

## **Response to The speaking body: Psychotherapists who meditate**

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First my thanks to Paul Solomon for writing this great article and to the editorial team for giving me the opportunity to read and respond to it.

This article was, for me, a delicious dive into ideas and questions that have long held my interest. Vipassana meditation as a lens to look at these questions was refreshing and stimulating.

The familiar questions are about the nature and practice of psychotherapy and the role of the body and language. Psychotherapy is, minimally, a two-person endeavour and, by intent, an intersubjective process that requires interaction/communication of some sort. There is an acknowledgement of the role of unconscious communication, right back to Freud: “It is a very remarkable thing that the Unconscious of one human being can react upon that of another without passing through the Conscious” (Freud, 1915, p. 194). The method of “classical psychoanalysis” was defined by Freud as “the act of following the chain of ideas presented by the analysand” (Bollas, 2007; Freud, 1932). This was done through free association on the part of the analysand, and the analyst who needs to hold a stance of free-floating attention, as was mentioned in Paul’s article. While this was primarily seen as a verbal endeavour in which the analyst was expected to listen, follow, and ultimately interpret, the listening certainly seemed to include listening to the patients’ enactments and their bodies as communication. However, as the article suggests, the body of the therapist was, historically, largely ignored and was seen primarily as the site of perception, and not of unconscious process. With increasing attention placed on the role of transference, countertransference, projection, identification, and projective identification, and, as indicated in the article, the constructive nature of the intersubjective relationship on the brain, psychotherapists, among others, have been investigating the implications for the healing and communication that occurs in the therapeutic relationship. In these investigations, the idea that the body of the therapist can be the site of complex and creative exchange of unconscious material has been of increasing interest and acknowledgement. Therefore the question of accessing or noticing our bodies as therapists becomes important.

In the article, it is suggested that “evenly held attention” and reverie were the most commonly articulated methods of attending to unconscious (interpersonal and intrapsychic) communication in psychoanalysis. In

vipassana, attending takes place through meditation. The article points to the idea that these methods are at least minimally similar, particularly in the way they are used to gain some sort of access to the often unspoken, but responded-to and enacted or embodied, aspects of one's own or the client's experience.

As stated, Freud talks about evenly-held attention as though it was easy to attain, but it may not be so easy, particularly for beginning practitioners. The article identifies the specific advantages of vipassana meditation and Buddhist philosophy as a gateway to unconscious experiences through its particular focus on the therapists'/mediators' awareness of their bodies. In part, its advantage is that vipassana has a clear method of practice that is taught. This clarity of method is not my experience of psychoanalysis. The practice of, for example, free floating attention as described above can seem mysterious. The teaching of psychotherapy and its practice is generally come to through retrospective analysis and reflection. Often much of the teaching has been a largely cerebral endeavour, with verbal language the most attended to form of communication. Often the method, if achieved, first creates this slightly woolly experience. This rightly could be put down to the individuality of experience, the need to allow space for not knowing, the personality of the therapist, and one's capacity to think in this way as something that can only emerge with experience. However, I did wonder about the rather refreshing clarity of method for vipassana. Alongside this was my own research, in which practitioners identified that they could use a variety of methods to practice this sort of openness, connectivity, or dissolving of boundaries, both within and outside the therapy room, that seemed to allow them access to these experiences (Goulding, 2002).

The idea of the dissolving of interpersonal boundaries is one that is written about by a number of authors—for example Orange (2000, 2002) and Zeddies (2000)—from an intersubjective perspective. The idea that inside and outside are a dualistic creation of the mind to enable a sense of integrity of the self, in the same way we divide body and mind, is reinforced by the experiences described in the article. The article provides examples of where this division appears to break down in relation to the therapist's experience of their body and the client's body. It is well articulated by the practitioner in the second vignette. What was particularly interesting in the article was vipassana's clear method for developing this capacity to notice. It would seem that the effect of developing an acute sensitivity and capacity to stay present to the practitioner's own body experience allows the meditator to be aware of others' experiences through their own body, and thereby participate in this particular form of communication.

This, for me, raises the question that if we accept that the body is a site of unconscious processes, and unconscious to unconscious communication, what do we do once we have noticed it? Do we need to move to articulate these experiences, or are they healing in themselves?

As stated in the article, there is agreement amongst some authors in both psychotherapy and philosophy that all experience is embodied (Aron, 1998; Damasio, 2000; McDougall, 1989; Merleau-Ponty, 1962; Schore, 2001; Stern, 1985). But, if the client's experience is generated by unconscious conflict and distress, for example, can it be resolved without a move to conscious verbal awareness? As the article states, much of our early crucial learning occurs before we attain verbal fluency. From a developmental perspective the sequence is experience first, words later; however, human beings, it would seem, are hardwired for symbolisation (Anzieu, 1989; Damasio, 2000; Schore, 2001; Stern, 1985). The argument is that if our embodied experience remains locked in the primordial (those non-reflective places of our soul), we may simply become enslaved to "be" our embodied experience repeatedly (Krystal, 1988). If this is the case, our embodied experience lowers our ability for self-determination or self-agency and, as part of that lessened capacity, our ability to move toward identifying what we hold as "motivating, inspiring and defining of self" becomes restricted (Zeddies, 2002, p. 8). Even Merleau-Ponty (1964), who supports the primacy of body and perception as locating one's self in the world, says:

Left to itself, perception forgets itself and is ignorant of its own accomplishments. Far from thinking that philosophy is a useless repetition of life, I think on the contrary, that without reflection, life would probably dissipate itself in ignorance of itself or in chaos. But this does not mean that reflection should be carried away with itself or pretend to be ignorant of its origins (p. 19).

The article provides an interesting counterbalance to the dichotomy of experience and understanding in the way it describes the vipassana meditator as not requiring what we therapists traditionally see as the separate observing self. Instead, it suggests the collapsing of the two positions: the experiencing self and the reflective observing self. This is hard for me to hold on to, even though I have experience with holding this paradox. My question clinically is, if we do reach this position experientially, what does this give us, and how do we use it? In vipassana, it would seem, the method of resolution is through the continued focus on the body. My understanding from reading the article is that it is moving away from the attachment to the emotional or

valenced element of the experience, through a continual return to noticing the body, that some form of resolution occurs. This has not been the model in psychotherapy.

It is within the intersubjective process, and through the communication of the internal experience to the self by the self through the use of the other, that resolution is seen to occur. In other words, being able to use the other (Winnicott, 1969).

Can the form of resolution reached in vipassana be useful intersubjectively? While I can see the way that a deep acceptance of one's experience without, as Krystal (1988) would suggest, an over-investment in the emotional element could change the experience in itself and not require a conscious understanding of what has happened; I can also see that learning could occur over time through the repeated use of this method without reflective understanding. However, if this method was only held experientially, it would seem to me to be a very long commitment to the meditation process—or, in fact, the “use of the other”—in order to generate the incorporation of unrecognised or difficult experience, and therefore resolution. Developmentally, we gain the capacity for language, and if we can use this creatively, it enhances our aliveness, our ability to know ourselves and others, and to learn from and manipulate our experiences. It seems to me those moments of embodied connectedness described above and in the vignettes are most useful if they can be articulated in some way, eventually, as indeed they are in the vignettes. I think this is so even if language always remains inadequate to fully describe the experience. This would seem, in the article, to be where there is some disagreement between psychotherapy and vipassana, but also perhaps where they intersect with one another. Or, perhaps it is where I become, or psychotherapy becomes, a coloniser, picking only the perceived usefulness of the Eastern concept in further developing a Western one.

So how do we use these experiences in psychotherapy? It seems to me that, in the article, the therapists treat the communication in the same way they treat other unconscious communication. There is an acknowledgement that there is a complexity and creativity in unconscious communication that both obscures and articulates our experiences (Bollas, 2007; Winnicott, 1966).

The body exists somewhere in the paradox between the concrete reality of the physical and a more dreamlike metaphoric, symbolic, “meaning-making” state (Broom, 1997). Bollas writes, “enactment is a form of thought” (2007, p. 25). I think that by using this concept, I could say the body can also “think”. Being able to be used in this way by the client can lead to accessing this mode of thinking. I suspect the body operates like a kind of dream and, therefore,

that immersing oneself in the body experience, then bringing the body to mind, noticing the details of it, free associating to it, and having it as part of our reverie, is the way, it would seem, that the psychotherapist can use her or his body experiences. While using vipassana techniques to access this may be a “colonising” act, and not in the spirit of the Eastern tradition, the advantage of the training that vipassana offers in this process seems clear. Perhaps it should be part of psychotherapy education.

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