9 16] . I understand what my role will be in this research, and all my questions have been answered to my satisfaction.

2. I understand that I am free to withdraw from the research at any time, without giving a reason.

3. I am free to ask any questions at any time before and during the study.

4 I understand what will happen to the data collected from me for the research.

5. I have been provided with a copy of this form and the Participant Information Sheet.

6. I understand that quotes from me will be used in the dissemination of the research.

7. I understand that the focus group discussions will be recorded and transcribed.

Data Protection: I agree to the University[[1]](#footnote-1) processing personal data which I have supplied. I agree to the processing of such data for any purposes connected with the Research Project as outlined to me\*

Name of participant (print)…………………………Signed………………..….Date………………

Name of person

witnessing consent (print)………………………….Signed………………….. Date………………

PARTICIPANTS MUST BE GIVEN A COPY OF THIS FORM TO KEEP

ADD DATE AND VERSION NUMBER OF CONSENT FORM.

I WISH TO WITHDRAW FROM THIS STUDY.

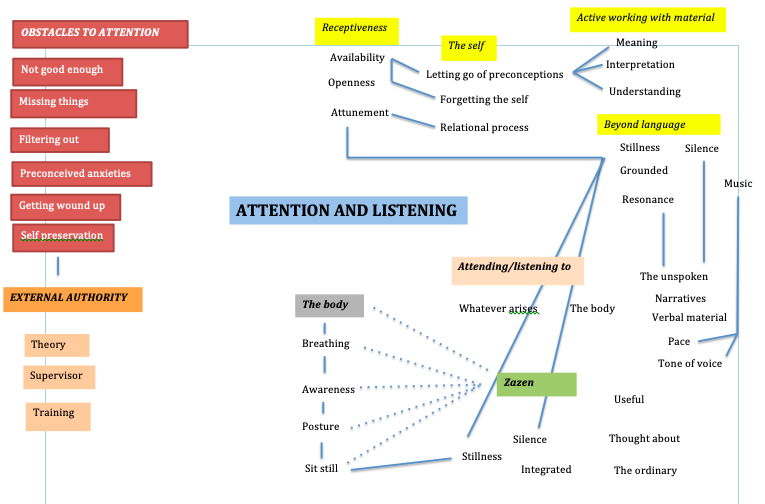
If you wish to withdraw from the research, please speak to the researcher or email them at X stating the title of the research.

You do not have to give a reason for why you would like to withdraw.

Please let the researcher know whether you are/are not happy for them to use any data from you collected to date in the write up and dissemination of the research.

**Appendix 4**

**Data analysis in progress: attention and listening**



1. “The University” includes Anglia Ruskin University and its Associate Colleges. [↑](#footnote-ref-1)