The speaking body: Psychotherapists who meditate

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Abstract

Psychotherapists who practice Buddhist meditation can develop a heightened awareness of their own body sensations. Some psychotherapists develop the skill of using their body awareness inter-subjectively: their bodies can become sensitive instruments that resonate with the unconscious emotional and physical experiences of their patients and clients, in a form of body-based counter-transference. This article discusses two clinical vignettes from a study of the work of six psychotherapists who meditate, in Auckland, London, New York, and Boston (Solomon, 2008).

The author suggests that the practice of insight meditation (vipassana), and other forms of meditation, may enable therapists to achieve "evenly-suspended attention" (Freud, 1912), develop their sensitivity to body sensations and body counter-transferences, and temporarily suspend psychic boundaries between self and other.

Evenly suspended attention and reverie

I propose that the ability to achieve a meditative state of awareness helps psychotherapists to develop an orientation of their attention which Freud (1912, 1958) called "evenly suspended attention." Freud does not describe a specific method for achieving this; he merely refers to what he calls "a very simple technique" (p. 112), of not directing the attention to anything in particular, with the aim of attuning the unconscious of the analyst to that of the patient. Beginning meditators, and many psychotherapists, do not find this so simple. No doubt Freud's genius enabled him, apparently by a simple act of will, to refrain from attending to details so as to achieve a state of awareness that can elude practitioners of meditation, and of psychotherapy.

Bion's (1967) recommendation to "renounce memory, desire, and understanding" (p. 272) and enter a state of "negative capability," echoes Freud, and Ogden (1997) developed a related idea in his descriptions of the analyst's reverie. Ogden's account of free-floating attention emphasizes the mental and emotional aspects of experience rather than the physical. He describes states of reverie in which the analyst's fantasies and apparently random thoughts are found, on closer examination, to reflect patients' unconscious experience. In the following vignettes, therapists describe not counter-transferential thoughts, emotions, or inferences about patients' self-states, but rather distinct body sensations that on examination are found to register their patients' emotional experience.

Linking vipassana meditation with psychotherapy

Some of the elements of vipassana, re-branded "mindfulness," have entered the field of cognitive-behavioural psychology in the form of Mindfulness-based stress reduction (MBSR; Kabat-Zinn, 1990) and Mindfulness-based cognitive therapy (MBCT; Segal, Williams, and Teasdale, 2002). These empirically-based, positivist interventions are not a focus of this article: the following account of vipassana is included to suggest links between meditation and descriptions of some states of mind experienced by psychotherapists engaged in psychodynamic therapeutic work.

The Pali word vipassana means insight; this form of meditation was described by the Buddha 2500 years ago in the Mahasatipatthana Sutta (great discourse on establishing awareness), handed down orally, then written down around 30 B.C.E. in the Pali canon. Pali was an ancient Indian literary language. This is not a religious or esoteric text, and a Buddha is regarded as a human being who has fully developed the quality of Buddhi, insight. According to Solé-Leris (1986), the discourse is a primary source for the practice as taught by the Buddha Gautama, who described a method for developing insight into the nature of human experience.

In this form of meditation, the object of attention is the body. Body sensations are observed with an increasingly concentrated and trained mind. The Buddha's advice was to work at developing insight into the true nature of reality by refining our awareness of that portion of reality which is most readily available for experiential study, namely, our own physical, emotional, and mental being and their inter-related nature. The Buddha's discoveries were made within his own mind and body. Hence he said:

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

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

In several respects, the Mahasatipattana Sutta anticipates the findings of the psychologists Lambie and Marcel (2002), and of the psychoanalysts Stolorow and Attwood (1994) and engages with the interface between experience and thought. For example, there is the idea that body sensations

and emotion experience are filtered through an unconscious evaluating faculty, before becoming available to introspection. By the time we become aware of sensations, we have unconsciously evaluated them as desirable or undesirable—craving or aversion in Buddhist terminology; Lambie and Marcel (2002) write of "desirable or aversive" primary process stimuli. In vipassana (as in zen and other Buddhist meditation practices, and in psychoanalysis), one trains one's awareness towards choice-less observation, free of craving or aversion, which Buddhists view as the roots of suffering.

The concept that all emotion is first experienced through body sensation, as asserted by Stolorow and Attwood (1994), Damasio (1999), and Schore (2003), is also found in Buddhist psychology. In vipassana meditation, the primary object of attention is body sensation; when discursive thoughts arise, meditators return their attention to the sensations, training themselves to stay in the experience rather than thinking about it. It is understood that with sufficient practice one can, to some extent, collapse the subjective separation between observer and observed, mind and body, and between affect and cognition, with a concomitant increase in sensitivity to body sensations and affects, even very subtle ones. The effects of this are powerful, especially when practiced in meditation retreats that involve twelve hours of daily meditation for ten or twenty days, or longer.

Describing the enterprise of training the meditative mind to remain centred in body experience, rather than in conceptual thinking about experience, the meditation teacher S. N. Goenka (1999) comments: "You must have direct experience. The observation must be without any separation of observer and observed" (p. 52). As Goenka explains:

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

The theme here is the intentional control and training of one's awareness in such a manner as to transcend separation between the observing mind and the body sensations that it is observing.

The meditative experience of dissolution

I will very briefly outline the meditative experience of impermanence, of dissolution of the body-mind (Pali: bhanga) as it relates to the term "interbeing" (Thich Nat Hanh, 1999). It is an important stage on the path

of vipassana to reach the ability, with a concentrated and focused mind, to become aware of subtle sensations throughout the body. This is described by Goenka (1999) in this way:

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

In this stage the whole body is experienced as a network of tiny wavelets of energy or sub-atomic particles, arising and passing away with enormous rapidity. Meditators are thus able to experience the materiality of their bodies in a way that is consonant with both Buddhist psychology and particle physics. As Capra, a physicist who has worked at C.E.R.N. (Centre Européene de Recherches Nucléaire) puts it:

> Modern physics, then, pictures matter not at all as passive and inert, but being in a continuous dancing and vibrating motion whose rhythmic patterns are determined by the molecular, atomic and nuclear structures. This is also the way in which the Eastern mystics see the material world. They all emphasise that the universe has to be grasped dynamically, as it moves, vibrates and dances; that nature is not a static but dynamic equilibrium (1975, p. 216).

From the perspective of modern physics, Capra also comments on the illusory nature of the perception of the separateness of each human individual.

Once the stage of bhanga has been attained, it is the author's experience that one can maintain a fine and focused awareness of one's own body for extended periods of time; and this brings with it an ability to feel, in one's own body, sensations that reflect the experience of another person who is in close proximity. The boundaries between self and other are temporarily suspended. In the therapy setting, I have felt the pattern of my own body sensations change to reflect the emotions of patients. For example, I have felt a patient's grief as an ache in my sternum, as if the flesh were melting like an over-ripe fruit; and a patient's rage as a tingling in my arms. Sometimes I become aware of subtle feelings of connectedness or distance, aliveness or deadness, love and hate.

As mentioned above, all psychological states seem to have their physical correlates, however tenuous; and a non-reactive meditative focus on the

sensations defuses the psychic energy attached to traumatic memories, whether these are physical, mental or emotional. However, vipassana meditation differs from psychotherapy, according to Solé-Leris (1992), in this way:

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

Here Solé-Leris states the Buddhist understanding that cognitive, conscious awareness of trauma, and understanding of its etiology and expression in present emotional relationships and life patterns, are not preconditions for the healing that results from meditation practice of itself; mere sustained, non-evaluative attention to one's physical sensations is sufficient. Behavioural therapists employ variants of mindfulness in therapeutic work focused on specific goals (e.g., Segal, Williams, and Teasdale, 2002); cognitive-behavioural interventions are not a focus of this article.

Psychotherapists' experiences

I will now quote two vignettes from transcripts of interviews with psychotherapists who meditate, and whose body sensations reflect the emotion experience of their patients. Here the focus will not be on the healing effects of meditation, but rather on therapists' experience of their own physical sensations as they reflect the psychic and somatic experience of patients when self-other boundaries are suspended.

First vignette

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

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

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

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

The client's pain had a physical cause, but the therapist's pain had no physical cause. The explanation she offers is that what happened was "me entering into his reality somehow" and "mirroring him." Listening to the therapist's account, I felt belief in her sincerity, and a "phenomenological nod," (van Manen 2000), the feeling that, yes, this could have happened. The word "mirroring" recalls studies of mirror neurons (e.g., Rizzolati and Craighero, 2004): specialised neuron systems in the pre-frontal cortex of monkeys and humans were found to be activated when the subject either performed actions, or observed actions (including mouth, hand, arm, foot, and leg) performed by another. This work is recent, but promises to identify a neuro-physiological basis for human empathy (Ramachandran, 2002) and language (Rizzolati and Craighero, op. cit.).

The client had been fully aware of having had "major surgery" on his jaw when younger, and the therapist understood her own consistent jaw pain and inability to move her jaw as "entering his reality somehow" and "mirroring him," and explained that she believed the client's jaw immobility, as well as being the result of physical trauma, acted as an expressive metaphor in the sense that it paralleled the client's inability to speak about emotional realities that could not be spoken within his rigid and controlling family. She understood her ability to be receptive in this way as "surrender" to her emotional experience, and quoted Ghent's (1990) paper on surrender versus submission. Ghent writes:

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

Ghent (1990) proposes that this kind of surrender requires a creative act, one of willingly entering a domain of transitional experiencing like that of an infant who "lives through a faith that is prior to a clear realization of self and other differences" (p. 108-109). To maintain defensive barriers requires an investment of psychic energy, and it follows that letting the barriers down frees that energy for more constructive uses. The participant's use of the term implies that she enters the client's reality just as a mother participates

in the experience of her infant, by an act of empathic immersion which, in the example quoted here, involves the registration of physical sensations and muscular tensions as well as emotions. The therapist mentioned that the client in his ten-year therapy made some progress in speaking out, but was never able to speak with complete freedom; and she felt a progressive relaxation of her jaw as work with the client progressed. But right up to the termination of the therapy, she felt "occasional twinges" in her jaw, probably indicating that her physical and empathic attunement continued to accurately respond to changes in the client's self-experience.

Second vignette

The therapist said:

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

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

She continued:

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

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

> *This happened over more than one session, and she remembered that when she was quite little, I've forgotten the story, she had something wrong, she had to have her legs in plaster and they waited until she could walk. And the moment she could walk they operated on her and so she spent three months with her legs in plaster from her waist down to her knees, and she couldn't move, and it [the therapy] was like this unravelling of her operation; and she started to feel and I stopped feeling. It changed and she started to feel, and it was very painful and very emotional.*

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

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

The therapist feels sure that her "holding of that physical pain" helped the client to make some connections she had hitherto been unable to make. She uses the word "somehow" to capture the mysterious or non-cognitive quality of the process—tacit experience (Polanyi, 1966) which can be felt and to some extent described, but not easily or logically explained without recourse to clinical inferences about the patient's inner states. I did not press the therapist for any analytic elaboration of the psychic movement that clearly had occurred, but it seems likely she would have been able to supply this if asked.

This sort of phenomenon might be what Schore (2003) had in mind when he described the therapist's task of containing raw emotions until a suitable emotionally engaged moment arrives for communicating "the patient's affectively charged but now regulated right-brain experience" (p. 54) to the patient's linguistic left brain for further processing. In the above example, holding and eventual verbal expression by the therapist were precursors to

emergence in the client of affective connections with her body sensations and affects, that had previously been absent or out of her awareness.

The therapist elaborated her theoretical understanding of her interaction with her patient in this way:

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

In this description, the language used by the therapist is simple and tentative ("it feels like; I suppose"); she uses mostly short, Anglo-Saxon words (rather than Latinate polysyllables), and I suggest that this may indicate the experience-near quality of her verbal account.

This therapist noted that the process of surrendering some of her boundaries sometimes became disorienting, and at these times she needed to feel her separateness:

> *[T]o feel myself moving backwards, away from them; I get a bit of distance, regroup. Yes, regroup, feel my own self, it's like the thread gets a bit thin, I get lost in their stuff. And sometimes I need to be able to do that to help, to be useful.*

In this account, it is as if the therapist, when she fully surrenders and immerses herself in her experience of the non-separation of self and other, cannot always maintain her awareness of being a separate self. She needs to "regroup" and feel her separate self again in order to regain some sense of executive ability in the therapy.

Emotion and neuro-science

Discussing the physiological basis of emotional experience, Schore (2003), in an integration of the literatures of psychoanalysis, attachment theory, and psychoneurobiology, describes some differences between right brain hemisphere, emotional and attachment processing, and left brain linguistic and intellectual thinking (pp. 70-75). The right hemisphere and its emotional and attachment functions develop in the first eighteen months of life, and provide a matrix for the mother-infant bond and, Schore proposes, the emotional aspect of the therapist-patient bond. The linguistic, conceptually oriented left

hemisphere, according to Schore, develops later and becomes dominant; but communication between the hemispheres is incomplete, and constitutes a barrier between emotional experience and linguistic processing.

Psychotherapists work with this partial barrier between emotional and cognitive experience, between feelings and thoughts, between conscious and unconscious. We attune our emotional right-brain to our patient's right-brain, we contain and regulate emotion experience that may at first be out of awareness, and as a result of this regulation we are eventually able to communicate "the patient's affectively charged but now regulated right-brain experience" (Schore, 2003, p. 54) to both the patient's and our own linguistic left brain for further processing.

Schore (1992) mentions that Stolorow and Atwood have observed that this sort of left to right brain feedback allows for a linking between non-verbal and verbal representational domains, and facilitates "evolution of affects from their early form, in which they are experienced as bodily sensations, into subjective states that can gradually be articulated" (p. 54).

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

Lambie and Marcel (2002) comment on the difficulty inherent in describing emotion experience:

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

This goes to the heart of the problem with verbally describing experience: when we are deliberately attending to phenomenological experiences such as body sensations and emotions, by observing or remembering, they are transformed from experience (left brain) into thought (right brain), and thus changed and distorted. If this formulation were accepted, we would need to remain sceptical of any description of experience, including of course the clinical vignettes (above). Nevertheless, I suggest that, in psychotherapy, some speech is closer to body-emotion experience than it is to left-brain, intellectual speaking. There can be clues in therapists' use of language: this was mentioned (above) in connection with one therapist's use of simple language and short words (e.g. "Some of them comes into me, and some of me goes into them").

Daniel Stern (2004) suggests that the disjunction between experience and the verbal expression of it may serve to protect the integrity of our lived experience:

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

Stern's conjecture that something is lost when we put our experience into words has resonance for psychotherapists when we begin to practice Buddhist meditation; our psychotherapy trainings have privileged verbal expression of subtle feelings, and in learning to meditate we are enjoined to stay in the experience and abstain from conceptual thinking.

The context of body psychotherapies

Although Freud (1923) originally described the ego as "first and foremost a body ego" (p. 364), it is my impression that in psychoanalytic writings the body has to a large extent been ignored in the first two thirds of the 20th Century. A notable exception was the work of Wilhelm Reich (1945, 1972),

which inspired Alexander Lowen's bio-energetic therapy (1958). In England David Boadella (1987, 1997), with whom the author studied in the 1970's, drew on these foundations for his biosynthesis therapy, and Gerda Boyesen developed her biodynamic therapy.

In Chicago, Gendlin (1978, 1996) together with Carl Rogers, noted that patients who were able to attend to unclear bodily felt senses experienced the most benefit from psychotherapy. This marked the beginning of focusing-oriented psychotherapy. Many other theorists and practitioners have made significant contributions to the literature on body psychotherapy in a range of modalities, some of which include touch. Most theorists acknowledge the need for therapists to attend to their own body counter-transference. The author regrets that there is not space in this article to do more than acknowledge his debt to them. Their work is embedded in my thinking, and enriches my psychotherapy whakapapa.

Discussion

Although psychoanalytic authors frequently refer to the importance of noting body experience, few have offered specific case examples of the clinical use of the therapist's body. An exception is Concetta Alfano (2005), a psychoanalyst and zen meditator, who describes a practice which she terms "transcendent attunement," in which she intentionally opens the somato-psychic boundary between self and other:

> [A] disciplined, yet unselfconscious attentive process within the analyst, which has a counterpart within the analysand, in which boundaries between self and other and between somatic and psychic perception are temporarily dissolved (p. 227).

With highly evocative case examples, Alfano explains that in the course of her work with a patient she found that her "normal self-conscious subjectivity was temporarily suspended" (p. 224), and that she "experienced her body as a resonating, containing space, an echo chamber, to that of her analysand's unconscious communications" (p. 223). She notes "It is not until after such a dissolution of boundaries has occurred that we can reflect on the experience, recognizing its component elements and phases" (p. 226).

Alfano's account of her work is more detailed in its conceptual elaboration than the vignettes from the work of the anonymous therapists whom I have quoted above; yet there are striking similarities. Both Alfano and the above therapists mentioned the dissolution of self-other boundaries; and found their bodies resonating with psychic and somatic aspects of their patients'

experience. All connect their meditation experience with their ability to attend in a free-floating, choiceless way to the various aspects of their experience, and in this way to transcend self-other boundaries. All mention that their experiences in therapy relationships come before conceptual thinking. And finally, all mention holding their psycho-somatic experiences, and reflecting on their meaning, before eventually finding a way to share them with their patients.

All the therapists quoted above have said or implied that in their experience, there is sometimes no clear boundary between psychic and somatic modes of experience. For them, body and mind can be experienced as a unified field. However, in the study on which this article is based, only three of the six psychotherapists and psychoanalysts interviewed, described attending to body sensations in the manner discussed above. It is the experience of the author, and of the anonymous therapists, and of Alfano (2005) that Buddhist meditation is potentially one of the foundations of this sort of suspension of self-other boundaries; and that training in meditation enhances the ability to allow one's attention to float freely and to notice psychosomatic sensations that are sometimes ephemeral and subtle.

References

Alfano, C. P. (2005). Traversing the caesura: Transcendent attunement in Buddhist meditation and psychoanalysis. *Contemporary Psychoanalysis,* 41(2), 223-247.

Bion, W. R. (1967). Notes on memory and desire. *Psychoanalytic Forum,* 2, 271-273.

Boadella, D. (1987). *Lifestreams*. London: Routledge.

Boyesen, G. and Boyesen, M-L. (1980). *The collected papers of biodynamic psychology, Vols. 1 and 2.* London: Biodynamic Psychology Publications.

Carrithers, M. (2001). *Buddha: A very short introduction.* Oxford: Oxford University Press.

Capra, F. (1975). *The tao of physics.* London: Wildwood House.

Damasio, A. (1999). *The feeling of what happens.* London: Vintage.

Freud, S. (1923). *The ego and the id, Vol. 11*, Penguin Freud Library, Harmondsworth: Penguin

Freud, S. (1953). Recommendations to physicians practicing psychoanalysis (1912). In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 12, pp. 111-120). London: Hogarth.

Gendlin, E. (1978). *Focusing*. Everest House: New York

Gendlin, E. (1996). *Focusing-oriented psychotherapy.* Guilford: New York.

Ghent, E. (1990). *Masochism, submission, surrender: Masochism as a perversion of surrender. Contemporary Psychoanalysis, 26*, 108-136.

Goenka, S. N. (1999). *Discourses on the Mahasatipatthana Sutta.* Mumbai: Vipassana Research Institute.

Hanh, Thich Nhat. (1999). T*he blooming of a lotus: Guided meditation exercises for achieving the miracle of mindfulness.* Beacon Press: Boston.

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness.* New York: Delacorte Press.

Lambie, J., & Marcel, A. J. (2002). *Consciousness and the varieties of emotion experience: A theoretical framework.* Psychological Review, 109(2), 219-259.

Lowen, A. (1958). *The language of the body.* New York: Collier.

Ogden, T. (1997). *Reverie and interpretation: Sensing something human.* Northvale, NJ: Jason Aronson.

Polanyi, M. (1983). *The tacit dimension.* Gloucester, MA: Peter Smith.

Ramachandran, V. S. (2006). Mirror neurons and imitation learning as the driving force behind "the great leap forward" in human evolution. [Electronic Version]. Retrieved March 10, 2006, from http://www.edge.org/3rd_culture/ramachandran/ramachandran_p1.html.

Reich, W. (1945, 1972). *Character analysis.* New York: Touchstone.

Rizzolatti, G., & Craighero, L. The mirror neuron system. *Annual Review of Neuroscience*. 27: 169-192 (July 2004)

Segal, Z. V., Williams, J., & Teasdale J. D. *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse.* New York: Guilford.

Solé-Leris, A. (1992). *Tranquillity and insight* (1999 ed.). Kandy: Buddhist Publication Society.

van Manen, M. (1999) *Researching lived experience: Human science for an action-centred pedagogy.* Albany: State University of New York.

Schore, A. (2003) *Affect dysregulation and disorders of the self.* New York: Norton.

Solomon, P. (in press). *Psychotherapists who meditate.* Saarbrucken: VDM Verlag.

Stern, D. N. (2004). *The present moment in psychotherapy and everyday life.* New York: W. W. Norton.

Stolorow, R. D., & Attwood, G. E. (1992). *Contexts of being: The intersubjective foundations of psychological life*. Hillsdale, NJ: The Analytic Press.