



Evaluating the process of embodied experiences in critical moments of therapeutic change: a qualitative study

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I confirm that all names and identifying information have been changed to protect confidentiality.

A handwritten signature in black ink, appearing to be "Chuey Yoke Loh".

Signature.....

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Abstract

This research study set out to examine the embodied experiences of critical moments of change from the perspectives of psychotherapists and clients. The main aim of the research was to investigate how the psychotherapist-participants brought embodied attentional attunement to their clients with the intention to facilitate change sought by clients. The research was undertaken with nine psychotherapist-participants and four client-participants. The nine psychotherapist-participants were regular mindfulness practitioners and the four client-participants were in therapy with body-oriented/mindfulness and analytical psychotherapists.

Braun and Clarke's Reflexive Thematic Analysis was used to analyse the dataset. A phenomenological reflexivity or bracketing was also adopted in the data analysis. The psychotherapist's embodied stance became a focus on how therapeutic processes were sensed and identified experientially. These processes included experiences of shifts or change, attunement and co-created intersubjective states.

The five main themes generated were; 'The body is a barometer', 'Mindfulness is not psychotherapy, it is a return to the body', 'What's mine and what's yours?', 'Change is an active being-with', and 'Embodiment is the co-experience of sameness and alterity.' These five themes were further organised under two overarching themes, 'The moving body' and 'Talking therapy is intersubjective' to encapsulate the concepts found in the data analysis.

In conclusion, critical moments of change or shifts are identified as the recognition of otherness or alterity in embodied intersubjective experiences. These can happen in a 'gap', an 'insertion point' or an 'interruption' within a therapeutic exchange. This is also an ethical framework for psychotherapy in recognising the body's response to experiencing empathy and attunement. This has also been supported by findings in brain studies in an intersubjective context. Given the current prevalence of online therapy, future research recommendations include investigating the body's response to the co-created intersubjective in a virtual environment.

Key words: mindfulness, embodiment, phenomenology, Merleau-Ponty, critical moments of therapeutic change, intersubjectivity

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List of Abbreviations

ACPP	Association of Core Process Psychotherapists
ACT	Acceptance and Commitment Therapy
BACP	British Association for Counselling and Psychotherapy
BCPSG	The Boston Change Process Study Group
BPC	British Psychoanalytic Council
CASP	Critical Appraisal Skills Programme
CBT	Cognitive Behavioural Therapy
DMN	Default Mode Network
EBSCO EDS	Elton B. Stephens Company Discovery Service
EMDR	Eye Movement Desensitisation and Reprocessing
FFMQ	The Five Facet Mindfulness Questionnaire
HCPC	Health & Care Professions Council
IPA	Interpretative Phenomenological Analysis
MAP	Maturity Assessment Profile
MBCT	Mindfulness-based Cognitive Therapy

MBIs	Mindfulness based interventions
MMHEP	Mindful and multicultural humanistic-existential psychotherapy
PEP-WEB	Psychoanalytic Electronic Publishing Database
PHP	Phenomenology and Psychology
RCT	Randomised Controlled Trial
TA	Thematic Analysis
TMS	Toronto Mindfulness Scale
TPI	Therapist Presence Inventory
UKCP	United Kingdom Council for Psychotherapy
WEIRD	Western, educated, industrialised, rich and democratic

Be - and at the same time know the condition of not-being, the infinite ground of your deep vibrations,
that you may fully fulfil it this single time.

(Rilke, *Sonnets to Orpheus*, 1962, Part III, No 13, p. 95).

Evaluating the process of embodied experiences in critical moments of therapeutic change: a qualitative study

Chapter 1

Introduction and Background

1.1 Aims

The aim of this research thesis is to examine critical moments of change as experienced in the body by psychotherapists and clients within the therapeutic context. The study looks specifically at psychotherapists who are also regular contemplative practitioners and at their embodied approach in identifying moments of change in the therapeutic process.

This chapter will lay out the contemplative practice of mindfulness which has been adopted as an embodied aid in psychotherapy and the Buddhist doctrines behind the practice; the presentation of psychotherapy as a treatment for psychological well-being and desire for change; and the phenomenological reflections on this therapeutic model.

Mindfulness is presented as an embodied and contemplative practice that promotes understanding and awareness of the body's intrinsic health.

Psychotherapy is examined through the process of change and the understanding of self in the experience of change. The phenomenological inquiry is discussed through the change process in embodied existence and

reflexivity. This research study considers the process and experience of therapeutic change where the psychotherapist is a regular mindfulness or contemplative practitioner. This form of regular contemplative practice helps to cultivate an embodied sense of self and other. The research questions will investigate the critical moments of the embodied experiences of therapeutic change that arise within therapy, by attempting to examine the psychotherapist's embodied awareness and intentionality cultivated through mindfulness and the impact that may have on the client's therapeutic processes.

1.2 Mindfulness

The teachings on the cultivation of mindfulness found in the *Pāli* Canon of Buddhist scriptures were originally distributed in an oral tradition about 2500 years ago (Analayo, 2003). The *Satipaṭṭhāna Sutta* is a discourse on the contemplation of mindfulness in relation to the physical body and its bodily states of sensed feelings, mental exertions and mental phenomena (Appendix I). The practice of mindfulness is the body's present moment recollection (Levin, 2003). The moment of recollection brings together memories of past, evocations in the present and intentionality in movement forwards. The phenomenological characterisation is applied to the notion of intentionality here and throughout this paper, i.e., the intentionality as a property of consciousness. This intentionality is not about having purpose in mind. Consciousness is the experience of the intending contents of the phenomenal object with implicit and explicit meanings (Smith, 2018). According to phenomenologists, there can be no consciousness without intentionality (Zahavi, 2018).

The term mindfulness is translated from the *Pāli* word *sati* which is used in the early Buddhist texts to mean “keeping or holding in mind” in relation to the subject of contemplation (Gethin, 2015). Gethin also identifies the three levels of experiencing in Buddhist conceptualisations of mindfulness that reveal their fundamental dynamic processes without which mindfulness would be merely be an attention paying exercise. The first level of experience is the relationship of mindfulness to processes of recollecting, memory and remembering; often the focus of sensed bodily states. The second brings attention to the discursive thinking that detracts from being in the moment of what is present. The third mindfulness dynamic response is its relationship to ethics. Early Buddhist teachings maintain that to practise mindfulness on the bodily states, sensed feelings, mind and mental phenomena would assist in arriving at ethical responses to creating wholesome relationships free from greed, aversion and delusion. In this way, Gethin asserts, these states of awareness become “Gatekeepers” to keeping out unwholesome thoughts, qualities and behaviours (Gethin, 2005, p.18).

The word ‘mindfulness’ is translated from *sati* (*Pāli*) or *smṛti* (Sanskrit) taken from the *Abhidhamma* (*Pāli*), an important early systematisation of the Buddha’s teachings (Wallace and Bodhi, 2006; Gilpin, 2008; Dreyfus, 2013; Gethin, 2013; Bodhi, 2013; Sharf, 2015; Dunne, 2015). The translation has the technical meaning ‘to remember’ or ‘to learn’ as in to remember the purpose of the meditation or practice in observing the breath and the sensations of the body posture (Gethin, 2013). The *Abhidhamma* is also broadly a systemic account of

sentient experience detailing the theoretical and philosophical understanding of consciousness in mental and physical events (Ronkin, 2010).

Sati is also understood to work in tandem with *Sampajañña* translated as 'clear comprehension' or 'awareness' in four foundational practices contemplating on objects of mindfulness (Nyanaponika, 1962). These practices were cultivated as the direct path to overcoming suffering and discontent in the *Pāli* discourse of the *Satipatthana Sutta* (Analayo, 2003). By applying mindfulness to the objects of body, feelings, states of mind and mental qualities on this 'direct path' - namely the Buddhist doctrine of the Eightfold Path - and sustaining this attention with other wholesome qualities of mind is said to lead to what has often been rendered as 'enlightenment' but more accurately translated as 'awakening' (*bodhi*) (Gethin, 2015; Keown, 2003). Mindfulness is a practice of concentration within this ethical framework.

The positive benefits of practising mindfulness meditation have been well-documented in numerous studies, including being present, open and empathic (Baer, 2003, 2006; Didonna, 2008; Brown et al., 2007; Davis, 2011; Cigolla, 2011; Dunn et al., 2013; Brito, 2014; Swift, 2017). The aim here is to focus on the process of cultivating a directed form of attention and mindful presence in a psychotherapeutic dyadic setting. Siegel (2007) elaborates it as "Presence...a state of receptive awareness of open minds to whatever arises, as it arises (p. 161). Siegel goes on to say that this form of presence activates the "observing self" to attune to the "experiencing self" in the now moment that results in an "internal attunement" which is the state of mindful awareness that reins in the brain's priming "sense of the next" that is based on what has happened in the

past, to what is currently happening in the moment (Parker et al., 2015, p.234). The regular practice of mindfulness helps to reduce reactivity in perceptions that can induce the fight-flight-freeze states, and instead promotes a state that is open and receptive to the present. Neuroscientific investigations suggest long-term meditators (more than one thousand hours of practice) manifest neural activity or shifts in cognitive processes that indicate a higher-order awareness which process and reflect on sensory and perceptual experiences without the contextual proliferation of narrativizing affliction (Taylor et al., 2011; Brefczynski-Lewis et al., 2007; Brown & Jones, 2010; Saggar et al., 2012; Lazar et al., 2000). Also with regularity of practice, comes an attitudinal stance where presence in the moment is activated effortlessly (Parker, Nelson, Epel and Siegel, 2015).

Practising mindfulness helps to develop a particular form of attentional resonance and interpersonal attunement in a therapeutic context. It is a direct experiencing of the body with its attendant neurological, mental, psychological and subjective processes cultivated towards not only an emancipation from mental afflictions, but also to embodying an authentic intentionality for being with the lived world. This concept of authenticity is drawn from Heidegger's conviction that *Dasein* - literally, being-there as an entity in existence - has the "potentiality-for-being-a whole" (Levin, 2003,p.6). In *Dasein*, each being is located within the context of a world situated in temporality and historicity, and the potentiality is the being's disclosing of itself and to what it is capable of in itself (Sills, 2009).

Rather than reducing mindfulness to an adaptable skill or construct as in manualised treatments such as Mindfulness-based Stress Reduction (MBSR) and Mindfulness-based Cognitive Therapy (MBCT), one of the aims here is also to study closely how psychotherapists who are regular contemplative practitioners of mindfulness practices, engage with their embodied awareness within a psychotherapeutic dyad. Mindfulness is often interpreted as a calming exercise but it is also a profound practice of monitoring the present moment's ceaseless movement in our biology and psychology—that is *praxis* in the experience of relationality (Carmody, 2015). It is in this capacity, to still the mind in relation to the body, that brings the sensorial faculties to bear on the therapeutic environment.

1.2.1 Mindfulness and intrinsic health in Buddhism

For the purpose of this research study, the understanding of mindfulness is derived from the Theravada exegetical teaching in the *Satipaṭṭhāna Sutta*, as the paying attention to the bodily senses with a focus on the breath to develop a state of concentration (the capacity to bring together the different senses), and bringing that awareness to bear on feelings, mind and subjective states (Gethin, 2012, p.16). Mindfulness is seen as a faculty and a constituent of the many meditative practices in the Buddhist path to awakening (Gethin, 2015). In the same article Gethin agrees with Dunne (2011) that Buddhist practices do not take the “constructivist” view in producing “cures” to alleviating suffering but are more aligned with the “innatist” perspective where they enable the misunderstanding to “fade and cease” (Gethin, 2015, p.33). This practice informs the Buddhist foundational belief that there is no fixity in the notion of the self. This is one of the key doctrines that is shared by all schools of Buddhism is

that the self is a psychological structure conventionally formulated from psychophysical constituents or aggregates (Boisvert, 1995). On paying close attention to the human embodied existence, the sense of self is experienced as mutative and contingent. In Buddhism, the human subject, or sense of self, or personality has no inherent existence. The self is said to be collectively constructed and conditioned by an interplay of five ‘aggregates’ or components known as *khandhas* in *Pāli*. The five *khandhas* are: (i) form (*rūpa*); (ii) feelings (*vedanā*); (iii) perception (*saṃjñā*); (iv) volitional factors (*saṃskāra*); (v) consciousness (*vijñāna*). It is the reified sense of self that is seen to be the cause of suffering. The formation of the conditioned self and its attendant perceptual conscious processes are also informed by the Buddhist doctrine of *Paṭicca-samuppāda*, translated as Dependent Origination. This fundamental Buddhist teaching sets out to elucidate that all phenomena arise in dependence on causes and conditions, and lack intrinsic being (*Anālayo*, 2021). All phenomena and processes originate from particular causes and conditions and when those causes and conditions cease, the phenomena that depend on them will also cease (Jones, 2011).

Anālayo (2021) writes about the principles in the teaching of dependent origination as a quest for awakening to what he calls “specific conditionality” underlying the notion of causality in a complex web of habit-forming experiences (p.1100) . Mindfulness of the senses are a way of observing this notion of causality, of deconstructing internal “fetters” (habitual conditioned thoughts) i.e., the eye as an organ is separate from the visible form and the “fetters” arise dependent on the eye and to what is visible (*Anālayo*, 2021, p. 1098). In practising mindfulness of the senses, it is possible to pay attention to

that which is 'wholesome' and guard against the 'unwholesome', terms often used in Buddhist teachings in ethics but could be interpreted as mentally beneficial and mentally unhealthy. This is one of the aspects of the concept of intrinsic or inherent health in Buddhism; that mindfulness practices can illuminate the nature of suffering as a dependent arising, and perform an analysis on "specific conditionality". This, it is claimed, can lead to openness and an understanding of the ethical path that leads to the ending *duḥkha* (often translated as 'suffering' or 'unsatisfactoriness') by identifying the conditions responsible for its arising (Anālayo, 2021, p.1095).

The Buddhist conceptualisation of mindfulness is a meditative contemplation on the phenomenology of embodied existence in engagement with world which necessarily entails an ethical response. This ethical response is to meet with compassion and greet with friendliness, in the contemplations of disentangling from greed, delusion and aversion (J Peacock, personal communication, February 17, 2018). It also involves the cultivation of responsible attitudes and actions. The inquiry here is to explore and evaluate mindfulness as a way of developing awareness of the correlation between bodily and mental processes through the agentic self in the therapeutic relationship. The agency of self is fostered from the evolutionary embodied intentionality i.e., a sense of self or selfhood is necessarily developed as the body grows (Peacock & Batchelor, 2021). The agentic self, as part of this embodied intentionality, coordinates the direct experiencing of the body-mind relationship. As a phenomenological response, mindfulness is a way of attending to the momentary experience of dynamic movement in the body-mind continuum to unbind reified ideas of self (Anālayo, 2003). The self, as a coordinating agent monitoring bodily and mental

experiences, is not immutable or an end result. It is a fluid structure sculpted from the embodied intentionality of existence, a development of selfhood in the experiencing of the conditioning aggregates in the teaching of the *khandhas* (Jones, 2011). Embodied intentionality is the paradigm defined here as the embodied cognitive processes that contribute to the relationship between body, mind and world in any given environment. To reiterate, the term “intentionality” is defined in relation to the phenomenological understanding of consciousness. It is not to be confused with the more common understanding where a person has a purpose in mind when one acts. For the phenomenologists, consciousness is not just that we see, hear, remember, imagine, think, hate, or fear but it is also the relationship to the something that we are seeing, hearing, remembering, imagining, thinking, hating, and fearing (Zahavi, 2018, p.16). There is an openness to this notion of embodied “intentionality” that accommodates the agency of self as mutable.

1.2.2 Mindfulness-based interventions (MBIs)

Mindfulness based interventions (MBIs) are now widely accepted for clinical use. These include mindfulness-based cognitive therapy (MBCT) (Segal, Williams & Teasdale, 2002), mindfulness-based stress reduction (MBSR) (Kabat-Zinn, 1982; 1990), dialectical behaviour therapy (DBT) (Linehan, 1993a, 1993b) and acceptance and commitment therapy (ACT) (Hayes, Strosahl, & Wilson, 1999). The Mindfulness All-Party Parliamentary Group published a report named ‘The Mindful Nation’ in October 2015 after a 12-month inquiry, which made recommendations for the application of mindfulness interventions to the policy areas of education, health, the workplace and the criminal justice system (The Mindfulness Initiative, 2015). Since 2004, MBCT has been

included in the recommendations by the National Institute for Health and Care Excellence (NICE) for patients who suffer from recurring depression. It has been shown to prevent relapse and reduce the severity of symptoms in patients who have suffered three or more episodes of depression (Piet & Hougaard, 2011; Strauss, Cavanagh, Oliver & Pitmen, 2014).

Most MBIs adopted for therapeutic applications have their origins in research studies conducted by clinical psychologists, cognitive scientists, psychiatrists and neuroscientists (Brown, Creswell, and Ryan 2015). These MBIs have become reductive forms of mindfulness practices. Understandably, to repeat the efficacy of these secular or clinical mindfulness concepts, MBIs are fashioned into tools and techniques for implementation as treatment programmes. Creswell (2015) acknowledges that there are limitations to MBIs as isolated mind functions or as the stress-buffering hypothesis. Either way that cannot deliver the primacy of the mindfulness relationship to the lived experience i.e., the ongoing relationship between mind, body and its situatedness in contextual experience.

1.3 Psychotherapy and therapeutic change

The generic psychotherapeutic approach discussed in this research study is drawn from the humanistic tradition where the goals, as expressed by Carl Rogers, are: openness to experiences, and states of optimal adaptation, plasticity and responsibility (Pawlak & Kacprzyk-Straszak, 2020). Rogers believes that the mutual emotional relationship between psychotherapist and the client is the most important element of therapy and important for the

therapist to be authentic, empathic, accepting and caring (Pawlak & Kacprzyk-Straszak, 2020, p.31). The understanding of therapeutic change in this study also comes from the humanistic approach of Rogers, where change is viewed as an ongoing process, and psychological well-being is achieved with the realisation that change is a constant process (McMillan, 2004).

The model adopted in this study comes from integrative psychotherapy. An integrative psychotherapist is one who uses the principles of dynamic complex processes from different theoretical frameworks to understand and guide everyday clinical work (Schiepek et al., 2016). Some of the theoretical understandings are spelt out here in the formulation of the research questions. The term 'critical moment of change' is used to designate an identifiable felt moment of embodied experiences, where there is a shift from recognising what was experienced as fixed, to a more unknown or fluid state.

Psychotherapy is also defined as a social interaction between therapist and client where interaction facilitates a client's learning and also learning on the part of the therapist.

Psychotherapy is all about dynamics and change, and it must therefore be described and explored as a process, that is, generally by how variables are changing along the time dimension

(Tschacher & Haken, 2019, p.104).

1.3.1 The embodied self and the present moment

The experience of the individual's existence in relation to the environment in the present moment is one that draws on the past and looks to the future (Cooper, 2003). The phenomenological stance on the experiencing of the ontological being can be said to be conducted through bracketing the constructed model of self-organisation to mediate between the embodied being and its lived environment. The term 'self' has come to denote a myriad of different definitions to different schools of thought. The innatist views of Freud and Jung, that the self is derived respectively from libidinal and archetypal forces, are being reviewed in the growing research literature that the developmental self is formed in the attachment system of mother and infant interaction (Knox, 2011). This has now been given scientific credence through a vast array of studies into the neurological activity which understands affective responses in the formation of the self system (Watson, 2008). From the seminal neurological studies of Allan Schore (1994), Jaak Panksepp (1998) and Antonio Damasio (1999), it is now widely accepted that the development of a sense of self is closely linked to the brain's neural circuits and pathways mapped out in the early infant attachment experiences with the caregiver (Knox, 2011; Stern, 2004; Watson, 2008). As the development of the self is dependent on attachment experiences, so too can the structure of self be shaped by later life experiences. Life experiences affect neural circuits in the brain from infancy to old age (Davidson & McEwen, 2012). From a psychotherapeutic standpoint, Knox (2011) gathered in the matrix of a functional and dynamic self-agency, the complex conscious and non-conscious processes of the foundation, and the development and ontogeny of self. Knox writes, "self-agency is always at the heart of psychological growth and development, it follows a development

trajectory...from the realm of bodily action and reaction in the first few months of life, through social, teleological, and intentional levels of agency to the mature expression of agency in language” (Knox, 2011, p.9). The construct of the self is the output of the agency that organises and makes sense of the environment.

Using different language, Lacan writes, “The ego is structured exactly like a symptom... the human symptom *par excellence* (is) the mental illness of man.” (Boothby, 1991, p.144). The terms ‘self’ and ‘ego’ have often been used interchangeably to define structures in personality. Lacan’s idea of the ego is almost pathological in the way that it has inserted itself in the human psyche, not dissimilar to the Buddhist view that calls into focus the suffering caused by a belief in the fixity of the self.

Stern’s work on the present moment provides a microscopic view of the experiences of the embodied self. How Stern (2004) has explicated the scrutiny of the present moment (of no more than 4 seconds) is very much part of the phenomenological inquiry into subjective experience. It is a felt lived-moment of short duration imbued with conscious awareness of emotional nuances and intentionality in its dynamic form . As indicated earlier in Section 1.2, the term ‘intentionality’ is one of phenomenological characterisation of consciousness. The phenomenologists argue that to understand “the status of physical objects, mathematical models, chemical processes, social relations, cultural products, etc., then we need to understand how they can appear as what they are and with the meaning they have...[for] the subject[s] for whom they appear” (Zahavi, 2018, p.26).

Stern however stops short of claiming that the present moment is an embodied experience, although he does accept that it cannot, or even should not, be cognised in words or any other objective form. For Stern, when the present moment becomes a lived story with another, “intersubjectivity starts to take on flesh” (2004, p.58). Stern changed his earlier use of the term ‘proto-narrative envelope’ (1994) to ‘lived story’ (2004) as he views it to be the emotionally developed and lived narrative of children and adults and not the primitive or preverbal ‘proto’ experience. It is the lived experience of a moment, not just a cognitive component. Using the mind to make sense of what is happening obscures the body and its bodily feelings which includes emotions (Damasio, 2000). Subjective experiences do not happen in the mind but in the organism (human) through some interaction with the environment (Chalmers and Clark, 1998).

In the numerous developmental studies cited by Stern, Sander, Nahum, et al. (1998), infants show that they have innate relational sensibilities in turning to their caregivers for interaction. The various studies presented by Stern et al., (1998) indicate that there is an ongoing intersubjective process of negotiation and adaptability in the early years in managing expectations in interpersonal exchanges between infant and caregiver (Stern, 1985; Sander, 1962, 1988; Tronick & Cohn, 1989). One of these processes named the ‘implicit relational knowing’ is the domain that maintains interactional experiences in preverbal infants and continues in the relational context throughout life (Stern et al., 1998). The nature of the implicit relational knowing facilitates growth and change, behaviourally and subjectively, in the infant through a process of internalisation of affective mutual regulation. This can be seen as the

experience of intersubjectivity, a “mutual sensing of each others’ motives and desires” with the implied goal of affirming and sharing of intentionality (Stern et al., 1998, p.907). This affective attunement is a bi-directional process by which the infant in the early years learns to adapt and develop through the responses of the caregiver whose intentions are experienced through implicit relational knowing. The caregiver’s intentions are not taken as given but are part of the dyadic response to the relationship with the infant. ‘Moments of meeting’ occur when there exists a ‘mutual fittedness’ in an event where an intersubjective goal of reciprocal recognition is experienced (Tronick et al., 1979). A ‘moment of meeting’ in a jointly constructed exchange between infant and caregiver becomes a space in which the infant is alone in the presence of the other (Winnicott, 1957). This ‘open space’ allows the child to have the experience of being and playing alone feeling the reassurance of the other’s presence (Sander, 1983). A new context is shared and the mutative moment enables a shift in the implicit relational knowing opening up creative possibilities.

The experiences of intersubjectivity, holding environment, relational space or field, joint process - different terms commonly used to describe a shared reciprocal experience - affect and change the embodied self. The body as agency and its plasticity of mind serve up experiential shifts in implicit relational knowing. This is a form of embodied consciousness that searches for meaning in the relational being.

Stern et al. (1998) propose that the ‘moment of meeting’ is a resultant point that arises from the ‘moving along’ process that has the potential to change the intersubjective context and affects shifts in the implicit relational knowing. The

‘moving along’ is the movement towards a goal in a continuum of present moments. It could be argued that this is not a linear process but a fusion of the three temporal aspects of past, present and future in the phenomenological view of temporality in consciousness. The ‘moment of meeting’ marks the point where the habitual relating in the therapeutic dyad moves to shared implicit knowing. Stern et al. (1998) conclude that therapeutic change is constituted in the shared implicit relationship with the ‘moment of meeting’ situated in the intersubjective environment of implicit relational knowing. They are also described as authentic experiential meetings that happen within specific time and spatial dimensions in an intersubjective environment, i.e., not derived from the transference and countertransference interpretations (Stern et al., 1998).

For the purpose of this thesis, the embodied self is the premise from which meaning is generated in the relational inclination. In an embodied existence, the developmental or seeking self is an experiential construct situated in the multitude of organic processes in the body. The body is the agency which makes it a foundational body of meaning for processing change. From neurological studies, this embodied seeking self is determined by the interpersonal neurobiology of lived experience within a cultural context. From a phenomenological viewpoint, this embodied developmental self seeks meaning and fulfilment in the body of intentionality. This seeking self within the agency of the body is a mutative process.

Whilst psychoanalytic theory has been in the forefront with development of psychodynamic underpinnings of much of the psychotherapeutic movement, the domain that stresses the present moment or ‘here and now’ experience of the

subject has its roots in the concepts of temporality, spatiality and memory. A Kleinian analyst, Betty Joseph pioneered a 'here and now' technique that attends to the moment-to-moment "psychic fluctuations" during the analytic hour through the "analyst's carrying of a containing and understanding function" would "gradually generalise beyond the analytic session itself – and would promote the patient's awareness in relationships external to the analysis" (Aguayo, 2011, p.1132). Aguayo (2011) intimates that Joseph's 'here and now' technique drew on Bion's writings in his short and enigmatic paper, *Notes on memory and desire*. Bion (1967) writes, "Every session attended by the psychoanalyst must have no history and no future...The only point of importance in any session is the unknown. Nothing must be allowed to distract from that.... Out of the darkness and formlessness something evolves" (p.244). Aguayo (2011) contends that it is this analytic attitude that carries the containing and understanding function that helps "patients widen their field of perception and promotes the patient's awareness in relationships external to the analysis" (Aguayo, 2011, p.1132). This is developed through Bion's (1962) theory of 'container/contained' where the analyst appears to metabolise and understand the patient's projections in sessions, enabling the patient to slowly build up confidence in the analyst's capacity (container), leading to the patient's learning to modify projections through introjection (contained) (Aguayo, 2011). For Bion (1962), 'container/contained' relationships can be "commensal...(also) dependent on each other for mutual benefit and without harm to either" (p.90). This model of 'container/contained' provides "the basis for an apparatus for learning by experience" (Aguayo, 2018, p.796).

According to Grotstein (2000), the rationale to suspend, “memory, desire, understanding, and preconception is to allow the analyst to keep the inner container empty of sense-derived prejudice so that s/he can all the more be able to look inward, that is, intuit his/her own subjective responses to the analysand's projective...identifications” (Grotstein, 2000, p.692). The analyst's intuiting is also compared to a form of ‘waking dreaming or reverie’. For Ogden (2017), the state of reverie within an analytic setting is “always in part an intersubjective phenomenon where the analyst must engage in an act of self-renunciation...the act of allowing oneself to become less definitively oneself in order to create a psychological space in which analyst and patient may enter into a shared state of intuiting and being-at-one-with a disturbing psychic reality that the patient, on his own, is unable to bear...Reverie and intuition come, if they come at all, without effort, “unbidden” (Bion, 1967, p.147)” (Ogden, 2017, p.294).

These notions of suspending ‘memory and desire’ in the process of ‘learning by experience’ and the ‘intersubjective experience of intuiting’ have resonances with the phenomenological attitude of suspending preconceptions and assumptions in order to apprehend the experience of change or movement through a form of embodied reflexivity.

1.4 Phenomenological reflections

Whilst the phenomenological enquiry is about understanding the creation of meaning in an authentic embodied-being-existence, the psychotherapeutic response seeks a shared implicit knowing with the developmental or seeking

self shaped by the experiences of the embodied being. This developmental or seeking self is one part of the experience of the intersubjective. In a 'moment of meeting' where the seeking self is dislocated, it finds a new location in the intersubjective which in turn alters the shape of seeking self. The other part of the experience of the intersubjective is the undeniable interdependence to other. Embodied intersubjectivity is the seeking self finding affective connection to other. Varela (1999) introduced an approach called the enactive view which studies a reciprocal relationship between the embodied states of consciousness and neuronal activity. Enaction refers to the coupling of sensorimotor activities with the cognitive agent to make meaningful the lived environment (Varela, 1999, p.270). This is a neuroscience of consciousness that goes beyond brain-bound neural events (Thompson & Varela, 2001).

1.4.1 On desire to change

In psychotherapy there is a desire to understand and to seek change, to be interested in knowing and being. The form that this 'desire' takes requires further elaboration. As Merleau-Ponty (1945) writes that the human body is carved out of "time and space... to ensure metamorphosis" (p.141). Freud elaborates that "mental events...and phenomena (which are) unmistakable indications of the presence of a power in mental life which we call instinct[s]... which we trace back to the original death instinct of living matter" (Strachey, 1955, vol. 23, p.243). From the forces of the death drive and "living matter", a psychic structure such as the ego is formed to respond to the exigence of these bodily energetics but remains inadequate to represent them fully (Boothby, 1999, p.103).

On 'Ethics and Desire', Richardson writes, "All human aspiration and expectation is oriented to what cannot be found again" (1987, p.300). For Lacan, desire is the energetic investment into the three psychic orders of the Real, Symbolic and Imaginary (Richardson, 1987). The three psychic functions, or registers, of the Imaginary, Symbolic and Real, play out in a universal matrix. The Imaginary is derived from the early "mirror stage" where the child locates itself or image in (m)other; the Symbolic is the linguistic dimension where signifiers are defined diacritically i.e., through their differences; and the Real is an aporia or difficulty that cannot be symbolised in the Symbolic, it represents trauma (Skelton, 2006). This represents the Lacanian view that "desire of man is desire of the Other" (Boothby, 1991, p.42). Desire becomes the demand after need is satisfied. This is a desire that cannot retrieve its lost object. In this manner mindfulness and desire perform similar functions in paying heed to the phenomena of consciousness. This may sound paradoxical as desire and mindfulness are usually perceived as antithetical in Buddhist thought but if they are seen as processes pursuing unattainable ends, this then is phenomena of what can never be. Webster (2005) espouses that desire in Buddhism can be seen as wholesome and unwholesome. The translations for some of the seventeen *Pāli* terms for 'desire' deemed wholesome refer to - 'will', 'intention', 'striving', 'purpose', and 'attention'. Webster cites Sartre in Stevenson's (1974), *Seven Theories of Human Nature*, "The view...is that emotions are not things that come over us but ways in which we apprehend the world" (Stevenson, 1974, p.83). In concluding, Webster describes desire as a condition in a process to recognise change and when done with a calm and stilled consciousness leads to equanimity, a state of non-avoidance in contentment.

In the original *Pāli* text on the teaching of the four foundations of mindfulness, one of the practices focuses on a decaying corpse (Anālayo, 2003). This is a practice to recognise the inexorable processes of change and impermanence. Two of the other foundations of mindfulness place stress on paying attention to the unceasing movement of change in bodily and mental processes. These are impermanent phenomena that are subject to constant change. Mindfulness in the recollection of the object in the moment is unattainable since it does not exist.

The desire to change is almost tautological. The embodied existence is in constant motion. The question of the purpose of desire is perhaps to engage with practices that provide enlightenment on what is being sought. It heightens the sense of our embodied awareness that the body embodies ceaseless change and finitude of existence. It could be argued that mindfulness is a practice that provides the focus for change, and when applied in a therapeutic context brings an awareness of ceaseless bodily change that is indicative of health.

1.4.2 On embodied existence

Buddhism and European phenomenology evolved at very different times historically, more than 2000 years apart. They have however two common strands in the espousal of the experience of existence. One is the embodied nature of existence and the other is the search for authentic being. In fact an authentic way of being cannot occlude an embodied awareness of experience and vice versa. They are two strands woven together in the fabric of existential humanism with its integral purpose being to establish ethical responsibility.

These phenomenological features underscore the possibilities of tuning into present moment experiences as subjective or intersubjective awareness in process (Stern, 2004).

Edmund Husserl adopted the term 'phenomenology' to conceive of a more investigative process in the study and experiences of consciousness, moving away from the Cartesian and rationalist view of man and nature (Husserl, 1970, p.240). Husserl posits of the primary practice in phenomenology as being encapsulated in the method of *epoché* where the natural attitude is being suspended in order that subjective consciousness is revealed through intentionality. The natural attitude is that unquestioning view of the objective world as perceived by the subject. Husserl goes on to add that *epoché* moments are necessarily present-time experiences in order that they become coherent structures of intentional consciousness (Beyer, 2016). Later, philosophers such as Martin Heidegger, Maurice Merleau-Ponty and Emmanuel Levinas picked up the baton to develop their own ontological and corporeal understandings of the existent being in the world by placing major emphasis on the embodied nature of experiences (Heidegger, 1996; Merleau-Ponty, 1996; Levinas, 1969; Levin, 1985; Bergo, 2019). According to Heidegger, humans are embodied beings with an authentic sense of self realisable through sustained investigation and meditation on the dynamics of self and Being, the upper case in the latter indicating authenticity inherent in its nature (Gendlin, 1996). Heidegger defines this process as a project in *Dasein* - "authentic potentiality-for-being-a-whole" (Levin, 1985). Levin calls this the 'embodiment praxis', the experiencing of the body's motility, the human struggle not just to be free of pain, dissatisfaction and suffering but also to disclose innate capacities to be

wholly engaged with being in the world. This authentic embodied being is imbued with intentionality in developing the seeking self (also developmental self) through embodying the relational, interdependent and intersubjective dynamics of being in the world.

In the phenomenological writings of Levinas (1969, 1998), time is a flowing continuum of now moments interceded by events of transcendence which he calls interruptions. These events of transcendence occur in the human face-to-face encounter in the desire to communicate. For Levinas, the original face-to-face encounter happens within the family. In the infant-mother intersubjective moments, this transcendence is seen to be responsible for the emergence of spiritual and aesthetic sensibilities in later life (Meltzer, 1988; Feldman, 2013). Levinas proposes that in the embodied present moment, the intention to communicate need is not from lack but “in desire and hope” for transcendence (Bergo, 2003, p.61). These moments of transcendence are calls for an ethical message in the face-to-face meeting. Influenced partly by his reading of the Talmudic passages and also by his humanistic beliefs, Levinas writes that responsibility arises spontaneously when approached by another. The ethical and authentic response of the embodied ontological being is one of responsibility and generosity (Levinas, 1969, 1981). These events of transcendence are temporal moments where the experience of relational affectivity and intentionality transcends the self. Effectively, in the gaze of the other, the message is, ‘Do not kill or hurt me’ (Berto, 2019). Embodied consciousness predicates a sense on ethical responsibility in an interruption of self.

Before intersubjectivity is conceived - the relationship between subjective consciousness - the French philosopher Merleau-Ponty points out that in “intercorporeity” the unity of one’s body bound up with the other’s body is already a lived-body existence (Marratto, 2012). Marratto elucidates Merleau-Ponty’s view that this intercorporeal involvement to be already existing before the relationship between conscious subjects. Subjective consciousness is developed in recognition of the body’s motility or movement towards another body and assumes responsibility for its responsive decision-making. Merleau-Ponty’s “ontological understanding of our mortal-being in its relatedness-to-Being-as-a-whole” as he points to the “pre-personal, pre-reflective, pre-conceptual” attunement of infants to the environment observable when they turn to face, reach and grasp the finger of their carer (Levin, 2003, p.156). It is an event that indicates the body’s movement towards being with the other. This is not consciousness or unconsciousness but ‘memory of the flesh’ (Merleau-Ponty, 1968). For Merleau-Ponty, the conception of the body is one of objective existence crossing over to the subjective experience (Baldwin, 2004). The developmental or seeking self here learns from face-to-face encounters in order to gain insight into subjective phenomena. Merleau-Ponty (1968) postulates that movement is the body’s original intention. The body is a record of the moment to moment renewal of living and so cannot offer more than a sketch of the genuine event. In this way, “this embodied sense is the central phenomenon of which body and mind or sign and signification are abstract moments” (Merleau-Ponty, 1968, p.109). The body’s motricity (motor function) is a constant movement towards an object (Levin, 2003). When the ‘I’ (subjective) consciousness relates to the other’s ‘I’, both bodies would already have

participated in this intersubjective relationship (Marratto, 2012). This is essentially defines the notion of intercorporeity.

From the phenomenological understanding perspective, the two people coming into relationship within the therapeutic dyadic setting are already intercorporeally related. In this intercorporeity, experiences are constituted from a sentient body which adopts a responsiveness that also entails a responsibility for the other. The research ideas are inspired by Husserl's "passion to know" the "wisdom of uncertainty" (Kundera, 1988, p.7).

1.4.3 On embodied reflexivity.

The cultivation of awareness of body sentience and its functions through mindfulness practices can be seen here as a phenomenological approach to consciousness and intentionality. Zahavi (2018) writes that consciousness is not of itself (one is always conscious of something) and that self-transcendence takes place in intentional acts. Consciousness is only evident when it is conscious of something, there is no consciousness beyond intentionality. Mindfulness is a means by which we return to the body to become reacquainted with these experiences. According to Merleau-Ponty, in investigating a pre-reflective and pre-objective body will reveal that the body is both "the perceiving subject as well as the perceived world" (Merleau-Ponty, 2012, p.74).

Embodied reflexivity is also observed in the innate propensity of the body to restore health through seeking engagement in the nature of the relational being. Neuroscientific studies provide some evidence to support the phenomenological ground to understanding the developmental, experiential and therapeutic

evolution of human embodied existence. The organismic and neurological networks seek not just to survive but to flourish on higher states of consciousness with resources in an optimal way (Wright & Panksepp, 2012). In *Affective Neuroscience*, Panksepp (1998) defines the SEEKING system as the “harmoniously operating neuroemotional system [that] drives and energizes many mental complexities as persistent feelings of interest, curiosity and sensation seeking...in the presence of a sufficiently complex cortex, the search for higher meaning” (Panksepp, 1998, p.145). The SEEKING system is thought to have three component-functions, generating, coupling, and enacting. The “core effects” of the exploratory urge or anticipatory excitement are generated in interactions. SEEKING couples these generated urges with objects through complex drives, goals and motivation in learning and creating meaning. Enacting is involved with complex and optimal decision-making (Wright & Panksepp, 2012). The SEEKING system demonstrates the biology of the organic body in an innate striving for an embodied existence with inherent intentionality or intrinsic health.

1.5 The research questions

Drawing on some of the Buddhist, psychotherapeutic and phenomenological understandings on what it means to have an embodied existence with inherent reflexivity, this research study aims to examine the recollected embodied experiences in both the psychotherapist- and client-participants in recollected critical moments of therapeutic change. This embodied reflexivity gleaned from the mindful stance of the therapist in relation to the client is investigated in the remembered moments of shifts within the

therapeutic context . Mindfulness is also employed by the therapist as a fine-tuning tool to monitor the experience of change whilst facilitating a therapeutic alliance that seeks mutual recognition of (an impossible) desire and intentionality.

Mindfulness practices cover a broad range of processes cultivated over time with the aim of developing a felt authentic embodied experience of the sensed self-world. These are not MBIs but more mindfulness-based responses to embodied being with other i.e., the felt sense of the therapeutic alliance. Optimal therapeutic alliance is achieved when there are reciprocal positive feelings between the therapist and client in sharing beliefs in the approach and goals of the therapy (Ardito & Rabellino, 2011). Mindfulness or contemplative practices for the purpose of this study include Buddhist-informed sitting and walking meditation, manualised MBSR and MBCT, and yoga. As indicated earlier in Section 1.2, long-term contemplative practitioners in neuroscientific studies manifest a higher order awareness in approaching emotive experiences with less reactivity. The intention was to recruit psychotherapists who have a regular and established contemplative practice.

This is also a phenomenological enquiry into the embodied experience of therapeutic change within a clinical context.

The research questions are composed to bring scrutiny onto what would be identified as embodied experiences of critical moments of change in the participants.

1. How do psychotherapists bring their embodied presence - cultivated through mindfulness practices - to identify moments of change within a therapeutic context?
2. How are moments of change determined by intentionality, desire for change and the embodied reflexive stance in both therapist and client?
3. How do these moments of shifts manifest experientially in the body?

In a therapeutic setting the therapist assumes a presence that is most conducive and attentive. In infancy, the caregiver's intentions are not taken as given but experienced as part of the dyadic response to the relationship with the infant. One of the aims of this research is to examine a critical point of the therapeutic process where 'mutual sensing' is experienced when the presence of the therapist could be seen as a given. It is not expected that the critical moment of change is recognised immediately as change, often the contrary is the case. In the interviews participants will be asked about their awareness of that critical moment and subsequent reflections and realisations of that experience.

Chapter 2

Literature Review

2.1 Background

This Literature Review looks at published research papers on the applications of mindfulness practices for therapeutic purposes and therapeutic change, and citation articles on phenomenology including Buddhist studies. Three searches for peer-reviewed journal papers and review articles were conducted in 2017, 2019 and 2021. A total of 191 articles were selected and screened from the three main searches. After eliminating a number of research and review papers on the efficacy of Mindfulness-Based Interventions (MBIs) in manualised treatments and MBIs quantifying mindfulness as a psychological construct, 54 papers and articles were read and reviewed. Twenty-three (23) papers were further excluded leaving 31 papers and articles. This was done by applying the inclusion criteria focused on studies of mindfulness practices in specific therapeutic modalities; research studies involving therapeutic dyadic settings; methodological measures in phenomenological analysis; psychoanalytical perspectives; and neuroscientific studies on brain activity. Also included in the final search in 2021 were articles on remote online working for therapists since the COVID-19 pandemic started in early 2020. The search strategy outlined below is organised to show a synthesis of these searches.

2.2 Aims

The overall aim of this Literature Review is to bring together a coherence to the three parts of the research questions listed in Section 1.5. The first search in 2017 was conducted to establish the evidence from existing research on the benefits of MBIs including manualised treatments and informal mindfulness training adopted by therapists. Also included in the initial two searches were the psychoanalytical perspectives of Lacan and Stern, and the phenomenological orientation to understanding therapeutic process. These phenomenological aspects also led to the third search in 2021 which focused on the third research question of 'how change is manifested in the body?', by discovering the effects of intersubjectivity and regular mindfulness practices on the brain in neuroscientific studies. Psychoanalytical perspectives derived from Bion's writings were also included in this third search.

2.3 Search strategies

The three searches for articles and peer-reviewed articles from 2003 to 2021 were done through the Exeter library catalogue including EBSCO EDS. The databases used were PsycInfo, PsychARTICLES, Wiley Online Library, Sage Pub and PEP-WEB. Other hosts searched were OVID, JSTOR, SAGE, Springer Link, Oxford Scholarship online and Cambridge Core.

1. The first search in 2017 focused on studies on MBIs for psychological health, and citation articles on phenomenological perspectives relevant to mindfulness including neuropsychology.

2. The search words used were:

- mindfulness + therapeutic applications + measures
- embodied + body + psychotherapy
- MBCT/MBSR
- mindfulness + therapeutic relationship
- Buddhism + psychotherapy
- desire + innate health
- desire + Buddhist understanding
- desire + Lacan
- body awareness
- body consciousness
- Buddhist model of mind
- Panksepp + SEEKING system
- present moment + Stern + BCPSG

3. 75 articles were screened for relevance to the research questions.

4. The second search in 2019 focused on empirical studies and discussions on the efficacy of mindfulness training for therapists and as an intervention in a therapeutic context. Citation articles were also found on the phenomenology of Buddhist mindfulness philosophy.

5. The search words for this search in 2019 were:

- mindfulness + psychotherapy + presence
- mindfulness + psychotherapy + phenomenology of experience
- mindfulness + therapeutic dyad (none found in JStor)
- embodied therapeutic experience + therapeutic dyad + therapeutic change
- embodied mind + Buddhist model of mind

6. This second search yielded 72 papers after sifting out the duplicates.
7. It became clear that there were no research papers recorded on the embodied reflexivity studied through the phenomenological lenses of the therapeutic dyad.
8. A third update search conducted in 2021 included studies on Bion's work on memory and desire, and remote therapy with the following search words:
 - therapeutic dyadic process
 - phenomenological analysis
 - therapeutic change
 - embodied experience
 - remote working/online therapy
 - mindfulness + phenomenology
 - Bion + memory and desire
9. This third search yielded 44 articles.
10. Out of the total of 191 articles screened over the 3 searches, 54 review and peer-reviewed research studies were further examined for content relevance and information to aid in research design.
11. Out of the 54 articles, it was further reduced to 31 papers which were divided into 2 categories:
 - research studies on the applications of mindfulness in psychotherapy
 - phenomenological perspectives on embodied experiences in psychotherapy, psychoanalytical perspectives and neuroscientific studies.
12. Of the 31 papers selected, 15 were on empirical studies and research reviews on mindfulness in psychotherapy, phenomenology and neuroscience; 16 were citation articles on phenomenology, mindfulness in

psychotherapy, neurobiology and psychoanalytical perspectives. A further six chapters in two textbooks were also deemed relevant.

13. The 15 research and review papers were appraised with Systematic Review, Qualitative Research and Randomised Controlled Trials (RCTs) checklists from Critical Appraisal Skills Programme (CASP) 2018. Some questions in the checklists were changed for the Review papers. The papers were accepted as relevant when there were more positive (five or more) answers to the checklist questions. The details of the appraisal checklists are given in Appendix II.

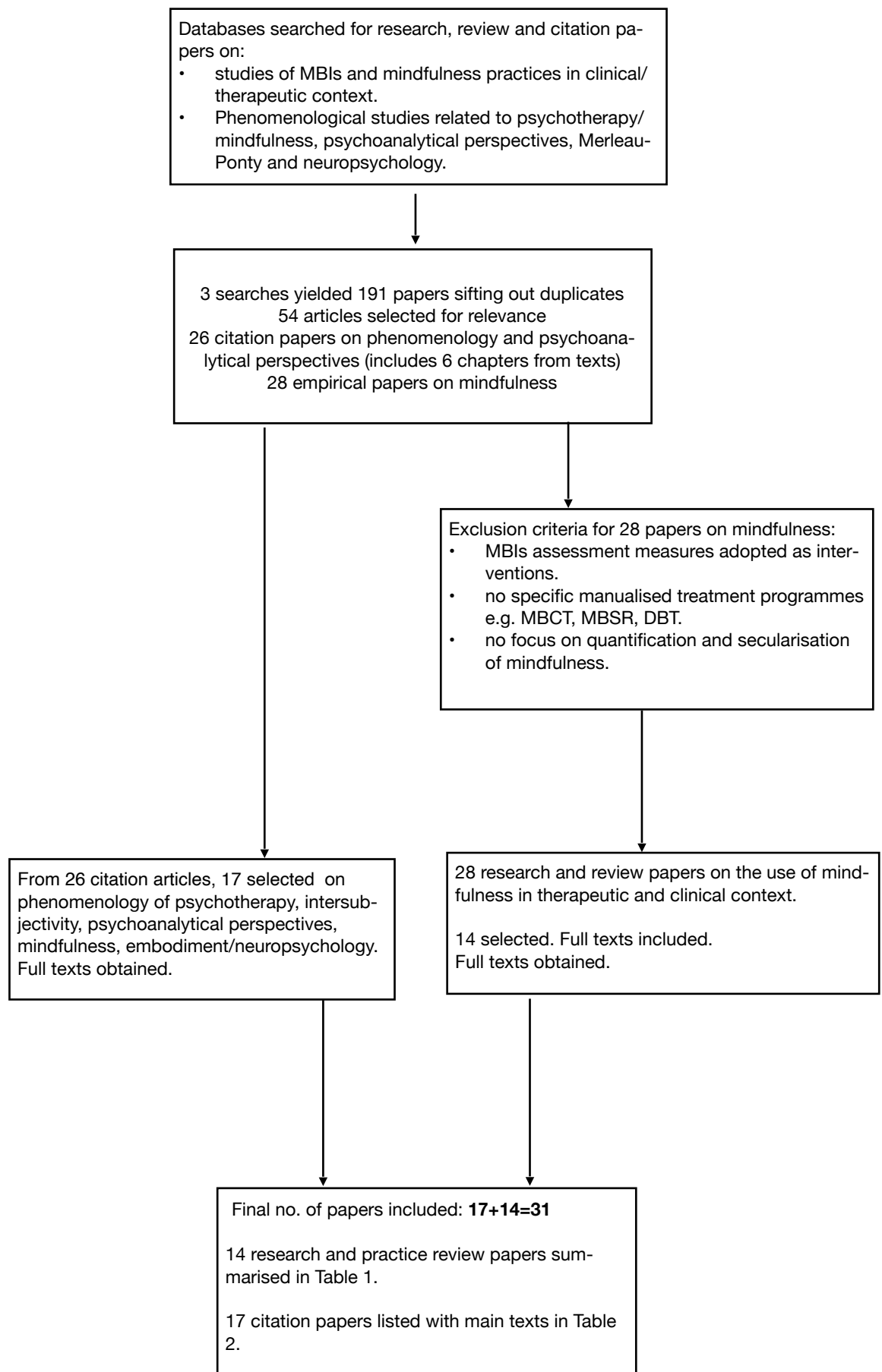
2.3.1 Summary of the focus of criteria

2.3.1.1 Inclusion criteria

1. Peer-reviewed research studies, citation articles and selected texts conducted in 3 main searches from 2003 to 2021.
2. Qualitative and quantitative (including RCTs) studies that focus on the use of mindfulness as an intervention in a dyadic or group therapeutic context.
3. Meta-analyses of the efficacy of research studies on MBIs.
4. Relevant papers on present moment experiences and therapeutic change which include psychoanalytical perspectives, the phenomenology of embodiment and experience in psychotherapy. Also papers on phenomenological analysis in psychotherapeutic research.
5. Empirical studies on embodiment in psychotherapy with emphasis on therapeutic dyads.
6. Neuroscientific studies on the effects of mindfulness on neural circuits.

2.3.1.2 Exclusion criteria

1. Studies on the efficacy of manualised treatment programmes e.g. MBCT (Mindfulness-based cognitive therapy), Mindfulness-based stress reduction (MBSR), Dialectical behaviour therapy (DBT).
2. MBIs assessment measures adopted as interventions.
3. Studies on the quantification and secularisation of mindfulness i.e. using mindfulness as a construct or a manualised treatment for various chronic medical conditions and pain alleviating programmes.

Figure 1: Search strategy

2.4 Summary of results

After applying the three searches from 2017, 2019 and 2021, thirty-one (31) papers out of 187 were selected. The first in 2017 was mainly to establish the efficacy of mindfulness for psychotherapeutic purposes, the second in 2019 was to include phenomenological understanding that was discussed in studies of mindfulness and psychotherapy, and the third in 2021 sought out papers on phenomenological investigations into intersubjectivity which extended to neuroscientific studies examining the experience of change in the body. The 14 selected empirical papers were assessed with the Critical Appraisals Skills Programme (CASP, 2018) checklists for different study designs. Although the CASP checklists do not come with a scoring system, the papers have been subjectively scored for relevance from high, medium and low. The 14 empirical papers listed in Table 1 established the benefits of applying mindfulness (MBIs and informal trainings) in various therapeutic contexts, investigating mindfulness as a phenomenological approach in psychology and neuroscientific studies demonstrating changes to neural circuits of regular contemplative practitioners. The 17 selected citation articles in Table 2 filled the conceptual and phenomenological gap underpinning the research questions that the empirical studies were not able to provide evidence for.

Table 1. Summary of 14 empirical studies and research review papers

First author/ type of study	Title	Description	Findings	Conclusion	CASP checklist: Relevance score: 1-High 2-Medium 3-Low
(1) Brito 2014 Review of empirical literature	Rethinking mindfulness in the therapeutic relationship (Spain)	Review of empirical studies on the effects of mindfulness training on therapeutic presence and alliance in the last 3 decades	Majority of studies indicate mindfulness training enhances therapist's attunement, acceptance and openness to clients	Mindfulness training focuses only on mental aspects of Buddhist mindfulness practices and not on the ethical and embodied understanding.	1
(2) Brown 2007 Review of RCT findings for MBIs	Mindfulness: Theoretical Foundations and Evidence for Its Salutary Effects. (USA)	Scrutiny on theory and evidence of MBIs in mental health applications and socio-physical regulation	Studies relating to MBSR, MBCT, ACT, and DBT show cultivating mindfulness promote adaptive and healthier mental, social and physical functioning.	In order to maintain MBIs as beneficial, mindfulness has to be conceived to be a construct. Research has to go beyond the construct to determine efficacy.	2
(3) Cigolla 2011 Idiographic	A way of being: Bringing mindfulness into individual therapy (UK)	A qualitative idiographic study of 6 psychotherapists who practice mindfulness and how this affects their individual therapeutic work.	Using IPA, 3 main themes are identified with "a way of being" as the overarching theme. The "way of being" with: • self and world view • clients • mind-body awareness	Mindfulness practices cultivation permeate the personal and professional lives of the participants. It becomes a "way of being" with experiences outside and inside the therapeutic arena.	3
(4) Davis 2011 Review of psychotherapy research	What are the benefits of mindfulness? A practice review of psychotherapy-related research. (USA)	A meta-synthesis of empirically supported benefits of mindfulness. Also research on therapists who meditate and their client outcomes.	Mindfulness training for health care professionals (including therapists) promotes empathy, compassion, counselling skills, decreased stress and anxiety. However studies on client outcomes of therapists who meditate are inconclusive.	MBIs are effective treatment-specific for client groups. Mindfulness meditation for health-care professionals is helpful but it is still unclear on whether it helps their clients.	2

First author/ type of study	Title	Description	Findings	Conclusion	CASP checklist: Relevance score: 1-High 2-Medium 3-Low
(5) Dunn et al. 2013 Case studies	Mindfulness as a transtheoretical clinical process (USA)	Review with clinical illustrations on the benefits of short manualised mindfulness programmes on therapist in pre and during session.	Clients perceive therapists to be effective even with a brief 5-week manualised programme or short centring exercise before session. Therapists also claim to be more present during sessions with mindfulness training.	Regardless of theoretical approach, therapists are recommended to develop their own mindfulness practice as it improves attentiveness, non-judgement and perceptiveness.	3
(6) Felder et al. 2014 Comparative analysis of MBIs	Mindfulness at the heart of existential-phenomenology and humanistic psychology: A century of contemplation and elaboration. (USA)	Revisioning and reframing mindfulness and MBIs with the perspectives of humanistic phenomenology and psychology (PHP)	The historical convergence of writers on mindfulness literature and PHP contributions has gone largely unnoticed. The current landscape favours a broader view with mindfulness practices as the main currency for CBT, existential and PHP approaches.	Given the shared themes and language between mindfulness orientation and the existential-phenomenological literature, a dialectic mindfulness-based PHP is advocated	1
(7) Hölzel et al. 2011 Review of neuroscientific research	How does mindfulness meditation work? Proposing mechanisms of action from a conceptual and neural perspective (USA & Germany)	Review of empirically supported components of mindfulness practices including a neuroscientific perspective. This is an attempt to produce a theoretical framework with the components and their mechanisms in illustrating how mindfulness works. Through neuroimaging studies, the neuroplasticity of changes to the brain provide evidence of the effects of mindfulness	The authors acknowledge the hugely complex task of inter-relating the mechanisms of attention regulation, body awareness, emotional regulation and bringing them under one mindfulness theoretical framework. A more detailed understanding of the individual components is required in determining efficacy in the treatment of clinical disorders.	Further clinical psychological research is required to link the efficacy of mechanisms to psychological disorders. Understanding the underlying mechanisms of mindfulness gives a broader perspective on the benefits. MBIs should not be just for symptom reduction.	1

First author/ type of study	Title	Description	Findings	Conclusion	CASP checklist: Relevance score: 1-High 2-Medium 3-Low
(8) Pagis 2009 Ethnographic	Embodied Self-Reflexivity. (USA & Israel)	104 in-depth interviews (including follow-ups) with 60 participants on a snowball sampling over 2 years at <i>vipassanā</i> or insight meditation centres in Israel and USA. The premise of the study is that meditation enables body reflexivity in deconstructing fixed notions of selfhood. This is a sociological look at the cultivation of body awareness in the discursive realm of social interactions.	A continuum of self-reflexivity events is observed. One end is of internal conversations that bear little bodily awareness. On the other end are embodied processes that monitor non-verbal experiences. Through the practice of <i>vipassanā</i> meditation, different levels of discursivity are noticed over time correlating with improved embodied self-reflexivity events.	The possibilities of <i>vipassanā</i> meditation in paying bare attention enhances embodied self-reflexivity. This is a form of direct experiencing of the somatic self. Objectification gives way to a self-reflexivity which brings together mind and body - a form of emotional regulation.	2
(9) Stone et al. 2018 Single case experiment	Illustrating Novel Techniques for Analysing Single-Case Experiments: Effects of Pre-Session Mindfulness Practice. (USA)	A study was found on the effects of mindfulness in a therapeutic dyad. The research was to examine the effects of a brief manualised mindfulness training for two single-case experiments on 2 novice therapists delivering a 10-session psychotherapy programme. Using alternating treatment design across the 2 novice therapists, the study tested for the effects of mindfulness on the counselling delivered.	Dyad 2 provided more extreme scores than Dyad 1 in the 4 measures for empathy, hindering self-awareness and real relationship for therapist and client. Regardless of whether or not the therapist practiced mindfulness, Dyad 2 therapist was seen as more empathic by the client, and the relationship was perceived as more genuine and "real" by both parties. The lower scores in Dyad 1 suggests that therapist was particularly challenged in working with this client. Discrepancy in scores could also be linked to other individual differences.	Findings are inconclusive. The quantitative measures document some positive indications towards the mindfulness contributions but the differences in the experimental effects highlight the limitations of the research design. More in-depth research on the therapeutic alliance and process is advocated to provide more experimental support to quantitative studies such as this.	2

First author/ type of study	Title	Description	Findings	Conclusion	CASP checklist: Relevance score: 1-High 2-Medium 3-Low
(10) Swift 2017 RCT	A randomized-controlled crossover trial of mindfulness for student psychotherapists (USA)	The purpose of study was to test whether a brief mindfulness training program for students could result in session benefits for clients using a randomized controlled design. In this RCT crossover trial, 40 graduate student psychotherapists from 2 universities were assigned to either a mindfulness or a control group. Psychotherapists in the mindfulness group received a brief 5-week manualized mindfulness training program; those in the control group received the program after a 5-week no-contact period.	Participants in the mindfulness group showed positive improvement in the measures for mindfulness traits and states (TMS and FFMQ). Participants in this group also had higher scores than the control group in in-session presence in the TPI measure. However results from the clients' ratings (TPI measure for clients) on session effectiveness are mixed. Clients did not report therapists as any more present or effective after the brief mindfulness training.	The existing literature demonstrates that brief mindfulness programmes produce some positive effects on the psychotherapists but the results on impact on client outcomes are mixed or insignificant.	2

First author/ type of study	Title	Description	Findings	Conclusion	CASP checklist: Relevance score: 1-High 2-Medium 3-Low
(11) Singleton et al. 2021 Neuroscientific investigation using fMRI scans	Brain Structure and Functional Connectivity Correlate with Psychosocial Development in Contemplative Practitioners and Controls (USA)	The Maturity Assessment Profile (MAP) is used to measure maturity development (previously known as ego development) in a mixed sample of participants composed of 14 long-term meditators, 16 long-term yoga practitioners, and 16 demographically matched controls. The relationship between contemplative practice and maturity development with behaviour, resting state functional connectivity and cortical thickness is analysed.	The results indicate that contemplative practitioners possess higher maturity development compared to a matched control group, and in addition, maturity development correlates with cortical thickness in the posterior cingulate. Also identified is primary neural correlate, a network implicated in theory of mind, narrative, and self-referential processing, comprising the posterior cingulate cortex, dorso-medial prefrontal cortex, temporo-parietal junction, and inferior frontal cortex.	Repeated and regular practices of mindful self-awareness during meditation or yoga leads to a gradual change in the related circuits of the brain, which then allows continued growth in self-perspective. This change also affects interactions in worldview to produce growth in ego development. When relationship to the self changes, the self-related brain networks change as well. Similar when one's relationship to the world changes, the relevant brain networks may change in response.	1
(12) Bernhardt et al. 2020 Case study	The embodied listener: a dyadic case study of how therapist and patient reflect on the significance of therapist's personal presence for the therapeutic change process (Norway)	Qualitative study: in-depth interviews with 16 therapists and 11 of their clients. This paper focuses on one therapist interviewed 4 times (over 5 years) and his patient once. This provides a dual perspective on one therapeutic dyad in their mutual influence and co-regulation. Interpretive Phenomenological Analysis (IPA) was used to analyse the results	The embodied listener-the therapist's Integration and use of personal and professional knowledge emerged as an overarching theme. The other 3 constituent themes are: the significance of the therapist's non-verbal presence; attuning to each other; and therapy change happens in a safe space for both the authentic parts of therapist and client.	Both the therapist and patient in this case emphasised the therapist's bodily focus and use of nonverbal interventions as being decisive for therapeutic change to occur. This particular therapist used both his authentic, personal and professional parts to adapt, inquire and revise his knowledge base for each new encounter or moment with the specific patient.	1

First author/ type of study	Title	Description	Findings	Conclusion	CASP checklist: Relevance score: 1-High 2-Medium 3-Low
(13) Giorgi 2011 Descriptive phenomenological psychological study	A phenomenological analysis of the experience of pivotal moments in therapy as defined by clients (USA)	This study is focused on the experience of pivotal moments in therapy. A pivotal moment is understood as an event within the therapeutic process that leads to enduring change in the life-experience of the client. Retrospective descriptions of a therapeutic process were obtained from 3 clients. The descriptive material was analysed according to the descriptive phenomenological psychological method developed by Amedeo Giorgi on the basis of the philosophical phenomenology of Husserl and Merleau-Ponty.	Client 1 sustained most change in acknowledging she was aware she still struggled with old patterns but did not fall back on them. Client 2 came to realise that she avoided negatives and terminated therapy prematurely; also that she needed to go back into therapy to look deeper into her avoidance. Client 3 had the shortest time in therapy but got insights into his old ways of behaving and thinking and also into new possible ways of changing his behaviour.	The pivotal moment is experienced within the therapeutic process where a serious challenge to old assumptions takes place resulting in a break from old cognitive, affective and behavioural patterns in the context of trust and safety of the therapeutic relationship.	1
(14) Garcia 2021 Qualitative study with IPA	Embodiment in online psychotherapy: A qualitative study (Spain)	The COVID-19 pandemic has popularised the way in which therapy is dispensed online. Its efficacy is studied for the implicit nonverbal and embodied aspects of the therapeutic relationship. Also looks at how embodied and intersubjective processes are modified in online psychotherapy sessions. 4 therapists and 3 patients participated with 2 pairings in same therapist-patient relationship. All started face-to-face and switched over to video calls.	From IPA, 4 superordinate themes and the sub-themes that emerged from the analysis: Communication (Interferences, Management of Silences), Embodied Interaction (Corporeality, Visual Contact, Self-image, Distance), Space/Time (Transparency, Separation, Transition), and Relationship (Structure, Styles).	From the enactive view, participatory sense-making kicks in trying to adapt to online therapeutic tensions with shifts in intercorporeal processes and space-time experiences.	2

Table 2. Summary of research questions themes, relevant texts and 17 citation articles from literature search (cont'd)

Themes	Relevant Text	Citation articles
Embodied reflexivity, <i>sati</i> as mindfulness, Buddhist philosophy	<ul style="list-style-type: none"> • <i>Satipaṭṭhāna</i> - The 4 foundations of mindfulness (Anālayo, 2003) • A comprehensive manual of <i>Abhidhamma</i> (on the Buddhist model of mind) (Bikkhu, B. (Ed.), 2003) • Handbook of Mindfulness: Theory, Research and Practice. (Eds. Brown, Cresswell and Ryan, 2015) 	<ol style="list-style-type: none"> 1. <i>Vedanā</i>, Ethics and Character: A Prolegomena. Peacock, J. (2018) 2. From the Buddha's Teaching to the <i>Abhidhamma</i>. (Ronkin, 2010)
Present moment experience	<ul style="list-style-type: none"> • The present moment as a critical moment. (Stern, 2004) 	<ol style="list-style-type: none"> 3. Non-interpretive mechanisms in psychoanalytic therapy: The "something more" than interpretation (Stern et al., 1998) 4. Cultivating presence (Bazzano 2013).
Desire: Buddhist and psychoanalytic perspectives	<ul style="list-style-type: none"> • Death and Desire : Psychoanalytic theory in Lacan's Return to Freud, (Boothby,1991) • The philosophy of desire in the Buddhist Pali Canon (Webster, 2005) 	<ol style="list-style-type: none"> 5. Ethics and desire, (Richardson,1987 6. Desire and the loss of object (Ewens,1987) 7. Intuiting the Truth of What's Happening: on Bion's "Notes on Memory and Desire" (Ogden, 2015) 8. Notes on Bion's "Memory and desire" (Grotstein, 2000).

Table 2. Summary of research questions themes, relevant texts and 17 citation articles from literature search (cont'd)

Phenomenology - corporeal intention, neuropsychology, mindfulness and psychotherapy, intersubjectivity	<ul style="list-style-type: none"> • Phenomenology of perception (Merleau-Ponty, 2012), (D. Landes. Trans.) • Time and Body: Phenomenological and Psychopathological Approaches (Eds. Tewes & Stanghellini, 2020) • Neuroscience of enduring change: Implications for psychotherapy (Eds. Lane & Nadel, 2020) 	<p>9. Affective neuroscience: The foundations of human and animal emotions (Panksepp, 1998)</p> <p>10. The specular body: Merleau-Ponty and Lacan on infant self and other (O'Neill, 1986)</p> <p>11. Recovering the phenomenological and intersubjective (Martínez-Pernía et al., 2020)</p> <p>12. The mind in psychotherapy: An interpersonal neurobiology framework for understanding and cultivating mental health (Siegel, 2019)</p> <p>13. Phenomenology and depth in existential psychotherapy (Längle & Klaassen, 2019)</p> <p>14. Phenomenology and Mindfulness (Stone & Zahavi, 2021)</p> <p>15. Mindfulness in psychotherapy: The experience of psychotherapists who incorporate mindfulness into their practice (Konichezky et al., 2021)</p> <p>16. In defence of bare attention A phenomenological interpretation of mindfulness (Puc. 2019)</p> <p>17. Experimental Phenomenology in Mindfulness Research (Lundh, 2020)</p>
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2.5 Synthesis of findings

This literature review is focused on research studies and articles that reveal the tide turning from a reductionist approach of mindfulness as an effective technique towards a mindfulness that is embedded in a phenomenological approach set within a contextualised embodied, cognitive and cultural framework (Davis & Thompson, 2015; Brito, 2014). Mindfulness constructed as a way of purposefully paying attention to present moment experience in a non-judgmental and accepting manner (Kabat-Zinn, 1990) has been divided into the three aspects of intention, attention, and attitude (Shapiro et al., 2005; Shapiro et al., 2007). Brito (2014) writes in his review that for mindfulness practices to be applied in any therapeutic relationship, Buddhist ethics and teachings cannot be ignored. Brito (2014) also argues for the inclusion of spiritual aspects of mindfulness, which could be interpreted as ambiguous within the therapeutic relationship. I believe that the ambiguities of “spiritual aspects” could be overcome by focusing on the embodied experiences of a meaningful mode of being.

In the review of RCT research on MBIs by Brown et al. (2007), mindfulness is registered as an inherent capacity of the human organism (Brown & Ryan, 2003; Goldstein, 2002; Kabat-Zinn, 2003). Brown and his colleagues sought research into MBIs which harnessed this innate ability and provided supportive evidence in enhancing mind-body functioning, notably in mental and psychological well-being (Brown & Ryan, 2003; Baer, Smith, & Allen, 2004), physical health (Monti et al., 2005; Williams et al., 2001), behaviour regulation (Brown & Ryan, 2003, 2004a; Ryan, 2005; Deci & Ryan, 1980) and, relationship

and social interaction (Baer et al., 2004; 2006; Brown & Ryan, 2003). Despite the salutary evidence, the question remains, “How does mindfulness work?” If it is indeed inherent in the human organism, the investigation has to go beyond observable improvements in traits, moods, relaxation and tolerance capacities. In this paper Brown and his colleagues make it clear that mindfulness is “fundamentally a quality of consciousness” (Brown & Creswell, 2007, p. 211).

Whilst one could say that the ethical and philosophical dimensions of mindfulness have been neglected in the construction of MBIs, it is also clear from the various studies that it is necessary for the practice of mindfulness to be constructed into an applicatory technique in order for it to be tested for efficacy and made available for prevalent use. In the review of RCT findings by Brown and Cresswell (2007) and another by Dunn et al. (2013) using case studies on the efficacy of MBIs, they reached the conclusion that MBIs could be effectively used across different theoretical approaches by therapists. Similar results have been seen in the meta-synthesis conducted by Davis and Hayes (2011) that therapists practising mindfulness have increased empathy, compassion, counselling skills and attentional attunement. Other benefits include diminished levels of stress and anxiety in the therapists. However, studies on the client outcomes of the therapists who practise mindfulness have produced mixed results (Grepmaier et al., 2007; Stanley et al., 2006; Bruce, 2006; Vinca & Hayes, 2007; Stratton, 2006). Whilst there is ample evidence supporting the treatment effects of MBIs and also from neuroscientific studies on mindfulness producing positive attributes in therapists, there is however still insufficient literature or research on the mindfulness connection between therapists and their clients. Davis and Hayes (2011) conclude there is insufficient evidence of “self-

reported” mindfulness practices of psychotherapists (informal training) on client outcomes and neuro-imaging technology would be required to verify any self-reported data. However Gethin (2015) contends that by practising the applications of mindfulness acts as a way of protecting not only the practitioner but also of the other, the client in this context. Gethin continues to expand that ‘mindfulness’ is closely associated with ‘understanding’ in early Buddhist texts and that mindfulness should embrace both calm and insight in paying attention to the body (Gethin, 2015, p.16). This is a vastly complex set of body-mind functions that research have yet to investigate beyond the constructed MBIs (Brown 2007; Brito, 2014; Hölzel et al., 2011; Swift, 2017).

Cigolla and Brown (2011) have written about their study to link the mindfulness of therapists to the impact on their therapeutic work with clients. In their qualitative idiographic study of six qualified therapists who have established mindfulness practices, the results presented positive traits in therapists but there is no evidence of the outcome effects on clients. Interpretative Phenomenological Analysis (IPA) (Smith, Flowers, & Larkin, 2009) was used to analyse the data. There was insufficient evidence in the analysis to show that an application of mindfulness could be linked to any enhancement of therapeutic skills or relationship with client. It was an early attempt that began to view mindfulness as a phenomenological process. This suggests that positive research outcomes are depicted as causal when mindfulness is used as an application or construct in therapy but when effects of mindfulness are widened to include the world of the individual as phenomena, the association of mindfulness to change is less evident. This could also be an indication that the

parameters by which mindfulness is understood does not fully reflect the Buddhist exegetical philosophy.

After years of the reductionism of Buddhist mindfulness practices to adaptable psychological constructs, the phenomenological-humanistic psychology (PHP) circles are reclaiming ground in the immediacy of human experience by situating phenomenology of mindfulness as one of the predecessors to western medicalised MBIs (Felder et al., 2014; Felder & Robbins, 2016). Felder & Robbins (2016) propose a mindful and multicultural humanistic-existential psychotherapy (MMHEP) approach to psychotherapy that would add a cultural context to MBCT. It is an inclusive prospect that attempts to unite too many elements from eastern and western existential philosophies and ends up ironically feeling disembodied from the beginning. It is, arguably, this confusion amongst others, that resulted in the phenomenologists, Stone and Zahavi (2021) taking the stance that mindfulness is not the same as phenomenology or phenomenological reduction.

A research experiment by Stone, Friedlander and Moeyaert (2018) on two single-case studies focused on effects of mindfulness in a therapeutic dyad. The research examined the effects of a brief manualised mindfulness training for two single-case experiments of two novice therapists delivering a 10-session psychotherapy programme. This study by Stone et al. (2018) adapted the brief manualised programme from another empirical study by Dunn et al. (2013) on the use of a 5-week mindfulness training across different theoretical approaches. This study showed support for the use of even a brief mindfulness training to be effective in clinical treatment regardless of theoretical orientation

and advocated that therapists pursued their own mindfulness practices to continue the positive effects. Dunn et al. (2013) also found that a short centring exercise before the start of the session with a client helped improve session outcomes which included attentiveness, non-judgment and improved client perceptions. They also recommended additional research was required to understand the mechanisms of change behind formal and informal mindfulness practices (Dunn et al., 2013).

The findings from the study by Stone et al. (2018) were inconclusive and also indicated the difficulty in manipulating therapeutic techniques in research experiments. It is debatable as to whether a brief training on mindfulness for a novice therapist would truly represent the outcomes recorded of other studies where mindfulness or MBIs were used as a therapeutic intervention. It would appear that this was another attempt to further reduce MBIs to brief training programmes for novice therapists. One could read into this attempt that researchers were trying to find the briefest MBI possible that might be helpful to those who do not subscribe to a regular contemplative practice.

The purpose of the RCT study by Swift et al. (2017) was to experiment with a five-week mindfulness training programme for student psychotherapists and test for session benefits with their clients. The research findings indicated that mindfulness training and practices could improve therapeutic skills and presence but less is known about whether mindfulness in the therapist results in improved treatment outcomes for clients (Swift et al., 2017). Similarly in this RCT study, Swift and his colleagues found increased psychotherapist ratings of mindfulness states, traits and presence but not in the client ratings of the

session effectiveness or psychotherapist presence. It is becoming clearer that mindfulness training, however brief, is beneficial to therapists but there is no evidence on how the benefits might be passed on to the clients.

In an ethnographic study, Pagis (2009) conducted 104 in-depth interviews based on a snowball sampling between 2005 and 2007 at *vipassanā* meditation centres in Israel and USA. *Vipassanā* meaning 'insight' is one of the forms of mindfulness practices derived from the *Satipaṭṭhāna Sutta* and focusing on bodily sensations and feeling or hedonic tone. Pagis starts from the premise that the body is inherently reflexive sensing self and world through a continuum of sensations. Pagis calls this somatic image the map of the self. John Peacock (2018) elucidates the process of self or character-forming as that which begins at first contact (*phassa*) between subject and object giving rise to *vedanā* or hedonic tone. The hedonic tone comprises the pre-cognitive and cognitive continuum of conscious experience of the pleasant, neutral and unpleasant primitive responses to what is sensed (Peacock, 2018). This study by Pagis (2009) demonstrates that long-term practitioners develop a form of embodied self-reflexivity that brings together a body-mind awareness which becomes a form of affect regulation. The long-term contemplative practitioners become aware of, "...the interaction between discursive and embodied modes of reflexivity, shedding light on self-to-self relations that are based on feeling and sensing the body" (Pagis, 2009, p.281). This is the basis for a form of embodied reflexivity that can be applied in different contexts for bodily inner conversations or intrapsychic relationships. This embodied reflexivity is also shaped by interactions with others in relationships.

It may be possible to formulate a neuro-phenomenological framework from the evidence emerging from neurophysiological research and neuro-imaging technology on the benefits of mindfulness practices. There is a distinct sense from the articles reviewed here that a return to Merleau-Ponty's phenomenology of embodiment is invoked in understanding the body of intersubjectivity. The mindfulness foundations are compared to developing corporeity, thought, perception and consciousness of the "flesh of the world" (Felder and Robbins, 2016). There is a need for a form of intersubjective attunement which is expressed clearly by Buczynski & Siegel (2011). Siegel (2007) found that the functions served by mindfulness training resemble those achieved in a parent-child attachment.

The Hölzel et al. (2011) review of studies of MBIs demonstrate a significant symptom reduction in clinical trials with patients, improved well-being in healthy individuals and also revealed structural and functional changes in the neuroplasticity of the human brain. In identifying some of the components and mechanisms that underlie the mindfulness practices, Hölzel and his colleagues (2011) were building a clinical framework to look at the relationships between mindfulness practices and their effects in therapeutic interventions. This can also be seen as a refocus of mindfulness as a phenomenological approach which includes neuroscientific studies of mindfulness experiences on brain activity.

What is suggested here is the cultivation of presence, a being-with in a present moment experience (Stern, 2004). Earlier in 1998, Stern and colleagues from the Boston Change Process Study Group had produced a seminal paper on the

intersubjective “moment-of-meeting”, a present moment felt-attunement between therapist and client (Stern et al., 1998). Giorgi (2011) devised a phenomenological psychological method, based on the philosophical phenomenology of Husserl and Merleau-Ponty, for his research analysis on the experience of pivotal moments in therapy as defined by clients. This is the one paper that I could find which examined 3 clients’ retrospective experiences and descriptions of therapeutic change. These 3 clients had been seeing the same therapist with 20 years’ experience. The therapist was not a participant in the study. One client reported that s/he sustained most change by consistently recognising old patterns of thought and behaviour; another acknowledged difficulty in avoiding change by not looking at familiar ways of feeling and thinking; and a third gained insights in unthinking ways of behaving but did not stay in therapy for too long. A pivotal or “figural” moment is understood to be an event within the therapeutic process that leads to enduring change in the life-experience of the client, such as old assumptions being challenged by breaking from “old cognitive, affective and behavioural patterns in a context of trust and safety within the therapeutic relationship” (Giorgi, 2011, p.62).

The ‘desire to change’, as part of the research question No. 2, is a framing of the inherent intentionality (Section 1.4.3, p.36) as a function of the human brain within the therapeutic context where the dyadic therapist and client interact. The research questions are focussed on the remembered crucial moments of change and the desire to change indicates the temporal effect of moving forward even when it seems as if time is reversed by talking about the past. The desire to change is about developing a sustainable relationship to past events. The prospects of building such a relationship are understood through

Panksepp's (1998) SEEKING system which prompts curiosity and exploration, Lacan's view on desire (Boothby, 1991) and Bion's reflections on being with the psychic reality of the present moment (1967a).

The ability of the therapist to stay present includes the constituents of what Merleau-Ponty (2012) calls "pre-cognitive" and the "pre-reflexive" to meet unknown situations with a fresh and renewed sense of curiosity (Bazzano, 2013). These are states of mind before assumptions and preconceptions are set up as what is known or knowable.

Mindfulness is a practice of body cognition. It is a reflective practice of the embodied brain. Cross-sectional MRI studies have indicated that the regular practice of meditation or mindfulness is associated with differences in brain structure and function. This then results in an increased resting state functional connectivity which means as well as present-focused attention, experienced practitioners are also more likely to activate brain regions implicated in conflict awareness, working memory and cognitive control in a positive way (Lazar et al., 2005; Luders et al., 2015; Brewer et al., 2011; Jang et al., 2011). The conscious and regular cultivation of contemplative practices affect the network of brain regions known as the default mode network (DMN) by minimising mind wandering and self-referential activity, thus changing perception of self and its relation to the world (Singleton et al., 2021). In the same study using structural and functional magnetic resonance imaging scans, Singleton et al. found that the higher levels of maturity development in regular contemplative practitioners (in meditation and yoga) as compared to controls, correlates with "cortical thickness in the posterior cingulate" (Singleton et al., 2021, p.1), part of the DMN

responsible for processing subjective experiences. Neuroscience research has been suggesting that regular practices in meditation, mindfulness and yoga have been associated with differences in brain structure and function, namely reduced reactivity and increased cognitive ability in performing tasks (Brewer et al., 2011).

The scientific investigation into the brain activity of mindful practitioners has provided evidence commensurate with the Buddhist understanding that mindfulness is an embodied cognitive practice. Mindfulness appears to work but how does it work?. Most Buddhist groups do acknowledge that the extensive acceptance of the psychological benefits of mindfulness is encouraging in the discourse on mental health and physical wellbeing.

The early Buddhist texts identified that the mental events are associated with bodily senses and activity. The Buddhist *Abiddhamma* is a text that maps out the model of mind in great detail the consciousness processes and mental functions that constitutes the 'world' of the individual's psycho-physical experiences (Ronkin, 2010). According to Ronkin (2010), the earliest writings of the *Abiddhamma* were found in canonical collections as early as the first century BCE. Ronkin also spells out the *Abiddhamma*'s doctrine of momentariness in psycho-physical events that arise and cease in consciousness and, by the dynamics of their rise and fall, construct time. These moments are generated in and by the process of conditioned and conditioning *dharmas* defined as sensed phenomena through the six sensory faculties (Ronkin, 2010, p.350-351).

This intense interest in MBIs has also precipitated a welcome scrutiny into what mindfulness really is. An additional debate is on whether the practice of mindfulness is equivalent to the *epoché* posited in Husserl's phenomenology. Stone and Zahavi (2021) assert that mindfulness practices have become conflated with phenomenological analysis on consciousness. Secularising and reducing mindfulness to 'non-judgmental observation of present-moment experience' has left it bereft of the existential and ethical dimensions of Buddhist philosophy. The phenomenological *epoché*-reduction has been misinterpreted to possess similar qualities to that which are attributed to the reduced mindfulness practice of holding attention of object whilst being non-judgemental, open and receptive (Stone and Zahavi, 2021). Lundh (2019) proposed an experimental phenomenology as a research methodology in mindfulness studies whereby mindfulness is seen as the equivalent to phenomenological practice. For him, phenomenological practice is achieved by applying the *epoché*-reduction. Stone and Zahavi (2021) argued that this application of *epoché*-reduction is the result of a certain confusion of Husserl's phenomenology.

The aim of phenomenology is precisely not to investigate either the subject or the object, either the mind or the world, but to investigate both in their interrelation or correlation.

(Stone & Zahavi, 2021, p.173).

The phenomenological attitude has also been adopted in humanistic psychotherapies because of the breadth and depth of its perspectives. Phenomenological perception requires an intimate and subjective

understanding along with an authentic capacity for sensing the distinctiveness and uniqueness of other (Längle & Klaassen, 2019). Although Stone and Zahavi (2021) suggest that philosophical phenomenology has more in common with Buddhist philosophy than with mindfulness practice, they are not discounting that “phenomenological reflections on consciousness and meditative practices occasionally converge in their descriptive findings” (p.180). From this viewpoint, there have been numerous writings advocating phenomenological analysis to be applied in research on the efficacy of therapeutic mindfulness-based interventions (Martínez-Pernía et al., 2021; Felder et al., 2014; Lundh, 2019; Puc, 2018).

In the latest search in 2021 for this Literature Review, two relevant research papers that focused on the part embodiment played in the context of a therapeutic dyad were found (Bernhardt et al., 2020; Garcia et al., 2021). Entitled ‘The embodied listener’, Bernhardt et al., (2020) used IPA to analyse the case study of one dyad to present its findings. This was also the first study of a therapeutic dyad found from the three searches. Both the therapist and the patient in this case emphasised the therapist’s bodily focus and use of nonverbal interventions as being decisive for therapeutic change to occur. This particular therapist used both his authentic, personal and professional parts to adapt, explore and revise his knowledge base for each new encounter or moment with the specific patient. Again, the IPA themes suggest that it was the embodied nature including the non-verbal interventions of the therapist that helped the patient to feel safe in the experience of change.

There has been a recent flurry of papers on the bodily effects of online video therapy since the Pandemic started. Garcia et al., (2021) also used IPA to investigate the efficacy of online therapy by studying the non-verbal and embodied aspects of the therapeutic alliance. This study concluded that both therapists and clients have had to adjust and adapt in the switch-over from an in-person space to a virtual connection, and concluded that more research is required to determine the longer-term effects.

2.6 Conclusion

There is little argument that MBIs adopting mindfulness as a construct in its various therapeutic forms as an aid or tool have shown to produce positive treatment effects in the last three decades (Baer, 2003, 2006; Didonna, 2009; Brown et al., 2007). Most of the quantitative studies on MBIs appear to originate from United States of America.

The development of MBIs is also closely tied to the growth of the third wave of CBT (Felder, et al., 2014). Most of the empirical studies including the RCTs have in the main shown MBIs to be 'good alternatives' compared to other available psychological treatments although it is inconclusive as to how effective MBIs are in the longer term (Veehof, et al., 2016). The client benefits from psychotherapist mindfulness are less clear in most major studies (Swift et al., 2017).

From the various reviews and meta-analyses of psychological studies and research findings found in the Literature Review, MBIs have been put under

scrutiny and it is still unclear and difficult to identify exactly how mindfulness works. Most of these studies indicate that the benefits of MBIs prove to be more evident for the therapists than for the clients. One of the reviews suggests that research should be directed at the therapeutic alliance that is generated through the inclusion of mindfulness practices between the therapist and client. This view of investigation has been taken up by neuroscientists and the phenomenologists who study closely the interactive and interdependent nature of embodiment.

The upsurge in interest of the body in psychology and philosophy has undeniably been helped by the secularisation of mindfulness and progressive research from the field of neuroscience (Johnson, 2008). This can be seen as a return to the phenomenology of Merleau-Ponty whose “phenomenal body” is the “lived body”: a “spatial situation from which our world and experience flows” (Johnson, 2008, p.164). Merleau-Ponty first wrote of this as the “living body” with its “psycho-physiological mechanisms” which exists on a phenomenal plane where interiority and exteriority are inextricably linked (Merleau-Ponty, 2012, p.55).

In the advance of MBIs, neuroscience research evidence along with phenomenological insights and discourses on the ‘body’ or ‘embodiment’ have become more integrated with other theoretical and psychopathological analyses outside of the humanistic psychotherapies (Legrand, 2021; Tschacher, 2021; Fuchs, 2021). Lane, Smith & Nadel (2020) consider the neurobiological underpinnings of psychotherapy practice to be the foundational understanding of how enduring change is being achieved.

This thesis is a study of embodied experiences of critical moments of change. The theoretical and conceptual understanding of therapeutic processes in embodiment, and the experience of change are drawn from three strands: first, understanding of mindfulness in the Buddhist teaching of dependent origination; second, phenomenological perspectives on body, corporeal intention and intersubjectivity; and third, neuroscientific studies on the brain activity. Psychoanalytical perspectives from Stern, Lacan and Bion are also vital in apprehending the dynamics of change along the therapeutic process. There appears to be a common notion amongst these perspectives that a temporal suspension or bracketing of desire is necessary for transformation or change to happen.

There is clear evidence that a mindful and embodied therapist is perceived to be beneficial to the client or patient. What is unclear is how the client experiences the benefits or change in therapy. There is a research gap in investigating the benefits to the client or patient. The therapeutic alliance or intersubjective nature of the therapeutic relationship is implicated in the process of change. There is also no study found on this subject especially between a therapist who has a regular contemplative practice and her/his client. There are obvious ethical and confidential issues to consider in studying the dyadic therapeutic relationship and this could be one of the reasons as to why there is so little literature available on the direct process between a therapist and client.

This study uses qualitative research to study critical moments of change in the therapeutic process from the interviews of psychotherapists with a regular contemplative practice and clients who have experienced therapeutic change in

an embodied way. The three searches made for this literature review did not reveal any research in this particular area.

Chapter 3

Methodology

This chapter spells out the use of Reflexive Thematic Analysis (TA) (Braun & Clarke, 2019) for coding and analysing the dataset obtained from thirteen semi-structured interviews of nine psychotherapist-participants and four client-participants. The rationale for the research methodology that brings Reflexive TA together with a phenomenological orientation is presented. The epistemology for the theoretical framework that produced the research questions is expounded. The ethical considerations and challenges of the research process and recruitment of participants are identified along with the application for ethics approval. Mindfulness is employed as an embodied reflexivity practice analogous to reflexivity bracketing. The reflexive stance involved in the research process is described.

3.1 Overview of study methods

3.1.1 Which approach?

The initial consideration was to use Interpretative Phenomenological Analysis (IPA) to examine and understand lived experiences. IPA is, “an approach to qualitative, experiential and psychological research which has been informed by concepts and debates from three key areas of the philosophy of knowledge: phenomenology, hermeneutics and idiography” (Smith, Flowers & Larkin, 2009, p.11).

Zahavi (2018) questions IPA's claim that it is a phenomenological research method because it seeks to examine experience in analysing data on its own terms rather than those espoused in the phenomenological research tradition. Zahavi continues to point out IPA (Smith, 2009) alludes to the theoretical work of the phenomenological philosophers but its methodology ignores and misinterprets the philosophy of phenomenology. Giorgi (2010) writes that IPA would be better termed as IEA which is Interpretative Experiential Analysis. IPA was thus discounted as a research method in this thesis because even as it provides a structure that elicits rich subjective experience, it does not offer the phenomenological tradition of closely examining together - the subject, other and world - through the bracketing of the natural attitude.

Discourse analysis examines how language practices evolve over time and how they in turn shape, reflect and assert influences on the changing landscape of cultural, social and political attitudes and behaviours. It is a way of scrutinising an individual's or a group's use of language in accomplishing personal, social, cultural and political projects through a shared meaning of words and diacritical signs (Schiffren, Tannen, & Hamilton, 2001). Discourse analysis can be seen as a social constructionist research method, unlike the phenomenological approach of describing essential structures of lived experience. It was also discounted as a method for data analysis because it does not reflect the sentient corporeality of the therapeutic encounter between therapist and client.

According to Starks and Brown Trinidad (2007), two of the more common qualitative research methods that consider experiences in healthcare research are phenomenology and discourse analysis. Since this was acknowledged,

Thematic Analysis (TA) (Braun & Clarke, 2013), as a method has been more widely accepted and used for its flexibility for a broad range of topics from online gaming to living with multiple sclerosis (Stainton Rogers, 2011; Hussain and Griffiths, 2009; Malcomson, Lowe-Strong, & Dunswoody, 2008). In the United Kingdom, TA is widely used as the research method by which counselling and psychotherapy researchers explore interview accounts of experiences of therapists and clients alike (Hunt, 2013). Much has been written about TA's flexibility, clarity and accessibility as an effective method for psychotherapeutic researchers who are grounded in their own theory-informed approaches towards analysing data in transcripts (Carew, 2009; McLeod, 2011; Mortl & Gelo, 2015). Braun and Clarke (2018) stress that TA is a research method and not a methodology, hence making it more flexible in applying different theoretical understandings. They also outlined three approaches to TA as a qualitative paradigm with varying analytic procedures guided by the underlying research philosophy. Two of these TA approaches involve employing structured, coding, reliable templates (Boyatzis, 1998; Brooks, McCluskey, Turley & King, 2015; Smith & Firth, 2011) with the third, as advocated by Clarke and Braun, that "emphasise[s] an organic approach to coding and theme development, with quality coding resulting from depth of engagement" (2018, p.108).

Although TA does not come with an inherent theoretical framework, its adaptability is capable of providing a critical and yet reflexive process for researchers informed by their own theoretical underpinnings to arrive at an appropriately robust analysis (Braun, Clarke & Rance, 2014). To further this aim, Braun and Clarke (2019) developed an expanded framework in Reflexive

TA to include a wider range of approaches in analysing the dataset. Reflexive TA comprise different ways namely - semantic, latent, realist and constructionist - by which researchers could orientate towards the explicit and implicit content of the data (Braun and Clarke, 2019). Through employing Reflexive TA, codes and themes are created from the researcher's reflexivity and engagement with the dataset. This involves adopting a phenomenological reflexivity which constitutes the bracketing of the natural attitude composed of unquestioning views and assumptions of quotidian living. A phenomenological investigation together with a Reflexive TA-based research method produces a qualitative paradigm in reflexive coding and theme development that fits the research methodology required for this study project. According to Braun and Clarke (2021), TA's antecedent as a phenomenological method has the edge over the development of IPA. Through combining Reflexive TA with bracketing as part of the phenomenological investigation of the self-other-world triad, this approach offers more flexibility than IPA's idiographic focus on participants' experiences.

3.1.2 Reflexive Thematic Analysis

Thematic analysis is methodical in its qualitative analytic providing a flexible and adaptable framework for data analysis (Braun & Clarke, 2013). The flexibility of TA is conducive to this study as what is required here is a methodical way of analysing qualitative data into themes that can address the research questions developed from a differing theoretical framework. TA is not a singular method but a set of approaches for analysing a dataset with some degree of theoretical flexibility depending on philosophy and procedures for theme development (Braun and Clarke, 2019). For this research study, I have chosen the Reflexive TA approach for its congruence with the

phenomenological method. Braun and Clarke (2019) have developed a six-phase process for conducting a Reflexive TA. Although the six phases are laid out sequentially, they also recommend a recursive process through an iterative movement going back and forth the different phases in the construction of the analysis (Braun & Clarke, 2019).

The approach in Reflexive TA also makes it possible to code and thematise the dataset explicitly or implicitly, or both. This flexibility allows for data-derived and researcher-derived codes to be generated for theme development. Data-derived or semantic codes are taken from the explicit content in the data whilst researcher-derived, also known as latent codes, invoke the researcher's theoretical and conceptual frameworks (Braun & Clarke, 2013). Through this flexibility, I am able draw on both to give a deeper level of engagement with the dataset from my own practice experience and theoretical orientation.

3.1.3 Phenomenological method

In determining the use of this as part of the methodology for this qualitative research, it has been asserted that more than a rudimentary knowledge is required for phenomenological philosophy. To this intent, Giorgi et al. (2017) proceed to present a methodology for studies in phenomenological psychology by delineating the two key factors in understanding consciousness, a descriptive method that can reveal the intricacies of the phenomenological understanding of consciousness and its functions (Giorgi, Giorgi & Morley, 2017). One is that "consciousness is intentional" which means that consciousness is directed towards an object that may be present or absent, real or unreal and alive in the world or deceased (Giorgi, Giorgi & Morley, 2017,

p.177). The other factor is that “consciousness is essentially non-sensorial” (Giorgi, Giorgi & Morley, 2017, p.178). We do not sense consciousness, consciousness is the medium through which we experience phenomena in the physical, biological, material and mental realms. Giorgi’s method of phenomenological psychology consists of three stages: firstly, applying the phenomenological reduction as a way of sifting the data; secondly, using a descriptive focus and not an interpretative or explanatory description of the analysis; and finally, examining the examples to search for essences or “invariant structures” (Zahavi, 2018, p.123). This is an iterative process which Finlay (2013) describes as “dwelling with data...examining...and progressively deepening” (p.186). Wertz spells out the four practical steps in Giorgi’s (2003) phenomenological method:

(a) reading the entire description in order to grasp the sense of the whole; (b) rereading the description and demarcating spontaneous shifts in meaning, or “meaning units,” in the text with a psychologically sensitive interest in the phenomenon under investigation; (c) reflecting on each and every meaning unit in order to discern what it reveals about the phenomenon under investigation or what research-relevant psychological insight can be gained from it; and (d) synthesising these reflections and insights into a consistent statement that expresses the psychological structure of the experience.

(Wertz, 2005, p.170)

There is a lesser-known method that was considered for this study as it encompasses a thematic component in data analysis. Colaizzi’s (1978) method

provides a clear and systematic approach which makes it more accessible for researchers compared to Giorgi's form of distillation in descriptive phenomenology (Morrow, Rodriguez and King, 2015). The seven stages in Colaizzi's descriptive phenomenological method could be described as a rigorous and detailed process of analysis that stays immersed in the data. The first three stages include dwelling on the data many times over before adopting a bracketing attitude and identifying statements and meanings relevant to the research questions or phenomena studied. The next three stages involve drawing identified meanings into themes and explicating with exhaustive descriptions of themes and structure of phenomena under investigation. However in the last stage of Colaizzi's method, it is recommended the fundamental structure statement of the analysis be checked with participants; this would prove untenable for this study. This statement checking is not a part of the Reflexive TA method and would require additional ethical approval to contact the participants for this procedure.

Merleau-Ponty (1945) has written about the difficulties of Husserl's transcendental reduction that veers towards idealism and proffers his own reductionist views in an existential and hermeneutic phenomenology (Finlay, 2008). A phenomenological approach in psychological research recommends that psychotherapists adopt an openness and refrain from preconception of meanings or assumptions in dwelling in the lived experiences of participants, whilst engaging in a form of reduction, is said to animate "wonder in the face of the world" (Fink, 1995; Finlay, 2008). In a more recent paper detailed in the Literature Review, Lundh (2019) proposes a form of experimental phenomenology based on the use of the subjective first-person perspective in

research on mindfulness. As discussed in Chapter 1, the concept and practice of mindfulness have often been reduced to a construct in order to be researched into acceptance as an evidence-based treatment. Stone and Zahavi (2021) argue that phenomenological approach as suggested by Finlay (2008) and Lundh (2019) contain ambiguities that do not reflect the Husserlian systematic investigation of what constitutes the phenomenological attitude.

By adopting the phenomenological attitude, we do not focus exclusively on subjective acts...rather, we look at how the world shows up for the subject. We pay attention to how and as what worldly objects are given to us. By doing that, we also come to discover the intentional acts and experiential structures in relation to which any appearing object must necessarily be understood.

(Stone & Zahavi, 2021, p.172)

It could be construed that mindfulness practices make up part of the phenomenological attitude. As found in the Literature Review (Chapter 2), researchers have used IPA to investigate the way psychotherapists use mindfulness in their individual work and to put mindfulness at the heart of a existential-phenomenology and humanistic psychology (Cigolla, 2011; Felder et al., 2014). Also, phenomenological methods - IPA and Giorgi's phenomenological analysis - were seen to be appropriate to apply to studies of the therapeutic change process (Giorgi, 2011; Bernhardt et al., 2020; Garcia, 2021).

3.1.4 Phases of Reflexive TA with phenomenological approach

Reflexive TA with a combination of phenomenological approaches of Giorgi (2003; 2010; 2011), Colaizzi (1978) and Wertz (2011) have been the chosen research methodology here. Giorgi's methodology as delineated by Wertz (2005) would be an appropriate starting point in dwelling in the dataset and given the similarities between Colaizzi's method and Reflexive TA, I am able to draw on the three phenomenological approaches and combine them for each corresponding phase of Reflexive TA.

This section sets out the process of identifying codes and generating themes from patterns with a "central organising concept" (Braun and Clarke, 2013, p.224).

The coding was performed with my research questions in mind. The codes were mainly captured from a hybrid of semantic and latent approaches of studying the dataset. As patterns or clusters were identified around codes with a central organising concept, they would represent candidate themes.

The Reflexive TA's six phases are listed below with corresponding phenomenological approach, adopted from a combination of phenomenological methods of Giorgi (2003; 2010; 2011), Colaizzi (1978) and Wertz (2011). Using Reflexive TA to develop themes and also applying a phenomenological approach to analysing the themes enable a more inherent, closer and deeper examination of what is already existing in the data.

First stage - Familiarisation

Reflexive TA: Familiarisation with the data or immersion in reading and re-reading the data in order to become intimately-filled with the contents of the interviews. This includes listening to the recordings first without and then again, with transcripts. Transcripts are read at least twice.

Phenomenological approach: Holding an empathic view with data immersion within a sense of the whole (context). Dwelling on the data - listening for the minutia, spoken, unspoken, body sensing and engaging the phenomenon of change under study.

Second stage - Coding

Reflexive TA: Codes are generated from the data relevant to the research questions. It involves coding the entire dataset, collating the codes and relevant data extracts for later stages of analysis. Codes are induced from the explicit content of data.

Phenomenological approach: A psychological sensitivity is employed in identifying the statements that are relevant to the study of the phenomenon of change in therapy. Meaningful clusters of the responses from the participants are recorded. The focus is on the human experience and not so much on the individual participant. Codes could be deduced from latent content of data.

Third stage - Generating initial themes

Reflexive TA: Codes and collated data are grouped to signify patterns of meaning relevant to the study. These broader patterns lead to candidate themes validated with the collated data.

Phenomenological approach: Employ reflexivity in looking at the clusters of meaning derived from the data and transform statements (collated data) from participants into research-relevant phenomenologically psychological insights.

Fourth stage - Reviewing themes

Reflexive TA: Themes are defined as patterns of shared meaning underpinned by a central concept or idea investigated in the research questions. The candidate themes are checked and data on therapeutic change or shift as the central organising concept are refined to give a persuasive slant to answering the research questions.

Phenomenological approach: Reflexively bracketing pre-suppositions, clusters of meaning and psychological insights are brought together to build on the psychological structure of the phenomenon of change.

Fifth stage: Defining and naming themes

Reflexive TA: A detailed analysis of each theme is developed. Focusing on the scope of each theme and working out the 'story' with great detail. Giving each theme a name that informs and locates fresh insights.

Phenomenological approach: A full and inclusive description of the themes and the phenomenon under investigation is spelt out. As well as bracketing theories

and assumptions, descriptive phenomenology can clarify fresh psychological insights providing what interpretive phenomenologists call the hermeneutic circle. The basic descriptive psychological reflection has been found to have been used by Freud and subsequent psychoanalysts (Wertz, 1987b, 1993) which have led to new profound interpretations of the human psychic process.

Sixth stage: Writing up

Reflexive TA: This final phase includes writing-up the data analysis and discussion of the results. The analytic narrative with data extracts is weaved together with contextualising the analysis in light of existing literature.

Phenomenological approach: Summing up the study from a descriptive phenomenological of data to a hermeneutic phenomenological theme with a focus on the embodiment of the intersubjective. This is also a dialectic approach between philosophy and psychology (Merleau-Ponty, 1964; Finlay, 2011).

3.1.4.1 Coding Reflexive coding was a process used to capture and identify the essence of parts of the data that could be relevant to answering the research questions. All relevant data were coded and only certain codes were subsequently selected for analysis. The coding came after the Reflexive TA first phase of familiarisation or immersion in the data which included: firstly, listening to the thirteen interview recordings without the transcripts; secondly, listening to the recordings again with the transcripts and; thirdly, reading the transcripts twice without recordings. A mixture of data-derived/semantic and researcher-derived/latent codes (Braun & Clarke, 2013) were identified in the process. Data-derived codes follow closely the semantic meaning of the data whereas

researcher-derived or latent codes indicate implicit meanings invoked from the researcher's theoretical and experiential understandings. However data-derived or semantic codes can sometimes describe more succinctly what is being expressed. In employing both semantic and latent codes in generating themes, it becomes congruent with the phenomenological approach of being descriptive and also interpretative. Themes were developed from patterns or cluster of codes with a core essence (Clarke & Braun, 2018). Overarching themes were further identified through the central organising concepts of the themes. Phenomenological and psychological insights are applied to this core or essence that underpin and hold together each theme.

3.2 Epistemology underpinning the phenomenological investigation of embodied mindful practices in psychotherapy

The Buddhist model of mind is derived from a philosophical and phenomenological study of direct experiences (Analayo, 2003). Notwithstanding the prevalence of MBIs as widely acceptable aids in recovery, this study aims to look into the effects of Buddhist embodied practices of mindfulness on psychotherapists who are also regular practitioners; how these psychotherapists generate an embodied awareness in the therapeutic dyadic encounter; and how that bears on the intersubjective therapeutic alliance. Mindfulness, as a present moment cultivation of awareness evoked in this process, is part of the lived experience of the moment; *kairos* - a desire to be present. In this context, this study delves into the embodied consciousness and its correlating intersubjective view of self, other and world.

This is a phenomenological study of critical moments of change experienced within a therapeutic context from a mindful embodied stance. It is an attempt to study the experience of *kairos*. *Kairos* is Greek for an opportune moment that is nonlinear. Stern (2004) explains it as “a propitious moment or a moment of something coming into being...a moment of awareness...[that] is both a subjective and psychological unit of time” (Stern, 2004, p.xv). He goes on to say that the “moment of meeting” brings together “the present moment, the notion of *kairos*, intersubjectivity, and concretion in the therapeutic process” (Stern, 2004, p. xvi).

In writing about phenomenological research, Varela (1999) explains Husserl's fundamental premise as, “temporality...a foundational axis of his phenomenological research: all other forms of mental activity depend on temporality, but it depends on none of them” (p.266). Varela (1999) expounds on this key Husserlian perspective that now, or the present moment is not just a point or object in time but rather a location. Varela (1999) elaborates that the present moment, visualised like a field, has both a centre and peripheral sight of what has come before or after. Merleau-Ponty (1945) writes that now is not a point but a “single movement” that sets the past, present and future “in motion in its entirety” (p.479).

As discussed in the Chapter 1, (Section 1.2, p.12) mindfulness is the cultivation of states of awareness of the dynamic relationship between the mind and bodily sensations (Gethin, 2015). Varela (1999) points out that phenomenological research has proven consistently that, “perception is based in the active interdependence of sensation and movement...in temporality” (p.269).

Mindfulness is an attentional and intentional cultivation of an experience lodged in time and it could be argued that mindfulness practices are a means of being with Husserlian antinomies of time: “It is always changing and yet in some sense it is always the same” (Varela, 1999, p.276).

There are two components to the part mindfulness plays in the psychotherapeutic process. Firstly, there is the determination of mindfulness as an embodied practice in attending to direct experience of the temporality and spatiality of the now moment in therapeutic process. Secondly, with no less significance is the subjectification and inter-subjectification that arise from the attendant embodied reflexivity developed by therapists in being with clients (other) and their world. Varela (1999) indicates the Buddhist mindfulness practices are “in particular...living manifestations of an active, disciplined phenomenology” (p.346), resulting in the embodied reflexivity of the experience of the subjective. Stone and Zahavi (2021) state the ambiguities often conflating mindfulness with phenomenology by clarifying that mindfulness practice is not the same as the Husserlian *epoché*-reduction and ask, “Does mindfulness amount to a distinct type of (reflective or reflexive) self-presence or self-awareness, or does it rather afford a particular kind of presence of (or to) the experienced world?” (p.163). I would argue that it is both. Taken as a practice on its own merits, it is understandable that Stone and Zahavi would question whether mindfulness alone can be described as phenomenology. The intentionality in the act of *epoché* could be compared to a mindfulness practice underpinned by one of the key doctrines in the Buddhist teachings of *Paṭicca-samuppāda* - translated as dependent origination or dependent arising - which states that all phenomena are interdependent (Section 1.2.1, p.17). This is the

Buddhist tenet of interconnectedness that defines “...an awareness that the existence of all phenomena in the world is the result of the fulfilment of different causes and conditions, in which no entity can sustain independently without relying on other factors” (Yu *et al.*, 2020, p.1239).

Zahavi (2018) writes that bracketing or suspending the natural attitude or realism and applying a transcendental reduction (*epoché*) reveals a fundamental process of discovering the constitutive involvement between our embodied consciousness and the world. Husserl sees this phenomenological reduction as a potentially transformative experience in the systematic analysis of the correlation between (inter)subjectivity and world (Husserl, 1970). Zahavi (2018) continues to stress that one of the crucial ideas in phenomenology is that of intersubjectivity which requires a “simultaneous analysis of the relationship between subjectivity and world” (p.88). The notion of intersubjectivity was first conceived by Husserl as empathic experience (Beyer, 2016). This occurs in the process of directing consciousness and intentionality to other subjects whilst solipsistic beliefs are suspended. The intersubjective can only be understood as a phenomenological investigation of the interconnection of the “self-other-world triad” as suggested by Zahavi (2018). That is not to say that intersubjectivity exists only within a framework but rather in the magnitude of the experience of the co-existing self-structure with other and world. As Merleau-Ponty (2012) puts it, for intersubjectivity to occur, the subject has to be positioned as an embedded and embodied existence in a “common field of experience” that is the world. Influenced by Weiss’s book (1999) on embodiment, Csordas (2008) presents his argument that intersubjectivity as intercorporeality fleshes out the abstract relations conjured in the intersubjective. Gail Weiss writes;

To describe embodiment as intercorporeality is to emphasize that the experience of being embodied is never a private affair, but is always already mediated by our continual interactions with other human and nonhuman bodies.

(Weiss, 1999, p.5)

In essence this study is a phenomenological inquiry into an embodied intersubjectivity established between the psychotherapist and the client in the experience of a critical moment of change embedded within the therapeutic encounter. To engage with a reflective phenomenological attitude is to expand the “field of research”, not to constrain it; this is the Husserlian view that this “field of research” is reached through the gates of *epoché* and transcendental reduction (Zahavi, 2018, p.38).

In phenomenology the reality apprehended is one born of a consciousness and intentionality in a self-other-world triad (Zahavi, 2018). Zahavi elaborates that consciousness prevails with “an intrinsic and underived intentionality...with meaning rather than causality playing a fundamental role” (Zahavi, 2018, p.23). This experience of reality as subjective and knowable only through embodied sensorial perceiving and meaning-making, is created as the body moves through space and time (Schiffren, Tannen, & Hamilton, 2001).

When we investigate appearing objects, we also disclose ourselves as those to whom objects appear. The topic of phenomenological analyses is, consequently, not a worldless subject, and phenomenology does not

ignore the world in favour of consciousness. Rather, phenomenology is interested in consciousness because it is world-disclosing. It is in order to understand how the world can appear in the way it does, and with the validity and meaning it has, that phenomenology comes to investigate the disclosing performance of intentional consciousness... Indeed, one of the reasons why the theory of intentionality occupies centre stage in Husserl's thinking is precisely because he considers a study of the world-directedness of consciousness to provide us with insights into not only the structure of subjectivity, but also into the nature of objectivity.

(Zahavi, 2018, p.27)

Merleau-Ponty puts it succinctly as follows, "The world is entirely on the inside, and I am entirely outside of myself." (Merleau-Ponty, 2012, p.430). Embodiment is the manifestation of being in the lived world.

3.3 Research design

There were no research papers, of phenomenological interest in the application of mindfulness within the therapeutic dyadic context, found in the first two searches in the Literature Review. I wanted in particular to investigate the experience of critical moments of therapeutic change. (For the purpose of this research study, I will refer to psychotherapists interchangeably as therapists and their clients or patients as clients.) Since then in the third search I found a research paper by Bernhardt et al. (2020) who conducted an experiment on the dual perspectives of one therapeutic dyad on their mutual influence and co-regulation. Using IPA, Bernhardt and her colleagues found that the therapist's

bodily focus and nonverbal interventions were decisive in bringing about therapeutic change (Bernhardt et al., 2020). There was however no mention of any particular form of embodied practice that the therapist engaged with in developing these therapeutic skills.

The planned design was to recruit and interview psychotherapists and when possible, to interview their clients separately and in confidence. Given the strict confidentiality that the profession of psychotherapy is governed by, it was a challenge to think that psychotherapists would give me access to interview their clients, no matter the assurances I could provide. In a systematic review and meta-analysis of RCTs, researchers have demonstrated that medical clinician-patient relationships have a significant effect on healthcare outcomes (Kelley et al., 2014). From this review, it appears that despite ethical considerations, studies on the delivery of medical healthcare between clinicians and their patients are prevalent.

The intention here was to study the psychotherapeutic sessional experience that is *not* based on any manualised treatment between the therapist and the client. The research design was to conduct semi-structured in-depth interviews. I was aware of the controversial sampling of client-participants - which raised several ethical concerns - to seek out participants who were either current or previous clients of the psychotherapist-participants interviewed. In the attempt to inquire into just how much of a controversy this sampling would create, I undertook initial consultative interviews with four experienced and practising psychotherapists to seek their views on whether they would pass on my requests for research participation to their clients. These consultative interviews

took place in July and August of 2016. The identities of these four psychotherapists have been anonymised.

3.3.1 Stages of research

3.3.1.1 The four pilot consultations with psychotherapists The main question asked of all these four experienced therapists was whether they would ever consider passing on information sheets to their clients/patients if they (the therapists) were participants in my research study. None of these four therapists were asked to be participants in my main study. All but one of these consultations were conducted face-to-face. The fourth was conducted over the phone.

These consultative interviews left me in no doubt of the necessity to lay out the ethical considerations with absolute clarity - including details on confidentiality and boundaries - to the psychotherapist-participants if there were to be any chance of their agreeing to pass on the information sheets to their clients or patients.

All four therapists were registered with either UKCP (UK Council for Psychotherapists) or British Psychoanalytic Council (BPC). Three of them raised several concerns about the ethics of passing research information to their clients or patients during sessions but did not reject the idea outright. One therapist expressed saw this as an intrusion into the therapeutic space and raised serious concerns about passing information from a third party to clients. This latter therapist expressed that there could be no safeguarding assurances I could provide to allay concerns.

Below is a summary of the points raised by the therapists. (A fuller account of these consultations is given in Appendix III).

- The provision of clear and strict procedures and guidelines on how clients would be protected in agreeing to participate.
- Therapists and their clients would not have access to any data obtained by me in the research process. If the clients choose to take part, the therapists would not know unless informed by clients.
- Therapists may be more willing to pass on the research information to clients that they are no longer working with. However this brings up another set of considerations about whether therapists are prepared to contact ex-clients to enlist their participation.
- It should be made clear that vulnerable clients should not be included in this study.
- There should be an opportunity at the end of the interview to debrief with participants in the event that there may be any psychological activation in the interview process.
- My abilities as a therapist and interviewer with the psychotherapist-participant may be a factor for her/him in deciding whether I would be sufficiently competent and sensitive to conduct interviews with their clients, if permitted.

3.3.2 Ethical considerations, application and approval

After the four pilot consultations, it became clear that I would have to provide comprehensive details especially in the recruitment of participants, both

psychotherapists and clients, in my application for ethics approval. Even if therapists agreed to pass on information sheets to their clients, the process by which the clients were asked to consider participation would not be known to me. Although I am an experienced accredited psychotherapist, there were concerns from therapists in the consultative interviews that I did not subscribe to the code of ethics of their professional organisation. This might be a concern in recruiting therapists from other accrediting bodies.

As this is a study of the embodied experience of therapeutic change, it adopts a process approach as opposed to a treatment outcome paradigm. In this process study there are certain theoretical assumptions about the practice of psychotherapy such as the qualifications, modality and orientation of the professional therapist. One such assumption is that the mindfulness practices of the therapists are an observable phenomenon in their clinical work. This is a research process study that is not based on observable outcomes but the manner in which felt moments of change are experienced by both the therapist and client participants. In studying how change occurs, process research takes an empirical, as opposed to a theoretical approach in arriving at the mechanisms of therapeutic change (Goldfried & Eubanks-Carter, 2004).

As well as providing the necessary assurances on maintaining confidentiality with respect to the data collected, my competence and reliability as therapist researcher, and in being GDPR-compliant in terms of the storage of the data obtained; the other salient points in the information sheets and consent forms pledged that psychotherapist-participants should not pass information sheets on to vulnerable clients and that all participants' identities would be anonymised in

the writing-up process. The information sheets and consent forms for psychotherapist-participants and client-participants are given in full in Appendices IV, V, VI and VII.

The application for ethics approval from the Postgraduate Research Ethics Committee (PREC) was granted in February 2017 (Appendix VIII). During the application process the only condition stipulated and subsequently fulfilled was to add the name and contact details of the then Chair of PREC, Dr Lisa Leaver, to both Information Sheets for Psychotherapist and Client Participants.

3.3.3 Recruitment of participants

Various channels were approached in order to recruit participants. Leaflets were passed to Buddhist communities, psychotherapists' associations, training organisations, mindfulness departments and individual therapists from different approaches. Recruitment was slow as I was trying to recruit therapists from different theoretical approaches and who practised some form of mindfulness or meditation. A total of thirteen participants were recruited, comprising eleven women and two men within an age range of 35 to 70. At the end of the data collection, I had interviewed nine psychotherapist-participants and four client-participants. All nine psychotherapist-participants were accredited therapists. Only one of these client-participants was a client of one of the therapists I interviewed. As it did not look like I was going to recruit any more client-participants and after discussion with one of my supervisors, I decided to interview three practising therapists for their experiences as clients on the training requisite that therapists must have undergone personal therapy.

These three client-participants were also in individual therapy at the time of the interview.

All participants were sent information sheets and consent forms ahead of the interviews. Eleven of the interviews were conducted on the premises of either my practice rooms or participants' homes/practice rooms. Two were done over Skype. Only pseudonyms are used in the data coding and analysis.

The thirteen interviews with psychotherapist-participants and client-participants were conducted between October 2017 and June 2018. Of the nine psychotherapists interviewed for their experiences as therapists, two were psychoanalytically and psychodynamically trained, two others were trained clinical psychologists, and the remaining five were trained in approaches from the humanistic tradition. Eight of the nine psychotherapist-participants worked with individuals in a face-to-face setting, whilst one of them chose to conduct mainly online sessions as the majority of her clients were from abroad.

3.3.3.1 Pitfalls in recruiting therapy clients for research purposes It was clear that the one client-participant recruit who agreed to take part in the study did so because their therapy with the psychotherapist-participant had already ended months before at the interview and the overall outcome of the 10-year therapy duration had proved beneficial for the client. After excluding vulnerable clients, potential client recruits could be still in therapy or have completed therapy. It is recognised that clients' perspectives and experiences of therapy could help promote understanding of clients' processes (Timulak & Keogh, 2017). However, as the focus of the research study here is on embodied

experiences co-created between psychotherapist and client, the dynamics of the therapeutic relationship is core to understanding the process of change and not just the perspectives of the clients. As one of the psychotherapists in the pilot consultation asserted (Section 3.3.1.1), any introduction of information from a third party into the therapeutic space is experienced as an intrusion. For the client or patient, this intrusiveness could be experienced as a basic anxiety that is not dissimilar to the experience of being abandoned (Kuchenhoff, 1998). Kuchenhoff (1998) implies that if the therapist attempts to rationalise or interpret the psychic representation of the client (e.g., by explaining the aims of research), this is experienced as a repeat intrusive or abandoning anxiety. Depending on the stage of the therapy, the intrusion could be seen to be an interruption of Winnicott's holding environment .

The transference of the client or patient is a displacement of issues involving desires, fantasies, attitudes and defences from old relationships to the present therapist (Adler, 1980, p.547). This is a complex continuum of establishing a therapeutic alliance between client and therapist that includes ruptures, clarifications, empathic support, collaboration and insightful communication over an extensive period of time. When I was a client in my personal therapy, becoming aware of transference was often accompanied by a sense of some ineffable nascent experience. It was so nuanced that I could not tell whether the awareness brought hope or fear or a feeling portending of change. It was not always clear even after a discussion with my therapist, the apprehension became a mixture of being understood and yet feeling that I could never be fully understood. I had been approached by researchers to participate in their studies before and I remember the initial response was consistently an

immediate resistance to taking part until I took my time to reflect on what was happening. The overall sense was that I would not be understood or even be misunderstood no matter what I conveyed.

In involving a client in my research, I am looking at the processes within the client that led to the experience of embodied therapeutic change. Although I am looking for change in relation to their therapy, the client's experiential world exists inside and outside the therapy room. Effective and sustained therapeutic change in the client rely on the establishment of a continuous, extended internal dialogue and exploration (Blatt, 2013). Blatt (2013) concludes that in any psychotherapy research, the client-therapist interaction has to be studied as a unit. Studying the therapist or the client in isolation would not reveal the intricate, multifaceted and "synergistic" of the client-therapist alliance (Blatt, 2013, p.157). Consolidated therapeutic change or gains could manifest not only during the therapeutic interaction with therapist but also after termination of therapy. As clients' lives progress outside or after termination of the therapy process, the internalizations of consolidated therapeutic change play an important part in attending to the vicissitudes of psychic events. It is conceivable that the client's internal dialogue with therapist continues and sometimes not necessarily in a conflict-free way. In research interviews, clients may find it difficult to articulate their dilemmas without dismantling the ideal therapist or the established therapeutic congruence.

3.3.4 Data collection process

There was, perhaps, too much optimism on my part in thinking that I would get a higher number of psychotherapist-participants than required for my

study. Partly with this expectation in mind, I devised a questionnaire with the aim of screening out participants who did not have the level of contemplative practice I was looking for. I did receive a number of therapists who were willing to participate in my study (about fourteen) but after recruiting the nine therapists who passed the score of my questionnaire and one client-participant (client-participants do not have to answer the questionnaire), I had to concede that no more client-participants would be forthcoming. After discussion with my academic supervisor, I would have to interview other therapists for their experience as clients.

3.3.4.1 Contemplative practice questionnaire Various studies found in the Literature Review illustrated that mindfulness trainings in manualised formats or in less formal MBI frameworks were beneficial to therapists or health care professionals in their levels of attunement, acceptance, self-reflexivity, therapeutic presence, and mental, social and physical functioning (Brito, 2014; Brown, 2007; Davis, 2011; Hölzel et al., 2011; Dunn et al., 2013; Swift, 2017). In a more recent study investigating the Maturity Assessment Profile (MAP) of contemplative practitioners (meditation and yoga practitioners) and their neural correlates using MRI (structural and functional magnetic resonance imaging), the contemplative practitioners were shown to have higher levels of maturity development than matched controls (Singleton et al., 2021). This study supports the notion that regular contemplative practice in therapists brings with it a well-attuned embodied awareness within the therapeutic setting.

As my research questions were based on the premise that embodiment is central to the felt therapeutic change, mindfulness as an embodied practice is

deemed to bring awareness to that felt change. I devised the questionnaire with an informed belief from the evidence of numerous studies, that a regular contemplative practice in therapists would reflect a degree of embodied reflexivity. I formulated eight questions that included a range of contemplative mindful practices which were known to enhance body awareness. Based on my personal practice over the last thirty years, I have included various forms of meditative and mindful exercises such as sitting and walking meditation, yoga, chanting and other more recent manualised mindfulness forms in the questionnaire to help determine the regularity and level of contemplative awareness. The main aim of the questionnaire was to establish that the participants have a regular embodied practice and with it, a well-developed sense of interoception. The mindfulness questionnaire is given in Appendix IX. The maximum score was 40 and I decided that psychotherapist-participants who scored between 20 and 40 would be accepted for the study. All nine psychotherapist-participants answered the questionnaire before I met them for the interviews. Their scores were all above 20. Although the questionnaire was not necessary for screening out participants, the scores were useful as a gauge of their level of practice in association with the interview data.

Six of the nine psychotherapist-participants declared that they use mindfulness as an underlying practice or a tool in their therapeutic work with clients. The focus here is not on the meditation or mindfulness practice *per se* but on the sensed bodily phenomena of change or movement in the therapeutic context.

Questions have been raised by my academic supervisor about the relevance of the questionnaire scores in the data analysis. As the therapist-participants were

recruited from a range of therapeutic approaches, the questionnaire scores also demonstrated the participants' engagement with a range of different contemplative practices used to develop their embodied reflexivity in therapeutic work. During the interviews the therapist-participants showed a willingness to recollect and remember in an embodied way.

3.3.4.2 The interview process All nine psychotherapist-participants had a meditation or mindfulness practice in varying forms and they scored between 21 and 34 out of a possible 40 on the questionnaire.

The semi-structured interviews were broadly based on questions (Appendix X) within two areas in the context of the dyadic therapeutic relationship: firstly, a bodily awareness (of self and other), and secondly, an embodied reflexivity (of space and time).

The questions in the interviews for the psychotherapist-participants were divided into two parts: first, they were asked about their therapeutic approach and contemplative practice, and how they brought the two aspects together; and second, they were invited to recollect embodied memories of experiences with clients when shifts were felt or sensed.

The questions were not always asked in a linear fashion because participants would often include - in the conversational style in which the interviews were conducted - answers for questions that came later. The second part of the interviews often took up more time as participants talked more about their experiences with clients.

Eight of the nine therapist-participants agreed to pass on information sheets to their clients. Only one of these clients who had already stopped therapy agreed to participate. The other three client-participants were practising therapists who were also in therapy at the time of the interview. The questions for the client-participants' interviews were based mainly on their experiences of therapeutic change with their therapists (Appendix XI).

As I only managed to recruit one pairing of a psychotherapist and her client, I felt encouraged to write up this dyadic match as if it were a “model story within the dataset” (Braun and Clarke, 2013, p.243).

All interviews lasted between 50 and 60 minutes. The thirteen recorded interviews were transcribed by Devon Transcription.

3.4. Bracketing and reflexivity

As Clarke and Braun (2018) have emphasised, the flexibility of TA as a method has to be underpinned by a theoretical framework to become a methodology. The phenomenological approach to bracketing and reflexivity provides the theoretical scaffolding here. Being able to set aside personal opinions and presuppositions demonstrates reflexivity more than just being objective (Ahern, 1999). The bracketing becomes part of the reflexive function, to temporarily put aside the natural attitude which LeVasseur describes as “that quotidian and incurious way of being” (2003, p.417). The natural attitude allows us to go with everyday life without worrying about the unknown. Stewart and

Mickunas (1990) contend that Husserl's use of the three terms—phenomenological reduction (also transcendental reduction), *epoché*, and bracketing - may be used interchangeably and are necessary for attitudinal change in any philosophic inquiry.

For the purposes of this project, I have chosen to use this step of bracketing as part of the stance of the phenomenological attitude held in the reflexive process. Bracketing is the suspension of one's natural attitude - which is one's natural and sensorial assumptions of how it is to be in the world - in order to bring into reflection the essential phenomena of consciousness (Husserl, 1931). Husserl's conception of bracketing has since been described as idealistic and impossible to achieve or even if it is beneficial to do so in the context of any phenomenological inquiry (LeVasseur, 2003).

When using qualitative research methods, it has been recognised that total objectivity is neither attainable nor beneficial (Crotty, 1996; Schutz, 1994). In composing my research questions, there were already assumptions made that felt therapeutic change can be found in embodied experiences. In being the reflexive researcher, my subjective awareness was directed at the world presented by the participant, and by bracketing my own preconceptions and beliefs alerted me to themes across a wider group of therapists who subscribed to different ways of working. I was prepared to be challenged that accounts of therapeutic change would be identifiable and demonstrable by either verifiable bodily sensations or altered subjective consciousness.

In bracketing, the dilemma is twofold: how not to let assumptions distort the data collection process and how not to let assumptions impose pre-understandings and constructions on the data (Crotty, 1996). When Merleau-Ponty said, “In order to see the world, we must break with our familiar acceptance of it”, he is describing bracketing as a form of wonderment that breaks up habituated ways of being (Merleau-Ponty, 1945, p.xiv).

LeVasseur (2003) proposes that it is possible to reconcile Husserl’s aim for a descriptive phenomenology of essence with the hermeneutic circle of the interpretative phenomenologists through reflexive bracketing: an ongoing process of questioning prior understandings and knowledge in order to let fresh experiences in. The aim of reflexive bracketing in research is to suspend theory and assumptions temporarily in order to let in new phenomena. This is the hermeneutic circle where movement towards sense and meaning is developed by questioning prior knowledge, thereby allowing in new experiences and understandings. Reflexive bracketing is seen here as instrumental to adopting a phenomenological attitude; subscribing to a dialectic between fresh experiences and pre-understandings of theory which contributes towards rendering this an interpretive or thematising research project.

3.5 Reflexivity in the research process

3.5.1 The reflexive stance

Mindfulness is adopted here as a reflexive stance. This is a mindfulness underpinned by Buddhist doctrine spelt out earlier in Section 3.2 and follows the embodied intentionality paradigm postulated in (Section 1.2.1, p.19). In

practising mindfulness, my body is orientated towards “self-other-world” from a state of unknowing or suspension of what is known and a preparedness to respond from a curious state. It is possible to encapsulate this in a form of embodied reflexivity (similar to reflexive bracketing) that produces an analysis from a Husserlian *epoché*-reduction to the Merleau-Pontian exposition of subjectivity (Marratto, 2012); defined as a sense of movement fundamental to the phenomenon of learning which is the experience of reflection.

As a regular contemplative practitioner, someone who has been meditating, studying and attending Buddhist retreats for over thirty years, I still feel intrigued by the experience of change and our relationship to *dukkha*, the Buddhist term generally translated as suffering or a sense of unsatisfactoriness. *Dukkha* is seen as a mode of existence as interpreted in one of the main Buddhist teachings of the Four Noble Truths.¹ Given my history of practice, I was aware from the beginning that I could either be holding bias or it could help me in being reflective in conducting this research project. I decided that I was genuinely interested in how mindfulness aids the therapeutic process from a phenomenological perspective. Mindfulness is an embodied way to practice reflexive bracketing.

3.5.2. Reflexivity in the research process and data analysis

I had wanted to interview psychotherapists from a range of therapeutic approaches and who were also regular contemplative practitioners. I left notices at different Buddhist events for nearly a year, emailed quite a few

¹ The 4 Noble truths discourse was identified as the first teaching given by the Buddha and are now mainly interpreted not as truths but more as propositions in the Buddhist framework for understanding firstly, the nature of innate characteristics of *dukkha*; the origins of *dukkha* that arise from the craving of desires; the possible cessation of *dukkha* by understanding the cycle of craving; and the path that lead to choosing not to be bound by craving.

psychoanalytically-trained therapists who were also meditators and also asked peers to help with recruitment. I had held off approaching my professional community of therapists trained at the *Karuna* Institute in Devon because I knew I would receive many offers to participate which would affect the diversity I was hoping to achieve with a range of therapeutic approaches. When I did write to my professional community, the Association of Core Process Psychotherapists (ACPP), I was swamped with offers to be therapist-participants. When it looked like there was only going to be one client-participant (Eleanor) who had worked with a therapist-participant (Anna), I discussed with my academic supervisor and made the decision to interview two therapists from ACPP as client-participants.

I was very disappointed that I did not recruit more participants from the client group of the therapists I had already interviewed. Except for the one psychoanalytically trained therapist-participant (Dean), the other eight therapists interviewed were all quite eager to pass on my information sheets to their clients. It is worth noting that the client-participant (Eleanor) had already stopped working with Anna some six months before I interviewed her. Was there something in the therapeutic alliance or relationship that could have prevented potential client-participants from taking part in my study?

The training at the *Karuna* Institute was classified as a body-oriented, mindfulness-based humanistic approach. I was looking for felt 'moments-of-meeting' in the body. Given the higher proportion of participants - five out of thirteen - coming from ACPP, I was aware that I did not want the data to be skewed by our 'common experiences' from the training. The point with adopting

an embodied reflexivity bracketing (mindfulness) stance was to be able to challenge my own bias. The interview questions were put to all participants in the same order and manner. I think I might have been slightly more critical of the participants from ACPD by questioning any familiar theoretical expressions as espoused by the training approach. Although I knew of the names of the six ACPD member-participants, we did not have established relationships prior to the interviews. On listening to the recordings (twice) during the data analysis, I could not detect any bias on my part in the way I put the questions to them. Nevertheless it is not clear if they might have been trying to 'help' me for what is perceived to be a worthy cause: my research study. I was aware that there could have been blind spots and other factors in the collection of the data.

One of the therapist-participants died before I started on my data analysis. I discussed with one of my academic supervisors and it was agreed that I should include her data in the analysis. The question of consent was not thought about in this case. Are consent forms valid when the participant is deceased? I also decided that it would be right with my body memory of Catherine (not her real identity) who expressed her support and enthusiasm for my research project. Her participation was still felt.

In reflexive bracketing, I focused and honed in to all the participants' words and accounts describing their experiences that I often forgot which therapeutic approach they were from. There were data from some participants who I drew on more than others, but it would be difficult to say if I did so because of their approach. The psychoanalytically-trained therapist-participant, Dean (pseudonym) was the most unambiguous in the way he answered my

questions. In fact he ‘apologised’ at one point as he felt he couldn’t give me the answers I wanted implying I was trying too hard to get the answers I wanted. Again, on listening to the recordings during data analysis, I found that I was insistent, *to all participants*, on ensuring that the embodiment aspects from the interview questions were understood and taken into account when they were reflecting on their answers.

The scores from the questionnaire on contemplative practice of the psychotherapist-participants provided a strong indication of their level of practice and this gave me confidence in asking the interview questions on different aspects of embodiment. Even if the scores did not play a part in the analysis, they helped to produce a sound dataset for coding and theme development.

I conducted the interviews as mindfully as I could and applied my presence like I would with a therapy client. Applying mindfulness-based practices can direct therapists’ attention to more unknown or unrecognised external (relational field) and internal spaces (inner psychological processes) of clients’ experiences (Greenberg, Rice, & Elliott, 1993). This is, for me, an ‘in-built’ embodied reflexivity that acts like antennae, sensing and detecting not for what are already known or established notions but for an expanded capacity to allow in the unknown, the unknowable and the unthought. I did not always succeed, frequently I moved towards my own thoughts and beliefs but then I also allowed myself to be guided away from them to inhabit the unfamiliar space of “I don’t know what is happening here!”, often with accompanying anxiety. My therapeutic identity, whilst informing my use of Reflexive TA, is not fixed, as my body goes through a “situated subjectivity” in coding and analysing the interview

data. For Marratto (2012), the “situated subjectivity” posited by the body includes perception of space and sensation, and temporality. This is the Merleau-Pontian exposition of subjectivity as a sense of movement fundamental to the phenomenon of learning which is the experience of reflection. In adopting the phenomenological attitude, I go into ‘a knowing of the body’ orientation that goes beyond any theoretical framework. In practical terms, the reflection or learning takes me to a place with difference that is not about confirming my familiar ideas.

I would add that this form of embodied reflexivity could also be seen as a containing function for Bion’s “sense-impressions related to emotional experience” (Bion, 1962, p.17). This is an embodied reflexive way to stay open to the unknown and the unthought and not let basic assumptions get in the way of fresh thinking. I believe that when Bion wrote his intriguing short work on ‘Notes and Desire’, he was advocating a form of embodied awareness of the present moment that was about being with the unknown or not knowing, in place of the analytic process of interpreting.

I was interviewing the psychotherapist-participants while not knowing if I was going to interview any one of their clients. So I interviewed the therapists as if I would not be interviewing their clients. This could have given them space to think and talk about their work with a number of different clients anonymously. Although I had hoped to study dyads, it became clear that the dataset was about therapeutic processes of the individual participants and not the outcomes of the dyadic therapy. As I did not have the full picture of the dyadic exchanges, I found using Reflexive TA, applying both semantic and latent codes was

essential in developing those themes that reflected inter-subjectification even if I were not aware of the therapeutic outcomes.

3.5.3 The psychotherapist and client dyadic match (only pseudonyms used)

I was able to conduct interviews with only one paired-match, a client-participant (Eleanor) who worked for ten years with a psychotherapist-participant (Anna).

I have since obtained additional written permission (besides what was stated in the original consent forms) from these two participants for their data to be matched.

When I interviewed the therapist, Anna - before her client Eleanor - there was no assurance that I would be interviewing one of her clients at a later stage. I have gone through Anna's transcript several times and although she talked about a few of her clients without naming them, I did not get any sense of her talking about Eleanor or her having referenced her in a way that I could recognise. Whereas in my interview with Eleanor, it was very clear that she was recounting her experiences with Anna. Also, at the point of my interview with Eleanor in 2018, she had already stopped therapy with Anna some six months earlier.

I had been inspired by the 'moment of meeting' written about by Stern, et al. (1998) and decided to examine how this phenomenon might be experienced in an embodied way both by the therapist and by the client in a therapy session.

Stern with his colleagues in the Process of Change Study Group, Boston, Massachusetts (1998) conclude that in a 'moment of meeting', a "dyadic expansion of consciousness" (p.307) takes place and an altered intersubjective between therapist and client facilitates a relational change. I believe this 'moment-of meeting' to be a moment of intersubjectivity in the field of phenomenologically experienced intentionality, i.e., the intentional approach to experience therapeutic change in the presence of another - a consciousness to be with self and other.

In being reflexive in conducting a phenomenologically oriented analysis on this matched pair, it could be possible to identify moments in the client's account where felt shifts have remained in the ambit of her awareness.

3.6 Summary

The approach to Reflexive TA developed by Clarke and Braun (2019) centres around a six-phase process in data analysis. These phases may be listed sequentially as there is a rationale of each stage building on the preceding one. However this is also a reflexive and iterative process which involves a rigorous engagement with the coding and analysis that is not merely rigidly following the phases.

The purpose of this phenomenological inquiry is to look for embodied experiences of felt change, felt shifts of awareness. This is a reflexive process whereby habitual thoughts, opinion and prejudice are suspended in favour of arising new understanding and fresh experiences to arise as possibilities for

novel horizons of meanings (LeVasseur, 2003). Clients seek therapy in order to affect change. In Husserlian thinking, intentionality is a “universal fundamental property” of conscious processes (Husserl, 1973). In therapy, one could say that (desire for) change as intentionality is embedded in the conscious processes of any therapeutic context.

The adaptability of Reflexive TA has made it possible for it to be used as a method for developing themes from the dataset. Reflexive (mindfulness) bracketing is the phenomenological attitude adopted through the processes of data collection, coding and data analysis.

Chapter 4

Analysis

4.1 Introduction

This chapter describes the codes and themes generated from the analysis of the whole dataset from the interviews of the thirteen participants. The three research questions (restated below) were kept in mind during the coding and theme development process.

1. How do psychotherapists bring their embodied presence - cultivated through mindfulness practices - to identify moments of change within a therapeutic context?
2. How are moments of change determined by intentionality, desire for change and the embodied reflexive stance in both therapist and client?
3. How do these moments of shifts manifest experientially in the body?

The five main themes generated from the dataset are described through the ideas and patterns found in the coding process and illustrated with quotes from the participants. The five main themes are further organised into two overarching themes.

In Section 4.11, an account of a brief phenomenological analysis is given on a psychotherapist and client match to further illustrate therapeutic change within a known dyad.

4.2 Process of coding and developing themes

Being mindful of my stance as the embodied reflexive researcher, I started coding after immersing myself in the dataset by two rounds of listening to the interview recordings and then by reading the full transcripts twice after. In order not to interrupt the continuity of coding, this was done over six consecutive days. I was aware that the participants were recollecting and remembering their experiences from their past therapy sessions over a period of time. Their responses and accounts were not only remembered with the other (client or therapist) in mind, but they also constituted memories affected by temporality and spatiality when they responded to my questions. The codes and themes had to reflect this praxis.

I was aware of my bias that I have knowledge of and am experienced in facilitating therapeutic process. Whenever I found my thoughts veering towards a familiar idea, I took a breath and challenged my preconceived meanings and assumptions which led to grounding revisions of understandings in my body of experience. I am looking for possible alternatives, not familiarity.

For every participant, I generated a new document from their transcript and initial codes were written on the left-hand column and candidate themes on the right-hand margin (a single page sample can be found in Appendix XII). Codes for therapists' and clients' data were then collated in two separate documents to help with developing and comparing themes (a single page sample of each of the two documents can be found in Appendices XIII and XIV). The themes evolved from a mix of semantic (data-derived) and latent (researcher-derived)

codes. This was also congruent with the phenomenological approach of going between the descriptive and the hermeneutical dialectic. Throughout this process, codes were refined and clusters or patterns were detected to form candidate themes. Iterations of this process produced five main themes. I also found that it was possible to further encapsulate the notions underpinning the main themes by devising two overarching themes.

I embarked on a phenomenological analysis of the one therapist-client match in the dataset. This represented a 'model story' proposed by Braun and Clarke (2013) that presents a "common structure...that provides an overview of your data...or a subset of stories" (Clark, 2013, p.243) that can also maintain the integrity of the codes and themes.

4.3 Developing themes

According to Merleau-Ponty (1962), in any reflexive subjective movement or learning, the self is imperceptibly changed. Using a mindful and reflexive bracketing, I, as the researcher, in the process of generating codes and themes, was engaged in a living (subjective) movement, and would have moved to another subjective space with each reflexive act. These thematic maps were derived from the data of participants' past experiences retrieved from their subjective and objective recollections. The concern here is not so much the reliability or the unreliability of these recollections but it is whether as a researcher I could encapsulate the experience of the dynamic processes of the remembered therapeutic relationship, especially when asked to identify critical moments of change. The participants were remembering subjective memories

with a recollected representational object, their client or therapist. Merleau-Ponty calls this a form of intellectualism, a subjective experience that seeks to identify with “self-responsibility, universality, necessity, objectivity and ethical normativity” (Marratto, 2012, p.3).

To this end, I have generated themes from codes that suggest movement created from the body's sensorial faculties in the presence of the remembered other. The writing process also became integral to fine-tuning the formulations of the themes. It was also an iterative process of revisiting codes and subjectively selecting relevant participants' quotes to demonstrate the evolution of the themes. Also, initial codes are often expanded into narratives in the link-up to formulating themes.

When asked to recollect and think about the therapeutic moments, the psychotherapist-participants were mostly remembering experiences that happened with more than one client except for when they were recounting specific events prompted by my questions in the latter part of the interviews. With the client group of participants, the focus was mainly on the person they had or were still having therapy with. What was clear was the sense of intersubjectivity in the recollection and description of the therapeutic relationship that brought a sense of change or movement. It could be inferred that the therapists' responses were derived from the therapeutic alliances with more than one client and the clients' accounts were based on a single relationship with their therapist.

The main themes were generated from patterns or clusters of codes throughout the dataset that captivated some central organising aspects of the research questions.

The first theme, 'The body is a barometer', represents the embodied stance of the therapist towards the client. Given the phenomenological understanding that consciousness marks the experience of the intending other (Smith, 2018; Zahavi, 2018); the body as barometer exists as a marker or sensor in an environment that includes the other. This first theme elucidates the first research question and the second theme begins to scrutinise the workings of mindfulness in psychotherapy. The second theme, 'Mindfulness is not psychotherapy, it is a return to the body' is further elaborated with a sub-theme - 'The gap, a point that becomes an invitation'- that captures a specific characteristic of its main theme. The body as a sensor is also a detector of critical moments of experience. The third, fourth and fifth themes: 'What's mine and what's yours?', 'Change is being-with' and 'Intersubjectivity is the co-experience of sameness and difference', address the second and third research questions with interpretations of the embodied experience of moments of shifts or change.

The first overarching theme of 'The moving body' reflects the body's constant movement as a sensor and responder to the environment. It is also devised to further organise the structure of the thematic analysis. This first overarching theme covers the dynamism of the first two themes and 'shares' the third theme 'What's mine and what's yours?' with the second overarching theme, 'Talking therapy is intersubjective'. This second overarching theme encapsulates the co-

created processes chronicled in the last three themes where the other becomes part of the lived subjective recollected experience. The affected subjective becomes an intersubjective experience with other.

Table 5 below lists the themes with selected codes and quotes from both groups of participants.

4.4 Participants' profiles

Table 3 provides the details of the psychotherapist-participants with their questionnaire scores which provide an indication of the level of their mindfulness/meditation practice. All scored over 20 out of a possible 40. The scores illustrate their commitment to a regular contemplative practice that includes Buddhist-informed meditation, walking and chanting, mindfulness exercises, and yoga. Yoga is considered to be a mindful exercise in paying attention to the body.

During coding it was not always possible to see the correlation between individual scores and the codes or themes. Table 4 gives the details of the client-participants.

All quotes in the text and excerpts by participants are italicised. All the emboldened text emphasised within the excerpts is mine. All participants' identities are anonymised and their pseudonyms are fictitious first names which are used throughout the text. Where the participants' pseudonyms may be

confused with authors' names cited in the text, they would also be referred by the participant number listed in Tables 3 and 4.

Table 3. Psychotherapist participants' details

Pseudonym/ Participant number	Age group	* Therapeutic approach/ **Professional accreditation body	Gender	No. of years of contemplative practice	Meditation/ Mindfulness practice scores -(a possible max- imum score of 40)
1. Andrew	30 to 50	Clinical psy- chology/Psy- chodynamic <i>HCPC</i>	Male	7	21
2. Anna	50+	Humanistic body oriented/ Mindfulness- based <i>UKCP</i>	Female	>10	30
3. Belinda	30 to 50	Humanistic body oriented/ Mindfulness- based <i>UKCP</i>	Female	>10	27
4. Catherine (deceased)	30 to 50	Humanistic body oriented/ Mindfulness- based <i>UKCP</i>	Female	>10	32
5. Dean	50+	Psychoanalyt- ic/Mindfulness- based <i>UKCP</i>	Male	>10	34
6. Florence	50+	Humanistic body oriented/ Mindfulness- based <i>UKCP</i>	Female	>10	32
7. Jess	30 to 50	Psychodynam- ic <i>UKCP</i>	Female	8	26
8. Teresa	30 to 50	CBT/MBCT/ EMDR <i>BACP</i>	Female	>10	30
9. Violet	50+	Integrative/ Mindfulness- based <i>UKCP</i>	Female	>10	30

Table 4. Client-participants' details				
Pseudonym/ Participant no.	Age group	Therapist's approach	Gender	Years in therapy at time of interview
10. Eleanor	30 to 50	Humanistic body oriented/ Mindfulness-based	Female	10 (Finished)
11. Helen	30 to 50	Jungian/ Previous body ori- ented/mindfulness-based	Female	More than 10. On- going
12. Jane	50+	Humanistic body oriented/ Mindfulness-based	Female	More than 10. On- going
13. Michael	50+	Humanistic body oriented	Male	More than 5. On- going

*CBT - Cognitive Behavioural Therapy

*MBCT - Mindfulness-based Cognitive Therapy

*EMDR - Eye Movement Desensitization and Reprocessing

** HCPC - Health & Care Professions Council

** UKCP - UK Council for Psychotherapy

** BACP - British Association for Counselling and Psychotherapy

Table 5. Themes with selected codes and quotes from psychotherapist- and client-participants

Themes	Psychotherapist-participants codes and quotes†	Client-participants codes and quotes†
1. The moving body (overarching)		
1.1 The body is a barometer (main)	<p>The body is a barometer.</p> <p>Mindfulness is the tuning fork</p> <p><i>The body is communicating all the time</i></p> <p>Psychoanalytic therapists use counter-transference and ‘one’s body is such a big tool in counter-transference’</p> <p>If you are tuned in to yourself, you are tuned in to the other.</p> <p><i>I think you can only do that if you are tuned in to the other person and, by definition, yourself.’</i></p> <p>Slowing down is also expanding time and space</p> <p>Mindfulness gives the body a ‘new language’</p>	<p>Body awareness of moments of exchange.</p> <p><i>‘Why does understanding feel like warmth?’</i></p> <p><i>‘It’s like being embraced.</i></p> <p><i>It felt like being hugged, or like a child would...’</i></p> <p>Physical presence of therapist affects the experience of client</p> <p>Small gestures, big emotions.</p> <p><i>Body is a source of information</i></p> <p>The body is a vault of memories. There is a difference between a body memory and the narrative of that memory.</p>
1.2 Mindfulness is not psychotherapy, it’s a return to the body (main)	<p>Mindfulness is an active presence of being-with-the body, e.g. ‘being with the breath, being with sensation’</p> <p><i>I have to rely on my own body resonances</i></p> <p>Mindfulness practices are aimed at developing awareness in mental processes in order to check reactivity. Mindfulness-based practices process emotional regulation</p> <p><i>Bodily sensations are really primitive.’</i></p>	<p>Acceptance and kindness help the body to feel conflict in an expanded way.</p> <p><i>There is nothing else you can do. You can’t cut them (difficult feelings) out.</i></p> <p>Therapist is body-aware in the process</p>
1.2.2 The gap (sub-theme)	<p>The gap is between the (emotional) trigger and the response.</p> <p><i>In Buddhist terms, the gap or insertion point is that between the tonal feelings, pleasant, unpleasant, neutral.</i></p> <p>The point or moment is an invitation to look at what is happening in the body - pull out of the narrative and into the bodily sensations</p> <p><i>Mindfulness practice is actually about strengthening the insertion point on the fundamental sensation but before the elaboration and the narrative</i></p>	<p>Being with unknown.</p> <p>The unknown (gap) is part of the felt sense.</p> <p>The presence of the therapist can interrupt or insert a different meaning to a process.</p> <p>There’s some great relief in interrupting the familiar process</p>

Table 5 (cont'd). Themes with selected codes and quotes from psychotherapist- and client-participants

Themes	Psychotherapist-participants codes and quotes†	Client-participants codes and quotes†
2. Talking therapy is intersubjective (overarching)		
2.1 What's mine and what's yours? (main)	<p>The conscious stance to stay with the client's process.</p> <p><i>You need to go through exactly the same process that you are asking your patient to go through.</i></p> <p>Bodily sensed interventions are derived therapists' preparedness to be affected by clients' process.</p> <p><i>...she was talking about being a child and she was crying – 'And there was no one to give you a hug.'</i></p> <p>The relational field is co-experienced.</p> <p><i>I think to try and separate it into the client or yourself is a kind of false dichotomy really. If one of you becomes agitated and frustrated, that's going to be communicated as much in body posture and voice.</i></p> <p>Step out of habit and into a relationally co-created moment</p> <p>When the client changes, the therapist changes. - the interdependent intersubjective.</p>	<p>Change does not appear in isolation, it is recollected with therapist in mind.</p> <p>Kindness or compassion and empathy are qualities of therapeutic relationship</p> <p><i>I felt that coming from her in the way that she was talking about what I'd been through but also that maybe she sort of helped me become in touch.'</i></p> <p>The field of presence.</p> <p><i>it feels like you're special to them and they're special to you.</i></p> <p>The internalised therapist.</p> <p><i>It's an internal dialogue that is somebody else is present.'</i></p>
2.2 Change is being-with (main)	<p>Bodily senses are pre-linguistic</p> <p><i>I'm sat here talking a language of a body and you are sat there talking the language of the mind.'</i></p> <p>Change is always relational.</p> <p><i>All of the treatment with the client is relationship.'</i></p> <p>Being with someone understanding is affect regulating.</p> <p><i>The body is communicating all the time. ...</i></p> <p><i>I want to keep on the edge of comfort/discomfort, because I think that's the cusp of change...a live edge of kind of fertile exploration.'</i></p> <p>Thinking of or tuning into the other activates the intersubjective or a different experience.</p> <p><i>It's not just about the emotions and the self-hatred, it's then about well your relationship to them,</i></p>	<p>Change is being able to be with other.</p> <p><i>I wasn't able to do that on my own (change).</i></p> <p>Compassionate being-with enables and expands capacity to be with difficult feelings</p> <p><i>Kindness made it possible for me to be sad. Nothing shameful, just sad, was the kind of shift.'</i></p> <p>Two bodies in the same room, a relationship is happening whether you are aware or not.</p> <p><i>I feel her presence as a receptiveness...being in the room with somebody like that...Makes something happen.'</i></p>

Table 5 (cont'd). Themes with selected codes from psychotherapist and client participants

Themes	Psychotherapist-participants codes and quotes†	Client-participants codes and quotes†
2.3 Intersubjectivity is the co-experience of sameness and difference (main)	<p>The co-constructed relationship includes sameness and difference.</p> <p><i>She had to kind of forgive me for not being exactly what she wanted.'</i></p> <p>Intersubjectivity is a felt relationship.</p> <p><i>We are emotional beings, we constantly read each other's emotions. There's a field between us which we share,</i></p> <p>Therapist can be grounded and affected by client's process at the same time.</p> <p><i>What I know that if I am encountering triggering in my body, then I (also) know that I am grounding myself.</i></p>	<p>Responsibility for change is a constant process</p> <p><i>...ending my therapy well...bringing ownership of the things we'd done together.</i></p> <p>Change is ordinary, it is happening all the time</p> <p><i>...by making extraordinary ordinary it allowed me to live in a much more extraordinary universe.</i></p> <p>The continuum of the co-created process.</p> <p><i>...it's like understanding, sounds cognitive... as opposed to feeling, but it doesn't feel like there's a separation.'</i></p>

† Selected semantic and latent codes are in bold and corresponding participants' quotes are in italics.

4.5 Main theme no.1 - The body is a barometer

Within the therapeutic context, the therapist takes on the intention to facilitate change and the client brings the intention to seek change through understanding and attitudinal shifts to alleviate suffering. Whether as a therapist or client, the bodies of both bring intention to engage within the therapeutic space. For the psychotherapists, the engagement with the client was through an attuned embodied presence. Seven (Andrew, Florence, Anna, Belinda, Catherine, Teresa and Violet) of the nine psychotherapist-participants talked about taking up to 10 minutes to sit quietly, bringing their attention to the body either before each session or together with the client at the beginning of each session. It was as if they were “*tuning*” their bodies to ready themselves for clients. The body is an organism with an innate and inbuilt neurological system that moves towards health. By taking a few minutes to sit, these practitioners were re-setting their mode not only to be more sensory aware but also to be more grounded and less reactive.

Two such connected codes - semantically and latently derived - were found; ‘a short meditation in the beginning and recollecting the body’s inherent health’. This led to another code which was a way of settling the body before each session, ‘Embodied awareness, attuning to client’.

Andrew, a clinical psychologist, was one of the seven who took time to sit before each session. He did not call himself a mindfulness-based practitioner and scored the lowest 21/40 in the practice questionnaire. Although his score

was the lowest, Andrew was thoughtful about how he used the principles of mindfulness in his approach with clients. He declared:

I will use breathing exercises, brief meditations as a way of activating the parasympathetic nervous systems, slowing down.

Florence, a body-oriented, mindfulness-based therapist, had the second highest practice score 32/40, described her felt sense as “*a language for how I exist in the world*”. This language of felt sense was palpable even during the interview with her on Skype. She was concise with the semantic code I used from her words, “*My body is a barometer*”. Her words were fluent and to the point. She explained:

When I’m sat with clients, my body is a barometer. I practise mindfulness of the body, mindfulness of the emotion, mindfulness of sensation...it’s almost like a tuning fork.

Comparing mindfulness practices with human motility, there is a similarity in these movements as they both involve the body as a whole and they mobilise inherent or intrinsic health (Section 1.2.1, p.16). Inherent health manifests itself in our senses in relation to the environment. It could often be taken for granted and by slowing down our attention, mindfulness becomes a reminder of the body’s connection to its intrinsic health. Florence quoted her client expressing inherent health:

“Oh actually, I felt the warmth of the sun on my cheek this morning”.

The body is also capable of feeling warmth and “*hugged*” even without physical contact. Eleanor, a client-participant whose work with Anna (participant No.2) ended after ten years provided many examples of her embodied experiences:

We are lonely passengers in life... given my upbringing and childhood, it just felt like I was being listened to properly, fully, not just the words. It's like being embraced. We very rarely had physical contact but it felt like physical contact in that sense. It felt like being hugged, or like a child would.

Remembering being hugged or embraced or feeling the warmth of the sun on the skin can be seen as sentience related to the Buddhist concept of intrinsic health. Within the Buddhist framework, this intrinsic health is also a recognition of our mutual interdependence or interconnectedness, that all processes and experiences including relational interactions, co-arise and are located in an immediacy contingent on past, present and future conditions (Sills, 2008). Sills (2008) goes on to imply that inherent freedom is interwoven with intrinsic health where choice and possibility are present in the ostensibly intransigent and difficult situations. Such experiences of “*being hugged*” and “*feeling the warmth of the sun*” were coded as part of the body’s capacity to experience intrinsic health, and remembered as critical moments or shifts that felt beneficial in difficult situations.

In phenomenology, Husserl conceived of the idea of the *epoché* in suspending (bracketing) the natural attitude which is our “basic and deep-seated confidence

in the mind-independent existence of that world” which then releases us to pay attention to and to question the world with its objects as presented to us (Stone & Zahavi, 2021, p.171-172). Mindfulness practice is not phenomenology but it prepares the bodily senses to notice the environment as it is, and not as previously established mental assumptions.

Helen was one of the three practising mindfulness-based therapists who was interviewed as a client-participant. She was seeing a Jungian analyst at time of interview and was also adamant that her experiences with her analyst were just as embodied:

*They (are) picking up subtle information, what you feel and why...feels like receiving great warmth, much more than just a therapist consciously offering warmth. **Why does understanding feel like warmth?***

Helen’s non-verbal body response to the therapist’s understanding could also be seen as a form of affect regulation. Non-verbal bodily responses are perceived as meaningful within the context of what is discussed in therapy. In the description below, Helen recalled how a gesture brought on a torrent of body memories for which there was no coherent narrative, only a strong remembered sense of intrusiveness possibly experienced as a young child. This was coded as body memories that could also be triggers.

(It’s) not so clear, body, mind... it’s a continuum, body, mind and emotion and image also and subtle information...I arrived with my

glasses on and some rain drops, so I laid down and I got a tissue and I took off my glasses and I went to wipe the glasses to wipe away the rain drops...(the image came without any thinking) it is to be wiped and I'm very small and naked, or I'm a baby and I'm being wiped but this is not a kind of nappy care wiping...this is something else. It was horrifying and it was after that session that I went away thinking oh probably all this stuff in dreams and all the other information is real and I really have been abused.

When asked how this was discussed with the therapist, Helen concluded the body memory (or trigger) helped steer her towards a difficult past experience in the presence of her therapist. Helen implied that the memory might not have arisen if she had not trusted her therapist. Was it that Helen had experienced warmth in the understanding she received from her therapist that her body felt able to bring up more “stuff”, “information” from a disturbing suppressed experience? The mindfulness approach (not Helen’s therapist’s) would not be about determining whether the abuse was real or not, but more about the felt relationship that the therapist and Helen co-created towards this “horrifying” sense of being “wiped”. One could say Helen and her therapist had a warm and understanding therapeutic alliance that was required to be with past trauma.

Teresa, a CBT practitioner, had also taught courses in MBSR - scored 30/40 in her questionnaire - often gave short answers to the interview questions but some of her answers were succinct.

Any issue of this (addiction), then the work is not going to be wholesome and complete...I am aware of my bodily changes but what came up is verbal discussions. I felt that sense of connectedness at that moment, that he realised that there is a problem, that I meant well for him.

Teresa appeared to be saying that she felt the discomfort of her client's inability to express his addiction issues and she had to feel it in order to articulate a response verbally to generate a connection between them. From her own bodily resonance, she was able to articulate what her client could not.

Even when mental processes are discussed, they are not merely of the mind but embodied experiences of a mind that appears to inhabit the brain. Mental processes can be seen as mental functions that work in conjunction with the sensory organism that is the body.

Jane, a body-oriented therapist who was also in therapy at the time of the interview, volunteered to be a client-participant. She described her bodily sensations when she tapped into the imaginal. These were not visualisations but active imagery that appears in the mind's eye when all manner of sensing was included in the process.

I do a lot of imaginal work...I'll see something in the mind's eye. I still think that's embodied but it's certainly head-based...it's got to feel real. I'm watching this imagery and I'm talking about it but that my centre is in my chest or in my abdomen, or both...it's not just making it up. Imagine

I'm doing a sort of synchronicities checking-in of watching this imagery and talking about it whilst at the same time being in my body. I think if I'm not in my body and I'm just in my head then it's just rubbish, you are just making it up.

In the growing recognition of the significance of embodiment in psychoanalysis, there is an increasing focus on what is sensed before what is known. The image that one 'sees' in the mind is sensed before thought comes into it, not dissimilar to Bollas' "unthought known" which is the sensorium's way of engaging without thinking (Gerald, 2016). Drawing on Merleau-Ponty's intercorporeal "flesh", the "seeing" has its own visible existence from being "touched", one cannot see without being seen (Gerald, 2016, p.647). The analytic task here is not to decipher Jane's rich sense of active imagery but to note it as the way her visible existence is shared with her therapist. Her images were the result of being 'touched' by the presence of her therapist.

When one body senses the presence of another body, there is already an imperceptible movement towards a feeling for the other. The psychotherapeutic situation provides a structure for which any number of bodily senses could be experienced. For the therapists, body-focused practices like mindfulness and meditation enhance the embodied presence of being with the other. There is a curiosity about the bodily senses evoked in the presence of and interaction with another. One of the etymologies of the word 'curious' is the Latin *cūriōsus*, indicating a subjective state in a person bestowing care or being attentive (OED, online version, 2021). Psychotherapists from whichever approach or modality express curiosity and encourage curiosity in their clients when coming

into awareness of bodily senses. Being curious of or caring of what is happening in the body is not to rush to meaning, but rather to care about what is not known or what is not familiar. The body is a sensory machine, sensitive to all changes in the environment, whether or not we pay attention to the sensing and the sensation. The phenomenological attitude is to bracket meaning and care about the slightest sensation without prejudice. It is about a return to the body.

4.6 Main theme no.2 - Mindfulness is not psychotherapy, it's a return to body

Violet, an integrative psychotherapist who scored 30/40 on the practice questionnaire talked about the way she relied on her bodily senses to communicate, regulate and attune to clients. Violet has had training in MBSR and MBCT courses and like Teresa, she was quite clear about the way in which she used her bodily awareness to help ground and to attune to the client. She described the process with precision:

The body is communicating all the time. I come back into the body and be with feelings, the felt sense of something...this supports affect regulation, to use the language, and being present to one's self in the now...(Clients) use analysis to cope with feelings as opposed to feeling the feelings...coming back into my body is a sense of sanctuary for me, and restoration. So rather than just keep following, I will come back, and that kind of restores me to pick up another intervention, such as naming what's happening.

(All bold emphasis is mine)

Violet was paraphrasing the way mindfulness helped her utilise her bodily senses to; firstly, to ground her position as therapist in the session; secondly, to assess the narrative of the client; and thirdly, to return to her (Violet's) body to restore or recalibrate and reflect on an appropriate response to the client. Whilst Violet practised mindfulness as a core skill, she was also aware that not all her clients wanted to engage with mindfulness during sessions.

(By) starting with mindfulness practice that I'm bringing people into a kind of space where they're kind of calm and that maybe I need to allow them just more to come in... it's about describing experience but exploring meaning. So there is a tension there... Mindfulness isn't therapy, but there are mindfulness-based practices which can be therapeutic,

Dean, a psychoanalytically-trained mindfulness-based psychotherapist, scored 30/40 (highest) in the practice questionnaire. He was a trainer in a transpersonal psychotherapy training programme as well as being a Buddhist scholar and a published author. He set his thoughts about mindfulness in context:

Mindfulness would make that bodily reaction process conscious. Mindfulness grows out of attention... it's the context of the understanding of that attention. In Buddhist terms, it's vedanā, we might

*call this tonal feeling, pleasant, unpleasant, neutral. Those aren't concepts. They are not even emotions. They are actually bodily sensations and they are really primitive, they either contract or expand like cells, but we are cells and if you can notice that contraction or that expansion then you've made that **insertion point of awareness** into the process and it interrupts the process.*

Dean was describing mindfulness in a nutshell. The purpose of mindfulness is to pay close attention to the felt bodily sensations that co-arise with mental and psychological processes in order to cultivate an awareness of the conditions that brings on patterns of distress or *dukkha*. *Dukkha* has generally been translated as 'suffering' but as it also involves other deeper concepts related to impermanence, self-identity and general unsatisfactoriness. It is quite common to leave it untranslated in Buddhist writings, verbal teachings and mindfulness training programmes (Keown, 2003). *Vedanā* has, in the past, been translated as "feeling tone" but it is now recognised as more of a psycho-physiological faculty of the feeling/hedonic tones - "*pleasant, unpleasant and neutral*". As Dean pointed out, they are "*primitive bodily sensations*" like "*cells*" contracting and expanding depending on the external stimuli. This dynamic process of psychological precision taught by the Buddha in the *Madhupiṇḍika Sutta*¹ refers to *vedanā* that "occurs when external stimuli enter the tactile range of one of the six senses: eyes, ear, nose, tongue, body or mind" (Peacock, 2018, p.162). This point before *vedanā* is termed *phassa* (meaning touch or contact). When a sense organ is touched (*phassa*) by a corresponding object, *vedanā*, the hedonic tones of "*pleasant, unpleasant and neutral*" can only be observed in the

¹ This is often translated as the "Honeyball" discourse where the Buddha taught that conflict and distress are caused by the proliferation of thoughts in areas of craving, conceit and perceptions or mental views. (See also definition in Glossary)

consequences of behaviours and thoughts (Peacock, 2018). It may be difficult, if not impossible, to slow down our awareness to access the point where hedonic tones are noticed in mental processes (it is easier to monitor the physical hedonic tones e.g., when we put a finger on to a burning hot pot!).

The “*insertion point of awareness*” as presented by Dean is achievable through mindfulness in the slowing and stilling of the mind. The “*insertion point*” is a space where one decides not to engage with the habitual reactivity. The “*insertion point*” is that space between experiences. Andrew described it as a “*gap*” in his accounts.

*I had a client who was quite attacking of me for a long time and the temptation would be to defend yourself, to react back, to respond back and I think mindfulness practice, remember to think and act more mindfully just allows that break, that stop in, think okay, **what am I feeling, what are they feeling, why are they feeling like that, why are they responding to me like that?** So I guess that would be a core skill that I think it trains...**minding the gap** between the trigger and the response basically.*

Andrew compared staying silent in a therapy session to “*minding the gap*”.

*(W)hen I've sat back and not said it, the client often then says it themselves a little bit later... actually they often find it themselves and then it seems to be so much more powerful if they find it themselves... and I guess it's **clicked in their brain**.*

In this “gap” is a space, an “*insertion point of awareness*” where a choice was made to stay with the viscerally felt sensations of a reactive response in silence. This silence was only silent in that Andrew was not saying any words out loud but there was the curiosity, the attention given to his reactivity, to a not knowing of a response to the client and sitting back to observe how the client would make of the silence. Andrew and his client were in silence not just with their respective bodily senses and also in visceral state of being “touched” by other in the therapeutic dyad. This is the “intertwining” in Merleau-Ponty’s ontology of “flesh” where we share an organic world in intercorporeity (Merleau-Ponty, 1968). For Merleau-Ponty this “intertwining” is like “entanglement or interweaving, like the woof and warp of a fabric” and produces the “Chiasm” or a chiasmic structure, “physiological sense that refers to anatomical or genetic structures with a crossed arrangement (such as the optic nerves)” (Toadvine, 2019). Drawing on Merleau-Ponty’s paradigm, the situation of Andrew’s “intertwining” in his experience with client in that silent gap could be described as the following “chiasmic structure”:

1. the body is an example of the sensible-sentient demonstrating kinship and the relational continuity between the subject and object i.e., the body is sensing the other and is also “touched” by other in the sensing;
2. Merleau-Ponty would describe the relationship as reversible which is “obverse and reverse” or “two segments of a sole circular course” (Merleau-Ponty, 1968, p. 138 & 183);
3. The sensible and sentient are not a unity but rather are separated by a “gap or divergence” (Toadvine, 2019).

According to this paradigm, Andrew, the therapist was sensing that silence as the optimal response to the client and was “touched” by the client in the silence, with Andrew enquiring into his sensations intertwined with feelings. This is the intersubjective experience of “two segments of a sole circular course” within the therapeutic dyadic structure. The “gap or divergence” that Merleau-Ponty projects onto the sensible-sentient chiasmic structure could be seen (as do Dean and Andrew) as that point where perception of sensation by sentience is *not* the same as sentience (Toadvine, 2019). In the space or gap or point, there is recognition and there is also the possibility of reflecting or learning. This could be the “*click in the brain*”, a moment of recognition that has also registered in the brain, that something has been learned or changed.

Mindfulness-based practices lay the foundation from which one is able to reflect on responsibility of action and behaviour. These foundational mindfulness practices found in *Satipaṭṭhāna Sutta* (Appendix I) contemplates the nature of human embodied existence (Section 1.2, p.12). The teachings were given to all who engaged with the ethics of living with suffering, a natural phenomenon of being human. Most psychotherapy approaches are concerned with the relational field of possible healing. Mindfulness focuses on the small sensed movements that indicate the intentional stance of the body. Psychotherapy provides the structure with which the body’s lived experience encompasses the dynamics of relationship to other.

Mindfulness is not the same as therapeutic presence. Mindfulness practices aim to disclose an insertion point or gap or an interruption of a habitual pattern where there is the possibility of making an appropriate or authentic choice in

order to bring about a change. It is an embodied practice of noticing the bodily responses or reactions in that space of in-between experiences. Mindfulness is a form of active presence in attention where the intention is to find the ethical ground from which to flourish. Mindfulness, as an embodied reflexive stance, enhances and affirms the objectives of psychotherapy but it is not psychotherapy. It is a practice of returning mindful attention to the bodily sensations in order to inquire into the connection between the known and unknown, the familiar with unfamiliar, and perceived sameness to alterity. It's the felt sense of small or imperceptible bodily movements. It's discovering the essence of a sentient being, phenomenologically speaking, but it doesn't end there. Existentially, mindfulness is about engaging with the world of contingent experiences through embodied cognition.

In returning to the fundamentals of the sensate body, mindfulness as a phenomenological practice is both authentic and ethical. This is also a practice of returning to registering bodily sensations within the field of being-with other. Marratto (2012) writes that for Merleau-Ponty the sentient body as a conscious subject is already open to the existence of others. Whether it's selfhood, self-identity or individuality, it exists through the body and enters any situational relationship through that body (Marratto, 2012, p.11).

4.6.1 Sub-theme - The gap

This is the "*insertion point*" emphasised by Dean (participant no.5) and the "*the gap*" alluded to by Andrew (participant no.1). This "*insertion point*", according to Dean, could be an invitation to reflect on reactive and habituated thoughts. It is a temporal and embodied response to being in-between

narratives. There are several expositions of how this “point” or “gap” may be conceived phenomenologically but the useful one to draw on is Levinas’ focus on the gap between bodily sensations (Levinas, 1998). For Levinas this occurs between bodily sensation as pre-conscious bodily processes and entering intentionality which means that for an experience to be made explicit or meaningful, there has to be intention with the sensation (Bergo, 2019).

The participants, Dean and Andrew talked about the possibility of a mindfulness practice that can facilitate the arriving at an “*insertion point*” or “*gap*” where that becomes an “*invitation*” to set intention. Below is an excerpt where Dean spoke of this:

*(I)nsertion point, it's not a response; it's an invitation. **So the invitation is always what you notice in your body, where are you feeling that in your body? (T)he basic mindfulness practice is to rest our attention upon a sensation in the body, usually the breath, but not necessarily and then whenever we go into the stories is to interrupt it, thinking, back to the breath. So the whole thing about mindfulness practice is actually about strengthening the insertion point on the fundamental sensation but before the elaboration and the narrative.***

This is the practice of returning to the body sensation and breath to interrupt the narrative before it proliferates into habituated patterns of thought, speech or behaviour. The “*invitation*” at this “*point*” or “*gap*” is to be curious and open to

the experience that is unfamiliar and unknown, i.e., not following the narrative of the known or familiar.

Mindfulness as a Buddhist practice is grounded in ethics. In a therapeutic context, mindfulness is employed as an aid to cultivate awareness and responsibility for one's psychological process. Violet explained how she applied this understanding, possibly at a "gap" or "insertion point".

I like to get clients to that place where they become more curious about their responsibility. I suppose that practising the groundwork of mindfulness, presence, is kind of laying the ground for them to be able to be open to do that.

Mindfulness practices recollect memories and experiences in the present moment through an attentional meditation on sensorial bodily states and mental processes. It is not possible to change the past but it is possible to develop a more compassionate and kinder relationship to trauma and other painful experiences from the past. Catherine (deceased) was a mindfulness-based therapist and commented on this:

All of the treatment with the client is relationship.

Dean emphasised that mindfulness practices are used as aids to a sustaining a kinder relationship to unbearable feelings and emotion.

(P)sychotherapy is that it's co-created...I'm what I call a mindfulness-based psychotherapist or I work through a contemplative perspective... We all feel sad, we all feel anger and we all feel ashamed but what is our relationship to those emotions as they arise within it?

What Dean was implying here was the a gap between the arising emotions or feelings and the consciousness that is directed at them. This gap, like Merleau-Ponty's divergence of the sentient and sensible, is a space that calls for a suspension of what is known or preconceived and "invites" a co-created, intersubjective relationship. It could be argued that this "gap" could be the result result of the Husserlian *epoché*, a suspension of the "worldly reality as the unquestioned point of departure...starts to pay attention to how and as what worldly objects are given to us" (Stone & Zahavi, 2021, p.172). Mindfulness is the close examination of the impact of objects on our sensorial faculties.

4.7 Main theme no.3 - What's mine and what's yours?

This is the meeting between two people consciously coming together to wonder about the therapeutic process. These are moments experienced bodily by both groups of participants where they interpreted the experience of being-with the other to make meaningful their own experiences. There is an affect of being with other except it is not always clear at what precise point is the affect felt or if indeed it has to do with the other. The psychotherapist group as well as client group reflected on the embodied felt change within the therapeutic context. The body's intention is to receive, respond and to be received. Arguably this could be seen as a form of affective attunement observed from

the early infant years in relation to the caregiver where there is a “mutual sensing” of each others’ motives and desires (Stern, 1985).

Change experienced as a result of the relationship in the therapeutic dyad happened with the intention of two being-bodies committing to a process. This is the intention to be open and to be affected by other. In reflecting on this intention, the therapist-participants take responsibility for inquiring into the process before formulating a response. This constitutes a propensity to deliver a different response upon reflection of each instance of meeting with the other. Phenomenologically, the therapist’s intention is to orient the body in relation to the client. This is a Merleau-Pontian movement of intention and opening of self-body to other, a movement that makes sense only if it acknowledges the possibility of its own transformation (Marratto, 2012). It could be argued that psychotherapists would experience some shift or transformation in themselves with each meeting with a client.

Catherine (deceased) was a body-focused, mindfulness-based therapist who spoke of this process as a resonance:

I’m feeling something that isn’t usual for me... that’s when I’m curious about the possibility that I’m sensing or resonating with something that’s happening in the client or I can know it as my own because it’s something that perhaps is being touched by the material that the client is bringing.

This is the psychotherapist's reflexivity in a bodily response to what is felt in the presence of other. This could also be seen as an ethical challenge for the therapist to examine the holding of viewpoints beyond their efficacy and to respond accordingly.

In any psychotherapy training, therapists undertake years of individual therapy partly to discover ways of recognising and understanding their own psychological processes in order to be more aware of their projections onto clients. This is also known as counter-transference. Conversely, it also means therapists could work with the projections or transference from their clients and process these potentially powerful experiences within the therapeutic relationship in an empathetic way.

For Dean, it was about taking a more conscious stance to stay with the client's process before the projections take hold:

[T]he therapist now, that you have very strong emotional reactions yourself and you need to go through exactly the same process that you are asking your patient to go through which is you need to be able to stay with them, identify them, perhaps map them from developmental arrest or trauma and just get to really know yourself and once you've done that you may then be able to say to a person when you are feeling something in the room.

Catherine (deceased) put it simply as:

*I'm working both with my own what's happening for me...in the moment
but I'm also curious about what's happening with the client.*

Bodily sensed interventions are derived from therapists' experience of the field of possibilities, i.e., a preparedness to be with and to be affected by clients' process. This subscribes to Merleau-Ponty's notion of intercorporeity (Marratto, 2012).

Jess, a psychodynamically trained therapist who scored 26/40 on her practice questionnaire was explaining how the body may not be apparent when interpretations were made but interpretations could be seen to be made from the felt sense. Jess had been practising meditation for many years before she embarked on her training to be a psychotherapist. She insisted that her body awareness had not been excluded from her approach in psychodynamic therapy.

I had a client who was crying and she looked very, very young. And all I wanted to do was give her a hug, and that was a very bodily feeling of my heart, and I wanted to just put my arms around her and give her a hug. And you could say it's interpretation, I said to her, 'And there was no one to give you a hug.'

It could be argued that Jess's bodily awareness of her client's body reactions was that of intercorporeity - a primitive bodily response or knowing.

One of the latent codes that helped formulate this theme was - when one is in the presence of another body in the same space, there is already a relationship whether one is aware or not of it.

The client group of participants were also questioned about the ways they felt about therapy. Eleanor (participant no.10) resonated here when recalling a therapy session with Anna (participant no.2):

*Maybe it's because it's an internal dialogue that is somebody else is present. **It's like they're inside between your multiple versions of yourself***

Jane, a client-participant and also a body-oriented therapist, was in therapy with another mindfulness-based therapist at the time of the interview. Subjectivity is inevitably affected or altered when there is a presence of another body. Jane was implying that being in the room with her therapist who was receptive to what she was saying was the reason why she could express herself from the imaginal sphere.

*(I)t opens out because of being in the room with somebody like that...
Makes something happen...Or allows something to happen.*

Michael, a client-participant and in training to be a psychotherapist, described not knowing how he came to remember the visceral feelings of something that happened to him a long time ago. Michael felt as if his experience had been

known and recognised by his therapist. The therapist could articulate and represent the unknown process which Michael felt viscerally.

(T)hat tearful feeling which felt much less familiar, so it was almost like it had become what I went through as a teenager. I don't know whether she knew what I was going to say when she said, "What's going on now?" but maybe she knew something was going on. But something about just it was very sad what I went through...but something of kindness or compassion that made it possible to be with the sadness... she was talking about what I'd been through but also she sort of helped me become in touch.

Michael was saying he felt the therapist 'knew' what he was feeling and in 'touching' into those feelings by asking about them, he was then 'in touch' with them in himself. This is mysterious familiarity of the body with the body of another in Merleau-Ponty's intercorporeity.

Bodily sounds and responses during sessions are sometimes interpreted as a 'dialogue' between unspoken communicative processes. Helen, a client-participant and another mindfulness/body-focused therapist, spoke of her experience with a Jungian analyst (at the time of the interview) and compared it to a body communication:

*(I)f I say something and she says something and I say something and then there's a pause and then somebody says something, if that is exactly how it is, **there will be a (tummy) gurgle or a gurgle, a first...***

it could be her first, could be me first and, you know, you can't control it, you really can't...I feel I have been understood...There's some great relief in that. I think it's kind of understood between us without it being named that we are both trying to understand and we both feel good when we have understood it. So the more gurgling and the more it is both of us and the closer it comes to the understanding, so it's like a kind of barometer.

Looking at the Helen's 'tummy gurgle' and her therapist's reciprocal 'gurgle', Ross (2000) has this to say,

Although psychoanalytic therapists often behave and talk as if their bodies are the leftover bits of the sessions, there is a particular cluster of clients who make creative use of an embodied therapist who uses messages from her senses in the context of the session. These are people who missed out on an early relationship with a mother who was able to tune in, and respond to, their infant's gestures in an attuned and in-tune way. **Their early infant was never really called to life.** The infant imagined to be what was required, not their spontaneous, vigorous alive infant, replaced it. I look to my somatic countertransference for information about these under-developed, abandoned, pre-verbal infants. The pace of work is slow it takes its toll on the therapist's body, and it demands that the therapist be in a close, intimate, and interested relationship to their own body.

(Ross, 2000, p. 465-466)

By noticing the bodily responses, it creates a different or unfamiliar way of relating, of understanding that something else is happening. The “*tummy gurgles*” between Helen and her therapist were calls to connect to something enlivening.

The client does not have to have a mindfulness practice to detect bodily reactions to what is happening in the session. Anna (participant no.2) recalled this:

*She's not quite sure how she feels, and I often tune in to what I'm feeling, and I'd say, 'I'm picking up a lot of fear here.' And she really likes that but she doesn't accept it immediately. 'Yeah, I think you're right.' **So she has learnt to use me as somebody who can describe the emotions.***

When asked about change or any shifts in the therapeutic processes, both groups of participants expressed felt memories and experiences with another person in mind. This could be seen as a co-created process whereby the therapist's stance of intentionality merges path with the client's desire to change. The therapists were assessing if they'd facilitated the client process, questioning if they had done enough and deliberated on what else could have been done. The therapist-participants were surprised they were still able to tune into a felt resonance of the embodied remembering. Therapists noticed changes in the way they thought about their work. When the client-participants were talking about their therapeutic experiences, they were remembering with their therapists in mind.

In an online workshop by Bonnie Badenoch on her book, “Being a Brain-Wise Therapist” (2011), she spoke about her clients getting a better therapist out of her after her work with previous clients. Westland and Shinebourne (2009) commented in their conclusion on a study of therapists’ reflections on their experiences that, despite recalling their frustrations and other difficulties during the research interviews, the therapists reported being more positive and constructive in their subsequent work. In the debriefing after the interviews, the therapist-participants in my study reflected that it had been beneficial for them to think about their client work in light of what was discussed.

These felt moments of remembering an experience with either the therapist or the client in mind could be seen or identified as critical moments of change. The embodied memory of being ‘touched’ by the presence of the other in mind would seem to be a felt shift.

4.8 Main theme no.4 - Change is an active being-with

This is an active remembering of an event with the other in mind. In phenomenology this is known as appresentation, a Husserlian view where the intersubjective experience of remembering the other is intentionally implicated and made meaningful (Owen, 1995). Such intersubjective learning becomes embedded in memory and forms the basis of the connection between the past, present and future.

The therapeutic co-created relationship is the experience of the intersubjective was classed as a code that exemplified various descriptions by the participants.

Dean described the intersubjective as a spatial field created within the boundaries of psychotherapy.

We are emotional beings, we constantly read each other's emotions.

There's a field between us which we share, it's intersubjective and we can monitor that if we have enough sensitivity in our own

bodies. Sometimes it's really clear. Most of the time it's quite subtle and sometimes just something kind of forces its way into the surface of consciousness and you think ah yes, I'm feeling this. You can always ask the other person whether they're feeling it as well and sometimes that really helps.

Change does not appear in isolation, it happens in relation to someone or an event, it is an interdependent process. What was recollected by the client-participants appeared to be subjective but it was recollected with their therapist in mind. The affect of the other within the field of presence was experienced as a visceral response that fed into a meaning-making narrative. Eleanor (participant no.10) said it wasn't a shift but that there was a different relationship to her emotions. Her difficult feelings and emotions didn't disappear but she became aware that they came and went. Her therapist "*allowed her to do it,*" and in doing so, enabled her to have a kinder perspective of her difficult feelings. This allowed her to relax and sleep. Finding a joint relational process with her therapist to the "*rise and fall*" of difficult feelings and emotions, helped Eleanor to relax.

Although they were asked during the interviews about something that happened some time ago, in their remembering the participants responded with some bodily affect. Eleanor spoke of her realisation and relationship to pain in her therapy.

*I definitely felt calmer, more secure, more at peace after the end... and that allowing myself to sit with my emotions and be honest about them to myself... however unpleasant they are, or because they're unpleasant. There's no other option...I felt like, '**There is nothing else you can do.**' You can't cut them out. You can just be with them. Doing that with somebody else allowed me to do that, in a way that I wasn't able to do that on my own.*

After her therapy ended with Anna, Eleanor wanted to remember their work together and found a way of 'being-with' Anna by going on a retreat. This seemed like a form of active change, in which recollecting an experience of change became another shift of experience.

*I went last summer and did a Vipassanā retreat and that felt like a very good way for ending my therapy as well...**bringing ownership of the things we'd done together and using another outside influence to bring them to something that I can do on my own.***

There is a dynamic approach to looking at Eleanor's experience of therapeutic change. The effects of understanding her relationship to unpleasant emotions and making subsequent decisions to take ownership of the therapeutic shifts

also appeared as physiological signals over time. Tschacher & Meier (2020) found and analysed physiological signals of therapist and client to detect signs of physiological synchrony which could be non-verbal synchrony observed in the inhalation and exhalation of therapist and client. They also discovered the mean duration of the observed breathing synchrony to be 5.3 seconds and they also found the longer the duration of the breathing synchrony, the better the therapeutic alliance as rated by the client (Tschacher & Meier, 2020, p.112). Tschacher (2020) proposes a quantitative dynamic framework from which to study psychotherapy as a process in time; learning in “the guise of adopting new behaviours, new emotional responses, and cognitive insights, or in the guise of unlearning problematic behaviours, emotions, and cognitions” (p.104). It is not beyond the realms of possibility comparing these moments of breathing synchrony to moments of meeting by breath. In these few seconds of meeting or a form of active being-with, the dynamics of what Tschacher (2020) calls “high-resolution timescale” can yield promising insights into present moment consciousness or now-ness consisting of a moment of a few seconds, as Stern (2004) has stated. I would argue that Eleanor’s remembering of an experience with her therapist during our interview where she was visibly emotionally affected could be viewed as physiological synchrony in retrospect.

Michael, the client-participant, described the moment when his therapist spotted something he was doing with his body that he was unaware of. This was a recollection of being noticed, being held in the relational field and being-with.

(T)hey just say, “What happened just then?” and it’s more like I’m aware that I was doing something to not go deeper but somehow the

therapist spotted it...it was something I was doing with my body or where I was looking. But there have been times when I've then felt tearful... strong emotions kept at bay by apparently small actions like a way of holding body posture.

What Michael was describing was an expansion of his interior space brought on by his therapist's curiosity to be with his process, and that expanded space allowed in the imprint of the therapist's presence, and also his "*strong emotions kept at bay*". This expansion of space is a form of the experience of compassion where identities become less important. He went on to say:

I suppose there's a simpler way of looking at it. Kindness made it possible for me to be sad. Nothing shameful, just sad, was the kind of shift.

One could also say the therapist's compassion enabled him to look at what he had shunned. Compassion can come from being-with another's pain or distress. It comes with an expanded sense of inclusion. This notion needs expanding especially in the context of the talking therapies and the use of language. For Merleau-Ponty, language is intertwined with body, it is universal in that it "is the voice of no one, since it is the very voice of things, the waves and the forests" (Merleau-Ponty, 1968, p.126). When one speaks, the body is also communicating to other. The communication may feel personal and singular but by being understood by the other, bodies are recognising the commonalities between each other. The speaker 'touches' the other with words and is also 'touched' in the process.

Compassion can be seen to operate in this way - the therapist's body is being with, relating to and empathising with the client's body in distress and pain - it is not about taking away the discomfort or unbearableness of the pain or distress.

Teresa, who ran 8-week programmes on mindfulness the NHS, gave her observations on the cultivation of compassion in these groups. Compassion is a felt expanded being-with in a space where identities are suspended.

There are no sessions that teach you cultivating compassion...as a group we are going to connect with compassion.

From Teresa's description, the individual differences within the group cannot be ignored; the compassion is the space between bodies that they could "choose" to be in only by recognising the limits of their bodily existence.

I interviewed Jess, a psychodynamically-trained therapist, as a psychotherapist-participant. However, she gave an account of her experience as client that I felt was not only relevant to my research questions but I felt my chest expand when she was talking about it. Her experience of being touched by her therapist, touched me viscerally. Below is an extract of that account of how being-with her therapist in an unexpected situation affected the therapeutic relationship profoundly.

I am in psychoanalytic psychotherapy, I don't touch the therapist physically. So she has never touched me physically and I've never

touched her... after one (particular) session, I left the building and she was in the café opposite, and I decided I wanted to let her know that I'd seen her. She was ordering a coffee at the counter and I came and stood next to her. She was talking to the person...but she also didn't want me – I think – to feel that I was being ignored. So while talking to the coffee person, she slightly turned and she touched my arm with her hand and it was so transformative for me... it reminded me of Michelangelo and the Virgin and Child. There was something about the way that she turned towards me...she didn't say anything, it was just the gesture. And it was that turning to include me while talking to somebody else, and it was hugely powerful and I felt absolutely scooped up by her and within her physical curtilage, within the ambit of her.

The bodily felt sense of being slightly touched was a moving experience of being-with the therapist. Jess's subjective sense was infused by an active being-with that brought to her mind Michelangelo's Mother and Child. The intersubjective experience expanded to that of being held by the archetypal mother.

The experience of the intersubjective appears to be the experience of change. Jess said later in her discussion with the therapist, *"I felt very loved by the therapist"*. Although it will not be known how the therapist experienced this meeting, Jess experienced the therapist's 'touch' as caring and loving. The experience of the intersubjective presents a different perspective of the relationship to the other. This could be construed as change.

When these interviews were conducted in 2018, the majority of therapists were not doing online sessions and those who were offering them were doing so mainly because their clients were in a different geographical location from them. Belinda, a body-focused and mindfulness-based therapist with a score of 27/40 in her practice questionnaire was one such therapist and she had to find an embodied sense of connecting virtually with the client.

There's more of a stillness online which is really interesting and again that's only coming from the body, it's not really coming from what you're actually physically hearing.

Phenomenologically Belinda could only rely on her own subjectivity, an embodied experience to listen to what was said as the bodily cues would not be as visibly or as easily sensed in an online session. One could say Belinda was more tuned into her own subjectivity where she was in a different environment spatially and temporally. It is still difficult to ascertain in which way would therapeutic dyadic therapy be affected by the prevailing changes in the medium of meeting.

Dean explained that 'being-with' moments are memorable but not always transformative. In the passage below he described how he felt after an intense exchange with the client.

(I)t was just like both of us stepped out of roles, both of us knew each other so well. It was a lovely moment. But that is not what's going to

stop her falling into the habitual holes of suffering. It was mutual, it was a mutual meeting and it was highly enjoyable, but I still don't think that at the end of the day that is that transformative.

I would argue that it is not always possible to know what is or isn't transformative for clients in the aftermath of therapy. Also to reiterate, my research questions are about looking for the embodied experience of momentary shift within the therapeutic context. I would argue that such moments as described by Dean could be about affect regulation. Mindfulness therapies help clients to let thoughts emerge spontaneously without conceptual self-judgment and to recognise that these thoughts come and go. As dynamic experiences, this movement of thoughts questions the notion of fixed views of self-identity (Fresco et al., 2007; Gillanders et al., 2014). It is beyond the scope of this research project to look at transformation in behaviour after therapy has ended (except for the therapist-client match in Section 4.7 below).

Change is felt in the body as clients experience the presence of the other as being-with. Marratto (2012) interprets this being-with-other as a living movement, a Merleau-Pontian temporalizing experience of "situated subjectivity" (p.34). This implies an experience involving the fluid dynamics between time, space and sensation in the presence of the other.

The sense of being-with does not rely on the comprehension of words alone as Florence attested:

*I notice in my body I feel really... my left arm feels really scrunched up," she'd just look at me like I was mad but then we'd laugh, we'd talk about becoming bilingual or how is it that **I'm sat here talking a language of a body and you are sat there talking the language of the mind.***

It is an assertion that our bodily senses have a language without words, i.e., the body communicates in pre-linguistic forms. We flinch from abrupt pain, we contract under threat and we move (or expand) towards connection. One is 'touched' and is also 'touching' the other in the same therapeutic space. Even without realising it, there is movement in therapist being-with client. It is when a 'touch' brings on an unfamiliar experience, a felt meaning is created. I would suggest that this a critical moment of change.

4.9 Main theme no. 5 - Embodiment is the co-experience of sameness and alterity (otherness)

The intersubjective relationship co-created by therapist and client is experienced by both in differing ways. It could be reflexive learning for the therapist in considering a modified way of feeling, behaving, speaking and thinking about the client. For the client, there exists an internalised relationship with the therapist as well as an external one within the therapeutic space. The intersubjective body of experience includes sameness and difference. The therapist and the client in a dyadic space create an intersubjective experience that includes equivalence and heterogeneity.

Andrew related his thoughts on an experience of charged bodily feelings in this dynamic tension:

*Moving away from this notion of challenging thoughts which is where you get stuck in this fight with a thought, and I think it's much more moving towards that notion of changing your relationship to the thoughts, so actually just allowing them to rise and pass. If someone is angry and frustrated, the frequency, the timbre of voice, everything is going to shift slightly. I **think to try and separate it into the client or yourself is a kind of false dichotomy really. If one of you becomes agitated and frustrated, that's going to be communicated as much in body posture and voice... I think you can only do that if you are tuned in to the other person and, by definition, yourself.***

This was another code, 'If you're turned in to yourself, you're tuned in to the other' that represented much of what therapists were saying in trying to understand their patients. This often brought up tension created from holding on to one's thoughts and noticing the dynamics of difference to other. Andrew was describing an experience whereby he was "*tuned in*" to the patient and was aware of the tension that was produced in him. The tension gave him cause to reassess his response to the patient. In a way, Andrew was saying he could make sense of what the patient was going through by questioning his own thoughts or his relationship to his thoughts.

Anna expressed succinctly the client's realisation that Anna did not necessarily hold the same views, i.e. Anna was not like her and could not be the person with the characteristics the client had in mind:

(S)he had to kind of forgive me for not being exactly what she wanted.

According to Legrand (2020), if and when an adult experiences her own body in synchrony with another's body, she will experience the other body as her own. One much-cited example is the well-studied rubber hand illusion (RHI) (Botvinick and Cohen, 1998) where a subject watches a lifelike rubber hand while one of the subject's real hand is hidden out of sight, the experimenter strokes both the rubber hand and the hidden hand, the subject feels the rubber hand as her own. For Lacan, the boundary between oneself and another is not a given but rather a construct of felt sense that is changeable, vulnerable and permeable and has to be reconstructed constantly through speech and language (Lacan, 2002). Legrand (2020) expounds, "We cannot be subjects without being singularized, we cannot be singular without being plural, we always need to rebuild boundaries, we always suffer their rupture and we always need to build them again, we always need to renew our bodies as limits between one and another" (Legrand, 2020, p.52). This does not dispute Merleau-Ponty's intercorporeity but Lacan adds that bodies are at mercy of language as it cuts off bodies from the impersonal and the unknowable shared flesh which is painful and unbearable (Legrand, 2020).

Mindfulness as a phenomenological paring back of experience focuses on the sentience and the sensible that bear the wounds, and not the wounds *per se*.

Teresa understood her own “triggers” to formulate a modified response to an angry client:

When clients (are) experiencing high emotional arousal, I feel that I react the same way...I can feel that there is a lot of sense of aversion in my body, and then I realise...that there's something I don't like in here, something triggered in me...I know that I am grounding myself.

Teresa experienced “aversion in body” as a message of emotional difference and a way to tolerating the encounter was to find a grounded bodily response to hold the sameness and difference in the co-created intersubjective.

Belinda spoke about a couple she worked with. Couples therapy is one field where it becomes evident that in order for the couples' relationship to survive, there is a necessity for sameness and difference to be recognised and held by both partners. Belinda described a session where she got a couple to talk about what was shared:

I asked, “What was the emotion that comes out of him bringing the bags up the stairs for you?” and I think she just said, “Love”. I think she started crying at that point... her describing him lifting her bag up the stairs and from that session onwards she started saying, “I

now want to work on this relationship and I want to try and make it work.”

Belinda went on to say how she felt after this particular session, an “*expansiveness kind of feeling in the chest*”. The couple’s problems did not vanish but in Belinda’s felt “*expansiveness*” there was more space for differences, and a willingness to stay together. Nancy (2008) insists that “bodies are differences” (2008, p.152). What he is proposing is that not only are bodies different from one another, they exist as limits to the other and bodies become processes as the limits are challenged in interactions between each other (Legrand, 2020). In Belinda’s couple in the excerpt above, the act of “*him lifting her bag up the stairs*”, permeated a border between them and their bodies were pulled into a different shape to each other, for a while.

Essentially there are two bodies reflecting each other within a perceptual field in the therapeutic dyadic setting; it involves temporality and meaning-making. For Merleau-Ponty (1945; 2012), the act of reflection is one that is made on an unreflected experience and consequently changes the structure of consciousness. As one of the aims of psychotherapy is to promote self-understanding and autonomy (Callender, 1998), it is conceivable that the reflexive nature of therapy engenders change.

Jane, a client-participant, elaborated on a rich, imaginal and perceptive way of experiencing the extraordinary in her everyday life. She would bring experiences that defied explanation to her therapist. Her therapist made a point

of neither agreeing nor offering her explanations after she told her therapist about a ‘*supernatural*’ experience:

(S)he didn't say it in a nasty way, she said it in a very ordinary way, and by making the extraordinary ordinary it allowed me to live in a much more extraordinary universe.

The intersubjectivity that is coming through from the data is a field of co-presence. The phenomenological sense of one's embodiment gives space to a non-self identity as well as an opening to the presence of other. This also, according to Marratto (2012), gives rise to the experiencing of the body as one's own along with a reflective expression of being-with-otherness. This field of co-presence in intersubjectivity provide understanding and tolerance of the behaviours of others.

In varying ways, the participants have recollected moments where each experienced the other in similarity and in difference. Intersubjectivity is co-created within the therapeutic setting. These could be interpreted as moments of change where the experience of sameness and alterity, the familiar and the unfamiliar, are co-created by and in both therapist and client.

4.10 Overarching themes

4.10.1 The moving body

The body is in constant movement even if we are not aware of it. There is constant bodily sensing of other and movement in the therapeutic

relationship. The first two themes of 'The body is a barometer' and 'Mindfulness is not psychotherapy, it's a return to the body', represent forms in which focus and reflexivity are levied on the body's movement in order to cultivate autonomy and awareness. Movement and motility which is self-initiated movement, refer to the body's capacity to organise behaviour and communication meaningfully (Levin, 1985).

The mindfulness practices in the contemplative questionnaire included manualised body scans, sitting and walking meditation, breathing exercises and mindful reflections as daily tasks. One therapist even used the tango dance as a mindful activity! Phenomenologically they are practices of a return to the body of authenticity which is to say the practices are employed to monitor the bodily felt sense or felt meaning (Gendlin, 1973). These implicit bodily experiences have engendered terms such as "implicit relational knowing," "unformulated experience," "sub-symbolic process," and "the unthought known" now commonly used in every school of thought in the fields of psychoanalysis (Preston, 2008). What appears to be experienced is that the bodily felt sense or implicit relational knowing 'moves' in-between meaningful interior spaces. The body moves towards meaning in relationship.

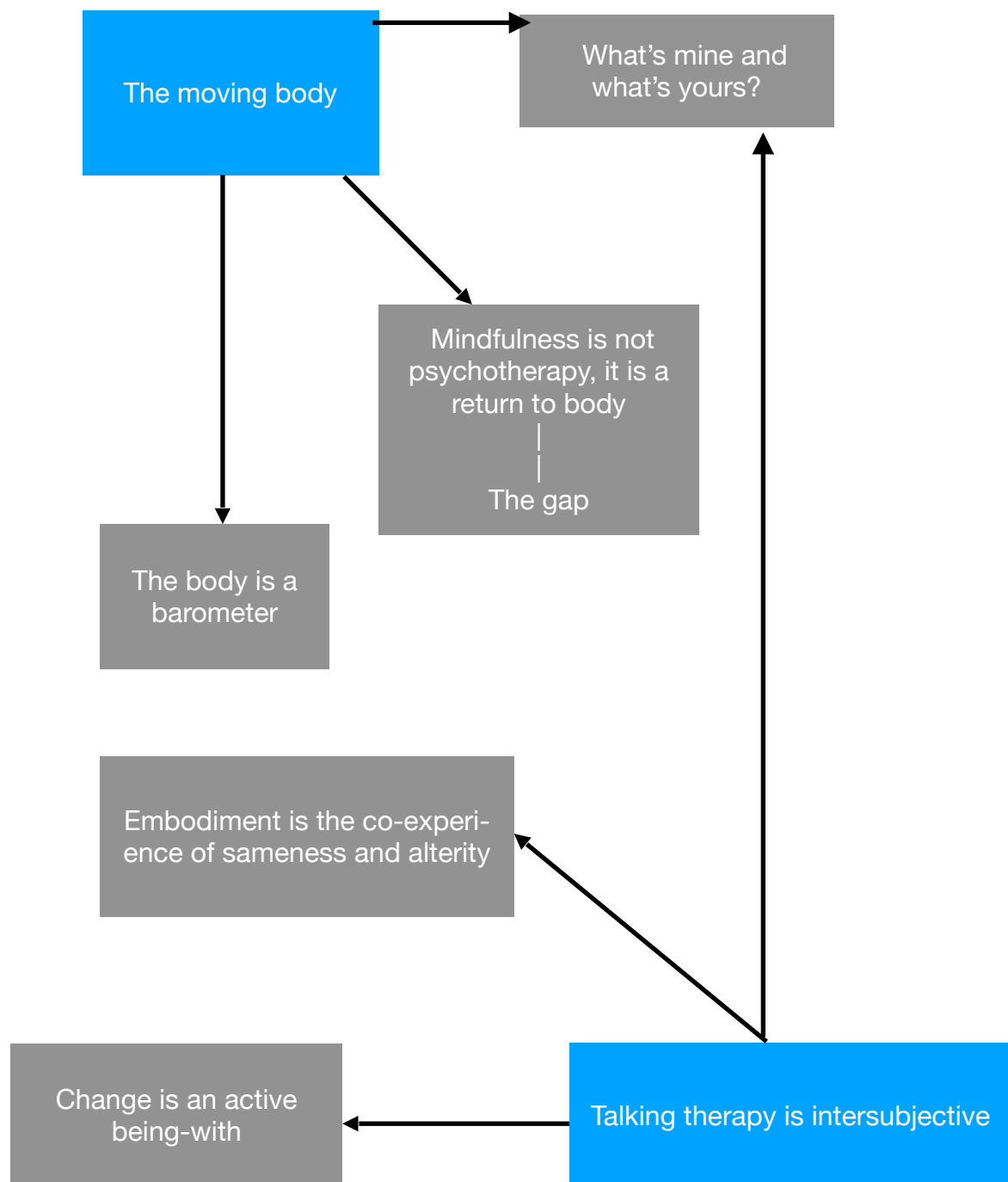
4.10.2 Talking therapy is intersubjective

Talking therapies can happen in dyads, triads or groups. The therapeutic structure enables and generates a relational field and context for communication that transcends language. Silences, face-to-face encounters, body gestures, embodied presence all have a part in the shared creation of the intersubjective. This overarching theme covers the main themes of 'Change is

an active being-with' and 'Embodiment is the co-experience of sameness and alterity'. It can be adduced from the body's movement towards relationship that the third theme of 'What's mine and what's yours' could be appended to both the first and second overarching themes.

The intersubjective, according to Merleau-Ponty, is an expressive knowing of the body which subtends the experiences of others (Marratto, 2012). This means that although the body's expressive awareness is instrumental to the experience of the other, the other can never be fully present in the experience. This is an experience of the intersubjective co-created with some knowing of the other within the expressive knowing of one's embodiment. It's a relational experience of the other within the context of time and space. The therapeutic co-created relationship is the experience of the intersubjective. Irrespective of the therapeutic approach, the intersubjective therapeutic relationship is seen as revelatory of the process of therapy.

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Figure 2. The overarching and main themes

4.11 On the psychotherapist and client match to illustrate therapeutic change within a known dyad (a phenomenological view)

This is an account of the therapy that Eleanor had with Anna for a period of ten years. Anna did not mention Eleanor at all in her interview with me but Eleanor talked about Anna as her therapist. The summation of the efficacy of the therapy outcome can only come from Eleanor's recollection of her time with Anna.

Anna is a mindfulness-based and body-oriented experienced psychotherapist who has been practising meditation and other forms of contemplative practices for more than 30 years. This would place her as a long-term meditator with more than a thousand hours of practice, whereby neuroscientific studies suggest that this form of attainment of a higher-order awareness augments sensory and perceptual processing without proliferating the narrativising affliction (Section 1.2, p.15). She explained the importance of her practice, "*I kind of got to know myself through meditation, so I got to know my feelings through the body scan and what emotions are there, and processing difficult feelings... in the mind and body can work very well together.*" Anna was in no doubt that her established contemplative practice contributed to her mature development as an individual and as a psychotherapist. She felt, "...**rooted in her body.**"

She would often start a therapy session with a short guided meditation and ask a felt sense question, "*Is there a word or an image or a phrase that describes how you feel right now?*". This exercise lasted about five minutes and had the

aim of getting the client to be bodily aware, “*Sit comfortably, and just notice your breath and notice how it is to be here.*” The intention was to bring clients to a place where they would be more bodily aware of sensations, the space they were in and who they were with. With clients who did not want to do the short meditation, Anna asked how they were, “... *follow where they want to go. Try and bring them back to, ‘What does it feel like?’ Sensations.*” Even without physical touch, sensed contact is experienced as the body is made up of sensory organs that detect, modify and condition impulses that flow between the individual and their environment. In the earliest collection of Buddhist discourses in the *Pali* Canon, all human knowledge including perceptions and mental or psychological impressions have sensory origins (Peacock, 2018). Besides the sense organs of the eyes, nose, ears, tongue and skin, the mind is also seen as a sensory organ that thinks and thinking is conceived as ‘touching’ with thoughts (Peacock, 2018, p.163). One could say that as a therapist in session with a client, Anna’s contact consciousness was created by her sense doors of seeing, smelling, hearing, and thinking in being with the client in the therapeutic space. This consciousness is intentionality - to be with the client in an embodied way. She elaborated on the process, “*So fostering relationships, there’s attunement, and just trying to get a sense of the client*”. This is the intersubjective that is co-created with the client in mind.

Eleanor sought therapy because she was “*feeling desperate*”. She did not know much about Anna’s approach and the short meditation at the beginning of the session was an introduction, “*That left a very strong impression right from the beginning of how important that was, how challenging that was, how revealing it was*”. When asked what it was that she found challenging, Eleanor

explained, ***“The way I cope or coped with a lot of my issues was to just drown myself in other occupations...to not let myself think about things, and not let myself feel things...it was more sitting still and just seeing everything rush into my brain, all my thoughts, and that made me realise how much I was avoiding things and how chaotic.”***

Later, Anna also introduced a short ending exercise during the course of which she asked Eleanor to come into a felt sense of the session. She would ask, *“Are you left with any word, phrase or image?”*. The felt sense was a way of integrating what was discussed in the session by inviting Eleanor to leave the session with an embodied sense of the experience. The intention of Anna’s approach was to direct Eleanor to come into an awareness of the state of mind and body to start with and to end with a felt sense of the session. This represents a practice whereby the body is ***“tuned like a tuning fork”*** and it is sensitised to behave like a ***“barometer”***, monitoring environmental stimuli that leaves an impact or affect on the sensorial faculties.

Anna would guide Eleanor by asking, *“Where are you feeling that (in the body)?”*. This led Eleanor to connect her cerebral narrativising to her bodily and the sensory reactions. *“For me I found it useful trying to describe as if it was... through just going through images, that I felt could express my feelings... where physically in my body am I feeling that, if it’s pain or anger or different. But I remember one of the images that stayed with me was to do with my feelings... as if I didn’t have skin and that my innards and my organs were exposed. A lot of the images would end up being around flesh or the body.”*

Over time Eleanor felt she “*battled*” with the process like she was “*fighting with her emotions*”. What she took away from this process was that, “... *I’m very in my head and not in my body, and that I wanted to be more in my body,.. was to kind of cut off the body... either sleep deprivation or binge eating, or things where I’ve disconnected with my body.*” She recollected, “*I’d had a breakdown when I was 21...I just went out every day and walked. I walked for a couple of months. That knowledge that the physical is curative.*”

Eleanor made the link that it was her sense of disconnection from her body that led to her sleep deprivation and binge eating. The embodied recollections she had of Anna’s responses were, “...*(I) was very aware of that sitting together and holding something...that it was being shared and being held by her*”; and “*something was poignant for me, or difficult, I felt a resonance in her expression and her body, all over*”.

For Eleanor this was an experience of Anna actively being with her, “*Doing that with somebody else allowed me to do that in a way that I wasn’t able to do that on my own...release of a physical tension... I’m suddenly tired.*’ Almost like I want to go home and sleep now because I feel like I can sleep.”

Anna used her embodied presence like a “*barometer*”. The question that helped Anna identify the emotion in one client was, “*What am I sensing (in my body) here?*” This subjectification is an act of recognition of the impact of the client on Anna. One could say this process could not happen without the client. The client’s experiences ‘touched’ Anna . (To reiterate, there is no indication from Anna that the client talked about here was Eleanor). Although the client ‘used’

Anna to identify her feelings and emotions she couldn't name in herself, Anna was also told by the client that she did not always express it adequately or was not precise enough with her words. This client felt held by Anna's embodied presence but was disappointed by her lack of precision with the use of words. Anna said at this point, "***She had to kind of forgive me for not being exactly what she wanted.***"

Eleanor described her differentiated experiences with Anna in this way, "*We are individuals. We are lonely passengers in life... given my upbringing and childhood, it just felt like I was being listened to properly, fully, not just the words. [Tearful]...To genuinely feel that you are exposing yourself and that that is accepted and just held. It's like being embraced. We very rarely had physical contact but it felt like physical contact in that sense. It felt like being hugged, or like a child would...felt very un-judged. The feelings were just of acknowledgment.*"

The therapist and client are two 'selves' and two 'others' in this intersubjective consciousness.

From Eleanor's description, she and Anna were in a co-created space where certain feelings and emotions were shared although it would be impossible to say that they were thinking and feeling in the same way. They were both describing the experiencing of their bodies and minds in their respective intersubjective states. It is possible that, in these intersubjective states, a different perspective is created towards a past psychological disturbance.

Eleanor said of the therapy, ***“I felt that caring. I felt like I was cared for”***.

Eleanor felt cared for in an *“intimate”* and *“special”* way *“because they’re willing to try and embody your emotions”*. This could be seen as a form of co-affective regulation. Co-regulation is about the mutuality of the affective relationship which indicates learning for the therapist and healing or therapeutic change for the client (Badenoch, 2011).

Eleanor had talked of *“being held”* in the therapy and, when asked to elaborate, responded:

The encouragement from her was to try and stay with (a feeling) and rather than cutting it off or blocking it, let those emotions run its course, I’m normally avoiding these emotions... I was very aware of her being there and her waiting or holding....The most obvious would be if she was actually tearful or I felt a resonance in her expression and her body.

Eleanor’s sadness was visible in moments during the interview when recollecting feeling, *“hugged”*, *“embraced”* and *“calmed”*. Eleanor was still able to experience the sense of the embodied states brought on whilst thinking of her sessions with Anna. Eleanor responded with, *“So, often, interactions with my father...often feelings of particularly of being angered or ashamed...**So my memories are of looking at her across from me and in that moment saying, ‘Let’s just sit with this.’** For me, the point of that process was that there’s a flow and a peak of emotion and you come back down. It’s not like an epiphany. For me, I didn’t experience it like a change or a shift in perspective,*

but it's more that I, 'Okay, that's done now... the emotions have subsided, but not because I have ignored them, but because they've run a course.'

Eleanor's memories of, "...looking at her across from me and in that moment saying, 'Let's just sit with this...'" was a point of contact or meeting where she was with an emotional process in Anna's embodied presence. Levinas (1969) speaks of the face-to-face encounter as indicative of the contingency of human existence. A person is affected by the other's expression and bodily posture before she is aware, the face-to-face encounter 'interrupts' this process and signifies with or without words, "Do not kill me" (Berto, 2019). According to Levinas, this encounter both compels and summons and only from this can an ethical intersubjectivity be evoked by the presence of the other to interrupt or bring about change (Morgan, 2007). This makes Levinas' existential phenomenology of the face-to-face relevant to the contemporary ethical relationship that is subscribed to in psychotherapy.

Eleanor remembered after this exchange, *"I definitely felt calmer, more secure, more at peace...and that allowing myself to sit with my emotions and be honest about them to myself and acknowledge them, however unpleasant they are, or because they're unpleasant. I did come to a place where I felt like, 'There is nothing else you can do.' You can't cut them out. You can just be with them."*

Levinas (1969) writes about the interruption or rupture in the face-to-face encounter as a 'discontinuity' in the inner life historicity which gives rise to the birth of an ethical intersubjectivity that affects change. Could this interruption be

compared to the *“insertion point”* and *“the gap”* where change happens in the reflection before action?

It was enough for Eleanor, *“...that sensation of having a shared emotion...a constant in therapy... I felt like I was cared for.”* Towards the end of the interview as if summing up her relationship with Anna, *“I think there’s an intimacy...it feels like you’re special to them and they’re special to you... because they’re willing to try and embody your emotions.”*

Anna did not leave her with a finished product but with an increasing capacity to situate herself with an embodied awareness and autonomy in the lived-process of being human.

If there was any moment of meeting between Anna and Eleanor, it could be expounded by what is meant by a “co-temporality”, the therapeutic experience of a shared present or mutual co-experiencing of certain emotions.

Fuchs (2020) writes that “...body, time and intersubjectivity are equally interconnected” and a “co-temporality” of a shared present where these three existential dimensions converge in “the here and now of the encounter, through attention on the interbodily resonance, last but not least through mindful listening...is the core of treatment in the therapeutic encounter” (p.33).

Fuchs’ definition of “co-temporality” demonstrates the complexity of the shared experience of a moment where the intersubjective is co-created through “interbodily resonance” providing a form of affect regulation in the process.

4.12 A reflexive summary

Using Reflexive TA as a recursive method of engaging with the dataset, a structure with two arching themes spearheading five themes and one sub-theme was assembled in Figure 1 (p.164). The reflexivity involved was also derived from my embodied and mindful stance as a researcher and a psychotherapist. This procedure was further enhanced by a phenomenological approach to reflexive bracketing which called for a suspension of my 'knowing' and certain assumptions about therapeutic process. During coding, theme development and data analysis, I became aware of the times when I used the data to confirm my theoretical orientation and directly used that awareness as a signal to bracket my 'knowing' and bias. Returning to my embodied reflexive 'unknowing' stance was unnerving but it also enlivened my curiosity in being led by the data.

From the data analysis, it could be interpreted that these critical moments recollected in therapy were instigated by an experience of being 'touched' by the presence of another body and/or a thought or memory of other. As a sensory organism, the human body is 'touched' whenever the senses of sight, hearing, smell, taste, touch and thinking are invoked. These recollected or felt critical moments do not appear in isolation but are situated in and along a continuum process which could be construed to be encapsulated in the themes. This will be further elucidated and discussed in the next chapter.

Chapter 5

Discussion

This study examined the embodied experiences of critical moments of therapeutic change from the positions of both psychotherapist and client. The research questions were developed to examine these positions.

1. How do psychotherapists bring their embodied presence - cultivated through mindfulness practices - to identify moments of change within a therapeutic context?
2. How are moments of change determined by intentionality, desire for change and the embodied reflexive stance in both therapist and client?
3. How do these moments of shifts manifest experientially in the body?

The discussion follows on from the themes generated from the analysis and reflexivity, and their relevance in addressing the research questions.

5.1 How do psychotherapists bring their embodied presence - cultivated through mindfulness practices - to identify moments of change within a therapeutic context? (Research question 1)

5.1.1 Mindfulness as embodied reflexivity

The first theme, 'The body is a barometer' was generated from a quote of Florence (participant no. 6), "*...when I'm sat with clients, my body is a barometer*" (see Tables 3 & 4 for participant numbering in Section 4.4, pp.118-119). This could be construed as the intentionality of the body's

consciousness directed at the client-object. Violet (participant no. 9) also expressed that the body as a barometer “*is communicating all the time*”. One could say that once the therapist is seated with the client, a relational field of intentionality is created around the therapist and client. The therapist is, knowingly or unknowingly, sensing and tuning into the client and the space between them. The client-participant, Eleanor (participant no.10) who had Anna (participant no.2) as a therapist, recounted that she experienced the physical presence of the therapist as, “*It felt like being hugged*”. The client’s body was also acting like barometer, sensing the non-physical touch. This could be identified as a critical moment of change (Section 1.3, p.21) and a felt moment of embodied shift. The felt experience of “*being hugged*” by the therapist’s embodied presence was a moment of recognition of a different response to a body memory. Fuchs (2021) defines body memory as consisting of “the repetition or reenactment of what has been experienced, learnt, or habitualized, without the past being still remembered as such. It comprises all the individual’s capacities, habits, and dispositions, which are actualised automatically, without explicit intent – it is our lived past” (Fuchs, 2021, p. 16).

All the participants had been asked to remember moments of felt change from their body memory of what happened in the therapeutic encounter. These remembered moments would have changed over time and space since they occurred and because they had been remembered, they would have been embodied. One such moment recounted by Teresa involved a bodily response to the client, “*I felt that sense of connectedness at that moment...he realised... that I meant well for him.*”

These remembered critical moments of change cannot be recalled or recollected as something that happened in the past; rather, they are recounted as remembered in the present moment. In this way they have been embodied and moved from the past to the present. Mindfulness as embodied reflexivity remembers the present as the temporal past and future. Fuchs (2021) calls this a form of embodied temporality which is interposed by body memory.

There were also the therapists who set their intention right from the beginning of the session with a short meditation, directing their bodies to tune into the therapeutic space. This was also a way for the therapists to slow down, as Andrew thus explained, “...*activating the parasympathetic nervous systems.*”

The phenomenological thinking on intentionality could be brought to focus on the therapists’ recollected observations, a client-directed consciousness that provides insight not only into the subjectivity of the therapist but also into the structure of the object experience (Zahavi, 2018). The subjective therapist along with the experience of the client-object is present with the temporal past and future in the therapists’ accounts of therapeutic process. With the presence of the two bodies in the same space, the therapist’s intentionality sets to respond in an embodied reflexive way that is about assessing and reflecting on the client’s presentation. Embodied reflexivity is seen as an innate feature of embodied existence and could be said to be enhanced with mindfulness. The SEEKING system (Wright and Panksepp, 2012) could be viewed as that neurological network which facilitates reflexivity to thrive and flourish in the lived body (Section 1.4.3, p.36). In other words, the embodied presence of the therapist motivates the client to seek and experience enthusiasm.

From the contemplative practice questionnaire scores, it could be deduced that all the psychotherapist-participants have an established sense of embodied reflexivity through their various practices in mindfulness and meditation. The use of mindfulness as embodied reflexivity is regarded here to be the practice that reveals the “noematic senses”, the intentional mental process of the building of the smallest units of meaning directed at the object of attention (Owen, 2013, p. 2). This has the effect of expanding awareness and developing the ability to focus and accept experiential evidence on different observable phenomena in time and space. Through practising embodied reflexivity, parts and wholes of our consciousness experiences become the “phenomena of phenomenology” (Owen, 2013, p.7). The reflexive stance is describing what is found or sensed and making interpretations of what appears. This makes the body a micro-detector instrumental to tuning in to subtleties of experiences.

This is the reflexive stance adopted in the analysis of the data. This form of reflexivity is also about the learning or subjective shift of the researcher (Section 3.5.1, p.100). It is for this reason that the use of the first person pronoun is used to relay and reflect on the findings.

The phenomenon investigated in this study is the experiencing of moments of shifts as recollected by the participants. Using the mindfulness practices as a reliable function of interoception, the experience of therapeutic change is recollected as an embodied sense of a shift of awareness. This shift of awareness signifies a shift of consciousness with intention. In phenomenology, intentionality is consciousness manifest in relation to its objects through sensing in the forms of remembering, recollecting, anticipating and imagining.

The acts of remembering and recollecting each participant during the data analysis process were viscerally experienced. Even as I write this chapter, in thinking about the codes and themes, I am also thinking about the participants. I notice that I experience an expansion in my chest as if there is a need to take in more air and to give it more internal space. This is a present moment recollection of an experience of being-with the participant that involved temporality and spatiality, a past memory of the interview, and the complicated writing-up process of bringing the data to bear meaning. Violet had expressed during her interview with me, *“So even as I speak to you right now, I am just tuning in to myself. It’s like become a way of being, it’s almost becoming a trait”*. This trait is also an attitudinal practice of paying attention in a mindful way. In the neuroscientific study by Singleton et al., (2021), one of the selected research papers described in the Literature Review, contemplative practitioners scored higher on the Maturity Assessment Development (MAP) profile than controls. Regular mindful or contemplative practice affects neural circuits in the brain which alter perspectives of self. This change affects interactions in worldview which in turn produce growth in selfhood development. When the relationship to the self changes, the self-related brain networks change as well. Similarly when one’s relationship to the world changes, the relevant brain networks may change in response. In outlining his interpersonal neurobiology framework, Siegel (2019) proposes that neural integration underlies emotional or affect regulation. Research conducted by Goleman and Davidson (2017) revealed “states of positive regard, kindness, and compassion are also correlated with high degrees of neural integration as revealed in the gamma wave findings of electroencephalogram (EEG) studies of those meditations cultivating a state of care and of love” (Siegel, 2019, p.232).

5.1.2 A return to the body

The psychotherapist-participants spoke in different ways of turning the body into a “*tuning fork*” through the four foundations of mindfulness of the physical body and its sensed world as laid out in *Satipaṭṭhāna Sutta* (Appendix I). The therapeutic effects of mindfulness can be adduced in the widely accepted use of MBIs but as asserted in the second theme, ‘Mindfulness is not psychotherapy, it is a return to the body’, the implicit embodied presence cultivated becomes a reflective and responsive approach to the therapeutic process. A return to the body is also seen as a return to the origins of being authentic. Being authentic in phenomenology can be described as having the three following qualities, which are not mutually exclusive: (i) the engaging of the *epoché* in an unquestioning objective world; (ii) the Heideggarian *Dasein* - authentic potentiality-for-being-a-whole; and (iii) the exertion of an embodied reflexivity to scrutinise one’s behaviour in order to take responsibility for an ethical existence.

Dean (participant no.5) spoke about mindfulness first, as an awareness practice, “*Mindfulness would make that bodily reaction process conscious*”; and then, as becoming aware of feeling tones as “*primitive bodily sensations*” like “*cells*” contracting and expanding depending on the external stimuli. The detecting of “*primitive bodily sensations*” could be interpreted as an authentic practice of returning to the body. In essence, mindfulness is about developing an awareness of the relationship between cognition and the “*primitive bodily sensations*”. This is the Merleau-Pontian relationship between the sensible and the sentient (Section 4.6, p.36). The embodied presence referred to in the first

research question can be seen to come in the shape of an embodied reflexivity that is the mindful therapist's capability in monitoring this relationship.

Violet (participant no.9) described this process as, “*(My) body is a sense of sanctuary for me, and restoration*”. This restoration presents the notion that something else is happening in the forming of new evaluative judgments to replace the reactive and harmful ones. This enables the practitioner to make discerning decisions within the context of their experience in life and work (Dreyfus, 2013).

By connotation, mindfulness has recently become a cipher that helps to slow down and calm the mind in order to disengage it from habitual, compulsive and reactive tendencies (Stone and Zahavi, 2021). Mindfulness has also been fashioned into cognitive approaches such as MBSR and MBCT in order to manage mood disorders (Murguia & Diaz, 2015).

This process where the practitioner is able to observe a space between compulsive thinking behaviours and more reflective responses is the heart of contemplative practice. The space between observation and reflection is at once the “*insertion point*” emphasised by Dean and also the “*the gap*” alluded to, by Andrew. According to Dean, this “*insertion point*” becomes an invitation to review old habits and create new reflections about past difficulties.

In the data analysis, this “*gap*” or “*insertions point*” has been compared to Levinas’ ‘interruption’ between meanings attributed to pre-conscious and intentionality setting sensations; and to the Husserlian *epoché*, a reflexive bracketing of the natural attitude.

I would add here that this “gap” or “*insertion point*” provides evidence of the body’s intrinsic health. Eleanor in her feeling of “*being hugged*” by her therapist, Anna’s presence; Florence’s client expressing, “*I felt the warmth of the sun on my cheek this morning*”; Helen’s (participant no.11) recollecting feeling understood by her therapist, “*Why does understanding feel like warmth?*” In experiencing this inherent capacity of the body as warmth or being embraced, the participants’ bodily responses became interruptions to what was previously unacknowledged. This gap involved the time taken to experience the body’s inherently sensible health. This “body time” is embodiment and temporality intertwined and thereby making change a constant of experience in the body’s directness towards the temporal future (Fuchs, 2020, p.15).

Recently, whilst I was feeling stressed and hurried, I accidentally cut off the tip of my left forefinger while I was chopping some vegetables. The cut stopped me in my tracks and the stress dissipated, I dressed the wound, and sat down to look at my finger in a big plaster. I reflected that the cut was a direct result of doing something in a hurry and yet in attending to the wound, I knew I was going to be fine. I stopped and looked at the wound and marvelled at how this wound would heal. This may be a simplistic example but it showed that interruptions - the gap experienced as “body time” - can also be moments of reflection, even in the presence of pain. This is a physical manifestation of the body’s ability to heal. Mindfulness, or the embodied reflexivity, is cultivation of an awareness of such interruptions - moments or gaps in the body’s capability

to mend. It also constitutes a call to pay attention to the wounding, physical and psychological.

A psychotherapist who is a regular mindfulness practitioner and who applies embodied awareness to the provision of therapy, also assists the client, to 'return to body' in the therapeutic process. This is the process of identifying habitual patterns of behaviour, preconceptions and assumptions adopted from unquestioned conventions. In the gap when the identified habitual acts are set aside momentarily, psychotherapists often encourage clients to associate feelings and emotions with particular, sometimes uncomfortable, sensations in the body. Looking at the first research question, can therapists bring to bear their mindfully developed, embodied awareness and presence on to the "*insertion point*" or "*gap*" when it is identifiable as such? Theoretically, yes, but it is less clear from an experiential perspective. For psychotherapists, being in the "*gap*" could mean either not knowing or being unknowing. At this point, therapists reflect by returning to the body, possibly contemplating in silence before making an appropriate response. In the silence therapists tolerate the unknown and the discomfiture of their clients, not by rationalisation, but rather by being-with their bodily responses. What underpins the process is the therapeutic approach of employing the body as a "*barometer*" to monitor the process from 'what is here' to 'what else is here.'

5.1.3 The moving body

The human body both moves and is moved literally, metaphorically and sensorially. We are sentient beings with senses that "are engaged in palpating the physical world and the world of our mental life" (Peacock, 2018, p.169). In

the same article, Peacock translates a verse from *Samyutta Nikāya* (The Connected Discourses of the Buddha, *Pali* Text editions) that speaks of touching as the origin of life experience, “Who touches not is not touched. Touching he is touched” (Peacock, 2018, p. 169).

The participants were also remembering and recollecting with other (client or therapist) in mind. Even as they were thinking about the past, they were remembering in that present moment of answering the interview questions. They have ‘moved’, their bodies have ‘moved on’, their recollection of the experience has also ‘moved’. We cannot be other than bodies that move.

Both groups of participants talked about the embodied changes they have experienced, either from being in therapy, or from regular contemplative practices. From the data and the themes, it would appear that the main purpose of developing an embodied reflexivity is to challenge the relationship to thoughts and a rigid way of thinking. For Violet, “*The body is always communicating*”; for Dean, “*...it’s not about the emotions, it’s about the relationship to them*”; for Catherine (participant no.4), “*All of the treatment with the client is relationship*”. The meaning attached to emotions and certain thoughts change in relationship to the other. Overthinking is seen as a denial of the sensate body. In being reflexive, the notion is of observing the body’s relationship to thoughts and of allowing them to rise and pass without necessarily insisting on their truth or meaning.

In being sentient, the human sensorium acts as an interpreter of contact made through any of the bodily senses. Sensed contact or touch includes acts of

remembering and thinking where felt meaning is attributed to the memory of an event or person brought to mind. In being reflexive or mindful about sensed contact or touch is also about learning that the meaning attached to any sensed contact is not fixed but mutative. This is the interdependent nature of phenomena as understood in the Buddhist teaching of Dependent Origination.

Peacock explains that the Buddhist philosophical understanding of consciousness is twofold, “The ‘toucher’ is implicated, or touched in the immediacy of the very act of touching. The subject, it can be said, is “constituted and embodied’ by that act” (Peacock, 2018, p.169).

It could be construed that the therapist does not ‘exist’ without the client, and that the client cannot ‘exist’ without the therapist. This is an example of the co-dependent arising of the therapeutic alliance that comprises a discourse that is corporeally implicated. ‘The moving body’ as the first overarching theme covers the movement of the first two themes and it can also be seen to represent the relational bodies of the therapist and client being co-moved or co-touched.

In the analysis of the data, I ‘moved’ many times during the iterations of coding and generating themes. With every move, I am learning, reflecting, getting closer to the data in my search for relevance. I have often maintained that my embodied reflexivity is cultivated through meditation and mindfulness. Another way of conceiving this is that this could be said to constitute my return to the body. Again Merleau-Ponty asserts succinctly:

I move external objects with the aid of my body, which takes hold of them in one place and shifts them to another. But the body itself I move directly, I do not find it at one point of objective space and transfer it to another, I have no need to look for it, it is already with me — I do not need to lead it towards the movement's completion, it is with contact with it from the start and propels itself towards the end. The relationships between my decision and my body are, in movement, magic ones.

Merleau-Ponty (1962, p.94/110)

The practice of returning to body is not mere sensationalism. Levin (2003) in his study of Heidegger's *Dasein* - the potential of the human being to be authentically whole and integrated - the disclosure of pain is not mere sensation in the body but a "primordial truth" (p.87) that has to be borne and experienced for a transformational and deeper understanding of existence.

As the 'moving body' moves towards the other and the sense of being moved by other, it creates an energetic and intersubjective state. This brings about an experience of 'what's mine and what's yours?'. Arguably this could be a form of affect regulation or co-regulation as both the therapist and the client are affected. The intersubjective state is one of inclusion of other's similarities, difference and alterity, and interpreted as a transformed meaning-making experience, even for the therapist.

5.2 How are moments of change determined by intentionality, desire for change and the embodied reflexive stance in both therapist and client?

(Research question 2)

5.2.1 Intentionality

The phenomenological attitude attained through reflexive bracketing is a rejection of "...a non-critical acceptance (of the natural attitude) and a failure to understand the proper role of consciousness and intentionality...in preference for a new frame of understanding...embracing the world of the intentionality of consciousness as it appears and no longer taking it for granted" (Owen, 2013, p.3). Mindfulness as embodied reflexivity can also be employed as bracketing practice.

What appears to be revealing itself through the themes found in the data analysis in Chapter 4, is that a mindfully-tuned therapist relies on an integrated body-mind awareness to attend to and be fully present to the client. As suggested by the first overarching theme of 'the moving body', the neural circuitry in the brain never really stops whilst the sensory faculties are at work. The psychotherapist sitting with the client is a seeing, feeling, touching, hearing and thinking organism. There is constant movement and change.

The third theme of 'What's mine and what's yours?' suggests that the embodied reflexive therapist whose intentional consciousness is directed at the client-object, is herself also prepared to experience change within the therapeutic working alliance. Jess (participant no.7) recounted a session where she felt, "...*a very bodily feeling of heart*", sensing her client in need of a physical hug and

instead of giving her a hug just acknowledged, *"And there was no one to give you a hug"*. In the psychoanalytic/psychodynamic approach, the client would be someone who had not experienced the attunement of a caregiver. Winnicott (1949) has this to say:

(I)n the over-growth of the mental function reactive to erratic mothering, we see that there can develop an opposition between mind and the psyche-soma, since in reaction to this abnormal environmental state the thinking of the individual begins to take over and organise the caring for the psyche-soma, whereas in health it is the function of the environment to do this.

(Winnicott, 1949, p.246)

Fuchs (2020) establishes in the notion "body time", the continuity of a moving, sensing, living body underpinned by temporality, which is described as "manifestation of the process of life itself" (Fuchs, 2020, p.13).

Desynchronisation happens when there is a lack of "reciprocity of embodied interaction and resonance" that leads to psychological imbalance and disturbance (Fuchs, 2020, p.22). Being together in time, or the present moment (Stern, 2004), constitutes an experiential remedy for the desynchronization occurring in psychic illness (Fuchs, 2020, p.33).

This concurs with the Merleau-Pontian concept of intercorporeity, an embodied experiencing of the presence or absence of other in one's body. No one puts it

more clearly than Eleanor who said this of her therapist, *“It’s like they’re inside between your multiple versions of yourself.”*

The role of the reflexive therapist is to identify the experience of the client-object in an embodied way (attunement) in order to tailor a particular response to the client from the attunement. In registering the effect on the client, the therapist recognises the impact on her own bodily senses. Fuchs (2020) speaks of “psychosocial resynchronization” where situations and feelings that are fixated in the past are processed through “interbodily resonance” and “interaffectivity” in a shared present (Fuchs, 2020, p.18).

5.2.2 Desire for change

Both groups of therapists and clients realised that therapeutic change was not about taking away emotional pain or ‘fixing’ distressing experiences but more about understanding and relating to the pain in the presence of other.

Fundamentally in psychotherapy, clients are looking for change and therapists are looking to facilitate change. In Lacan’s revisioning of Freud’s Oedipal Complex, desire is framed in two ways: first, the subject desires to be the object of the other’s desire, that is to say, the desire to fill the lack in the other; and second, that the origins of the subject’s desire is located in the other’s desire (Skelton, 2006). This desire is the desire for the “lost object” that is, “the mother as imaginary fullness” (Richardson, 1987, p.300). Richardson (1987) describes the “lost object” as the infant’s experience of loss in the ruptured bidirectional bond with mother, and this loss becomes a lack - a negation of the fullness of the union in the imaginary. Lacan called this lack, a desire, wanting something

that one lacks; a desire that cannot be satiated (Skelton, 2006). Lacan proposes that the ethical psychoanalytic response is to discover the direction of the process of the desire for the irretrievable “lost object” (Richardson, 1987).

In classical Buddhist teachings where the origins of craving or desire are defined in a more existential mode, suffering arises from clinging to greed, delusion, hatred and the effluences of reactivity (Batchelor, 2015).

In adopting a phenomenological attitude, a desire to change could be seen to be achievable by suspending assumptions, preconceptions and critical judgements of self, other and world.

Psychotherapy is not about getting rid of painful emotions and memories or even the desire or ‘lack’ but rather coming to understand and relate to them with compassion and acceptance. The lack or incompleteness cannot be satisfied with more desires and craving because the lack is a result of a loss of connection from the past that is never retrievable. For Lacan we will always be fragmentary and incomplete beings (Ewens, 1987). Existentially, it is coming to terms with this eternal lack that constitutes one of the goals of psychotherapy (J. Peacock, personal communication, January 20, 2022).

5.2.3 The embodied reflexive stance

The embodied reflexive stance enables the therapist to meet the client in their difference. Florence described being “*bilingual*” in her body language as well as “*the language of the mind*” of her client. Michael’s therapist kindness allowed him to be sad. Dean defined his stance as one where he has, “... *to go*

through exactly the same process that you are asking your patient to go through". Whilst it is not possible for the therapist to go through exactly the same process as the client, it is possible for construe from the theme of 'What's mine and what's yours' that a certain form of consciousness has been co-constructed in therapy. This form of consciousness enables a knowing of other in its non-presence, a kind of "hetero-affection", anticipating the "advent of another person who speaks and listens" (Merleau-Ponty, 1964, p.275). For Merleau-Ponty, to remain conscious of the time from past and into future (where consciousness is a developed form of "sentient, bodily life") is to recognise and understand the "promise of a certain otherness that would supplement my natural bodily life" (Marrato, 2012, p.163). Change, or the recognition of the dynamic of change, is inherently an active being-with "bodily life", not just in one's own body but also in the other's.

5.2.4 Moments of change

The embodied reflexivity of the participants revealed intentionality and understanding of a desire for change. In a therapeutic dyad, the therapist avails herself of consciousness to include the distress and desire of the client. As a body schema, the therapeutic dyadic relational process is a "form-in-motion" (Marratto, 2012, p. 223); a space where polarities may exist but can also be unified in coherence of being-toward a particular aim (Merleau-Ponty, 1945; 2012). In the presence of other in dyadic therapy, change for the therapist comes in the form learning and reflecting, and for the client, a re-experiencing of habituated thoughts or behaviour.

The moments of change identified by the participants were recollected with the other (client or therapist) in mind. This is the experience of co-presence which is intersubjective. I would argue that the experience of other in a co-created intersubjectivity is a moment of change, a moment of sensing the other as difference. The affected subjective becomes the intersubjective.

The intersubjective, according to Merleau-Ponty, is an expressive knowing of the body which subtends the experiences of others (Marratto, 2012). This means that the body's expressive awareness is instrumental to the experience of the other, which can never be presented in that experience. This is an experience of the intersubjective co-created with some knowing of the other within the expressive knowing of one's embodiment. It is a relational experience of the other within the context of time and place. The therapeutic co-created relationship is the experience of the intersubjective. Whilst it is not possible to identify every experience of the intersubjective as a moment of change, it is conceivable that orientating a body consciousness towards the other is an acknowledgement of other in intersubjectivity. An experience of other is a moment of recognition of difference.

In a paper on interpersonal neurobiology, Schore (2021) introduces Colwyn Trevarthen's ground-breaking model on the origins of human intersubjectivity from early infant studies and correlates it to "paradigm-shifting hyperscanning research" where changes were indicated in both the brains of the therapeutic dyad focusing on the role of nonverbal communications in an emotionally-focused therapy session. The changes were documented as interbrain

synchronisation, “a right brain-to-right brain nonverbal communication system in the co-constructed therapeutic alliance” (Schore, 2021, p.2). He concluded:

These dual right brain processes underly the right-lateralized subjective self’s capacity for communicating with other minds, intersubjectivity, as well as for attachment, interactively regulating emotion between and within brains, minds, and bodies.

(Schore, 2021, p.16)

Authors of other studies have demonstrated how this “interbrain synchronisation of the temporoparietal systems” in the dyad’s right brains plays a significant part in bringing together a therapeutic alliance that contributes to a positive therapeutic relationship (Zhang et al., 2018; Tang et al., 2016; Kinreich et al., 2017). Koole and Tschacher (2016) proposed:

An interpersonal synchrony model of psychotherapy, which dictates the more tightly the client and counsellor’s brains are coupled, the better the alliance.

(Koole & Tschacher, 2016, p. 15)

5.3 How do these moments of shift manifest experientially in the body? (Research question no.3)

5.3.1 The embodied intersubjective state

The embodied intersubjective state could be said to include the experience of temporality, the “interbodily” resonance, and the mutual and

social presence of other. Arguably, the intention in a dyadic therapeutic encounter such as that with Anna and Eleanor (Section 4.11, p.165) is to alleviate the isolation, alienation or any psychological disturbance, and to inculcate in a present moment a shared embodied intersubjective state. This could include the realisation that we cannot be isolated or alienated as we are “made-up” or co-created in the process of being with others in the world.

Eleanor had described the experience with her therapist, Anna in clear visceral ways. She recalled that Anna helped her to understand and locate her emotional pain in her physical body. She also spoke of Anna’s attunement with a sense of her bodily presence and holding. Eleanor experienced ‘Anna’ in-between her “*multiple selves*.”

In an embodied reflexive way, the therapist-participants were intervening with questions about their bodily resonances when they felt clients were over rationalising. Violet gave an example of how she responded to a client who was “*over-intellectualising*” by asking how he was feeling in the body. Gradually with a combination of enquiry and guided practice, he located and grounded his feelings in his body, Violet expressed that she felt a “*...release. It’s like I learn with him. As they learn, you learn with them. This really is healing.*”

Merleau-Ponty’s phenomenology of perception explores the way that our sensorial faculties situate the bodies in the world whilst neuroscience provides evidence of the dynamism of the brain in the interactions between bodies. In this way one could say that phenomenology underpins neuroscience. Schore (2021) provides “current neuroscience data and clinical material to describe

how the co-created psychotherapeutic relationship acts as an intersubjective social context of spontaneous reciprocal nonverbal emotional communications of face, prosody, and gestures within the emerging therapeutic alliance” (Schore, 2021, p.14).

Schore (2021) infers from a number of neuroscientific studies that a heightened affective state is co-created from the physiological dynamic synchrony of moment-to-moment meetings of two minds within a time frame of about three seconds. These could be seen to be moments of meeting although Schore does not claim them to be such. It is not inconceivable to deduce that in these “heightened affective moments” or moments of meeting are embodied moments where the experience of sameness and alterity, familiar and unfamiliar, are co-created in both the client and the therapist.

For both therapist and client, speaking and listening are embodied acts that involve a temporal consciousness of past, present and future, as well as a bodily anticipation of a certain otherness who will also speak and listen (Marratto, 2012). As Zahavi (2018) states that the self-transcending consciousness of the other is characterised by its intentionality, it could be surmised that talking therapy is inherently intersubjective as consciousness of the other is intrinsic in the communication. The exchange of words is a constant form of monitoring the moment to moment sense-making of being with other in temporality and corporeal awareness.

This therapeutic process could be seen as a derivation of Merleau-Pontian thinking where he states that phenomenology requires constant, if not indefinite,

radical self-reflection where nothing is taken for granted; in fact a form of meditation directed towards all forms of knowledge (Merleau-Ponty, 2012, p. lxxxv). Zahavi (2018) paraphrases Merleau-Ponty as follows:

(P)henomenology remains unfinished, the fact that it is always under way, is not a defect or flaw that should be mended, but rather one of its essential features. As a wonder over the world, phenomenology is not a solid and inflexible system, but rather in constant movement.

(Zahavi, 2018, p.69)

Various studies of social interactions and conversations have shown that participants coordinate or match their movements and utterances in a rhythmic way (Gill, 2012; ; Issartel, Marin, & Cadopi, 2007; Laroche, Berardi, & Brangie, 2014). Enactivist accounts of intersubjectivity describe the autonomy of this process as “participatory sense-making” which helps subjects to shift from predisposed ways of thinking and acting (De Jaegher & Di Paolo, 2007; Fuchs & De Jaegher, 2009).

Phenomenologically, therapist and client interact and experience empathy through their sensibilities in eye contact, facial expressions, tone of voice, gesture and other bodily movements including thinking, as they enter the dyadic bodily state. This is the basis of social understanding, a dynamic interplay described as “mutual incorporation” (Fuchs & De Jaegher, 2009; Leder, 1990, p. 94).

5.3.2 Talking therapy is intersubjective

This overarching theme is chosen to reflect that psychotherapy is a co-created relationship. Dean was emphatic that therapy is, “... *not about the emotions, it's about the relationship to them.*”

Husserl conceived of the term intersubjectivity as the relationship between subject, other and the world (Marratto (2012) goes as far to paraphrase Husserl that “there is no subjectivity that is also not an intersubjectivity” (p. 4). Applying the Buddhist principle of *paṭicca-samuppāda* (translated as dependent origination), the subject cannot exist independently without object-other in the world of experience. As a sensed phenomenon, subjectivity is contingent and interdependent on the bodily presence of the other in a world of conditions. All subjectivity is the resultant experience of being with other and world, which is also an intersubjectivity. We do not just exist in the world - we co-exist.

This overarching theme covers the fourth main theme of ‘Change is an active being-with.’ Florence spoke of her body becoming “*scrunched-up*” when her client felt “*cut-off*” from her own body. The client also said her “*body felt dead.*” Florence asked her to elaborate and eventually she recalled, “*Oh actually, I felt the warmth of the sun on my cheek this morning*”. Catherine had said she knew she felt “*touched*” even when the material from clients wasn’t something she resonated with. Belinda’s client broke down with tears when she relented and felt “*loved*” by the way her partner cared for her. Dean summed it up with explaining the intersubjective as a field shared by the therapist and client and could be monitored with “*enough sensitivity in our own bodies.*”

These could be interpreted as examples of Bion's (1962) 'container/contained' relationships. These were also co-created intersubjective experiences.

The fifth main theme - 'Embodiment is the co-experience of sameness and alterity' - is also incorporated under this overarching theme. Therapists could experience the alterity or difference as a form of emotional arousal or reactivity in their bodies. Teresa (participant no.8) attested she would feel "*aversion in my body*" when clients presented "*high emotional arousal*." Change can happen when clients accept therapists are different from them, as Anna reflected that her client had to forgive her "*for not being exactly what she wanted*." Jane (participant no. 12) was grateful that her therapist made "*the extraordinary ordinary...it allowed me to live in an extraordinary universe*." For Jess (participant no.7) in a chance encounter at a coffee shop with her therapist, who "*allowed access to her body (with) just the physical turning towards me, her turning her face towards me. So it made me feel very loved*."

Benjamin (1990) explains intersubjective theory in psychoanalysis as being where the subject is given the opportunity by the other actively and creatively to discover new experiences, and accepting reality. Benjamin suggests that the power dynamics (of one "being better" than the other) in the therapeutic encounter can be levelled by a co-created intersubjectivity based on understanding shared experiences without denying difference. This is a compassionate approach as Benjamin cites Milan Kundera (1984) in calling it "co-feeling", the capacity to share experiences, thoughts, feelings and intentions without either craving power or renouncing difference (p.48).

The talking therapy explicated by the participants include moderating tone of voice to regulate levels of excitation, gaps, “*insertion point*”, body language, and attuning to other in an embodied reflexive way. These acts could be silent or spoken. Some could happen without acknowledgement. But they all involve language as they become known.

For Merleau-Ponty, language is intertwined with body, it is universal in that it “is the voice of no one, since it is the very voice of things, the waves and the forests” (Merleau-Ponty, 1968, p.126). By this he means that bodies share an organic world and orientate towards a “sympathy of totalities” (Merleau-Ponty, 1973, p.140). For Lacan, “...to speak is to break any immediate body-to-body bonding with another. To be a speaking body is thus to work against any immediate integration with another. To speak is to singularize one’s body; whether we like it or not, it imposes upon the body the attempt to get out of the all-embracing ocean” (Legrand, 2020, p. 50). According to Levinas, speaking necessitates and “maintains the distance between me and the Other.” It keeps open “the radical separation asserted in transcendence which prevents the reconstitution of totality” (Levinas, 1969, p. 40). Merleau-Ponty, Lacan and Levinas seem to argue that it is an impossibility to retrieve totality and however they view singularity of the subject (Merleau-Ponty’s view is that the subject cannot be singularised), they seem to present in differing forms that there is both contiguity and continuity between bodies (Legrand, 2020, p. 52). The conclusion that Legrand (2020) arrives at is that in any talking therapy one may have to be and remain “singularly plural” (p.52). It could be interpreted that two bodies in a therapeutic dyad may be separate and differentiated, they are still part of a totality that they cannot ignore. Nor can they claim a singular bodily

existence without reconstructing the bodily limits after ruptures to boundaries between the dyadic pair (Legrand, 2020).

The reason why I am able to understand the other person's body and existence beginning with the body proper, the reason why the compresence of my consciousness and my body is prolonged into the compresence of my self and the other person, is that I am able to and the other person exists belong here and now to the same world, that the body proper is the premonition of the other person, the *Einfühlung* and echo of my incarnation, and that a flash of meaning makes them substitutable in the absolute presence of origins.

(Merleau-Ponty, 1960; trans. McCleary, p.175)

What Merleau-Ponty makes the case for here is that in and through our embodied existence, we are able to experience the other because we belong to a "same world" of bodily expressions. We are able to feel *Einfühlung*, which translates as feeling into the experience of other or empathy, and that meaning is created through the nuanced senses of our incarnation. These experiences of intercorporeity are repeatedly "in the absolute presence of origins" in that whilst the experiences could reoccur, the "flash of meaning" remains original within the context of the situation (Marratto, 2012). The origin of a "flash of meaning" will always remain with the original context from which the meaning is derived. Even when the activity is repeated, a new "flash of meaning" is conceived and cannot be substituted by an earlier meaning. That our "flashes of meaning" will always be original is due to the movement of body or the nuanced sensibilities of our incarnation. The "absolute presence of origins" is present with every act.

Bion's (1967) short paper *Notes on memory and desire* (Section 1.3.1, p.26) is nuanced with "absolute presence of origins." Grotstein (2000) writes that Bion is exhorting the suspension of memory and desire to keep the analyst free from preconceptions. This would free up psychological space for a new "flash of meaning."

The intentional stance of the embodied therapist in being-with the client is to bear, acknowledge and reflect on the impact of the face-to-face encounter. In Lacanian terms, the therapist becomes the unattainable object from which the client has to discover and make meaningful their desire and lack. In being-with the client in an embodied manner and stance, sameness and difference become polarities to be explored, investigated and reflected on, not asserted as a power dynamic. The sense of being-with the other is that in evolving mutual recognition there is the possibility of experiencing differences and similarities simultaneously (Benjamin, 1990).

This sample set of psychotherapist-participants who were also contemplative practitioners, practised a form of affect-regulation in order to compose appropriate responses to clients, if possible in "absolute presence of origins". The therapist would have said something similar to previous clients, but it would still mean something different to the client in front of her.

The temporality and spatiality constituents inherent in the experiencing of change have been corroborated in the positions spelt out by the the following: first, Buddhist doctrine on the interdependent or contingent nature of all phenomena and processes; second, Merleau-Ponty's theory of 'absolute

presence of origin' in intercorporeity where every experience is a 'new' experience; and third, Bion's intimations on the analytic attitude of being with the unknown (or the un-remembered) in the present moment. It is possible to consider an experience of change as one 'moving body' co-existing with another moving body meeting in alterity in a temporal moment.

In intercorporeity, the body of the psychotherapist already 'knows' about the body of the client before any relationship is conscious because both bodies are from the same organic world or of the 'same flesh.' This intercorporeity is different from intersubjectivity. Intercorporeity enables the body to respond to the other's body with the "absolute presence of origins" in intersubjectivity. What this means is that when two bodies meet in intersubjectivity, they can never really know fully the subjective consciousness of the other, but they can co-create a state of knowing that is different from any state that they've experienced before. This is the capacity of the body in coming together with the other. The interaction makes it possible for new meaning to be created. A person is affected by the other's expression and bodily posture before she is aware of the other, the face-to-face encounter 'interrupts' this process and signifies with or without words, "Do not kill me" (Berto, 2019). According to Levinas, this encounter both compels and summons. Only from this can an ethical intersubjectivity be evoked by the presence of the other in order to interrupt or bring about change (Morgan, 2007). This makes Levinas' existential phenomenology of the face-to-face encounter relevant to the contemporary ethical relationship that is subscribed to in psychotherapy.

Levinas (1969) writes about the interruption or rupture in the face-to-face encounter as a 'discontinuity' in the inner life historicity which gives rise to the possibility of change.

Whether it was a 'gap' or an 'insertion point' or an interruption, the (critical) moments of shifts as manifested in the body were those moments of recognizing the other or alterity in a co-created intersubjective experience. The word 'critical' is placed parenthetically because it is usually not immediately acknowledged as change. As intercorporeal beings of the 'same flesh,' we are already in relationship. It is in a co-created intersubjectivity that we experience (critical) moments of change in being with other, otherness and alterity.

5.4 Intercorporeity and Intersubjectivity

The Merleau-Pontian term-designate intercorporeity presents a distinctive insight into intersubjectivity; it is a fecund layer underneath the subjective consciousness that is anonymous and mysterious in its "communion with otherness but this communion always involves a certain threat of dispossession" (Marrato, 2012, p.9). Marrato elaborates that this is the sense of a primitive involvement or kinship with bodies of other subjective consciousness and leaves one feeling unfamiliar with one's own body, not being very clear where 'I' begins and the 'other' ends. This intercorporeity affects our subjective experiences in the presence of others and brings up questions about the way we relate to others, especially in the context of the therapeutic dyad. These questions would go beyond the scope of this study but the mere act of two people coming together as 'others' to each other would already have instigated

movement in the intercorporeal selves. When we sit with the other in the therapeutic dyad, familiar and unfamiliar questions arise. The other is already part of the intercorporeity whether we like it or not!

The meeting of these two subjects in a therapeutic structure can provide “in-depth investigation of intentionality paving the way for a proper understanding of reality and objectivity” (Stone & Zahavi, 2021, p.173). To examine further the world or field of the therapist and client and therapeutic outcomes as subject, object and world, Stone and Zahavi provide a glimpse of what would likely be the result from a traditional phenomenological investigation:

This is why Husserl’s mature phenomenology should not be conceived merely as a theory about the structure of subjectivity, nor is it merely a theory about how we understand and perceive the world, rather its proper theme is the mind-world dyad. In this way, according to Husserl, we will eventually be able to accomplish our main, if not sole, concern as phenomenologists, namely to transform ‘the universal obviousness of the being of the world — for him [the phenomenologist] the greatest of all enigmas — into something intelligible’ (Husserl, 1970, p.180)

(Stone and Zahavi, 2021, p.173).

Zahavi (2018) emphasises that part of the phenomenological endeavour is to investigate “pre- or extra-linguistic forms of intersubjectivity, be it in perception, in tool use, in emotions, or body awareness” (p.88). Whilst it may be difficult, if not impossible, to provide evidence of what an intersubjective structure would look like, pre-reflective forms of intersubjectivity could shape the body in its

physical manifestation - a thought derived from Trevarthen's innovative work on the beginnings of human intersubjectivity (1993).

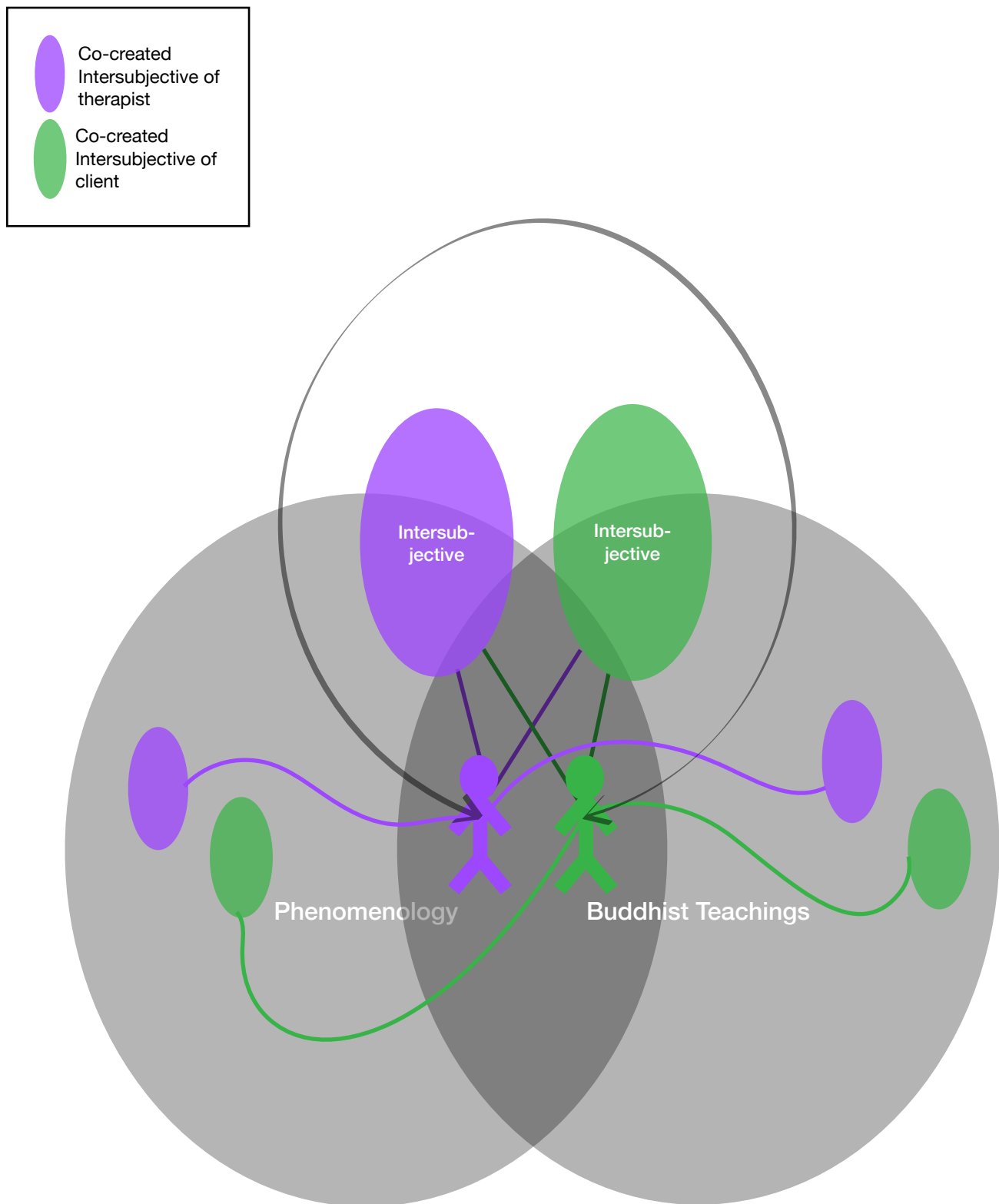
Corresponding generative parameters in ... two subjects enable them to resonate with or reflect on one another as minds in expressive bodies. This action pattern can become 'entrained,' and their experiences can be brought into register and imitated. These are the features that make possible the kind of affectionate empathic communication that occurs... between young infants and their mothers.

(Trevarthen, 1993, p.126).

For Merleau-Ponty, intersubjectivity is the phenomena of the subject as an embodied existence embedded in a common field of experience that is the world (Zahavi, 2018). Intersubjectivity is the interconnection between the three dimensions of self, other and world. Each of these three dimensions cannot be fully understood without the relationship to the other two. For the therapist-participants, intersubjectivity is the considered relational affect instigated by the subjective intentionality to be with the other. For the client-participants, the intersubjective experience takes the form of remembering a shift or change with the therapist in mind, not a figure that dominates but one that exhorts a co-created or shared embodied process of change.

Using a phenomenological framework for the intersubjective experiences drawn from the data, a proposal of what an intersubjective structure might look like is represented in Figure 1. Keeping in mind Zahavi's (2018) elaborations that intersubjectivity is not objectively an existing structure as such but can only be

referenced to the first-person narrative, I have attempted a diagrammatic portrayal of the intersubjective experiences of both groups of participants as a mind-body-world structure. The therapist's purple intersubjective is co-created with client and the client's green intersubjective is co-created with therapist. The co-created intersubjective therapeutic alliance would affect their embodied existence in their relationships with the world (phenomenology) and its phenomena (Buddhist teachings on interdependent nature/dependent origination).

Figure 3. Co-created intersubjective of psychotherapist and client

Chapter 6

Conclusion

This chapter sets out to look at the limitations and strengths of this research study, and to offer suggestions for future research. It will also discuss contributions to psychoanalytic thinking and clinical implications of this research project.

6.1 Limitations of research

One of the aims of this study was to examine closely the moments of change within the therapeutic process of therapists who have a regular contemplative practice. There were assumptions that they would be more tuned in to their bodies and that they would be more reflexive in an embodied way. These assumptions may have obscured the way the participants were selected for the research. How would a more diverse group of participants - that is to say, therapists who do not have a regular meditation practice but work as body psychotherapists - describe their embodied experiences? There was only one client-participant who was not aware of her therapist's embodied approach at the beginning of therapy. As well as being aware their therapists' approach which included some form of contemplative practice, the other three client-participants were also well-informed of the benefits of working in an embodied way. There were also difficulties in recruiting participants and with six out of thirteen participants selected from the researcher's training organisation, the question of homogeneity of the dataset could be seen as biased.

The initial intention was to recruit therapeutic dyads but as that had not been possible, the data analysis focused on the remembered exchanges or embodied memories of the participants. With the matched pair of therapist and client, it was not possible to say if Anna was thinking about Eleanor during the interview although it was clear that Eleanor was thinking about Anna in answering my questions. This had to be the case for the interviews to happen within the strict ethical guidelines especially for participants who work in private practice. For data to be directly collected from the dyadic exchanges, it would appear from the Literature Review that they had to be monitored in either a clinical setting (Bernhardt et al., 2020) or in training institutions (Swift, 2017; Stone et al., 2018).

Temporality and spatiality in this research study played a large part in the data collection and analysis. The dynamic and temporal nature in the experience of therapeutic change was not fully explored and understood using reflexive Thematic Analysis. Spencer et al. (2021) have introduced a temporally sensitive analytical method which is an extension of TA called Thematic trajectory analysis. This qualitative method includes participants diarising over a specific period of time producing micro-level data for analysis in order to understand within-person changes. If this study here is to be repeated, the Descriptive Phenomenological Psychological Method would also be considered for data analysis (Giorgi, Giorgi and Morley, 2011). Giorgi developed this descriptive method to analyse consciousness and its functions, emphasising that phenomenology provides a more comprehensive perspective to the phenomenon studied than any empirical study could (Giorgi et al., 2011, p.

177). To engage with the data at that microscopic level, the sample size would be considerably reduced.

All the thirteen participants in the study were from white, middle-class backgrounds. The lack of diversity reflect much of the current demographic of practising psychotherapists and their clients. As a Chinese psychotherapist, I also work with mainly white British clients. Have I conducted the interviews with the participants with much familiarity of the 'psycho-lingo' used in therapy? I can speak Chinese and Malay, and I know that if the interviews were done in Chinese or Malay, the replies to my questions would be quite different. Similarly if the study had been conducted in my home country, Malaysia, the expressions of what constitutes embodiment and therapeutic change would also vary. How would language and culture affect perceptions of embodiment?

One aspect of embodiment that was not investigated in this study was speech. For Lacan, speech is a singularizing agent of the body, for Merleau-Ponty, speech and language are intertwined with the body, and in Buddhist teachings ethical speech is a mindfulness practice. Speech and words are seen as the expressions of breath which represent the energetics of the body. Given that psychotherapy is a talking therapy, the energetics expressed through speech would have to be part of a study on embodiment.

This research study has been selective with its limited psychoanalytic references (Aguayo,2011; Benjamin,1990; Bion,1967; Boothby,1991; Ewens, 1987; Grotstein, 2000; Lacan, 2002; Legrand, 2020; Ogden, 2015; Richardson,1987; Röhricht, 2021; Schore, 2011 & 2021; Skelton, 2006;

Stern, 1985; Stern, et al., 1998; Strachey, 1964; Wertz 1987). Although body psychotherapy is rooted in psychoanalysis, it has only been recently acknowledged that “to date there has perhaps been a denial of the significance of the body in psychoanalytic literature” (Antonio Ferro in his review of Lemma’s book, *Minding the body. The body in psychoanalysis and beyond*, 2015) (Röhrich 2021, p.178). The subject of embodiment has only become more topical in recent years in psychoanalysis. Neuroscience has provided an embodied approach to research into developmental neurobiology and the interpersonal neurobiology of intersubjectivity (Siegel, 2019; Schore, 2021).

6.2 Contributions to psychoanalytic thinking

A return to the body suggests a way of retracing feelings, thoughts and meanings to sensate origins. It could also be conceived as Stern’s present moment lived story with other where “intersubjectivity starts to take on flesh” (2004, p.58). The biological roots and agency of the human body provide the foundation for our sentient existence. In other words, the body is a historical, palpable map of the past, present and future. “The future, for Bion, is as much a part of the present as is the past” (Ogden, 2003, p.595). When Bion (1967) writes that the psychoanalyst “... must have no history and no future...The only point of importance in any session is the unknown...” (p.244), it would appear that a bracketing of pre-existing meanings is required to admit the otherness (“the unknown”) of the patient. The bodies of the analyst and analysand are testimony to any bidirectional influence of their interactions. Merleau-Ponty’s notion of intercorporeity enables this bidirectional process to understand

existing meaning and co-construct new meaning in relation to the alterity or otherness.

The intersubjective experience is conceived because it is not possible to know fully the subjective consciousness of the other. In Lacan's view, speech and language act as a singularizing agent of the body which resists integration with another body and persists in the desire for the irretrievable lost object. Intersubjectivity construed in Husserl's phenomenology is an empathic experience. In psychoanalysis, intersubjectivity has been interpreted as the "analytic third" associated with projective identification (Ogden, 2003) and also the "third" position as a mutual recognition of otherness in the dyadic premise (Benjamin, 2004). Intersubjectivity has its origins in the primitive kinship between bodies that is intercorporeity. Psychoanalytic thinking has yet to find a way to bring together intercorporeity and intersubjectivity. The notion of the therapist and the client coming together as two 'others' in the co-construction of an intersubjective experience that is rooted in the fecund layer of intercorporeity is one that requires further exploration.

Bion, who underwent analysis with Melanie Klein - the proponent of object relations theory - understood that 'objects' were parts of the subjective other that instigated psychic attacks and defences. Bion's conception of the 'container-contained' is a health-giving and living process where unmetabolized 'beta' elements are transformed through 'alpha' functions to become digestible 'alpha' elements, (Ogden, 2004). Looking through the lenses of phenomenology, the 'beta elements' that form part of the natural attitude of inauthentic being (narrativizing assumptions) are bracketed when the 'alpha'

functions activated through intersubjectification create 'alpha elements' for reflecting, remembering, dreaming and imagining. Embedded in this approach is an understanding that it is not about being conflict-free but it is to notice the interdependence between conflicting elements in intersubjectivity. This is the praxis of therapeutic change.

Psychoanalytic thinking frames questions around psychological structures to bring about the discovery of newly felt meaning created in the course of therapy. Meaning creation through this intersubjective experience as felt phenomena is determined by what we choose to be drawn to, avoid or ignore; processes activated by the primitive hedonic tones (*vedanā*) of pleasant, unpleasant and neutral. Embodied reflexivity together with psychoanalytic thinking in disclosing meaning-creation from these primitive hedonic tones help identify the dynamics of othering. Psychoanalytic perspectives proffered on issues such as race, gender, sexuality and sociality have to be aligned with the corporeality of sentient experience.

Psychoanalytic studies have also incorporated neuroscience to evidence the workings of intersubjectivity in developmental and interpersonal neurobiology (Siegel, 2019; Schore, 2021). Expanding contemporary psychoanalytic thinking to include embodiment and phenomenological perspectives with a contemplative approach would not be incongruent with the field of neuropsychanalysis. Some would argue neuropsychanalysis as a study could be traced back to Freud's "Project for a Scientific Psychology" (1895).

6.3 Strengths of research

I have been meditating for more than forty years, since it is axiomatic that embodiment practices are part of the cultivation of inherent health long before they became psychological treatments. It had felt intuitively appropriate to apply Buddhist teachings on mindfulness and phenomenological philosophy to study the practices and concepts of being human bodies. These are philosophies that advocate a “How to live in our bodies” pragmatic maxim.

Growing up in Malaysia and practising an eclectic blend of Taoism and Buddhism, I was made aware that these practices were for promoting health in order to prevent illness. Kneeling in front of deities was a form of meditation. From a young age I knew I could rely on my body, more so than my mind, to tell me when something felt right and meaningful. This was how I decided to become a psychotherapist and also how I ended up doing this research study.

Racism has long been a difficult, sensitive and sometimes silenced issue within the profession of psychology (Howitt & Owusu-Bempah, 1994). Following the Brexit vote, a significant rise in stigma, prejudice and racism has been identified along with troubling structural inequalities faced by Black, Asian and Minority Ethnic (BAME) people after the impact of the Covid-19 pandemic (Bhui, 2016; Minhas, 2019; Wood, 2020).

The profession of psychology also has to address the bias in its broad literature toward an over-reliance on studies conducted with participants from WEIRD (western, educated, industrialised, rich and democratic) populations (Nielsen, Haun, Kärtner, & Legare, 2017).

From the Literature Review, it is clear that the research papers found on MBIs indicate that most are conducted by researchers in the West with WEIRD participants. The most prolific organisations in mindfulness research are all found in the West (Baminiwatta, Solangaarachchi, 2021). As an ethnic minority researcher with a long history in contemplative practice that originated in the East, this study has straddled across the founding grounds to the secular therapeutic fields. The foundational understanding of established practices from the East is employed to draw attention to the embodiment of health and change. One of the main themes from this study, 'Embodiment is the co-experience of sameness and alterity', demonstrates an inclination towards prejudicial tendencies when otherness is disavowed.

6.4 Future research suggestions

Embodiment has also become a key point of interest with the massive move to online working; questions abound concerning the kind therapeutic alliance generated in virtual space (Agnieszka Dixon, a second-year DClinPrac student has just completed her SSRP on this subject). It may not be so clear-cut as a face-to-face encounter but a phenomenological investigation of the online intersubjective could still be conducted in the same way as the descriptive element is meant to invoke awareness in the subjective self and other.

With temporality and spatiality becoming more pronounced in the virtual space, a phenomenological study of a therapeutic dyad could highlight these features. In order to study micro-movements which may not always be visible on screen, a more descriptive and sensitive method is required to capture these moments.

In Buddhism and phenomenology, speech and language are aspects of embodiment. How do therapists and their clients use speech as not just a communicating tool but also as a body connecting or separating source?

Given the current prevalent use of online platforms, psychotherapeutic research projects may also be moved online where it would be possible to recruit participants who are not just from WEIRD backgrounds but also from a wider geographical area. It might be challenging ethically to begin with but once the precedence has been set, it would be nominally possible to recruit participants from racially and culturally diverse backgrounds.

There is also another question that requires attention: can online psychotherapy spearhead an increased uptake of therapy within the BAME communities, both in training organisations and as service users?

6.5 Clinical implications

The paper on moments of meeting presented by Stern, et al. (1998), is entitled “Non-Interpretive Mechanisms in Psychoanalytic Therapy.” What this study has also shown is that “non-interpretive mechanisms” demonstrate what

the body already knows. The body of the therapist already shares a world with the body of the client. The therapist's embodied attunement is about being with a client in a world that is presented with sameness and alterity, with states of the familiar and with otherness. The body experiences change as a constant, and any sensed contact with other can produce a different response even in repetition. In psychotherapy, there is no body without a mind, and no mind without a body.

Cognitive Behavioural Therapy (CBT) has its roots in the Stoic, Buddhist, Taoist, and existentialist philosophical traditions (Murguia & Diaz, 2015). Although they are widely accepted evidenced-based treatments, the findings in this study are a reminder to return to the body.

It is possible to view the way phenomenology underpins neuroscience.

Merleau-Ponty attempted to integrate neuroscience and phenomenology with an understanding of consciousness and its functions (Ellis 2006). According to Ellis (2006), "human minds understand the world by virtue of the ways our bodies can act relative to it" making the phenomenon of consciousness impossible to explain except when "consciousness intersects with brain function" (Ellis, 2006, p.36). This brain activity in processing information produces "the data of experience" (Ellis, 2006, p.36). The psychotherapeutic dyadic context could be reconfigured to the phenomenological triad of self-other-world.

The brain is a hive of activity in generating a charged "interbrain synchronisation" from the intersubjective energetic communications between

infant and caregiver (Schoore, 2021, p.15). The infant's brain processes and develops from the information between its own non-verbal intimations for care and the caregiver's reciprocal acts within a functional environment that also serves to regulate emotional states.

Singleton et al. (2021) found that the neural circuits of the brain structure of regular contemplative practitioners facilitated higher scores on the Maturity Assessment Profile. As the starting premise of the therapeutic dyad, the 'mindful brain' of the psychotherapist could have a role in the 'interbrain synchronisation', a form of embodied intersubjectivity. An ethical stance for any psychotherapeutic practice is to situate the authenticity of the body within the therapeutic structure. The interdependent nature of our embodied co-existence is a source of the intrinsic health that is also the process of change.

Below is a summary of the key clinical implications from this study:

- Being attuned to her body, the therapist stays attuned to the client's. Paying attention to the body is a way of monitoring change from moment to moment.
- CBT is a form of embodied cognition. In CBT body awareness is the glue between the cognitive and the behaviour it aims to alter.
- Phenomenology underpins neuroscience. Phenomenology research is the study of 'consciousness and its functions' in a self-other-world triad. Brain activity processes this as 'data of experience' such as intersubjectivity.
- Regular mindfulness practices in therapists appear to promote more 'empathic, psychobiological attuned, emotionally sensitive' attitudes in

practitioners. This has the effect of balancing knowing and reasoning (left-brain activity) with being empathic and emotionally attuned (right-brain activity). An ethical psychotherapeutic stance is to present with an embodied awareness that enables 'interbrain synchronisation' which is also the co-creation of the intersubjective. Affect regulation is one of the outcomes of 'interbrain synchronisation.'

6.6 Conclusion

The idea for this research study was first thought of from a felt inspiration of the "moments of meeting" (Stern, et al., 1998). According to Stern and his colleagues, these moments of meetings happen within the locale of the intersubjective "implicit relational knowing," a concept derived from developmental studies of mother-infant interactions. The study focused on the psychotherapeutic dyadic context whereby the therapist-participants who already have an established contemplative practice in mindfulness meditation relied on their embodied reflexivity to stay attuned to their clients. In remembering their experiences, both groups of participants gave embodied accounts of their recollections.

In employing a combination of methods in the data analysis - Reflexive TA and a phenomenological attitude - the study has generated five main themes organised under two overarching themes of 'The moving body' and 'Talking therapy is intersubjective'. The themes suggest that the bodies of the therapist and the client are 'moving' towards each other to co-create an intersubjective that is about change.

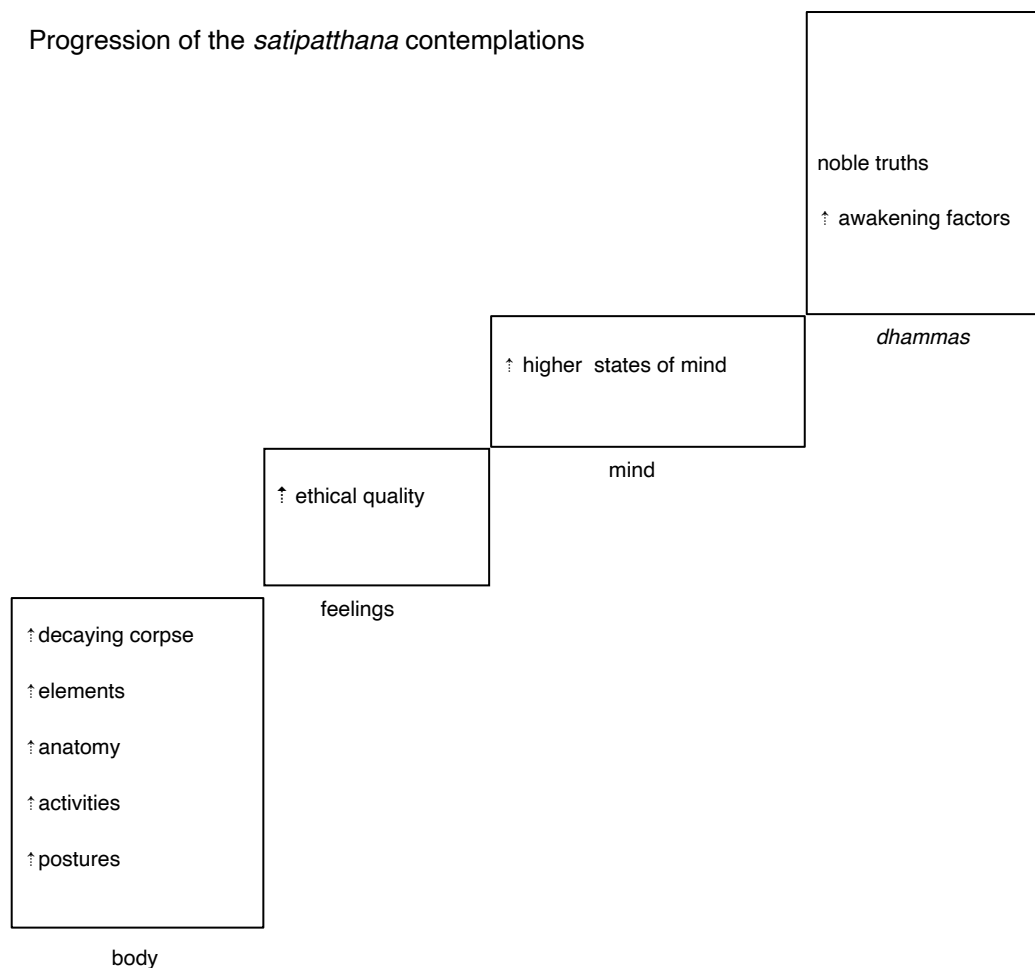
The co-created intersubjectivity is the psychic correlation of the Merleau-Ponty's intercorporeity. With intersubjectivity rooted in intercorporeity, this dynamic nature of the interacting bodies within the dyadic context facilitates the creation of meaning. This creation of new meaningful experiences can happen in a 'gap', an 'insertion point' or 'interruption', where moments of shifts are manifested in the body as recognition of otherness or alterity.

Appendices

Appendix I - Survey of *Satipaṭṭhāna Sutta*

Survey of the *Satipaṭṭhāna Sutta* (reproduced from Analayo, 2003, 19-20).

The 4 contemplations are of the body, feelings, mind and *dhammas* (subjective states or consciousness). The contemplations start from the rudimentary experience of bodily processes, moving towards feelings and states of mind, and arriving subjective experiences culminating in realisation of the 4 noble truths. Essentially mindfulness is an ethical practice. The figure below represents the progressive pattern of the 4 foundations of mindfulness according to the *Satipaṭṭhāna Sutta* (trans: teaching of the mindfulness)



Appendix II - CASP checklist

©Critical Appraisal Skills Programme (CASP) Qualitative Research Checklist

31.05.13 1

Screening Questions

1. Was there a clear statement of the aims of the research? What was the goal of the research? Why it was thought important? Its relevance
2. Is a qualitative methodology appropriate? If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants, is qualitative research the right methodology for addressing the research goal?
3. Was the research design appropriate to address the aims of the research? If the researcher has justified the research design, have they discussed how they decided which method to use?
4. Was the recruitment strategy appropriate to the aims of the research? If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study. If there are any discussions around recruitment (e.g. why some people chose not to take part)
5. Was the data collected in a way that addressed the research issue? If the setting for data collection was justified. If it is clear how data were collected (e.g. focus group, semi-structured interview etc.) If the researcher has justified the methods chosen, If the researcher has made the methods explicit (e.g. for interview

method, is there an indication of how interviews were conducted, or did they use a topic guide)? If methods were modified during the study. If so, has the researcher explained how and why? If the form of data is clear (e.g. tape recordings, video material, notes etc) If the researcher has discussed saturation of data.

6. Has the relationship between researcher and participants been adequately considered?

If the researcher critically examined their own role, potential bias and influence during

(a) Formulation of the research questions

(b) Data collection, including sample recruitment and choice of location

How the researcher responded to events during the study

and whether they considered the implications of any changes in the research design

7. Have ethical issues been taken into consideration? If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained. If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study) If approval has been sought from the ethics committee

8. Was the data analysis sufficiently rigorous? If there is an in-depth description of the analysis process. If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data? Whether the researcher

explains how the data presented were selected from the original sample to demonstrate the analysis process

9. Is there a clear statement of findings? If the findings are explicit

If there is adequate discussion of the evidence both for and against the researchers arguments. If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst) If the findings are discussed in relation to the original research question

10. How valuable is the research? If the researcher discusses the contribution the study makes to existing knowledge or understanding e.g.

do they consider the findings in relation to current practice or policy?, or relevant research-based literature? If they identify new areas where research is necessary If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used.

Appendix III - Psychotherapists' consultations

Details of concerns raised by the 4 psychotherapists in the consultation

Psychotherapist no.1

The main concerns raised were:

the mental state of her clients at point of work;

provision of assurances to keep the confidentiality of what was spoken about by the therapist and by the client;

the ethics of contacting a client when the client has left the therapeutic work;

my abilities as an interviewer and how I would safeguard any activation of the client's process during the interview;

if the client is still in therapy, how the participation would affect the therapeutic relationship;

the therapist's fears of being judged by the client in the interviewing process;

Self disclosure of the therapist would be implicated should she decides to pass information to her client.

Therapist no. 1 felt that if her concerns were allayed, she might consider my request to pass on information to her clients.

Psychotherapist no. 2

She did not reject the idea outright and was helpful in making suggestions as to how to present the research to therapists so that they would consider the proposal seriously. The salient points raised were:

providing literature to therapists that might indicate possible benefits of the research;

should clients agree to participate, the therapist would not know unless the client chooses to inform the therapist;

clients may be more agreeable to take part if they are to be given a copy of the final data analysis;

in the event that both therapist and client agree to participate and be interviewed, demonstrate how that could benefit the therapeutic alliance and relationship;

I should also adopt a reflexive approach in interviewing possible clients and ensure with therapist that only the more robust clients should be approached;

provide information to clients who practise some form of meditation or mindfulness, that this is a safe, interesting and beneficial research on embodied mindfulness;

should clients decide to take part, therapists may worry that clients would use it as any opportunity to talk about their therapists in a critical way.

Psychotherapist no. 2 concluded that it would depend on how informative, knowledgeable and reflexive I could be in providing a safe containment for the potential interview of clients.

Psychotherapist no. 3

He was interested in the idea but almost immediately expressed serious concerns about introducing any material from a third party unknown to the client into the session. He indicated that it would be very difficult for therapists whose focus in the main is working with transference of the client and countertransference of the therapist. He emphasised that any introduction of extraneous articles could be perceived as intrusion into the therapeutic space. I had informed him of my research questions and we had a short discussion of what is it in the therapeutic context between therapist and client that works or effects change. Whilst our therapeutic approaches may differ, it is less clear if the outcomes for the clients are as divergent as dictated by the therapeutic stances. Psychotherapist no. 3 was unconvinced that any assurances that I could provide as a researcher to safeguard the process of relaying any information to his clients would be adequate. It was clear that I would not be able to change his opinion. However he did suggest that there were members registered with BPC who include in their approach a distinctly embodied way of working as well as with mindfulness and who might be interested in my research study. I did try to ask the people he suggested but none were willing to participate.

Psychotherapist no. 4

She did not reject immediately the idea of passing information from a third party to her clients and brought up the following points she might consider: depending on the client, what her motivation is for self-disclosure and how that would affect her therapeutic relationship - possibly implying that as a therapist she supports the purpose of my research study;

comprehensive information provided on the sensitive and ethical considerations for both her and her clients, if she were to agree to pass on the request; the nature of my research and if that's something that her clients could find relatable;

If she were a participant in the research as a therapist she would have to assess if I were a sufficiently competent therapist and researcher to arrive at a decision at the end of that process and then might decide on that basis to pass on information to her clients.

her personal thoughts on the value of the practice and significance of mindfulness particularly in research.

Appendix IV - Participant Information for Psychotherapists

Participant Information for Psychotherapists

Researcher: Chuey Y Loh

Email: cyl216@exeter.ac.uk

ID No: 640058519

Psychotherapist-Participant Information Sheet (Version 3A. 27.01.17)

Research Study: Evaluating the use of embodied mindful practices in present moment experiences in psychotherapy

Brief summary of study

The intention of this qualitative piece of research is to investigate the embodied experiences of crucial moments of change in the psychotherapeutic dyad.

These embodied experiences are scrutinised through the lens of mindfulness practices.

The Buddhist model of mind is derived from a phenomenological and philosophical study of direct experiences. Mindfulness as a 'construct' has been 'quantified' to produce outcome measures that can be verified in longitudinal studies over the last 3 decades. Since MBIs (Mindfulness-based Interventions) are now recognised aids in recovery, this study looks further into how mindfulness practices can mobilise or activate interest and awareness in the lived experience of an embodied being and bears on the intersubjective

relationship. The desire evoked in this process is part of the lived experience of the moment, *kairos* - a desire to be present. The IPA, Interpretative Phenomenological Analysis, will be used to analyse and understand these lived experiences.

The aim is not to further reduce the practice of mindfulness to a adaptable skill or construct, but to hone in on how mindfulness generates awareness of endeavour and striving in a complex body of inter-connected functions.

Mindfulness is often interpreted as a calming exercise but is actually a profound practice of monitoring ceaseless movement in our biology that is about change

The objective of this study is to focus on the process of mindful attention in a psychotherapeutic setting. Mindfulness as an embodied practice, encourages a particular form of attentional and interpersonal attunement. The interview questions will hone in on the mindful stance of the therapist and client in critical moments when change is experienced. It could be argued that embodied intentionality can be gleaned from the mindful stance of both the therapist and client in the moment-to-moment occurrence that is the experience of change and movement. Embodied mindfulness is a fine-tuning of the experience of change that seeks mutual recognition of desire and intention.

What's involved?

The researcher will be conducting between 14 and 20 in-depth interviews with psychotherapists and clients. Half of these interviews are done with psychotherapists who have a regular practice in mindfulness or meditation and

they are drawn from the membership of Humanistic and Integrative Psychotherapy College (HIPC, UKCP) and that of the British Psychoanalytic Council (BPC). Many psychoanalytically-trained psychotherapists have since recognised that mindfulness or meditative practices have a role in the therapeutic process. The researcher hopes to conduct the other half of the interviews with the clients of the psychotherapist-participants.

As a psychotherapist-participant, you are given a synopsis of the research project which includes notification that you will be asked at the end of the interview if you'd be willing to pass on a request for participation to your clients. If after considering the information and request for participation, the clients who are willing to take part in interviews would contact the researcher directly. The clients' participation will be kept confidential and will not be revealed to the therapists by the researcher. If the researcher fails to recruit client-participants in this way, another group of psychotherapists will be recruited for interviews on their experiences when they were clients.

You will be asked about your established mindfulness or meditation practice. You will be scored on a questionnaire to ensure that there is a regularity in your practice to be suitable for this study. The questionnaire helps to determine that you hold in mind a form of embodied reflexive approach in therapy. The one-to-one interviews will most probably be held in your practice rooms, where possible. Other logistical arrangements will be made for the client group. The client group will not be required to have an established mindfulness practice if they come from having worked with you.

Your interview data will not be excluded if you decide at the end of the interview not to pass on the request for participation to your clients. If you agree, you will be given client-participation information sheets for your clients.

The interviews will last about 60 minutes and will be digitally audio-recorded.

Consent forms are attached at the end of this information sheet. You can withdraw your consent at any point of the research process. Your identity will be anonymised from data collection to the dissemination of the research study findings. Strict confidentiality will be held in regards to your identity and the data collected for the analysis. The researcher will not know the identity of any of your clients unless they contact the researcher.

You may ask to see the analysis or the thesis of the research study once it is written up by the researcher. The data analysis of the interviews may link client-participants to their therapist-participants but the participants will not be identifiable once the study has been written-up.

A pre-research consultative process was conducted by the researcher with 4 psychotherapists asking if they would be willing to pass on the participation request to their clients after a discussion of the research aims. All 4 psychotherapists were initially wary of the idea of passing on the request for participation to their clients. After an hour-long session with each of the 4 therapists, 3 were willing to consider seriously about relaying such a request to their clients.

Exclusion criteria

Please do not pass on requests to vulnerable clients with known histories in the following conditions: psychosis including psychiatric diagnosed illnesses; personality disorders; suicidal ideation; and any other condition that you judge would place them as a vulnerable adult or that would pose a potential risk to their psychological well-being by taking part in the research.

You should also exclude vulnerable adults who are defined as “persons aged 18 or over who have a condition of the following type: i) a learning or physical disability; ii) a physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs; iii) a reduction in physical or mental capacity.”

(Advice on recruitment guidance - The University of Exeter)

Please do not also pass information sheets to patients from the NHS if you work on the NHS. This research study aims to look only at the work of psychotherapists in their work with clients in private practice.

All participants must be of adult age of 18 and above. There will not be any gender specific requirements for the participants.

What are the possible benefits of participating?

A literature review conducted by the researcher did not reveal any recorded study that looks at the direct process of therapists and their clients in a psychotherapeutic dyadic exchange. If you agree, there will be a degree of self-disclosure on your part as a psychotherapist-participant in passing on the participation request to your clients. Your clients may want to know if you have

taken part in the research. This could affect the clients' decisions as to whether or not they agree to participate. The interview process can be seen as point of reflection for both the therapists and clients. Self-disclosure as well as the bilateral experience of talking about the therapy to the researcher could enhance a joint process. As well as contributing to an innovative way of researching the psychotherapeutic exchange, the therapeutic alliance and relationship could benefit from the enquiry of the research communication when the experiences are brought back for discussion in the therapy.

This is a study to scrutinise the nuanced and embodied experiences of change in therapy that happens with mindful attention and attunement to the therapeutic exchange. You will be helping to form a body of understanding of how embodied reflexivity works.

The researcher aims to disseminate the findings at local, national and international conferences. As a participant, you will also have the opportunity to ask any questions that you might have about this research, and perhaps to consider how it might affect your work as a psychotherapist.

What are the possible disadvantages and risks of participating?

There were ethical concerns raised by the psychotherapists in the consultative process. They include the way the research request is introduced by the therapist to the client and how it could be seen as an intrusion in the therapeutic process. This could have a negative effect on the therapy.

The researcher has to be clear from the start of the interview with therapists that they will only decide at the end of the interview as to whether they pass on the participation request to their clients. As you will not have known the researcher, you may feel that you have to decide during the interview process if you can trust the researcher with interviewing your clients. It is uncertain if the interview process will provide sufficient information and time to help you decide. You will not be asked to decide at the end of the interview if you wish to have more time to consider.

Your interview data will be included in the study even if you choose not to involve your clients. This study is not about an assessment of the outcomes of your work but an analysis of the process of an embodied approach.

The information sheets for clients include a synopsis of the research study and the usefulness of such a study that looks at the embodied approach of the therapist and its effects on the clients. The same confidentiality and assurance of anonymity will be applied to their participation. Your clients' participation will not be known to you unless they choose to tell you. If the research participation is not talked about in therapy, it will not be known to either therapist or client as to whether one or the other has been interviewed.

You are free to contact the researcher at any point of the study if you are concerned about any aspect of the research process and wish to discuss any anxieties or concerns you may have.

Further questions

What if something goes wrong?

If you have any concerns at all, please contact the researcher, Chuey Loh directly on cyl216@exeter.ac.uk. If you have any complaints about how the research is being conducted, please contact Richard Mizen - R.F.Mizen@exeter.ac.uk -, Programme Lead for Doctor of Clinical Practice, College of Life and Environmental Sciences, University of Exeter and/or Lisa Leaver - l.a.leaver@ex.ac.uk -, Chair, PREC (Psychology Research Ethics Committee)

What will happen if I don't want to carry on with the study?

Participation in the study is entirely voluntary, and you are free to withdraw participation at any point. If you wish to discuss what has been written up by the researcher, you will be given a deadline later by which your concerns will be addressed.

How will my information be kept confidential?

The audio recordings will be sent securely through encrypted websites for transcription by professional transcribers. Transcribers will also be asked to sign a Confidentiality Agreement. Quotations used will not refer to recognisable information. Extracts used for analysis will be anonymised.

How long will the data be kept for?

The data will be kept for 5 years in its anonymised form. In compliance with the Data Protection Act, data will be stored securely and accessed only using encrypted devices.

What will happen to the results of this study?

The results will be written up and presented in a viva for internal and external examiners at the University of Exeter. The researcher will look to submit the study to the European Journal of Psychotherapy and Counselling. The study could be presented in the workshops of national conferences.

Who has reviewed this study?

The study has been reviewed by Dr. J Knox and Dr. C Smart of the University of Exeter for research and academic content. It has also been reviewed by the Psychology Research Ethics Committee Approval (PREC system) of the University of Exeter.

What happens now?

The researcher will make an appointment to conduct the interview (probably at your practice rooms) after you have made the decision to take part in this study. After the interview, you will be given information sheets to pass on to your clients if you agree to do this. If you do agree, the researcher will not check with you at any point after the interview process as to whether you have carried out the decision to pass the information sheets to your clients.



Appendix V - Consent form for psychotherapist-participants

Research Study: Evaluating the use of embodied mindful practices in present moment experiences in psychotherapy: a qualitative study

Researcher: Chuey Y Loh

Email: cyl216@exeter.ac.uk

ID No: 640058519

Programme: Doctor of Clinical Practice, College of Life and Environmental Sciences, University of Exeter

Informed Consent Form for Participants (Psychotherapists)

1. I confirm that I understand after having read the information sheet for the above study. I have also had time to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am able to withdraw at any point of the study.

3. I understand that my name will not appear in any data analysis, articles or presentations written by the researcher.

4. I understand that any information given by me may be used in data analysis, articles or presentations by the researcher.

5. I will be asked about therapeutic manner in my work as a psychotherapist.

6. I will also be asked to complete a questionnaire to determine the level in which I employ mindfulness/meditation practices in my work as a psychotherapist.

7. I will be asked if I would be willing to pass on an information leaflet and participation request to my client/s at the end of the interview. I have the right to refuse.

8. If I agree to pass on the participation request to my client/s, I also agree to the exclusion criteria for client participation as listed on the information sheet.

9. A debriefing will be provided at the end of the interview. This will not be recorded.

9. I agree to the interview which will be audio recorded and lasts about 60 minutes.

Name of Participant Date Signature

Researcher Date Signature



Appendix VI - Participation Information for Clients

Participation Information for Clients & Consent Form

Researcher: Chuey Y Loh

Email: cyl216@exeter.ac.uk

ID No: 640058519

Client-Participant Information Sheet (Version 3B.27.01.17)

Research Study: Evaluating the use of embodied mindful practices in present moment experiences in psychotherapy

Brief summary of study

The intention of this qualitative piece of research is to investigate the embodied experiences of crucial moments of change in the psychotherapeutic dyad.

These embodied experiences are scrutinised through the lens of mindfulness practices.

The Buddhist model of mind is derived from a phenomenological and philosophical study of direct experiences. Mindfulness as a 'construct' has been 'quantified' to produce outcome measures that can be verified in longitudinal studies over the last 3 decades. Since MBIs (Mindfulness-based Interventions) are now recognised aids in recovery, this study looks further into how

mindfulness practices can mobilise or activate interest and awareness in the lived experience of an embodied being and bears on the intersubjective relationship. The desire evoked in this process is part of the lived experience of the moment, *kairos* - a desire to be present. The IPA, Interpretative Phenomenological Analysis, will be used to analyse and understand these lived experiences.

The aim is not to further reduce the practice of mindfulness to a adaptable skill or construct, but to hone in on how mindfulness generates awareness of endeavour and striving in a complex body of inter-connected functions. Mindfulness is often interpreted as a calming exercise but is actually a profound practice of monitoring ceaseless movement in our biology that is about change

The objective of this study is to focus on the process of mindful attention in a psychotherapeutic setting. Mindfulness as an embodied practice, encourages a particular form of attentional and interpersonal attunement. The interview questions will hone in on the mindful stance of the therapist and client in critical moments when change is experienced. It could be argued that embodied intentionality can be gleaned from the mindful stance of both the therapist and client in the moment-to-moment occurrence that is the experience of change and movement. Embodied mindfulness is a fine-tuning of the experience of change that seeks mutual recognition of desire and intention.

What's involved?

The researcher will be conducting between 14 and 20 in-depth interviews with psychotherapists and clients of psychotherapy. Half of these interviews are done with psychotherapists who have a regular practice in mindfulness or meditation and they are drawn from the membership of Humanistic and Integrative Psychotherapy College (HIPC, UKCP) and that of the British Psychoanalytic Council (BPC). Whilst psychotherapists from Humanistic and Integrative Trainings have largely included embodied approaches in their work, a number of psychoanalytically-trained psychotherapists have also since recognised that mindfulness or meditative practices have a role in the therapeutic process.

The other half of the in-depth interviews will be conducted with clients of psychotherapy. It is hoped that the psychotherapist-participants will pass on the participation request to their clients. The researcher will not know the identity of any of the clients unless they choose to contact the researcher.

You have been given this information by your therapist to see if you would consider participating in this research study. You will be asked questions about crucial moments when you experienced therapeutic change and how you experienced it somatically or remember the therapeutic change in an embodied way. You will be asked the name of the therapist from whom you receive this request for participation.

Your therapist will not know of your participation unless you choose to tell her or him. The researcher will not give your therapist any information about your participation. If you agree to take part in the interview, all data will be kept strictly confidential and the content of the interview will not be made known to

your therapist. All identifying information will be anonymised in the data analysis.

All participants must be of adult age of 18 and above. There will not be any gender specific requirements for participants.

The interviews will last about 60 minutes and will be digitally audio-recorded. You will be given a consent form to sign.

Your identity will be anonymised from data collection to the dissemination of the research study findings.

You may ask to see the analysis or the thesis of the research study once it is written up by the researcher. The data analysis of the interviews may link client-participants to their therapist-participants. However all participants will not be identifiable once the study is written-up.

If you experience any form of physical and/or emotional distress at any point of the interview, you can terminate the interview and your data will not be used for the analysis. As an experienced psychotherapist, the researcher will respond with sensitivity to any distress or discomfort.

What are the possible benefits of participating?

There are currently no recorded research studies of the effects of therapy in a specific psychotherapeutic dyadic exchange. Research findings have looked at

the results of therapeutic approaches from either the clients' perspectives or the psychotherapists' practice protocols. You will be helping to contribute in an area of research that investigates the embodied manner in which change is experienced in a therapeutic dyad.

The interview process can also be seen as a point of reflection for both the therapists and clients. Self-disclosure as well as the bilateral experience of talking about the therapy to the researcher could enhance a joint process. As well as contributing to an innovative way of researching the psychotherapeutic exchange, the therapeutic alliance and relationship could benefit from the enquiry of the research communication when the experiences are brought back for discussion in therapy.

Much has been recorded about the effectiveness of MBIs (mindfulness-based-interventions) but not how mindfulness actually works. This is a study to scrutinise the nuanced and embodied experiences of change in therapy that happens with mindful attention and attunement to the therapeutic exchange. You will be helping to form a body of understanding of how embodied reflexivity works.

The researcher aims to disseminate the findings at local, national and international conferences.

What are the possible disadvantages and risks of participating?

There have been ethical concerns raised by the psychotherapists in preliminary consultative process. Some clients may feel the request for participation introduced by the therapist in a session to be intrusive.

You may feel that this study is an assessment of the outcome of the therapy. It is about the embodied process of experience of change rather than outcome of therapy.

If your participation is not talked about in therapy, it will not be clear to both your therapist and you as to whether one or the other has been interviewed.

You are free to contact the researcher at any point of the study if you are concerned about any aspect of the research process and wish to discuss any anxieties you may have.

Further questions

What if something goes wrong?

If you have any concerns at all, please contact the researcher, Chuey Loh directly on cyl216@exeter.ac.uk. If you have any complaints about how the research is being conducted, please contact Richard Mizen (R.F.Mizen@exeter.ac.uk), Programme Lead for Doctor of Clinical Practice, College of Life and Environmental Sciences, University of Exeter and/or PREC (Psychology Research Ethics Committee) Chair, Lisa Leaver, l.a.leaver@ex.ac.uk

What will happen if I don't want to carry on with the study?

Participation in the study is entirely voluntary, and you are free to withdraw participation at any point. If you wish to discuss what has been written up by the researcher, you will be given a deadline later by which your concerns will be addressed.

How will my information be kept confidential?

The audio recordings will be sent securely through encrypted websites for transcription by professional transcribers. Transcribers will also be asked to sign a Confidentiality Agreement. Quotations used will not refer to recognisable information. Extracts used for analysis will be anonymised.

How long will the data be kept for?

The data will be kept for 5 years in its anonymised form. In compliance with the Data Protection Act, data will be stored securely and accessed only using encrypted devices.

What will happen to the results of this study?

The results will be written up and presented in a viva for internal and external examiners at the University of Exeter. The researcher will look to submit the study to the European Journal of Psychotherapy and Counselling. The study could be presented in the workshops of national and international conferences.

Who has reviewed this study?

The study has been reviewed by Dr. J Knox and Dr. C Smart of the University of Exeter for research and academic content. It has also been reviewed by the Psychology Research Ethics Committee Approval (PREC system) of the University of Exeter.

What happens next?

If after reading and considering what has been written above and you would like to participate in this research study as a client-participant, please contact Chuey Loh for more information on:

email: cyl216@exeter.ac.uk or tel: 07951 036381.

Chuey Loh can also be contacted if there are more questions or concerns that need clarifying before you decide.



Appendix VII - Consent form for client-participants

Research Study: Evaluating the use of embodied mindful practices in present moment experiences in psychotherapy: a qualitative study

Researcher: Chuey Y Loh

Email: cyl216@exeter.ac.uk

ID No: 640058519

Course: Doctor of Clinical Practice, College of Life and Environmental Sciences,
University of Exeter

Informed Consent Form for Participants (Clients)

1. I confirm that I understand after having read the information sheet for the above study. I have also had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am able to withdraw at any point of the study.

3. I understand that my name will not appear in any data analysis, articles or presentations written by the researcher.

4. I understand that any information given by me may be used in data analysis, articles or presentations by the researcher.

5. I will be asked about how I experienced and recognised therapeutic change in therapy.

6. A debriefing will be provided at the end of the interview. This will not be recorded.

7. I agree to the interview which will be audio recorded and lasts about 60 minutes.

Name of Participant Date Signature

Researcher Date Signature

Appendix VIII - Ethics approval form

From: apache@exeter.ac.uk <apache@exeter.ac.uk> on behalf of Ethics Approval System <D.M.Salway@exeter.ac.uk>
Sent: 18 February 2017 13:13
To: Loh, Chuey <cyl216@exeter.ac.uk>
Subject: Your application for ethical approval (2017/1511) has been conditionally accepted

Ethical Approval system

Your application (2017/1511) entitled Evaluating the use of embodied mindful practices in present moment experiences in psychotherapy: a qualitative study has been conditionally accepted

Please visit <http://www.exeter.ac.uk/staff/ethicalapproval/>

Please click on the link above and select the relevant application from the list. The conditions are as follows:

Please add the contact details of the PREC Chair, Lisa Leaver, l.a.leaver@ex.ac.uk to both of your information sheets.

From: "Moberly, Nick" <N.J.Moberly@exeter.ac.uk>
Subject: RE: Your application for ethical approval (2017/1511) has been conditionally accepted
Date: 30 January 2020 at 15:14:11 GMT
To: "Loh, Chuey" <cyl216@exeter.ac.uk>

Hi Chuey,

Because your ethical approval was granted before I was Chair of Ethics, I am unable to provide evidence of final approval. Furthermore, the online system has changed since then so I am unable to access your application.

However, the email you have on 18 Feb 2017 (below) will suffice as proof because at that time (when Lisa was Chair) it was sufficient to get conditional approval at the time without further checking of the application.

Kind regards,

Nick

Appendix IX - Mindfulness questionnaire

Questionnaire on establishing psychotherapist-participants' regularity of practice of meditation and/or mindfulness

1. How would you describe your regular practice? (You can select more than 1 answer)

- a. Meditation
- b. Mindfulness practices
- c. Walking
- d. Yoga/Chanting
- e. Other (please describe)

2. How would you describe the frequency of your practice?

- a. Infrequent
- b. When I feel the need to
- c. As frequently I can make time for
- d. Regular
- e. Committed to a daily practice

3. How long do you practise for in one sitting/session?

- a. 10 minutes or less daily
- b. Between 10 mins and 30 minutes daily
- c. More than 30 minutes daily
- d. More than one sitting a day
- e. Other (please describe)

4. How long have you been practising?

- a. Less than 6 months
- b. Between 6 months and 1 year
- c. Between 1 and 5 years
- d. Between 5 and 10 years
- e. More than 10 years

5. How helpful has your practice been in your daily life (not work)?

- a. Not helpful at all
- b. Helpful but difficult to say how
- c. More helpful when I practise regularly
- d. Very helpful
- e. Can't do without it

6. How helpful has your practice been for your work as a psychotherapist?

- a. Not helpful at all
- b. Helpful but difficult to say how
- c. More helpful when I practise regularly
- d. Very helpful
- e. Can't do without it

7. If you've answered 'b', 'c', 'd' or 'e' in Question 6, can you say how the practice affects your psychotherapeutic work? (You can select more than 1 answer)

- a. I am unable to say

- b. I notice a difference in my emotional wellbeing
- c. I notice a difference in my state of mind
- d. I notice a difference in my responses
- e. I notice a difference in my embodied awareness

8. Do you attend retreats, Buddhist teachings or meditation classes, mindfulness activities or other courses to do with your practice?

- a. Not at all
- b. Sometimes (less than once a year)
- c. Regularly (2 or 3 times a year)
- d. Frequently (4 to 6 times a year)
- e. There is always something on (more than 6 times a year)

Scoring:

Apart from Question 1, scores are given as follows:

'a' = 1, 'b' = 2, 'c' = 3, 'd' = 4, 'e' = 5

All answers in Question 1 score 1 point.

Total possible score is 40

Least possible score is 8

Participants have to score between 20 and 40 to be included in study.

Appendix X - Interview questions for psychotherapist-participants

Interview questions for psychotherapist-participants

Please give a description of the approach of your therapy.

How have you come to have a regular practice in meditation and/or mindfulness?

How do you reconcile your psychotherapeutic approach with mindfulness and/or meditation practices? Are there areas where it might be difficult to see the congruence?

What do you sense in your clients' processes that require an embodied attentional attunement? How do you attune to your clients through an embodied reflectivity?

How aware are you of your bodily and sensory processes when you are working with your clients?

Has your meditation/mindfulness practice helped to develop or heighten your sensory or embodied awareness of the therapeutic exchange? How has it helped to monitor the moment-to moment experience in therapy?

Can you give some examples of when your sensory awareness of the situation helped to formulate a response to the client/clients? Have your responses facilitated an experience of therapeutic change? Can you elaborate on an occasion when the experience of therapeutic change was noticeably present in the therapy?

Can you describe the process of what was happening for you and your client?.

How do you convey or communicate your embodied reflexivity to your client, if at all?

What happened consequently?

Appendix XI - Interview questions for client-participants

Interview questions for client-participants

How have you come to choose your therapist? Were you aware of your psychotherapist's approach? Does the approach or modality matter to you?

Do you have a practice in meditation or mindfulness?

When communicating your thoughts, issues or intentions to your therapist, are you aware of how you were feeling in your body or how you might also be communicating through your bodily movements? Are you aware of how certain words or ways of communication bring up certain bodily senses in you?

How do you feel about your therapist's use of a form of embodied mindful attention in his/her therapeutic approach? Were you aware of this embodied way that your therapist worked? Did it help you?

How have you experienced the therapy through your bodily awareness/senses?

Can you tell me about some of the embodied experiences you've had during the therapy sessions?

Can you remember a moment in the therapy sessions when you experienced some sense of bodily awareness of change? Please tell me about that and how you experienced the therapist in those moment or moments. Did you talk about it with your therapist?

How has the change affected you and the therapy consequently?

Do you feel it is helpful or necessary to experience therapeutic change in a bodily way?

Appendix XII - Sample page for coding of one participant's data (identity of participant removed)

<p>CODES</p> <p>It's tiring when clients don't own their feelings or emotions</p>	<p>tend to come more... Even if the client isn't saying anything about the emotions. They're sort of more free-floating in a way. Is that true? I'm just thinking through. Yes, I guess it's slightly different with each client, actually. I have one client that it's really hard to feel much of anything, and that's what she's here for. She doesn't feel much of anything. Even though we're doing body scanning or this or that, she's a relatively new client, but for her just to name a feeling is quite a big one. I often don't feel much of anything around her, so that's quite interesting.</p> <p>Then there are other clients where sometimes I'll just suddenly feel really tired. I've learnt that that usually means there's a strong emotion somewhere that's not being owned. Either some fear or anger has come up.</p>	<p>CANDIDATE THEMES</p> <p>Body Scanning/ Body is a barometer</p>
<p>Therapy is about helping clients to own their feelings and recognise triggers</p>	<p>I: It sounds like you're kind of quite clued-in, in a sense, to your own bodily response to the client.</p> <p>R: Yes. It kind of depends on the client. Some I get much more, and then different periods of times as well. Some I get more responses.</p> <p>I: Periods of time as in time of day?</p> <p>R: No, the times of the therapy. The beginning and the middle and the end can all have different amounts of... Well, I guess it depends how much they're owning their feelings. If they're owning their feelings then it's kind of...</p> <p>I: It's lighter, is it?</p> <p>R: It's lighter and it's also kind of like, 'Oh, she's feeling sad. I can relate to that.' But a feeling out of the blue, like, 'Why am I suddenly feeling angry? Oh, this must be the countertransference.' That's usually more the middle, sometimes the beginning.</p> <p>I: It's almost like you could chart some kind of chronological kind of embodied resonance.</p> <p>R: Yes. I never thought of it that way but yes, maybe. In that sense of you could say therapy is a lot about clients getting to know and owning their feelings, or their triggers, in a world. In that sense, the more they own them, the less everybody else has to own it. In the way that countertransference works.</p> <p>I: When you own something, it's also kind of based on this relation they have with you, the relationship they have with you that's allowed them to own something that maybe didn't feel safe before, but somehow with your help it feels safe there, and to own it in the body and not to try to over think something.</p> <p>R: Yes.</p> <p>I: How has your meditation or your mindfulness practice – or how has it helped you to heighten your kind of sensing of the clients' process?</p> <p>R: Well, I think personally, in a way, because I started meditation in my twenties, I kind of got to know myself through meditation, so I got to know my feelings through the body scan and what emotions are there, and processing difficult feelings. I kind of started with the meditation rather than therapy. So that's my first port of call. Then I guess with therapy, it was then becoming more focused on the emotions or core beliefs. So I guess it's been very integral, I would say, in my personal journey. Also, as a body worker, because I do Shiatsu. I think, in a way, when I was receiving a lot of body work, I was processing a lot of things, like emotional stuff just very physically, in the mind and body can work very well together.</p>	<p>Body resonance/ felt sense</p>
<p>Mindfulness practices help to process feelings in the mind-body.</p>	<p>R: Well, I think personally, in a way, because I started meditation in my twenties, I kind of got to know myself through meditation, so I got to know my feelings through the body scan and what emotions are there, and processing difficult feelings. I kind of started with the meditation rather than therapy. So that's my first port of call. Then I guess with therapy, it was then becoming more focused on the emotions or core beliefs. So I guess it's been very integral, I would say, in my personal journey. Also, as a body worker, because I do Shiatsu. I think, in a way, when I was receiving a lot of body work, I was processing a lot of things, like emotional stuff just very physically, in the mind and body can work very well together.</p>	<p>Mindfulness is a form of reflexivity</p>

Appendix XIII - Sample page of psychotherapist-participants' codes and collated data (identities removed)

Table: Therapists' codes and collated data

Integrative psychotherapy is about co-creating the therapeutic relationship through listening to the narrative with all the senses including the silences.

: I believe the relationship is co-constructed, or co-created. When I'm with a client or a patient, I am thinking about the sense of emotional contact that I have with them, and how they come into the relationship but also what I'm bringing. I think that's really quite important, and really listening to their story and really how they talk about their story. So I am listening in terms of the coherence of their narrative, but also looking at their posture and the sense of eye contact and the pace at which they speak, gaps in speech. So it's kind of very holistic.

slowing down is also expanding time and space vs speeding up - crushing or contracting space and time... slowing down also enables containment - including the other - creating the intersubjective. "The cusp of change - the live edge"

...If I slow down my speech, especially, I think it's... not relaxing but it's more containing. I'm not necessarily trying to relax. I want to keep on the edge of comfort/discomfort, because I think that's the cusp of change, really, it's finding that... a live edge really, you know, of kind of fertile exploration.

Using the body as a barometer of what is going on. "The body is communicating all the time"

...when I notice it's getting too heady just coming back into the body and being with feelings, the felt sense of something, I think will help support affect regulation, to use the language, and being present to one's self in the now. So even as I speak to you right now, for example, I am just tuning in to myself and noticing a bit of tension now in my shoulders, so I will just gently soften. So there are moments like that where I'm in that flow. It's like become a way of being. I think it's become a part of my personality now. As I say to you, it's almost becoming a trait

Sometimes clients don't want to slow down in session so there's tension... Mindfulness is not a form psychotherapy. Mindfulness-based practices help to process emotional regulation and to expand the point where exploration and change can happen

They're using analysis to cope with feelings as opposed to feeling the feelings, and there is that feeling of exhaustion and being drained by certain kind of client presentations like that. So, to come to your question, I suppose what I notice is coming back into my body is a sense of sanctuary for me, and restoration. So rather than just keep following, I will come back, and that kind of restores me to pick up another intervention, such as naming what's happening, at a Meta level.

Slowing down, tuning in and allowing, enabling the felt sense to emerge - implicit affect regulation

...affect regulation is happening at an implicit level, in terms of the pace that we're talking and the eye contact. So I think the body is communicating all the time. So if I notice that we're getting very heady or speaking quickly, or I am, if I get very suddenly hung up on an idea that I'm following with intensity, I notice a sense of more emotional intensity, I think I could be on my own agenda. So I think there's a sense of maybe sometimes tuning in and then slowing down and allowing space more for them, and I guess I feel at an implicit level it's subtle, that by me slowing it down

Mindfulness is developing awareness of body-mind space, remembering that our thoughts do not just from the head.

...shows me much more what's happening, because I do believe, more than what I necessarily say it's how I say it, so how I embody it. So it's the pace and what I'm saying and tentatively, so it's more that the mindfulness helps me to just communicate that more congruently, or it just feels a bit less heady.

Appendix XIV - Sample page of client-participants' codes and collated data (identities removed)

Table: Clients' codes and collated data

Body is a source of information

So the body was there in the experience and the body was information for her about how deeply it affected me and that gave her information about, well in that case, it's probably something that has meaning in your past, it's not just your current reaction to this current event. meaning in your past, it's not just your current reaction to this current event...body is this source of information really.

The feeling of being understood or met brings up a sense of undefendedness, expansion, opening up.

.guess as a kind of undefendedness. How would it be if you didn't feel that [pause] at those times, then I would feel more contracted, more separate, more defended.

All that's expressed or not expressed in therapy is embodied

Thoughts, bodily way, feeling, sensations, imagery (bodily experiences) Anything. Everything and being really, really open to noticing whatever arises without necessarily attaching to it.

Bodily responses or reactions provide a barometer of the rise and fall of feelings and emotions... concurrent body responses such as 'tummy gurgling' indicates a form of acknowledgement or/and meeting

And I think I might have already had tummy gurgling as a thing that happens but now it seems so common...So the more gurgling and the more it is both of us and the closer it comes to the understanding, the more correct the understanding is, so it's like a kind of barometer, it goes up and down

All change has to be embodied and meaningful

(Change)...think it just is embodied. If it were not then I think it would be far less helpful and meaningful but I don't think you can necessarily steer towards it being embodied directly. Mmm. t's not like you can take a therapist and say, 'Right, we're going to add a module of embodiedness and then they would be a better therapist'.

Mindfulness is a practice that encourages slowing down

especially if I'm having a bad time like I've had recently where my mother has been ill, I will choose to be very mindful over domestic – ironing, chopping vegetables, so that I'm very quiet, nobody is allowed in, I'm paying really strong attention and it's resourcing.

The body is a vault of memories. There is a difference between a body memory and the narrative of that memory.

.Making a physical gesture led to a very embodied memory because it's not... that kind of memory has to be a body memory because it's not like you have a narrative memory of when you were 10 where you can envisage it was this street, it was this house, images. It's just knowledge. It is embodied in its nature, isn't it, that kind of memory. I suppose people call it body memories, don't they

Therapeutic change is a release, expansion, opening up- an embodied felt experience

:... didn't have a good experience of my body at that time, I was much more cognitive. And all of these processes were mental, the thinking. It was all the thinking and worrying and it was all going over things, so it was all head stuff, rather than my process is much more body orientated these days.

Working with images is also embodied as it's informed by bodily senses/ felt sense/It's consciousness and object -redirecting consciousness to new and fresh and unfamiliar objects

I'll see something in the mind's eye...I still think that's embodied but it's certainly head-based...it's got to feel real.

Glossary of Buddhist terms

Taken from *A dictionary of Buddhism*, (electronic resource) D Keown (2003); contributors, Stephen Hodge, Charles Jones, Paola Tinti.

Abhidhamma (Pāli) Abhidharma (Sanskrit) Term meaning 'higher doctrine' and denoting the scholastic analysis of religious teachings. The earliest material was composed over several centuries beginning around 300 BCE and formed the substance of the various collections of canonical scholastic treatises (*Abhidhamma Piṭaka*) of the different early schools.

Bodhi (Pāli & Sanskrit) Literally means 'awakening', but which is commonly translated as 'enlightenment'. It denotes the awakening to supreme knowledge, as experienced by the Buddha as he sat under the *Bodhi* tree.

Dhamma (Pāli) Dharma (Sanskrit) *Dhamma* or *dharma* is etymologically derived from the Sanskrit root *dhṛ* meaning to bear or support. It is a term of great significance with three main meanings. First, it refers to the natural order or universal law that underpins the operation of the universe in both the physical and moral spheres. Secondly, it denotes the totality of Buddhist teachings, since these are thought to accurately describe and explain the underlying universal law so that individuals may live in harmony with it. It is in this sense that it occurs as one of the 'three jewels' (*triratna*) and the 'three refuges' (*triśaraṇa*), along with the Buddha and the *Samgha*. Thirdly, it is used in the *Abhidharma* system of taxonomy to refer to the individual elements that collectively constitute the empirical world. Some of these elements (*dhammas*) are external

to the perceiver and others are internal psychological processes and traits of character.

Duḥkha (Pāli & Sanskrit) The first of the Four Noble Truths and the cornerstone of the Buddha's teaching. The meaning of *duḥkha* and of the other Noble Truths is explained in the Buddha's first sermon, and in many other places in the Buddhist scriptures. While *duḥkha* certainly embraces the ordinary meaning of 'suffering' it also includes deeper concepts such as impermanence (*anitya*) and unsatisfactoriness, and may be better left untranslated.

Khandha (Pāli). One of the five 'aggregates' or components which collectively constitute the human individual.

Madhupiṇḍika Sutta (Pāli) - "The Buddha gave the title Honeyball (*madhupiṇḍa*) to this particular discourse because it is the deeply embedded and apparently intractable relationship between violence and metaphysical views – in doing so, one might add, he engages in a profoundly 'ethical' reflection. Life, on this view, in other words, would be as sweet as honey if only we could grasp this deep truth of the relationship between violence and a deeply embedded propensity to metaphysics – something that *prime facie* does not appear at all obvious. This text is also a discourse around a discourse and it begins with an extremely succinct *dharmā* talk by the Buddha outlining the relationship between ego craving, attachment to views and violence observable in society" (Peacock, 2018, p.167).

Pāli - The language of the texts of *Theravāda* Buddhism . The *Pāli* language is the product of the homogenisation of the dialects in which the teachings of the Buddha were orally recorded and transmitted. The term *Pāli* originally referred

to a canonical text or passage rather than to a language. No script was ever developed for Pāli and scribes used the scripts of their native languages to transcribe the texts. Tradition states that the language of the canon is *Māgadhī*, the language believed to be spoken by Gautama Buddha.

Paṭicca-samuppāda (Pāli) Pratītya-samutpāda (Sanskrit) - The doctrine of Dependent Origination, a fundamental Buddhist teaching on causation and the ontological status of phenomena. The doctrine teaches that all phenomena arise in dependence on causes and conditions and lack intrinsic being.

Phassa (Pāli) - Technical term in Buddhist psychology referring to the contact between an organ of sense, such as the eye, and its corresponding object, such as a visible form. In an intact organism, the contact between the two gives rise to a particular kind of consciousness (*viññāna*).

Rūpa (Pāli & Skt) - Matter or form, that which has shape and manifests itself to the senses as substance. It is the first of the five aggregates (*khandha*) and in that context stands for the material component or body of the human individual.

Samyutta Nikāya (Pāli) - The 'Connected Discourses', the third of the five divisions (*Nikāya*) of the *Sūtra Piṭaka* of the *Pāli* Canon. It consists of 7,762 *suttas* arranged thematically in 56 groups, called *samyuttas*.

Sampajañña (Pāli) - Clear comprehension as taught in the Pāli Canon, the practices consists of attending mindfully to four things in turn: the body (*kāya*), feelings (*vedanā*), mind (*citta*) and mental concepts (*dhammā*). The meditator

focuses on the four with 'clear comprehension' (*sampajañña*) paying attention to the various physical and mental processes that are taking place.

Saṅkhāra (*Pāli*, *Skt. saṃskāra*). The constructing activities that form, shape or condition the moral and spiritual development of the individual. The saṃskāra-skandha is the fourth of the five aggregates (skandha) that constitute the human person, and also the second link (nidāna) in the twelvefold scheme of Dependent Origination (pratītya-samutpāda).

Saññā (*Pāli*, *Skt. saṃjñā*) The third of the five aggregates (skandha), saṃjñā is the psychological faculty of perception or discernment. Saṃjñā is said to recognize the distinctive characteristics of things, for example, by identifying different colours. It is sixfold, with respect to perception of the objects of the five senses plus the ideas perceived by the mind.

Sati (*Pāli*) *Smṛti* (*Sanskrit*) - Mindfulness or awareness. An alert state of mind that should be cultivated constantly as the foundation for understanding and insight (*prajñā*). Many meditational practices exist to help develop mindfulness, notably the four Foundations of Mindfulness (*Satipaṭṭhāna Sutta*)

Satipaṭṭhāna Sutta (*Pāli*) Important *Pāli* discourse concerned with meditational practice that has provided the foundation for Buddhist meditational techniques down the ages. Its name means 'the setting up of mindfulness', and it describes a fourfold meditational exercise involving the body, feelings, the mind, and mental objects (concepts related to Buddhist doctrine).

Theravāda - (*Pāli*, way of the elders). The only one of the early Buddhist schools of the *Hīnayāna* or 'Small Vehicle' to have survived down to modern

times. Today, the *Theravāda* is the dominant tradition of Buddhism throughout most of south-east Asia, particularly Sri Lanka , Burma , Thailand , Laos, and Cambodia.

Vedanā (Pāli & Skt) The psycho-physiological faculty of experiencing sensations. *Vedanā* is the faculty that is said to ‘taste’ or ‘relish’ experiences, and these experiences are classified into three kinds, as pleasant, unpleasant, or neutral.

Vijñāna (Pāli, Skt. viññāna). Consciousness or awareness, in both its active, discriminative form of knowing, and its subliminal or unconscious bodily and psychic functions. *Vijñāna* thus encompasses both the Western terms ‘conscious’ and ‘unconscious’.

Vipassanā (Pāli) (Skt) vipaśyanā - Insight. One of the two main types of meditational technique taught in Buddhism , the other being *śamatha*, or calming meditation. The technique leads to the direct personal apprehension and verification of the truth of Buddhist teachings, such as the cognition that all formations (*saṃskāra*) bear the ‘three marks’ (*trilakṣaṇa*), namely that they are impermanent (*anitya*), without self-essence (*anātman*), and sorrowful (*duḥkha*).

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